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Policy v Reality: The challenges of introducing a new Comprehensive Sexuality Education curriculum in The Gambia



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Philosophy

Centre for Health Services Research and Management

School of Health & Psychological Sciences

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COVID-19 Impact Statement

This statement is provided for the aid and benefit of future readers to summarise the impact of the COVID-19 pandemic on the scope, methodology, and research activity associated with this thesis. The academic standards for a research degree awarded by City, University of London and for which this thesis is submitted remain the same regardless of this context.

Title of the research project: Policy v Reality: The challenges of introducing a new Comprehensive Sexuality Education curriculum in The Gambia

1. Summary of how the research project, scope or methodology has been revised because of COVID-19 restrictions

Due to COVID, the initial plan of my study was not feasible. The delivery and introduction of the curriculum I had planned to observe was delayed within The Gambia due to schools being closed because of COVID. For this reason, the focus on delivery and experiences of the curriculum was no longer a possible focus of study for my research. Taking that into consideration, I designed a new plan of study for methods of data collection that was accomplished in the context of Covid-19 restrictions. I changed the aim of my study from “*To explore the design, delivery and experiences of Sexual and Reproductive Health (SRH) education for young people in The Gambia*” to “*To explore the creation, design and perceptions of the creation of the SRH curriculum in The Gambia*”.

Initially, my project included conducting FGDs with young people, key stakeholder interviews, a content analysis, as well as observations. The FGDs and observations no longer became feasible so that method of data collection had to be removed. Due to this, I increased the number of interviews from 15-20 to 30-40 to ensure a larger sample size and

a richer data set. I was unable to formally observe any events as there were no workshops/meetings/trainings that I knew of or was invited to after receiving approval for in-person research. I was able to informally observe meetings/workshops between March-May 2021.

2. Summary of how research activity and/or data collection was impacted because of COVID-19 restrictions, and how any initially planned activity would have fitted within the thesis narrative

COVID delayed my data collection process for almost a year. I was unable to go to The Gambia in September 2020, and finally made my way there in February 2021. I was not able to start until July 2021. Due to COVID, I also had to make significant revisions to my methodology as well as submit ethical amendments to enable me to collect data virtually. Virtual data collection was not as feasible as initially anticipated because the culture in The Gambia generally encourages face to face research, and not everyone has access to smart phones or laptops with consistent high-speed internet. Although The Gambia had lifted all COVID restrictions since February 2021, City still upheld UK COVID regulations, banning face-face research activity from March 2020 to July 2021, meaning I was unable to collect data in person until those regulations changed in July 2021. This meant I then had to conduct what should have been months of data collection in about a month because The Gambia started to tighten up their COVID restrictions as the UK loosened theirs.

3. Summary of actions or decisions taken to mitigate for the impact of data collection or research activity that was prevented by COVID-19

In February 2021, as I waited for approval for the amendments to my ethics application, I traveled to The Gambia to lay the groundwork for my data collection. Since I was not able to collect in-person data, I spent 4 months developing relationships with gatekeepers who would be able to connect me with key informants once I was able to start collecting data. Once I received approval for virtual/phone interviews in June 2021, I tried to start collecting data via telephone. However, I struggled with this because participants could not understand why we could not meet in person when in person activities in The Gambia were common at the time. I received approval from City in July 2021 for in person interviews. Due to how long I had waited to do this and my limited funding time for the PhD, this meant that I conducted

multiple interviews each day, to ensure that I was able to meet my target number interviews. In July 2021, as City regulations allowed me to re-start in-person data collection, COVID cases in The Gambia started to increase and, due to vaccine limitations, I was unable to get the vaccine in The Gambia. This meant that I had to leave by the end of July for my safety, and that also meant that I had to continue my interviews virtually which came with its own resource implications for me and the participants.

4. Summary of how any planned work might have changed the thesis narrative, including new research questions that have arisen from adjusting the scope of the research project

My initial plan of work consisted of focusing on the experiences of young people and educators in relation to SRH education and the initial title of the research project was: *Young People's Sexual and Reproductive Health Education in The Gambia: An Ethnographic Study*. COVID meant that young people had to be excluded from that narrative, and the focus became educators and other key stakeholders. My research aim and objectives changed completely as well as my methodology. The original and new aim has been shown in Q1.

Date of statement: 25/06/2023

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Firstly, I would like to thank my supervisors, Dr Jessie Cooper and Dr Susan Bradley. This has not been the smoothest of journeys, and I know for a fact, that I would have never completed this thesis without your guidance, understanding and support. Thank you for never wavering in your faith in me, and for allowing me the space to vent and cry, and for encouraging me up until the end. I will be forever indebted to you.

I would also like to thank my family and friends, especially: Aminta, and Sukai for never hesitating to cover a bill or two in these final months; my mom for being so understanding, and for respecting my boundary when I decided that this PhD would no longer be a topic of conversation; Majula and Jama for being my trusted proof-readers- I never know when to ask for help, I'm so glad I never have to ask with you; Uncle Tapha, for giving me footsteps to follow. I would also like to thank Kodou, Neneh, Zeyna, Catho, Amie Jeng, Aji Fatou, Yam, Lolley, F, Ndella, and Wadda for their enduring patience, and for always giving me the space to complain and protest. Thank you also to my London family: Grace, Ore, Christina and Iman, for being lights in my life. Thank you for your warm hugs and karaoke. Thank you to the PhD students with whom I've shared this journey, especially Laura Batinelli, for her friendship and companionship. I have given up many times over the years, but what kept me going has been your steadfast belief in my ability to complete this work. This doctorate is as much mine as it is yours. I love you all.

I would like to thank Phebian Ina-Grant at the Ministry of Basic and Secondary Education and Sang Mendy for their steady help with the facilitation of logistics and interviews. I am also greatly indebted to my key informants, who were willing to share their experiences with me regarding SRH education. This project would not have been possible without them. I am so grateful to have had the opportunity to record your stories.

Dedication

This thesis is dedicated to my cousins Baba, Tafa, and Ibrahim. To my grandmother, Ya, and to the memory of my grandfather, Papa. Everything I am, and everything I ever hope to be, I owe to you.

Declaration

I, Haddijatou Ceesay, confirm that the work presented in this thesis is my own.

I hereby grant powers of discretion to the University Librarian to allow the thesis to be copied in whole or in part without further reference to the author. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgement.

Signed: Dated:

Abstract

The sexual and reproductive health (SRH) of young people is an increasingly urgent public health concern in The Gambia. As a response to SRH-related challenges, there have been growing calls for the implementation of comprehensive sexuality education (CSE) to equip young people with the knowledge and skills needed for informed decision-making. While CSE has been widely studied as an intervention for SRH, a gap remains in understanding the broader social, cultural, and historical factors that shape the development and implementation of CSE curricula in specific contexts. Exploring the complexities of curriculum policy development alongside the socio-cultural norms in which these policies are embedded is crucial, particularly in a post-colonial nation like The Gambia, where colonial influences continue to impact education, health policy, and social structures.

This thesis critically examines the creation, design, and underlying drivers of The Gambia's new CSE curriculum, locally referred to as the Comprehensive Health Education (CHE) curriculum. Adopting a qualitative critical realist approach, I conducted 36 key informant interviews with stakeholders, including government officials, representatives from NGOs and civil society organizations, educators, and religious leaders. Additionally, I carried out a discourse analysis of relevant policy documents. This study is grounded in Black feminist and post-colonial feminist theoretical frameworks, which provide lenses for analysing how intersecting factors such as gender, colonial history, and socio-cultural dynamics influence the framing and reception of SRH education.

The findings of this study indicate that while there is a recognized need for a robust SRH curriculum in The Gambia, multiple intersecting factors—colonial legacies, cultural beliefs, religious values, and patriarchy—significantly shape the curriculum's development, resourcing, and implementation. These factors underscore the complexity of policy enactment and reveal how local cultural and belief systems can impact the success of educational interventions as much as the policy content itself. This thesis argues for the importance of contextually informed approaches to policy development and implementation, especially regarding sensitive areas like CSE. The study calls for a shift away from decontextualized, one-size-fits-all models of policy application and highlights the importance of designing CSE curricula that genuinely reflect and respect the social and cultural realities of the communities they serve.

Acronyms

CHE	Comprehensive Health Education
CSE	Comprehensive Sexuality Education
FGD	Focus Group Discussions
FGM	Female Genital Mutilation
GFPA	Gambia Family Planning Association
GBV	Gender Based Violence
ITGCSE	International Technical Guidance on Comprehensive Sexuality Education
LMIC	Low- and Middle-Income Countries
HIV	Human Immunodeficiency Virus
MOBSE	Ministry of Basic and Secondary Education
NGO	Non-Governmental Organisation
NSGA	Nova Scotia Gambia Association
PIS	Participant Information Sheet
POP/FLE	Population and Family Life Education
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infection
TYW	Think Young Women
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children’s Fund
UNFPA	United Nations Population Fund
WAEC	West African Examination Council
WASSCE	West African Senior School Certificate Examinations
WHO	World Health Organisation

Interview key

Gov	Government employee
Ed	Stakeholder working in the education section
NGO/CSO	Stakeholder working in NGO/CSOs
RL	Religious leader

Chapter 1: Introduction

This doctoral project critically examines the creation and design of the new Comprehensive Sexuality Education (CSE) curriculum for young people in The Gambia. The Gambia, a small country in West Africa, has a young population that faces significant challenges in Sexual and Reproductive Health (SRH). In recent years, the country has made strides in developing SRH programs, but there remain gaps in access to comprehensive and culturally relevant sexuality education for adolescents. Growing up in The Gambia, I had limited access to SRH education, and the education that was taught focused on reproductive health issues like menstruation and pregnancy. I left The Gambia at age 13, and 15 years later, SRH education is still reproduction-based, with a continued focus on the biological impact of SRH education, like a reduction in teenage pregnancies and sexually transmitted infections (STIs).

When I first approached this PhD, my initial focus was on impact measures and the adoption of global SRH standards for The Gambia. As a public health practitioner working in the field of SRH and gender-based violence (GBV) in The Gambia, I had the opportunity to engage directly with the realities on the ground. It became increasingly clear that gender, religion, and culture were not only deeply influencing SRH and GBV outcomes but also shaping how these issues were addressed within the public health system. In my work, I observed how gender norms and religious teachings influenced attitudes towards SRH, especially for young people. For example, there were cultural taboos surrounding discussions of sexuality that prevented open conversations about safe sex practices, contraception, and consent. Additionally, gendered expectations around early marriage and sexuality created significant barriers to SRH education for adolescent girls. These challenges highlighted for me the importance of addressing the contextual factors influencing SRH, rather than just relying on global standards that might not resonate with local needs.

While the development of a new SRH curriculum is a crucial step forward, my interest shifted towards understanding *how* this curriculum has been developed, the process of its design, and how it will be implemented. Importantly, I wanted to understand how The Gambia's unique socio-cultural and political context, including the influence of gender norms, religion, and local

policies, might affect the curriculum's success and its real-world impact on young people's SRH knowledge and behaviors.

Grounding the Research Problem

From the outset, I recognized that my pursuit of a PhD was driven by a profound interest in understanding the intricate realities of SRH education. Growing up in The Gambia, I was often struck by the silences and taboos surrounding SRH topics in many communities, especially my own. The silence was so pervasive that I did not know anything about menstruation, and I thought that I was dying when I experienced my first menstrual cycle. Later, as I began exploring health research, I realized how those early observations reflected broader issues in low- and middle-income countries, where young people often lack access to comprehensive SRH information. These gaps in education and understanding stayed with me and became a focal point of curiosity that led me toward research.

Initially, my vision was broad: I aimed to study young people's sexual health practices across The Gambia, exploring how cultural norms, societal expectations, and policy influence their SRH decisions. However, I soon realized this was too ambitious for a PhD project, given the time and resource limitations. I began narrowing my focus, considering an investigation into healthcare access disparities between married and unmarried young women. While I found this area compelling, my perspective shifted in April 2019 when I had the opportunity to join an exploratory study on SRH, funded by the Global Challenges Research Fund (GCRF), led by Dr. Divya Parmar and Dr. Susan Bradley. This project was crucial for providing a clearer understanding of the SRH behaviours, norms, and experiences of adolescents in The Gambia—an area with significant gaps in existing research. The lack of comprehensive data on SRH in this context made this study all the more valuable, as it explored how cultural and gender norms influence adolescents' SRH choices and access to information and services.

The study used a qualitative approach, employing focus group discussions (FGDs) and key informant interviews (KIIs) to gather insights. We conducted 6 FGDs, each consisting of 6-8

adolescents aged 15-24, with separate groups for boys and girls, based on advice from local experts. The FGDs were held in collaboration with local non-profit community-based organisations, which provided invaluable support in organising and ensuring the privacy of participants. In addition to the FGDs, we conducted 8-12 KIIs with key stakeholders, such as educators, health workers, and NGO representatives, to understand the broader institutional context and challenges in SRH service provision.

This study significantly shaped my research trajectory, as it led me to adopt a more nuanced, context-specific approach to exploring adolescent SRH. The insights gained from these fieldwork experiences greatly informed the development of my thesis and further deepened my understanding of the complexities surrounding SRH education and access in The Gambia.

Through the FGDs, I was able to hear firsthand from young people about their needs and challenges regarding SRH. A recurring theme in these discussions was their demand for accessible, quality SRH education. This revelation struck me deeply, highlighting an unmet need for CSE that went beyond just biological knowledge to encompass decision-making, relationships, and personal agency. Listening to these young voices helped crystallize my research focus; I was no longer just interested in SRH practices or access disparities but in understanding how SRH education, as a fundamental aspect of health literacy, could be shaped to meet young people's needs effectively.

The FGDs provided an invaluable space for young people to voice their thoughts on SRH education. Initially, many participants were hesitant to speak about sensitive topics due to fear of judgment, a lack of confidentiality, and the deeply ingrained stigma surrounding sex, which was influenced by cultural and religious beliefs. However, as the discussions progressed, their reservations gave way to a more precise and more articulate need for open, honest, and credible SRH information. Adolescents revealed that most of their knowledge came from peers or informal sources, which were often unreliable or incomplete. Despite this, they expressed a strong desire for formal SRH education, particularly within the school system. They noted that such education was often dismissed by adults as a "foreign" concept, further highlighting the disconnect between the needs of young people and the attitudes of older generations.

Interestingly, this sentiment was echoed by teachers and adults, who deemed SRH education unnecessary, in favour of traditional values surrounding sexuality.

Conversations with stakeholders during this research trip further emphasized the importance of SRH education. I learned that SRH education had once been a well-regarded part of the national school curriculum but was removed and had only recently been reintroduced. This aspect of the study left me questioning: How would the Ministry of Education approach SRH differently this time? Would the curriculum adequately address the real needs of Gambian youth? This was a turning point for me. Realizing the complexity and importance of SRH education within Gambian cultural and policy contexts, I felt compelled to build my PhD research around these questions. This journey has been both a personal and academic pursuit, driven by a desire to contribute to a more holistic and culturally relevant SRH education framework in The Gambia.

This next section details the current context of SRH globally and in The Gambia.

The Global Context of SRH

The United Nations Populations Fund (UNFPA) defines good SRH as “a state of complete physical, mental, and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so” (UNFPA, 2022). The United Nations (1981) defines young people as between the ages of 10 to 24 years old, and adolescents are defined as between the ages of 10 to 19 years old. The term ‘young people’ will be used to refer to both adolescents and young people throughout this thesis, except where cited texts specifically use the term ‘adolescents’. This time of youth is a critical phase of life, when experiences and understandings of sex and sexuality, marriage and fertility are shaped, meaning that young people face great challenges in meeting their SRH needs (Cortez et. al, 2014). Yet adolescence is often characterised by inexperience, lack of knowledge and resources, combined with increased sensitivity to breaches of confidentiality (Patton et. al, 2016). This means that the adults young people trust may not always have the knowledge and/or safety required for the growth and development of young people at this crucial time. During adolescence, it is understood that young people acquire the social, physical, emotional, cognitive, and economic resources required to thrive in adulthood (Patton et. al, 2016). Although it can be a difficult time for young people,

adolescence can also be an opportunity for sustained health and wellbeing (Kleinert, 2007). Health improvements from interventions targeting this age group have been reported to have a positive impact on the lives of young people into adulthood, including removing economic barriers, decreasing child marriages, and reducing gender inequality (Wamoyi et al., 2014). Focusing on the SRH of young people is understood as key to tackling health issues as young people move into adulthood, and possibly parenthood, to influence the next generation.

Despite the fact that young people are disproportionately affected by SRH challenges, there is a dearth of research providing critical insight into these issues and how they are shaped in low- and middle-income countries (LMIC), including The Gambia. STIs are regarded as a major public health problem, contributing significantly to the global burden of disease (CDC, 2017). Girls and women are less likely than their male counterparts to know whether they have an STI, and untreated STIs can lead to serious long-term reproductive health consequences, such as infertility, as well as negative maternal-foetal health outcomes (WHO, 2018; CDC, 2017). Boys and men also face significant SRH burdens and have a variety of unmet SRH needs. These include a reported lack of knowledge and awareness about condom use and contraception, as well as the prevention and treatment of HIV and other STIs (UNFPA and IPPF, 2017). The World Health Organisation (WHO) (2018) reported that there were over two million young people worldwide living with HIV in 2012 and there were approximately 375 million new curable STI cases globally, with people aged between 15-24 years accounting for over 50% of these cases (WHO, 2018). The global burden of STIs is much higher in LMICs compared with high-income countries, due to the lack of quality services for diagnosis and treatment (WHO, 2018). For instance, 70% of the global population of people living with HIV live on the African continent, with young people disproportionately affected (Kharsany and Karim, 2016).

Due to the range of the issues concerning young peoples' SRH, many SSA governments and international organizations such as the WHO and the UNFPA, have made distinct efforts to address young people's SRH needs (Mturi and Hennink, 2005). This has included increasing access to services such as STI testing, information provision, and counselling (Mturi and Hennink, 2005). The Global Strategy for Women's, Children's and Adolescent's Health hopes to: achieve "*a world in which every woman, child and adolescent in every setting realizes their*

rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies” (2016 p.6).¹ This, it says, will be obtained through improving access to SRH products and services like contraceptives, health education, and rights for young people, eliminating harmful and discriminatory practices against girls and women, and ensuring that young people have access to free, equitable, and quality primary and secondary education. These policies are therefore a visible response to solving issues around the SRH of young people, which has led to a focus by governments on SRH education for young people. The Sustainable Development Goals (SDGs) consist of 17 interconnected objectives established by the United Nations in 2015, aiming to create a more equitable and sustainable future for all by 2030. These goals address pressing global issues, including poverty, inequality, climate change, environmental degradation, peace, and justice (WHO, n.d.; Guttmacher Institute, 2015). Among the SDGs, SRH is directly addressed in Target 3.7, which calls for universal access to sexual and reproductive health-care services, including family planning, education, and information, by 2030. This target also emphasizes the integration of reproductive health services into national strategies (WHO, n.d.; Guttmacher Institute, 2015).

SRH Education in Focus

In response to the SRH issues of young people in LMICs like The Gambia, policy makers are working to increase focus on education, which they see as an effective tool to enable positive SRH. One way in which this is being done is through the (re)designing and implementation of CSE curricula.

The United Nations Educational Scientific and Cultural Organization (UNESCO) defines CSE as:

A curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to: realize their health,

¹ This document was published by Every Woman Every Child, in conjunction with the United Nations.

well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives. (UNESCO, 2009).

The inclusion of SRH in education reflects an understanding from young people's health research that education can have a positive impact on young people's SRH (UNFPA, 2016). Governments and NGOs working in SSA recommend education as one of the key drivers to addressing young peoples' SRH. Policies developed around this issue include introducing or modifying and reintroducing, sexuality education in schools (Mturi and Hennink, 2005). The Gambia is no exception to this reality and is currently in the process of reintroducing a CSE curriculum within public schools.

While SRH education and CSE are widely recognized as essential for positively influencing young people's health outcomes, a growing body of global health scholars have emphasized the need for culturally relevant, context-sensitive approaches in SSA (Coultas et al., 2020). Researchers in this field caution against the tendency to uncritically export Western models of CSE as universal standards (this is expanded upon in Chapter 2). Roodsaz (2018) argues that these Western-centric approaches, when applied without adaptation, can inadvertently impose foreign values and disregard local cultural nuances. By failing to address cultural differences directly, such approaches may undermine the very goals of CSE, fostering resistance from communities that perceive these programs as threats to their traditions. This pushback often manifests through the reinforcement of existing gender and social norms, as local communities may view such resistance as a way to protect their cultural identity from what they perceive as Western influence (Coultas et al., 2020).

Current modalities of knowledge production and practice in global health, and what is referred to as standard practice, do not prioritize local experts or marginalized people, which Bhakuni (2023) refers to as a form of indignity and a breach of human rights. When researchers from dominant global health sectors decline to interact with knowledge-holders due to identity-based biases respectfully, or when marginalized communities in global health face barriers to understanding their experiences due to gaps in shared interpretive resources or disregard for their

interpretive frameworks, their dignity is compromised (Abimbola, 2023; Bhakuni, 2023). As stated in the Preamble to the Universal Declaration of Human Rights (1948), human rights are grounded in the respect for the dignity and moral equality of all individuals. This dignity and equity cannot be achieved when the knowledge of local experts is disregarded by members of dominant groups and implicitly treated as lesser. Similarly, when marginalized communities or local experts are excluded from the production and reception of global health research, from significant roles in research design, or from authorship positions that reflect their intellectual contributions, they are also treated as inferiors (Bhakuni, 2023).

The structural nature of this exclusion is further illuminated by Schöpf (2020), who theorizes the mechanisms of academic dependency as part of the broader colonality of global knowledge production. She highlights how institutions in the Global North set the dominant standards for what is considered credible or high-quality research, reinforcing a hierarchical system in which scholars from the Global South must conform to Northern epistemic paradigms to gain recognition. This often results in the marginalization of locally grounded knowledge and research agendas that do not align with these imposed norms. Moreover, the dominance of English-language publications, the privileging of degrees from elite institutions in the Global North, and the asymmetries in international research collaborations contribute to the systemic silencing of voices from the Global South. In this context, the exclusion of local experts from research design and authorship is not incidental; it is embedded in the very architecture of global knowledge systems (Schöpf, 2020). As Bhakuni (2023) argues, such practices constitute not only epistemic injustice but a profound moral failure, as they deny the agency, dignity, and equal moral standing of those whose lives are most directly affected by global health policies and research.

The exclusion of local voices from global health and education research not only undermines human dignity and epistemic justice but also shapes what kinds of curricula are considered legitimate and implementable. When educational models are developed or prioritized based on Global North epistemologies, often to meet donor or institutional benchmarks, they can fail to resonate with the communities they are intended to serve. The rush to integrate Western curricula, typically viewed as more ‘progressive’ by global policymakers, may also hinder the acceptance of CSE as a whole. This was highlighted in a study by Jackson and Weatherall

(2010), who noted the difficulties of implementing a feminist school-based sexuality education curriculum in New Zealand. Their study showed that even with the availability of feminist and/or progressive curricula, traditional values and beliefs, especially around gender, often triumphed over newer forms of CSE that promoted sex positivity and pleasure over abstinence. This study highlighted that the availability of information did not ‘undo’ a lifetime of conditioning in regard to the values that have been ingrained within the community.

This suggests that countries like The Gambia may benefit not only from prioritizing the development of a CSE curriculum but also from considering how local norms and values could influence its implementation. In this context, it would be worthwhile to explore questions such as: How do cultural norms, religious beliefs, and gender expectations influence the reception and effectiveness of CSE curricula? Could these local factors act as barriers to, or facilitators of, successful implementation? These are critical issues to address, as understanding how local context interacts with the design and delivery of SRH education may provide valuable insights for improving the relevance and impact of the curriculum.

The Gambia in Context

SRH Overview: The Gambia

There is limited data on the prevalence rate of STI’s in The Gambia, which is of great concern given that STIs and their resulting complications constitute major health problems for the population (Miles et al., 2001). While female genital mutilation (FGM) and child marriage have been banned since 2015 and 2016 respectively, the most recent data on the prevalence of FGM reportedly remains at 75% and this rate varies among ethnic groups (DHS, 2019). Additionally, 30% of children in the country are married by age 18, of whom 9% are married by age 15 (Girls Not Brides, 2017). Although prohibitive legislation around FGM and child marriage exists, the safeguarding policies are yet to be translated into everyday practice. The Gambia’s adolescent birth rate also stands at 79 per 1000 live births for girls and women aged 15-19, significantly higher than the average for LMICs, which is 48 per 1000 live births (World Bank, 2017). Pregnancy and childbirth are leading causes of morbidity and mortality among young people aged 15-19 worldwide (WHO, 2017). For new-borns and infants, adolescent pregnancies pose a

greater risk for low birth weights, developmental problems, premature births, and death within the first year of life (WHO, 2017).

Although there is minimal data on SRH in SSA and LMIC countries like The Gambia, what is known, indicates an urgent need for increased research and interventions around young peoples' SRH. Gambian society is conservative and conversations around SRH are limited; social barriers, such as the belief that young people do not and should not engage in premarital sex, may restrict them from accessing prevention and treatment services (Khan, 2015). The Gambia has a strong religious influence as the country is 90% Muslim, 9% Christian, and 1% other (Oishimaya Sen Nag, 2018). Islam does not permit premarital or extramarital sex, which leads to the widely held belief that openly talking about SRH is anti-Islamic and will lead to young people engaging in sexual practices before marriage (Sudan et al., 2012). Public health research has also highlighted the influence of religion on SRH decision-making (Dune et al., 2021; Napier-Raman et al., 2024). Due to this, young people are often hesitant to ask questions in relation to SRH as it may be viewed as an intention to engage in premarital sex.

The implementation and delivery of a national SRH education programme is dependent on a country's economic commitment to making it work (Khanh Chi, et al., 2021). Currently, The Gambia is classified as a "least developed country" with a gross domestic product (GDP) per capita of U.S. \$532.30 in 2016 (Trading Economics, 2018). This makes it difficult to conduct research or implement programs on SRH and SRH education because the education and health sectors compete for limited government and donor funds. The 2019 government budget estimates a 4.1% spend on health and 7.8% on basic education (Touray, 2018)². As a result, both sectors are significantly under-resourced, with very few trained teachers and healthcare professionals. This has significant implications for the implementation of CSE curricula and the delivery of SRH services.

² Prior to COVID-19, The Gambia was already falling short of meeting the African Union's Dakar Commitment on Education for All target of allocating 20% of government resources to education (UNICEF, 2021). In 2019, The Gambia's total education expenditure was 11% as compared to its neighboring country of Senegal, whose expenditure was about 21%. The Gambia also falls below the regional average on spending, which is 17% (UNICEF, 2021).

Although the statistics would indicate that these SRH issues mostly impact girls and women, the inclusion of boys and men in SRH education can influence patterns of violence and gender equality, for instance, by decreasing intimate partner abuse (Marcell and Ellen, 2012). Boys and men have unique SRH needs due to cultural norms that promote traditional masculine roles. Boys and young men face stigma when trying to access SRH services, and behaviours such as risky sexual encounters, violence and substance abuse add to negative health outcomes for them (Santa Maria, 2018). It is essential to recognize that although young people are often perceived as a vulnerable group, their vulnerability is not an inherent characteristic. Instead, it is shaped by structural factors such as poverty, lack of education, and limited access to resources. These factors create environments where young people are more susceptible to adverse outcomes, including teenage pregnancy, early marriage, and HIV infection (UNFPA, 2018). Addressing these structural factors is essential to reducing the vulnerability of young people, as it empowers them to access the education and resources they need to navigate these challenges (WHO, 2016).

Young people's SRH is also impacted by religious socio-cultural factors beyond systems of health and education. This influence prevents discussions around SRH between unmarried young people and adults (DHS 2019). The Gambia also has a history of colonialism that continues to influence its economic development and issues such as how SRH is viewed and implemented within this society. This issue is further developed in Chapter 4.

CSE in The Gambia

The history of CSE in The Gambia began with the development of an education policy in 1988. From 1988 to 2003, the Ministry of Basic and Secondary Education (MOBSE) established a 15-year education policy to initiate a response to what was reported as its 'societal needs' around health and environmental issues (Cain et. al 1994). This policy called for reforms in three major areas: Increased access to education; Improvement in the quality of education, and Relevance of the programs of studies and how they relate to The Gambian society (Joyce et. al 1994). During this period, HIV was a major public health concern, with over 14,000 cases of HIV in a country that then had a population of just 860,000 (Joyce et. al 1994). The education policy reform called for the inclusion of population and health sciences into upper primary and middle schools,

through a programme known as Population and Family Life Education (POP/FLE), to help tackle issues such as the rise in cases of HIV. This education curriculum was integrated into the National Education Policy of The Gambia within the younger population. The initial POP/FLE curriculum, developed and launched by the Ministry of Education in 1988, was modelled after a program that had been developed by a Catholic school in the Greater Banjul Area (Joyce et al., 1994). This curriculum was mandatory for public schools³ in the country.

According to an End of Decade Assessment Report on Follow-up to the World Summit for Children by The Republic of The Gambia (2000), the POP/FLE intervention was not as effective as initially hoped in raising awareness among young people on HIV/AIDS, reproductive health, sexual health, and family planning issues. As a result, it was phased out of the school system in 2003 and was marked for review and re-implementation at a later date. Although the assessment report highlights a lack of effectiveness as the reason for ending POP/FLE, chapter 5 of this thesis will also highlight the socio-cultural factors such as religion, that influenced the death of POP/FLE. Since POP/FLE was discontinued, there has been no other form of formal in-school SRH education taught in The Gambia public schools.

In the 2004-2015 Education Policy for The Gambia, The Department of State for Education,⁴ suggested the reimplementation of POP/FLE. According to the document, the POP/FLE program would be reintroduced as a new CSE curriculum as a key component for the SRH education of young people in The Gambia, with the assistance of the United Nations Population Fund (UNFPA). The document explained that over 66% of The Gambia's population were aged 15-24 and were the most vulnerable age group in relation of the rest of the population (MOBSE, 2015 p.111). According to the Ministry of Basic and Secondary Education (MOBSE), young peoples' vulnerability made it important that this group of people were aware of their health, especially their SRH, which is why it was necessary to bring back POP/FLE within school programmes with the help of UNFPA (Department of State for Education, 2004 p.30). This demonstrates the Gambian government's commitment to tackling issues around SRH in young people.

³ In The Gambia, a public school is a government subsidized institution where students pay minimal to no school fees.

⁴ Now separated into two ministries: The Ministry of Basic and Secondary Education (MoBSE) and The Ministry of Higher Education, Research, Science and Technology (MoHERST),

The process of implementing the new CSE curriculum, began during the 2019 school year. The curriculum proposes to equip children and young people with the knowledge, skills, attitudes, and values that will enable them to develop a positive view of their sexuality, especially in the context of their emotional and social development (Draft CSE Manual for Lower Basic Schools, 2017). Although the uptake of the curriculum has been slow, especially because of the COVID-19 pandemic, the initiative to reintroduce SRH education reflects a growing trend in awareness around SRH issues in The Gambia and of the work being done in this area. While there had been a gap in SRH education on the national level, in recent years The Gambia has seen a significant increase in NGOs working on SRH, including FGM. These organisations not only serve as advocates of SRH and SRH education, but some, like *Think Young Women* (TYW) and *Nova Scotia Gambia Association* (NSGA), go as far as offering supplementary SRH education to young people in schools and communities. Despite education being held up as one of the key drivers to tackling SRH issues amongst young people in this context, as well as a push to reintroduce SRH education within curricula, there has not been any recent research published on The Gambian context to document the current situation of SRH education and curriculum development in relation to young people's SRH.

Due to socio-cultural, religious, and gendered norms, the curriculum is formally titled the Comprehensive Health Education (CHE) curriculum⁵. Throughout this thesis, CSE will be used when referring to the global SRH education context and when referencing literature from The Gambia prior to 2019. After 2019, the official term being used in The Gambia is Comprehensive Health Education, therefore, anything relating to the literature after that will use CHE instead of CSE. The name change will be analysed in Chapter 5.

Overall, there is limited research and evidence on CSE in The Gambia. During the time that POP/FLE was taught, there was a study on sex and family life education study that was conducted by Kane et al. (1993) for the Gambia Family Planning Association (GFPA). During the period of this study, GFPA provided family planning services and family life education in the urban areas of The Gambia. The study focused on sexual activity, family life education and

⁵ I will be further examining this in chapter 5.

contraceptive practice among young people in The Gambia. It concluded that attendance at GFPA family life education lectures had a significant positive impact on both knowledge and use of contraceptives among young people. There have yet to be other studies in The Gambia that looks at SRH education and young peoples' SRH behaviours.

The most recent studies on SRH education and young people have focused on child and parent communication on SRH (Sagnia et al, 2021) and knowledge and attitudes young people have regarding SRH in The Gambia (Sagnia et al, 2022). Both studies determined that young people have limited communication with their parents regarding SRH, and that young people have limited knowledge on SRH issues. Sagnia, an employee of the Gambia's Ministry of Health, highlights the important need for young people to have access to SRH education, specifically CSE in secondary schools (Sagnia et al, 2022). CSE is taken for granted within the Gambian context, because although it is understood to have a positive impact in SRH, little thought has been given to how the curriculum itself is constructed, developed and taught within the country. This focus on the construction and development of the curriculum is important because it adds a more critical lens to CSE that takes culture and social norms into consideration.

Theoretical Research Frames that have Situated my Research

As with any research endeavour, a range of theories can be utilized to act as the backdrop for the approach of the research. SRH education researchers often draw from educational theories to inform their work. Educational theories are concerned with how we best learn, and how educators can best cater to student needs (Case, 1993). Researchers might typically adopt educational theories to answer questions like: 'What teaching methods can be used to impart knowledge on students?' or 'How do students learn best?'. While these theories are valuable in understanding general teaching methods and learning processes, they are not the primary focus of my research on SRH education. My interest and emphasis tend to be less on the methods of teaching and more on addressing the social, cultural, and gendered factors that influence access to, and engagement with, SRH content. However, in my work, the focus shifts to understanding how SRH education interacts with broader social dynamics that ultimately shape how young

people access and apply SRH knowledge. Therefore, while educational theories are useful in certain contexts, they are not the central framework for my analysis.

As I read and reflected, and as my research focus and aim developed, I became more interested in the impact and importance of the broader sociocultural context that underpins the creation of The Gambia's SRH curriculum. I was especially interested in how the curriculum might be received because my research focus is *not* on the effectiveness of the curriculum, which most research on SRH interventions thus far has focused on, as I discuss in Chapter 2. With my positionality, it felt important to engage with theories that critically examine societal influences on SRH in The Gambia, such as post-colonialism and Black feminism, rather than theories that focus on the actual teaching and learning process. Societal influences on education are more likely to shape the topics that young people deem relevant and their educational outcomes, due to the significant influence of family, culture, and religion (Kumar, 2023). Educational theories will not provide the insights necessary to address my research questions, as they tackle teaching methods and wider issues in pedagogy, instead of focusing on how a curriculum is developed and what influences the development. For this thesis, I am interested in *what* is taught and what mechanisms (e.g. socio-economic, religious and political) influence what is deemed possible and permissible to teach, rather than *how* teaching is done in classrooms. To gain a deeper understanding of young people's SRH education in The Gambia, this study draws on and is underpinned by post-colonial feminist and Black feminist theories, specifically employing an intersectional approach.

Whilst I will be utilizing post-colonial feminist theory more intimately, the two theories often intersect as they interrogate multiple layers and systems of oppression regarding race and gender in both high-income and low-and middle-income settings (Tyagi, 2014; hooks, 2013; Mirza, 2009; McFadden, 2007; Munck, 1999; Radcliffe, 1994; Crenshaw, 1989). My PhD is interdisciplinary as it not only covers public health research but is also informed by the disciplines of education and sociology. This makes it essential to engage with theories that are sensitive to structures that influence health, education, and society. Combining black feminist and post-colonial feminist frameworks also connects disciplines and develops multi-faceted academic material that students from various backgrounds can relate to (Mirza, 2009; McFadden,

2007). I will begin the next section by first providing a broad description and definition of post-colonial feminist and Black feminist theory, before delving into intersectionality as the specific approach derived from these theories.

Post-Colonial Feminist Theory and Black Feminist Theory

Post-colonialism refers to the historical period after European colonial rule from the mid-20th century (McFadden, 2007). This term enables the labelling of the ongoing impacts of colonization in countries like The Gambia. It provides an interpretation of how inequalities persist globally due to histories of imperialism and colonial rule (McFadden, 2007). Post-colonial theory emerged from this transition period, interrogating the political, economic, cultural, and philosophical responses to colonialism (Hiddleston, 2009). For The Gambia, this is the period from 1965, when the nation declared independence from the British. Post-colonialism as a stand-alone theory, however, does not account for patriarchy and male dominance as a way to uphold power structures (Tyagi, 2014; Mirza, 2009). It fails to take heed of issues around gender and sex in the same way that traditional feminist theory often leaves out women who are not white. Black scholars like hooks and Mirza, have argued that feminist theory, when detached from post-colonialism, upholds the notion that all feminism is white/Western feminism, all feminist struggles are the same, and all feminist scholarship is from the West (Tyagi, 2014). A post-colonial feminist perspective considers dynamics that maintain imbalanced power relations via imperialism and patriarchy (Tyagi, 2014; Chambers and Watkins, 2012; McEwan, 2001; Radcliffe, 1994).

In addition to paying attention to the colonial dynamics that impact power relations generally, I also employ Black feminist theory. Black feminist theory also looks at race and gender. Post-colonial feminists like Heidi Safia Mirza, bell hooks, Ann Phoenix, and others who I will draw upon in this section, are also black feminists and recognize that being Black adds another layer of oppression that lingers, even after colonialism and patriarchy are addressed (Chambers and Watkins, 2012; Ali, 2009). hooks (1995 p.16) coined the phrase “imperialist white supremacist capitalist patriarchy,” which captures the multi-faceted nature and systems of domination which are faced globally. In her definition of these intersections of oppression, hooks asserts that no

system is more powerful than the other, but rather, they are continuously at play to uphold white supremacy (Cheng, 1997; hooks, 1995).

Postcolonial feminism critically examines how colonial histories have shaped contemporary SRH policies and practices. Colonial rule in Sub-Saharan Africa introduced Western norms and values, often disregarding indigenous knowledge and practices. This legacy persists in current CSE programs, which frequently follow a one-size-fits-all model that may not align with local cultural contexts (Mohanty, 2003; Said, 1978). For instance, the imposition of Western education systems during colonial times often marginalized local practices and knowledge systems (Said, 1978; Nnaemeka, 2004). As a result, contemporary SRH education models may overlook the significance of local cultural, gender, and social dynamics that are essential for effectively addressing the SRH needs of young people in post-colonial contexts.

It has been argued that post-colonial feminist theory and Black feminist theory are inextricably linked (Tyagi, 2014; hooks 1995, 1990) since oppressions that impact Black people and other minorities of colour, girls, women, and previously colonised people, often intersect.

Intersectionality

Black feminist theory, developed by Black women scholars in the United States, offers a critical lens for examining the intersectionality of race, gender, class, and sexuality (Crenshaw, 1989). Intersectionality highlights how overlapping identities generate distinct experiences of oppression and discrimination that cannot be fully understood through a single-axis framework (Collins, 2000). Intersectionality highlights how race, gender, and class intersect to shape experiences related to sexuality and reproductive health. For example, socioeconomic disparities and racial discrimination can exacerbate vulnerabilities related to SRH (Hill Collins, 2000; McCall, 2005). Addressing these intersecting factors is essential for developing effective CSE programs.

Black feminism centres the voices and experiences of Black women, highlighting their agency, resistance, and resilience in the face of systemic oppression (hooks, 1981). It offers an intersectional perspective that is crucial for understanding the diverse experiences of Black women and girls in Sub-Saharan Africa. Black feminism provides a critical lens for examining

and enhancing CSE in Sub-Saharan Africa as it centres the experiences of Black women and girls (McKittrick, 2006). It underscores the importance of addressing the multiple and intersecting oppressions that affect young people's sexual and reproductive health, particularly those of Black girls and women (Hill Collins, 2000; Tamale, 2014).

Kimberle Crenshaw, a Black feminist academic who coined the term intersectionality, explains:

“Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated” (Crenshaw, 1989, p.140).

Intersectionality refers to the interconnected and cumulative impact of various forms of discrimination that shape individuals' daily experiences, especially for women of colour. These overlapping forms of discrimination, such as race, class, gender, and other personal attributes, interact and influence one another. This means that we must take into consideration how oppression can be layered for people with marginalized identities. Within my research context, intersecting identities such as age, gender, sexuality, and the type of education one receives (public or private) can influence the kind of discrimination one experiences. Simply put, identity is not one-dimensional, and at any moment, people have multiple lenses and identities that help define who they are. Unless a person is a straight, cisgender, able-bodied, Christian, white man (or man in general, depending on the patriarchal powers afforded to men in certain colonial/post-colonial states), these intersecting identities are understood to lead to more unique forms of discrimination.

Mirza (2009) articulates that Black, postcolonial and antiracist feminist theories are a way to recognise the importance of analysing the intersectional way in which identity, ideology, and power overlap. This highlights the way in which systems of oppression can uphold the status quo. In relation to this research, it emphasizes how the intersecting forces of gender, culture, and colonial history shape what is permissible to teach and learn within SRH curricula. These overlapping power dynamics can determine not only the content of what is taught but also the boundaries of what is considered appropriate knowledge, who has the authority to deliver it, and how students receive it. Through preserving inequality, discrimination, and other forms of oppression, the lives of minorities, especially Black women, will continue to be negatively

impacted, both structurally and socially (Brah and Phoenix 2004). As a Black, Muslim, immigrant woman who has lived both in countries that have done the colonizing (the US and UK) and those that have been colonized (The Gambia), these theories also align with my own lived realities which play a key part in shaping the focus of my research, and which I discuss further in the methodology chapter.

Sexuality Education: An Intersectional Lens

In recent years, feminist scholars such as Tamale (2011) have argued for the importance of an intersectional understanding in sexuality education, particularly regarding the influence of gender as an identity. Tamale (2011) explores the link between gender and sexuality due to how they are both shaped by culture and society, and how both play a fundamental role in maintaining power dynamics in our communities. She notes that gender serves as a key analytical framework for interpreting any data related to sexuality. Factors that affect gender relations, such as class, age, religion, race, ethnicity, culture, location, and disability, also shape the sexual experiences of both men and women. Although African feminist scholars widely recognize this concept, it is not universally accepted. Some researchers still focus on sexuality through the narrow lens of sexual acts, neglecting the broader factors that shape our varied sexual identities. Scholars warn against oversimplifying and reducing African sexualities, emphasizing the need to consider their diverse and contextual interpretations (Oinas & Arnfred, 2009; Mama, 2007; Helle-Valle, 2004).

Tamale, Coates, and Allotey (2023) highlight how, from a human rights-based approach, the current definitions of health are not expansive, which makes them incompatible with intersectional approaches to Sexual and Reproductive Health and Rights (SRHR). They contend that the lack of an intersectional approach also sustains gender inequality in global SRHR discourse, as inequality is further compounded by identities such as race, socioeconomic status, and cultural background, which shape individual experiences of oppression and access to autonomy (Coates and Allotey, 2023). Using an intersectional approach to SRHR can advance gender equality, as advancing health and well-being in SRHR goes beyond measurable health outcomes to prioritize reproductive and sexual agency and bodily autonomy, ensuring that diverse experiences and needs are addressed. The intersectional approach can also expand

definitions of gender and sexuality that increase marginalization, as it is a way to interrogate the systematic and institutional natures of social oppressions that may stem from the current ways of understanding SRH (Kessi and Boonzaier, 2018).

Wangamati (2020: 2) describes how educators in Sub-Saharan Africa use “faith-and-culture-based, public health, and rights-based approaches” to teach CSE. The faith-and-culture-based approach emphasizes abstinence before marriage, grounded in religious teachings. The public health approach focuses on increasing awareness of SRH issues, such as STIs and unintended pregnancies. Meanwhile, the rights-based approach addresses young people's SRH rights, gender equality, and diversity (Wangamati, 2020: 2). Despite good intentions, evidence from various African countries indicates that CSE has generally not achieved transformative learning outcomes that embrace diverse ways of knowing. It is clear that none of these approaches fully addresses the root causes of SRH issues (such as systemic poverty) or GBV among young people.

Although the relevance of intersectionality in sexuality education cannot be overstated, Ibrahim (2023) notes the lack of intersectionality in sexuality education in Sub-Saharan Africa. Ibrahim (2023) argues that the implementation of CSE will be ineffective without an intersectional approach. They cite the tragic example of two gay students in South Africa who died by suicide after being bullied by peers and teachers (De Barros, 2022; Sithole, 2022). Although South Africa has implemented a CSE curriculum in its schools, these deaths underscore the influence of the country's hetero-patriarchal society on education. This calls into question the effectiveness of CSE without an intersectional approach that fully accounts for the diverse identities and experiences of oppression faced by marginalized groups, such as LGBTQ+ youth.

Intersectionality emphasizes that individual factors like biology, income, or education, or singular identities such as being Black, Asian, a refugee, or an internal migrant, or identifying as male or female, do not solely determine health outcomes. Rather, these elements are interconnected and contribute to health disparities, influencing various populations in different contexts (Kapilashrami, 2019). Intersectionality highlights that individuals experience varying levels of privilege and disadvantage depending on their unique positionality within their

communities. For example, a young, educated, married woman in The Gambia might still encounter significant barriers when seeking contraception. While her education and marital status might grant her higher social standing and better access to health information and services, she may still face societal pressures and stigmas as a woman. These might include being told that reproductive health decisions should involve her husband or that, as a married woman, she is expected to have children immediately. Additionally, her use of contraception might be seen as incompatible with her religious beliefs. This example illustrates how intersectionality helps explain how seemingly positive attributes, such as education or marital status, can still be influenced by gendered and cultural expectations.

Through applying an intersectional approach, I aim to highlight how current SRH education models fail to address the multi-layered forms of discrimination young people face.

Intersectionality allows me to critique not just the content and delivery of SRH education, but also the underlying socio-cultural and political contexts that shape young people's access to and engagement with SRH services. This approach will guide the review and analysis of SRH education programs, particularly in understanding how gender norms, cultural expectations, and colonial legacies interact to perpetuate inequities in SRH education and gender-based violence.

My research employs a critical realist methodological approach, utilizing multiple qualitative data collection methods to explore and understand SRH education in The Gambia. I draw on Post-Colonial Feminist and Black Feminist frameworks, specifically focusing on an intersectional approach, to critically analyse the development and implementation of SRH education in The Gambia. The Gambia is a low-income country in SSA with its share of SRH issues, such as high rates of FGM and child marriage. Although there is limited research on young people's SRH in low- and middle-income contexts, there is an understanding that CSE may yield a positive impact on young people's SRH. However, studies on CSE tend to focus solely on the measured impact of these interventions. While this is important, these provide little insight into understanding the wider religious/cultural/gendered contexts that shape and underpin the design, implementation, delivery, and experiences of SRH education.

The objectives of this research project are:

- To critically explore how SRH education has been developed within the social and political context of The Gambia.
- To analyse and identify the values and perceptions of relevant actors in relation to the development and design of the SRH curriculum.
- To identify the factors that facilitate and challenge the provision and implementation of the SRH curriculum.

Thesis Structure Overview

There are eight chapters in this thesis. After the introductory chapter, Chapter 2 presents a critical review and critique of the literature that both informs and shapes the focus of this research.. Rather than providing a conventional narrative overview, this chapter offers a thematic and methodological critique of existing research on SRH education, with a particular focus on how curriculum effectiveness, content, and delivery methods have been conceptualized in SSA.

Chapter 3 serves as the methodology and methods chapter. It outlines how the study was developed, philosophical underpinnings, research design and methods, data collection, and the frameworks used for data analysis. In this chapter, I also detail my positionality and research experiences as an insider/outsider, and the ethical approval process.

Chapter 4 is a context chapter that gives an overview of The Gambia's colonial history and its impact on health, education, and sexuality education. This chapter gives an in-depth understanding of how past and current socio-cultural and religious values may impact the implementation of the comprehensive health education curriculum.

Chapters 5-7 are the results chapters. Chapter 5 examines historical and current discussions regarding attitudes and actions towards SRH education, as well as their impact on the implementation of the CHE curriculum. I argue in this chapter that the government did not pay enough attention to the role of stakeholders like religious leaders and international financial donors and the influence they yielded in SRH education. This lack of attention of stakeholders led to the downfall of POP/FLE, a former SRH curriculum, and has potential implications on the implementation of the CHE curriculum.

Chapter 6 provides a critical understanding of the socio-cultural drivers that have shaped the new CHE curriculum, and how these may impact its development and teaching. This chapter analyses the wider socio-cultural contexts, such as patriarchy and religion, that underpin and constrain the design and development of the new curriculum.

Chapter 7 details the current realities and potential challenges that educators may face during the implementation and delivery of the CHE curriculum. Here, I argue that the lack of resources and lack of priority given to SRH in The Gambia may make it difficult to implement the new CHE curriculum.

Chapter 8 is the discussion and conclusion chapter, which synthesizes the key findings from the results. Here, I pull out the significance of my findings, and highlight the study's relationship with, and contribution to, the current literature on SRH education. In this chapter, I also write about my professional experiences working in this field post-PhD, as well as reimagining a world in which post-colonial SRH education is possible.

Chapter 2: The Current Landscape of SRH Education

Research in Sub-Saharan Africa: A Critical Review

This chapter presents a critical review of the literature on SRH education in SSA, systematically examining existing research on SRH programs, their limitations, and the gaps in current scholarship. Rather than simply assessing the effectiveness of SRH education, this review interrogates how existing programs often overlook crucial social, cultural, and political factors that shape young people's access to SRH education and services. Specifically, this review will examine the existing literature on SRH education curriculum design and implementation in SSA, with a particular focus on how gender inequality, colonial histories, and intersectional identities shape the design and implementation of SRH curricula, as well as the gendered and socio-cultural barriers to SRH access and education.

The review is organized into several key sections. The first section outlines how my theoretical frameworks (Black feminism and postcolonial feminism via an intersectional lens) are utilised in the review. These frameworks provide a critical lens for examining how gender inequality, colonial histories, and intersectional identities influence the design, implementation, and outcomes of SRH programs. The methodology section explains the systematic approach taken in reviewing the literature. This includes the selection criteria, search terms, databases used, and the screening process that resulted in the inclusion of 31 articles. The methodology section ensures the review is focused, comprehensive, and methodologically sound, providing transparency in how the literature was analysed. The results section synthesizes the findings, drawing on literature from public health, education, and gender studies, to provide a broader interdisciplinary perspective. This includes an evaluation of effectiveness, curriculum content, and delivery methods. The results highlight the strengths and limitations of current SRH education models in SSA. Finally, the discussion section, referred to as the Critical Analysis section, evaluates the results in light of the theoretical frameworks and the broader literature on SRH education, offering insights into how these findings shape the direction of future research and practice. The discussion also highlights the gaps in the current literature, such as the lack of intersectionality and the continued influence of colonial legacies.

Through a critical examination of the literature, this chapter argues that mainstream SRH education programs in SSA often prioritize outcome-driven approaches, such as behaviour change or knowledge retention, while neglecting the complex socio-cultural realities of young people. The findings will demonstrate how these gaps perpetuate inequalities and hinder the development of more inclusive, gender-sensitive, and culturally relevant SRH education programs. The review will present a more nuanced understanding of SRH education that accounts for the lived experiences of adolescents and challenges the dominant narratives around sexual health. The review will also act as the rationale for the research focus of my PhD.

Theoretical Frameworks: Black Feminist and Post-Colonial Feminist Perspectives

This critical review applies Black Feminist Theory and Post-Colonial Feminist Theory as frameworks to critique and deepen the understanding of existing SRH education literature. These frameworks guide the analysis of the literature by focusing on how systemic inequalities, particularly the intersection of gender, race, and class, shape the design, implementation, and effectiveness of SRH education programs in SSA. Black Feminist Theory, in particular, critiques the dominant feminist paradigms that often marginalize the experiences of Black women and people of colour. It advocates for a more holistic understanding of how race and gender intersect to influence sexual and reproductive outcomes, arguing for inclusive and intersectional SRH education that accounts for the complex identities and experiences of young people in SSA (Collins, 2000; hooks, 1984; Lorde, 1984).

In this review, Black Feminist Theory is applied to interrogate the current literature on SRH education. This theory helps to identify gaps in SRH education literature, particularly around the representation of marginalized groups and the exclusion of their sexual agency in the design and delivery of SRH curricula (Mohanty, 2003; Davis, 2008). These gaps, such as the lack of inclusive, intersectional approaches in addressing the needs of marginalized youth, will be explored in the review findings and, later, in the thesis discussion chapters. Additionally, Black Feminist Theory emphasizes the importance of recognizing community-based knowledge and

culturally relevant practices, which are often overlooked in mainstream SRH programs (Wade, 2021). Addressing these omissions is crucial to creating more inclusive and effective SRH curricula. These areas are central to the analysis and critique of SRH education programs in the subsequent chapters, where the findings will reflect on how these theoretical gaps impact the implementation of SRH education in SSA.

Similarly, Post-Colonial Feminist Theory is used to critique the Western dominance in SRH education. It highlights how colonial histories continue to shape the policies and frameworks of SRH education in SSA, often privileging Western health paradigms that do not align with the local cultural realities and social structures of SSA (Chidwick et al., 2024; Wigle et al., 2022; Mohanty, 2003). In this review, Post-Colonial Feminist Theory informs the analysis by exploring how colonial legacies perpetuate unequal power relations in the development and implementation of SRH education programs. It will also emphasize the importance of decolonizing SRH education, integrating local knowledge systems, and incorporating community values to create more effective and culturally sensitive SRH interventions (Gandhi, 2015; Tamale, 2011). Post-Colonial Feminism provides a framework to understand how colonial histories continue to marginalize the sexual and reproductive health needs of young people in post-colonial settings (Mohanty, 2003).

The intersectional approach in the context of my research emphasizes that the experiences of young people, particularly those from marginalized groups, cannot be fully understood through a single-axis framework (Crenshaw, 1989). In the context of SRH education, intersectionality reveals how systemic inequalities rooted in gender, race, colonial histories, and socio-economic status compound the barriers that young people face in accessing comprehensive, relevant, and inclusive education (Hill Collins, 2000; McCall, 2005). Both Black feminist and post-colonial feminist theories emphasize the importance of SRH curricula that not only acknowledge these intersecting identities but also actively challenge the structures of power and oppression that perpetuate these disparities (Tamale, 2011; Mohanty, 2003). By integrating an intersectional approach, SRH education can move beyond superficial representations and address the nuanced, lived realities of young people, particularly those from marginalized and historically excluded communities (Crenshaw, 1989; Wade, 2021).

Methodology

The methodology follows the critical review approach outlined by Grant and Booth (2009). This review method, though still emerging, has gained significant traction in academic research for its ability to provide a comprehensive evaluation of existing literature, identifying strengths, gaps, and areas in need of further development (Grant and Booth, 2009). It is particularly suited for critically examining complex, interdisciplinary fields, where diverse theoretical perspectives and contextual realities influence both the design, interpretation, and outcomes of programs. The critical review methodology aligns with the Black Feminist and Post-Colonial Feminist frameworks that guide this study, as it enables a theoretical critique of the literature that challenges dominant narratives, highlights the intersectionality of race, gender, class, and sexuality, and underscores the colonial legacies that shape SRH education. By using this approach, the review can not only evaluate existing SRH education programs but also allows a critical interrogation of the cultural, political, and historical factors that have been overlooked in the current literature, while ensuring that the review remains aligned with the study's theoretical focus on social justice and equity in SRH education.

The review focused on the design and implementation of SRH education programs, especially those targeting adolescents (ages 10–19). It examined how these programs addressed gender inequalities, intersectional identities, and cultural barriers. The conceptual framework used in this review will also serve as the basis for categorizing and analysing the findings from the included papers, ensuring that the analysis remains grounded in the study's theoretical focus.

This chapter has established the rationale for my PhD research by highlighting gaps in the existing literature, particularly the lack of focus on intersectionality, gender-based oppression, and the colonial legacies that influence SRH education in SSA. The critical review highlights how current SRH programs often fail to address the multilayered nature of oppression, particularly for marginalized youth, providing the foundation for why my PhD research is needed. The review, therefore, not only summarizes existing research but also establishes the need for future research that can address these critical gaps.

Information Sources

The literature was sourced through searches in the following electronic databases:

- Sociology Source Ultimate
- Ovid Online
- Medline

These databases were selected due to their comprehensive coverage of topics related to SRH, education, and social sciences, which are central to the scope of this review. Sociology Source Ultimate provides extensive access to sociology and social work journals, which are valuable for exploring the socio-cultural dimensions of SRH education. Ovid Online features health-focused databases, providing access to research articles on SRH interventions, health education, and related outcomes. Medline, a widely recognized medical database, offers high-quality peer-reviewed articles on public health, medical education, and sexual health, ensuring that the review is informed by evidence-based research in the field of SRH.

Search terms used:

- "comprehensive sexuality education" "or sex education" or "sexual and reproductive health" or SRH or CSE).
- "sub saharan africa" or "sub-saharan africa" or "sub sahara" or "sub-sahara" or ssa or Nigeria or "South Africa" or Uganda or Tanzania or Gambia
- young people or youth or adolescen* or young adult

The search was limited to studies published between 2015 and 2025, aligning with the timeline set by the Sustainable Development Goal (SDG) Target 3.7, which aimed to ensure universal access to sexual and reproductive health-care services by 2030, including education and family planning services. This timeframe is particularly relevant as it marked the period of heightened international focus on achieving SDG 3.7.

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria

Primary and secondary research studies (including systematic reviews) published in English.	Studies not published in English.
Research focused on junior and secondary school-aged participants (10-19 years) who received either in-school or out-of-school SRH education.	Research on non-school-aged participants (e.g., those outside the 10-19 age range).
Studies from low- and middle-income (LMI) countries within SSA.	Studies from non-LMI countries.
Studies that report on the design and implementation of SRH curricula.	Studies that do not address the design or implementation of SRH education curricula.
Articles published between 2015 and 2025.	Articles published before 2015

I collaborated with a City St Georges' University of London subject librarian to carefully define the search terms, ensuring comprehensive coverage of relevant literature. Searches were conducted in April 2025. The initial search yielded 1793 results. I conducted an initial screening round using the titles and abstracts, which included removing duplicate articles and applying the defined inclusion and exclusion criteria, resulting in 142 papers. A second detailed screening was conducted on the 142 full texts, resulting in the selection of 54 papers. In the final round of screening, the papers were further assessed for relevance, narrowing the selection down to 31 articles that were included in the review.

To maintain focus on the design and implementation of SRH education curricula, I excluded studies that compared CSE or SRH education to other interventions, as well as papers that only discussed the importance of SRH education or CSE without addressing curriculum design or implementation. Additionally, documents that explored informal or non-curriculum-based methods of accessing SRH information were not included. All studies reviewed involved SRH education interventions that included a structured curriculum, whether delivered in-school or out-of-school, and my search was not limited to in-school curricula alone.

I compiled a table summarizing the key characteristics of the selected papers to ensure a more comprehensive analysis, which is available in Appendix 1. This table provides a clear overview of the aspects of the design and implementation of SRH education curricula on which the studies were concentrated. As this review follows the critical review format, which focuses on synthesizing and evaluating the body of knowledge rather than conducting a systematic assessment of a broader evidence base (Grant and Booth, 2009), I did not undertake a formal quality appraisal. However, all studies included in the review were peer-reviewed.

Analysis and Data Extraction

For this critical literature review, I conducted a thematic synthesis analysis, guided by the work of Thomas and Harden (2008). Thematic synthesis is a method used to systematically analyse and synthesize findings from multiple studies. It involves identifying, analysing, and interpreting recurring themes or patterns to develop a more comprehensive understanding of the research topic (Thomas and Harden, 2008). This approach is beneficial for integrating diverse perspectives and findings in the field, such as SRH education, enabling the identification of overarching themes, gaps, and inconsistencies that inform the development of more inclusive and contextually relevant SRH curricula.

Post-colonial feminist and Black feminist theoretical frameworks also shaped the interpretation of the literature, helping me understand the broader socio-political forces that influence SRH education, particularly curriculum design and implementation in SSA. My approach was both data-driven and theory-driven. I began by familiarizing myself with the complete set of papers, making initial observations, and noting the general context and methodologies used. This initial reading enabled me to identify key characteristics, including the country or context, methodological approaches, and the focus of each study. These aspects were crucial for understanding the broader landscape of SRH education and informed the subsequent steps in the analysis process. With thematic synthesis analysis (Thomas and Harden, 2008), I initiated the review by conducting repeated readings of the included studies, with a particular focus on the results and discussion sections of the research papers. These sections were carefully analysed to

identify recurring themes and patterns related to the design, implementation, and outcomes of SRH education programs.

After reviewing the initial themes, I refined and consolidated them to ensure that the remaining themes aligned with the theoretical and research objectives of the review. This final round of analysis led to the identification of three core themes from the literature that structured this review:

- **Evaluation of Effectiveness:** This theme examines how existing SRH education programs assess their success in terms of reducing risky sexual behaviors and enhancing health outcomes. The literature tends to evaluate these programs primarily based on quantitative measures, such as condom use, delayed sexual debut, and reductions in sexual activity.
- **Evaluation of Curriculum Content:** This theme examines the degree to which SRH curricula integrate gender, sexuality, abstinence, comprehensiveness, and intersectionality. The literature often evaluates curriculum content in terms of overall coverage of the curriculum (breadth vs depth),
- **Evaluation of Delivery Methods (mHealth and in-person):** This theme examines the methods used to deliver SRH education, including in-person and mobile health (mHealth) platforms. The literature tends to evaluate these methods primarily by examining their effectiveness in reaching youth.

In summary, the term ‘evaluation’ is used to reflect the current literature’s tendency to measure and assess SRH education programs based on outcome-driven criteria, such as effectiveness, coverage, and delivery methods. This review moved beyond simple evaluation to critically question the assumptions embedded in these approaches, especially concerning gender, intersectionality, and cultural relevance.

Results

While many of the reviewed papers addressed multiple aspects of SRH education, including effectiveness, curriculum content, and delivery methods, for this analysis, each study was

grouped according to its primary research aim. This thematic categorization enabled a more coherent synthesis of the literature, despite some content overlap among categories.

Article Characteristics

A total of 31 studies were included in this critical review, examining the landscape of SRH education across SSA. The geographic distribution of studies reveals a concentration in the southern region of the continent. Over one-third of the papers (11/31) were conducted in South Africa, followed by Nigeria (3/31), Tanzania, Uganda, and Northern Ghana, with two each (6/31). Single studies were identified in Rural Kenya, Ethiopia, Zambia, Rwanda, Ghana, and the Democratic Republic of Congo. Additionally, 4/31 of the studies were conducted at a regional or multi-country level, categorized under the “SSA Region.” Although the number of studies outside South Africa has increased in recent years, the literature remains unevenly distributed. Countries with high adolescent SRH needs but limited research infrastructure remain significantly underrepresented. This imbalance contributes to an evidence base that may reinforce dominant narratives shaped by more data-rich contexts, leaving knowledge gaps in countries that might benefit most from contextualized SRH education research.

The studies included in this review primarily focused on young people (24/31), with a significant number of studies examining the experiences and outcomes of young people. These studies represent the core demographic impacted by SRH education programs in SSA. In addition to young people, several studies also involved other key stakeholders, such as educators and policy actors. Specifically, young people and educators, as a mixed group, were study participants in 3/31 studies, while policy actors were the main focus of 6/31 studies. 4/31 studies focused on community members. These various participant groups contribute to a well-rounded understanding of the dynamics at play in the design and impact of SRH education. The inclusion of policymakers, educators, and community members provides important insights into the challenges and opportunities within the broader context of SRH curriculum development, particularly in addressing gender inequalities, cultural barriers, and socio-political contexts.

In terms of methodology, qualitative methods were employed in 12/31 of the studies, with an additional paper using comparative document analysis. While these qualitative studies varied in

design, most of them still centred on evaluating the effectiveness of SRH curricula, investigating how well programs were received, delivered, or understood by young people and educators. However, only a smaller subset of these qualitative studies, particularly those grounded in sociological or critical perspectives, actively identified structural and conceptual gaps within SRH education (Speizer et al. 2018; Mturi and Bechuke, 2019; Mpunga-Mukendi et al. 2020; Adekola and Mavhandu-Mudzusi, 2022; Achen et al. 2023; Koch, 2023; Pike et al. 2023), such as the lack of intersectionality (Coultas et al. 2020; Ubisi, 2023), insufficient attention to gender norms (Ngabaza et al. 2016; Gacoin, 2017;), or the reinforcement of heteronormativity (Francis and Kuhl, 2022; Mayeza, 2022; Mbarushimana et al. 2023).

Quantitative methods were used in 13/31 of the studies, including one quantitative systematic review (Geugten et al. 2015; Njue et al. 2015; Sani et al. 2016; Rocicki and Fink, 2017; Speizer et al. 2018; Yakubu et al. 2019; Nuwamanya et al. 2020; Mbizvo et al. 2023; Sidamo et al. 2023; Akande et al. 2024; George et al. 2024; Agu et al. 2025; Alhassan et al. 2025). Quantitative methods were the most utilized form of methodology in this review. These studies typically employed structured surveys or outcome indicators to assess knowledge acquisition, behavioral change, or reductions in health risks. While useful for demonstrating effectiveness in measurable terms, such studies often lacked insight into the broader socio-cultural and institutional contexts that influence program outcomes. Mixed methods approaches were used in 4/31 (Kemigisha et al 2019; Onukwugha et al 2022; Pike et al 2023; Adelekan et al 2024) of the studies, combining statistical data with participant narratives or case-based findings. Mixed reviews (2/31) (Onukwugha et al 2022; Achen et al 2023) synthesized existing evidence across various SRH topics without producing new empirical data.

Overall, while the diversity of methods reflects a growing interest in comprehensive approaches to SRH education, the field continues to rely heavily on evaluations of curriculum effectiveness, with limited uptake of critical or intersectional methodologies. This gap highlights the need for future studies to move beyond programmatic assessments and toward more in-depth engagements with the structural, cultural, and epistemological dimensions of SRH education across diverse African contexts. This gap is also addressed in Chapter 6 of my thesis.

Of the 31 studies included in this review, more than half (17/31) were led by primary researchers based in SSA, with the majority of these from South Africa (9) (Ngabaza et al, 2016; Visser et al 2020; Adekola and Mavhandu-Mudzusi 2022; Francis and Kuhl, 2022; Mayeza, 2022; Koch, 2023; Mbarushimana et al 2023; Pike et al 2023; Ubisi, 2023), followed by Nigeria (3) (Akande et al 2024; Adelekan et al 2024; Agu et al 2025), Tanzania (2) (Mturi and Bechuke, 2019; Ngissa et al, 2024), Democratic Republic of Congo (1) (Mpunga-Mukendi et al 2020), Ethiopia (1) (Sidamo et al 2023), and Zambia (1) (Mbizvo et al 2023). The remaining 14 studies were led by researchers affiliated with institutions in the Global North, including the United Kingdom (3) (Sani et al, 2016; Coultas et al, 2020; Onukwugha et al, 2022), the United States (3) (Rocicki and Fink, 2017; Speizer et al, 2018; Alhassan et al, 2025), Sweden (2) (Nuwamanya et al, 2020; George et al 2024), Belgium (2) (Kemigisha et al. 2019; Achen et al. 2023), the Netherlands (1) (Geugten et al, 2015), Canada (1) (Gacoin, 2017), Australia (1) (Njue et al 2015), and Iran (1) (Yakubu et al 2019).

The prominence of South African researchers reflects the country's comparatively strong research infrastructure and institutional capacity, as South Africa is a middle-income country and the most industrialized nation on the African continent (Zharima et al., 2023). SRH research is well-established in South Africa, as evident in the distribution of research studies in this review. By contrast, the dominance of Global North researchers in studies conducted outside of South Africa underscores long-standing critiques about the neocolonial dynamics of knowledge production in global health and education (Ali et al., 2025).

Evaluation of Effectiveness

A significant portion of the studies reviewed (11/31) primarily focused on evaluating the effectiveness of SRH education programs in reducing risky sexual behaviors and improving knowledge outcomes among adolescents and young people (Geugten et al. 2015; Njue et al. 2015; Sani et al. 2016; Kemigisha et al. 2019; Yakubu et al. 2019; Mbizvo et al. 2023; Sidamo et al. 2023; Adelekan et al. 2024; George et al. 2024; Ngissa et al, 2024; Agu et al. 2025). These studies spanned diverse country contexts, including Tanzania, Nigeria, Ghana, Uganda, Kenya, Ethiopia, Zambia, and South Africa, with one study providing regional insights across the SSA region.

Most studies assessed effectiveness through measurable outcomes, such as improved SRH knowledge, increased condom use, delayed sexual debut, or reduced early/unintended pregnancies. For instance, quantitative studies in Nigeria (Agu et al., 2025) and Ghana (Yakubu et al., 2019) demonstrated statistically significant gains in knowledge and changes in behaviour, including increased abstinence and improved pregnancy prevention awareness. Similarly, Mbizvo et al. (2023) in Zambia found that linking CSE with SRH services was effective in reducing early and unintended pregnancies.

Several studies employed quasi-experimental or cluster-randomized controlled trial designs, such as the work by Sidamo et al. (2023) in Ethiopia and Sani et al. (2016) in a regional context, thereby enhancing the strength of causal claims regarding curriculum interventions. These studies emphasized intervention-control comparisons, often concluding that SRH education is more effective when implemented systematically and supported by trained facilitators.

Importantly, not all effectiveness studies relied on quantitative measures. A qualitative study by Ngissa et al. (2024) in Tanzania highlighted that even non-comprehensive curricula had a perceived impact on young people in curbing risky sexual behaviour. The qualitative design offered more flexibility to explore learners' perspectives, with a focus on the social and emotional dimensions of SRH knowledge acquisition. Similarly, mixed-methods studies by Kemigisha et al. (2019) in Uganda and Adelekan et al. (2024) in Nigeria provided both statistical evidence and narrative insights from young people, underscoring the importance of teacher training and the integration of sexuality education in non-formal settings.

Across these effectiveness-focused studies, SRH education was shown to broadly improve knowledge and, in many cases, positively influence sexual behaviour (Geugten et al. 2015; Njue et al. 2015; Sani et al. 2016; Kemigisha et al. 2019; Yakubu et al. 2019; Mbizvo et al. 2023; Sidamo et al. 2023; Adelekan et al. 2024; George et al. 2024; Ngissa et al, 2024; Agu et al. 2025). However, the majority of studies remained concerned with outcome-based metrics and rarely engaged with the structural or normative assumptions underpinning what constitutes "effectiveness." The critical dimensions of how curricula shape or are shaped by social norms,

gendered power dynamics, or intersectional identities were largely absent. These findings will be further explored in the following sections of this review.

Evaluation of Curriculum Content

This theme encompassed 14 of the 31 studies reviewed (Ngabaza et al. 2016; Gacoin, 2017; Speizer et al. 2018; Mturi and Bechuke, 2019; Coultas et al. 2020; Mpunga-Mukendi et al. 2020; Adekola and Mavhandu-Mudzusi, 2022; Francis and Kuhl, 2022; Mayeza, 2022; Achen et al. 2023; Koch, 2023; Mbarushimana et al. 2023; Pike et al. 2023; Ubisi, 2023). It examined the content of sexuality education programs across various African contexts, with a particular focus on their inclusion or exclusion of topics such as gender, sexuality, abstinence, comprehensiveness, and intersectionality. These studies reflected a shared concern with the ideological and structural limitations of existing curricula, with most cases drawing from South African contexts (10/14) and others from Tanzania, Rwanda, the Democratic Republic of Congo, and broader regional analyses.

A significant number of studies (12/14) used qualitative methods to explore how sexuality education programs are framed, implemented, and received. These studies raised critical questions about the normative assumptions underlying curricula, particularly regarding gender and heteronormativity. For instance, Ngabaza et al. (2016) and Gacoin (2017) highlighted that even well-intentioned programs often reinforced patriarchal norms, while failing to challenge male dominance or heteronormative values. Similarly, Francis and Kuhl (2022) and Mayeza (2022), both in South Africa, emphasized the absence of LGBTQI inclusivity, noting the silencing of queer youth voices and the lack of curriculum content that meaningfully addressed diverse sexual identities.

Several studies (Gacoin, 2017; Mturi and Bechuke, 2019; Francis and Kuhl, 2022; Mayeza, 2022; Koch, 2023; Ubisi, 2023) identified a clear disconnect between policy intentions and implementation practices. For example, Ubisi (2023) highlighted the competing influences of religion and policy in South African schools, where the intersection of faith, gender, and sexuality complicates the delivery of consistent curricula. Mturi and Bechuke (2019) similarly described the shallow treatment of sexuality topics in South Africa due to a lack of trained

educators, suggesting that even when curricula are technically comprehensive, their delivery often falls short.

A few studies (Ngabaza et al, 2016; Gacoin, 2017; Speizer et al 2018; Mturi and Bechuke, 2019; Coultas et al 2020; Mpunga-Mukendi et al 2020; Adekola and Mavhandu-Mudzusi 2022; Francis and Kuhl, 2022; Mayeza, 2022; Achen et al 2023; Koch, 2023; Mbarushimana et al. 2023; Pike et al. 2023; Ubisi, 2023) adopted a structural critique, questioning how curricula fail to engage with the lived realities of learners. Mbarushimana et al. (2023) in Rwanda found that most curriculum content emphasized anatomy and disease prevention, while concepts like pleasure, consent, and sex positivity were largely absent. This was echoed in Coultas et al. (2020), who argued that SRH interventions in Tanzania risked being perceived as culturally irrelevant or alienating, particularly when learners felt stigmatized or unable to apply the information in their socio-cultural contexts. This emphasis on the biological aspects of SRH education is also something I critique in Chapter 6 of this thesis.

Only two studies used mixed or quantitative methods. Speizer et al. (2018) employed survey data to examine the social and economic factors influencing young women's vulnerability to HIV and unintended pregnancy in South Africa, suggesting that curriculum alone may be insufficient without addressing broader structural inequities like food insecurity or household conditions. Pike et al. (2023) employed a mixed-methods approach to demonstrate how community engagement and safety concerns influenced program uptake in South Africa.

Importantly, only a small subset of these studies explicitly engaged with intersectionality or critical pedagogy (Gacoin, 2017; Francis and Kuhl, 2022; Ubisi, 2023). Most critiques remained at the level of identifying content gaps or delivery challenges, rather than offering transformative alternatives. Overall, the findings under this theme suggest that while SRH curricula are increasingly present in African education systems, their substantive quality, inclusivity, and responsiveness remain uneven. A deeper commitment to intersectional, gender-sensitive, and youth-centred content is needed to ensure that curriculum development aligns not only with global standards but also with the lived experiences and rights of African adolescents. This gap

in the literature is also highlighted in my research, which aims to better address the overlooked aspects of SRH education, particularly through a focus on intersectionality.

Evaluation of Delivery Methods (mHealth and In-Person)

A total of 6 studies (Rocicki and Fink, 2017; Nuwamanya et al. 2020; Visser et al. 2020; Onukwugha et al. 2022; Akande et al 2024; Alhassan et al. 2025) in this review examined the methods used to deliver SRH education, with a particular emphasis on the emergence and effectiveness of mobile health (mHealth) platforms. These studies examined the reach and impact of SRH information delivered via digital and mobile technologies, primarily in Uganda, Nigeria, Ghana, South Africa, and through regional analyses within SSA.

The majority of studies focused on mobile-based interventions designed to improve access to SRH information among adolescents and young adults (Rocicki and Fink, 2017; Nuwamanya et al. 2020; Onukwugha et al. 2022; Akande et al 2024). For instance, Nuwamanya et al. (2020) in Uganda and Akande et al. (2024) in Nigeria found that mobile phone applications significantly increased SRH knowledge among in-school and university-aged youth. Both studies employed quantitative experimental designs, including randomized controlled trials, to demonstrate statistically significant improvements in knowledge levels following exposure to mobile interventions.

Similarly, Rocicki and Fink (2017) in Ghana demonstrated that mHealth interventions were effective in reaching adolescents across diverse socio-demographic backgrounds, particularly those considered at higher risk of poor SRH outcomes. This finding underscores the scalability and adaptability of digital platforms as delivery mechanisms that can transcend traditional access barriers.

Beyond individual country contexts, Onukwugha et al. (2022) and Alhassan et al. (2025) conducted systematic and mixed reviews focused on SSA broadly. Their analyses revealed that mHealth platforms offer substantial potential to support behaviour change and broaden access to SRH information. However, they also emphasized the importance of addressing the digital

divide, particularly in underserved or rural communities where technological access and digital literacy remain barriers.

One study, Visser et al. (2020) in South Africa, used a mixed methods design to evaluate the iloveLife.mobi program. This study found that digital platforms were able to reach marginalized and hard-to-reach populations, while also encouraging behaviour change and improving SRH knowledge. The use of qualitative data also shed light on the importance of digital content design, accessibility, and relevance to user experiences.

Collectively, these studies suggest that mHealth interventions offer promising alternatives or complements to traditional, in-person delivery of SRH education. Their benefits include greater reach, personalization, and accessibility, particularly for young people in urban or mobile-connected environments. However, they also bring challenges related to digital equity, cultural relevance, and the need for integration into broader education and health systems. Notably, while these interventions adopt innovative methods of delivery, their underlying evaluative focus often remains fixed on measuring curriculum effectiveness, typically in terms of knowledge gains, behavioral outcomes, or access to services. In this way, even digital approaches are largely framed within an interventionist paradigm that prioritizes quantifiable outcomes. This is often at the expense of interrogating how delivery methods interact with broader socio-cultural structures. Few of the reviewed studies comprehensively examined how digital tools engage with gender norms or power relations, highlighting a critical gap in the literature.

Framing the Gaps: A Critical Analysis

In this section, I will critique the current focus of the literature on SRH education in SSA, drawing on wider research, theoretical frameworks, and critical perspectives. This critique will highlight the dominant paradigms that shape the SRH education discourse, particularly those that prioritize intervention-based models, behaviour change, and standardized curricula. I will examine the limitations of these frameworks, particularly their tendency to measure effectiveness through narrow, outcome-driven metrics, which often fail to consider the broader socio-cultural, gendered, and political factors that shape young people's SRH experiences and access to

education. By critically assessing these gaps, I aim to propose a more inclusive, contextually relevant approach to SRH education, one that incorporates intersectionality, decolonial praxis, and community-based approaches.

This critical review of 31 studies reveals that SRH education research in SSA is overwhelmingly shaped by an intervention-focused lens, rooted in paradigms of effectiveness, curriculum standardization, and behaviour change, except for some studies discussed in the second theme, which also critiqued the content of the SRH curricula. While these studies document essential gains in knowledge and behaviour, particularly around condom use, delayed sexual debut, and service uptake, the literature remains fundamentally constrained by epistemological and ideological limitations. These limitations narrow the focus of SRH education to measurable outcomes and often overlook the broader socio-cultural, gendered, and political factors that influence SRH access and education. These findings are not only relevant but also act as the reason for adopting a different approach in my research. My work aims to address the narrow scope of existing studies by examining how SRH education is designed and implemented in The Gambia, and how colonial legacies, global health frameworks, and structural inequalities continue to influence SRH education practices. By broadening the focus beyond effectiveness to include a critique of the socio-cultural and historical context, my research seeks to fill critical gaps in the literature and offer a more inclusive and contextually relevant approach to SRH education in SSA.

Effectiveness as a Dominant Frame: What Is Measured and What Is Missed?

Across the sample (18/31), SRH education was largely assessed using outcome-based metrics that prioritized quantifiable indicators such as knowledge acquisition and behaviour modification. These markers of “effectiveness” seek a generalizable, measurable impact on SRH, but often fail to capture the structural and relational realities in which young people make SRH decisions (Craig et al., 2018; Rolfe et al., 2018). Even qualitative studies in the reviewed literature tended to focus narrowly on behavioral outcomes, thereby reducing the potential of these methods to examine how SRH interventions are interpreted through local social, religious, and cultural lenses. This is crucial in a country like The Gambia, where silence, shame, and

adult-centred authority dominate discourses around youth sexuality (Tamale, 2011; Bellagamba, 2013).

SRH is a global public health emergency. Public health problems exist within specific socio-cultural, political, and historical contexts, which may skew the potential effectiveness of an intervention (Craig et al, 2018; Viehbeck et al, 2015). This means that simply identifying a public health issue as a priority for research, such as SRH and SRH education, and developing an intervention for it, does not necessarily mean that the issue will be resolved. Policy makers, funders, stakeholders, and researchers must also take certain questions into consideration when developing interventions, such as: How are interventions evaluated? Do recipients of the intervention understand its necessity? Who is introducing and developing the intervention? How is the success of an intervention determined? Are researchers familiar with the contexts in which they are introducing the intervention? How do local and national contexts influence the delivery of an intervention? (Craig et al, 2018; Viehbeck et al, 2015; Taverner, 2015; Shoveller et al, 2015).

I argue that the primary focus on the effectiveness of SRH education and other interventions by much of the reviewed literature is limiting. Even with public health issues such as smoking, past interventions to stop people from smoking have fallen short, as policymakers have not always considered wider socio-political factors that influence people's behaviours and decisions around smoking (Craig et al, 2018). For example, interventions have focused on the health risks of smoking, without addressing the reasons why people smoke, including poverty, weight control, aggressive marketing by cigarette companies, and more (Jarvis, 2004). Individuals may understand that smoking is harmful to their health. Still, this knowledge will not lead to smoking cessation unless the socio-cultural and socio-economic factors that contribute to smoking are addressed. I go further into detail about the socio-cultural, political, and economic factors of SRH education within the Gambian context in subsequent sections of this literature review. This heavy reliance on the effectiveness metric also means that behaviour change is at the centre of SRH education research.

Behavioural Change Without Structural Change

From a sociological standpoint, education is considered a key social determinant of health. It influences health outcomes by affecting individuals' social and economic status, access to resources, and ability to engage in healthy behaviors (Marmot & Wilkinson, 2006). This perspective regards education not just as a means of individual empowerment but as a critical tool for improving population health and reducing health disparities. Educational interventions, like the implementation of SRH education curricula, are a form of behavioural change intervention. Behaviour change can simply be defined as what happens when individuals are faced with a familiar situation and opt to do something different (Michie et al., 2011). Within the context of public health, different behaviours are understood to lead to better health outcomes. An example of a behaviour change in SRH can be someone deciding to start using condoms during each sexual encounter with a different partner. Behaviour change can be achieved through different interventions, which are usually a set of activities modelled to alter specified behaviour patterns (Michie et al., 2011). The dominance of behaviour change models in the reviewed literature, particularly those imported from high-income countries, reinforces the idea that information alone is sufficient to improve health outcomes. Yet, as Pakenham-Walsh (2004), Bell et al. (2009), and DiClemente et al. (2013) argue, behaviour is shaped by intersecting systems of oppression, including poverty, patriarchy, stigma, and institutional neglect. In The Gambia, where SRH outcomes are closely linked to structural factors such as low school completion rates for girls, high rates of child marriage, and deep-seated taboos around sexuality, a behaviour change model alone for SRH is not only insufficient, but also actively misaligned with the realities on the ground.

Behavioural change interventions without contextual understanding have long been criticized by public health and sociological researchers (Bell et al., 2009; DiClemente et al., 2013).

Behavioural change is seen as a narrow way of effecting population change and does not consider social contexts and intersecting identities which underpin peoples' behaviours and their ability to change. These critiques focus upon the argument that in order to see lasting behaviour changes in public health interventions, structural changes such as reducing poverty, and changing social norms around gender inequality as well as educational or policy shifts need to occur (Bell et al., 2009; DiClemente et al., 2013). Developing and implementing public health interventions,

like positively influencing young people's SRH knowledge and behaviours, depends on successful behavioural change which hinges on structural change.

Behaviours occur within social environments, so any effort to address certain behavioural changes must consider the socio-economic and political powers that have direct or indirect effects on peoples' health, regardless of their individual choices (Kelly and Barker, 2016). Sociological and feminist scholars have stipulated that if education alone was necessary to affect behavioural change, then challenges like the 'know-do' gap would not exist. The 'know-do' gap is a phenomenon in public health that refers to the discrepancy between what is known and what is practiced (Pakenham-Walsh, 2004). With public health interventions around issues like smoking, obesity and, to an extent, SRH, people know that certain behaviours have a direct negative influence on their health (e.g., having unprotected sex), but will still proceed to engage in those behaviours. Bell (2009) theorizes that although people do have roles to play when it comes to their health, certain behavioural change movements tend to punish marginalised members of society and stigmatize people who 'fail' to change behaviour, where they become seen as bad citizens. These movements often fail to consider structural factors that lead to and amplify ill health in vulnerable populations (e.g., obesity campaigns that do not factor in poverty and food deserts). According to Kelly and Barker (2016) and DiClemente et al. (2013) if we only attribute behavioural change to knowledge, then there is a possibility of missing out on understanding what influences behaviours. Behaviour can be influenced by a range of factors, including genetics, family and friends, communities, environments, and societies. Teaching someone about their SRH is important, but in settings like The Gambia where information is just one section within a complex body of socio-economic determinants that influence SRH, it can be argued that it will not be enough.

Behavioural change programmes are abundant in SSA and LMI contexts, but they tend not to address structural factors that have led to the continuity of behaviours that are considered problematic and health-damaging (Barnes, 2015). One critique of behavioural change interventions in LMI contexts is that they are often gendered, in that girls and women are targeted and bear the brunt of the burden when it comes to blame and responsibility for behavioural change (Barnes, 2015; Brown Travis and Compton, 2001). This was seen in the

literature in this review, as studies were either gender-neutral or focused only on how SRH interventions benefited girls (Ngabaza et al. 2016; Speizer et al. 2018; Mbivizo et al. 2023; George et al. 2024). Girls and women are viewed as caregivers, so the onus is often on them to maintain healthy behaviours. This is magnified in sexual and reproductive health interventions where girls and women are viewed as ‘disease vectors’ who must modify their behaviours to reduce the spread of disease to their partners (Barnes, 2015). Another example of these behavioural change programmes is making girls and women the primary targets of contraceptive use to prevent pregnancy and STIs. This behavioural change lens fails to address structural factors that make girls and women more vulnerable to disease and infection such as patriarchy, gender inequalities and other socio-economic factors.

Critiques of behaviour change have also contended that certain behaviour change programmes may intensify health inequalities and limit a person’s choice (Tengland, 2012). This is due to the idea that programmes often have greater impacts on higher income groups who are more likely to have the resources to be able to change their lifestyle and have higher health literacy (Tengland, 2012). Furthermore, when behavioural change programmes are being implemented in LMICs, scholars have shown that community members are not always consulted, and participants tend to have very little choice on whether they can participate or not (Smith-Oka, 2009; Cooke and Kothari, 2001). If choice is limited in addressing behavioural changes, then participants might not be willing to take the programme seriously. In the case of SRH education programmes, students might feel the need to just show up without participating simply because the class is a requirement and not something they want to attend.

Other critiques of behaviour change pinpoint how placing the burden of change on citizens diminishes the roles of governments in creating public health solutions (Barnes, 2015; Muntaner et al, 2000). In a behaviour change approach, an individual’s ill-health is (implicitly) blamed on their lack of motivation to want better for themselves, rather than understanding how factors like poverty, income inequality, poor health facilities, and other structures imposed by the state make it difficult for people to be healthy (Barnes, 2015). Although behavioural change may be masked as a tool of self-empowerment, certain programs, especially in LMI contexts, do not take into consideration the reasons why people are not always able to take ownership of their personal

health. Scholars have argued that behavioural change programmes are often designed in high income settings and exported to LMICs without considering how they will be received and implemented within national and local contexts (Barnes, 2015; Leggett, 2014). This import-export of health programs is a remnant of colonialist structures that reveal how LMICs are thought of as unable to decide what works best for them and what does not (Spivak, 2003). This often promotes problematic notions that how certain demographics ‘behave’ is because of questionable cultural norms and they must be ‘saved’ from certain behaviours to live healthier lives (Spivak, 2003).

These issues can be seen in The Gambia when it comes to the fight to end FGM. Community members had often seen the campaigns to end FGM as an issue imported from the West, and for a while, dialogue around FGM painted FGM-practicing communities as people needing to be ‘saved’ (Gruenbaum, 2005). It wasn’t until people within these communities decided to utilize grassroots movements to find ways to end FGM themselves that shifts started to occur (Edouard, Olatunbosun & Edouard, 2013). Scholars researching SRH have also argued that while young people can hold knowledge about SRH, they might still be unable to access contraceptives such as condoms and birth control; this lack of access may continue to lead to behaviours including unprotected sex even though they are aware of the associated risks (Plourde, 2016). Moreover, young women in The Gambia may decide that they do not want to undergo FGM or child marriage and still be forced to because of patriarchal structures and poverty, which influence unfair gender relations (Bellagamba, 2013).

mHealth and the Limits of Innovation

Digital delivery mechanisms are emerging as alternatives to traditional classroom instruction, providing new pathways to reach adolescents with SRH information. Studies in this review showed that mHealth platforms can expand access and improve knowledge (Onukwugha et al., 2022; Alhassan et al., 2025). However, these interventions are not neutral. In The Gambia, where digital access is stratified along gender and rural-urban lines, mHealth programs risk deepening existing inequities unless they are intentionally designed with local realities in mind.

Moreover, none of the studies reviewed addressed how digital tools are embedded within existing structures of surveillance, parental control, or community gatekeeping, issues that are especially relevant in conservative contexts like The Gambia. There is also limited access to these digital technologies given The Gambia's status as a LMIC⁶. As Visser et al. (2020) point out, digital innovation must be accompanied by critical attention to access, content design, and user agency to avoid reproducing the exclusions it purports to solve.

Curriculum Standardization and the Silencing of Local Knowledge

The findings of the review also reveal a deep tension between global standards around SRH education interventions and local realities. Most curricula are assessed and standardized based on their alignment with international benchmarks, which can be seen in the second theme of the review, where I discuss the evaluation of curriculum content in the research. These standardized frameworks emphasize behavioral outcomes while giving little attention to emotional safety, community-based learning, or youth voice. They reflect what decolonial scholars call epistemic extractivism, or the application of Global North logics in contexts where they may be ill-suited or even harmful (Mignolo, 2011; Boatcă & Costa, 2010).

An example of this standardization process in relation to SRH can be found in the development of international standards for assessing SRH education by the United Nations Educational, Scientific, and Cultural Organization (UNESCO) (UNESCO, 2009). This model was developed by Kirby (2007), under the United Nations Educational and Cultural Organization (UNESCO), identified 17 characteristics of a quality CSE program (Table 3), which are now international standards for assessing SRH education (UNESCO, 2009). Some of these characteristics were at the forefront of the studies in my critical review. This model has been utilized by UNESCO, the UN branch that mainly focuses on education and education implementation, making it the global standard for the design and implementation of SRH education. Kirby (2007) identified multiple outcomes from 83 studies globally. Sixty-five of these studies were mainly focused on the U.S and other global north countries whereas only 18 were from the global south. These characteristics are wide-ranging and relate to the development (liaising with stakeholders),

⁶ The use of technology in The Gambia is discussed in Chapter 3, the methodology chapter.

content (addressing context specific SRH concerns), and implementation of the curriculum (gaining government support and training educators on the curriculum prior to teaching it), among others. However, reflecting the focus of the research described above, most of these characteristics are mainly impact-centred, measuring changes around sexual behaviour, such as frequency of condom use, the number of sexual partners, pregnancy and STI rates (Kirby, 2007). This means that they focus more on implementation, behaviour change, and global standardization, instead of looking at the different structures that influence SRH education such as socio-cultural contexts, educators' experiences, and the perspectives of young people.

The Process of Developing the Curriculum	The Contents of the Curriculum Itself	The Implementation of the Curriculum
1. Involved multiple people with different backgrounds in theory, research and sex/HIV education to develop the curriculum 2. Assessed relevant needs and assets of target group 3. Used a logic model approach to develop the curriculum that specified the health goals, the behaviors affecting those health goals, the risk and protective factors affecting those behaviors, and the activities addressing those risk and protective factors 4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space, and supplies) 5. Pilot-tested the program	Curriculum Goals and Objectives 1. Focused on clear health goals – the prevention of STD/HIV and/or pregnancy 2. Focused narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviors, and addressed situations that might lead to them and how to avoid them 3. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy) Activities and Teaching Methodologies 4. Created a safe social environment for youth to participate 5. Included multiple activities to change each of the targeted risk and protective factors 6. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors 7. Employed activities, instructional methods and behavioral messages that were appropriate to the youths' culture, developmental age, and sexual experience 8. Covered topics in a logical sequence	1. Secured at least minimal support from appropriate authorities such as ministries of health, school districts or community organizations 2. Selected educators with desired characteristics (whenever possible), trained them and provided monitoring, supervision and support 3. If needed, implemented activities to recruit and retain youth and overcome barriers to their involvement, e.g., publicized the program, offered food, or obtained consent 4. Implemented virtually all activities with reasonable fidelity

Table 1: The characteristics of effective curriculum-based programs (Kirby, 2007)

While the international benchmarks continue to dominate the landscape of SRH education, a smaller body of literature included in this review has taken a more critical qualitative approach that engages with the limitations of such models. Some studies challenged the narrow focus on

behavioral outcomes and advocate for more contextually relevant, youth-centred, and intersectional approaches to SRH education (Ngabaza et al. 2016; Gacoin, 2017; Mturi and Bechuke, 2019; Coultas et al. 2020; Koch, 2023; Mbarushimana et al. 2023). These critical approaches are rare in the current body of SRH research, emphasizing the importance of understanding local socio-cultural contexts, gender dynamics, and historical legacies in shaping how young people engage with SRH education. This perspective is crucial when considering the Gambian context, where cultural and religious values, as well as colonial legacies, continue to significantly influence the delivery and reception of SRH curricula.

This gap in the literature highlights the need for a more nuanced and comprehensive approach to SRH education, one that transcends the narrow, effectiveness-driven focus and critically engages with the structural factors that influence SRH curriculum design and implementation. My research aims to fill this gap by using an intersectional lens, which recognizes the complex ways in which gender, culture, class, and colonial histories intersect to influence young people's SRH experiences.

This is the gap my research seeks to fill, as it explores SRH education in The Gambia through a critical and intersectional lens. By addressing the gaps identified in these more critical qualitative studies, my research aims to examine how the colonial legacies, global health frameworks, and socio-cultural dynamics of The Gambia influence the design and implementation of SRH curricula. This approach ensures that the research not only measures effectiveness but also critically engages with the lived realities of young people in the region, addressing the systemic barriers they face in accessing SRH education and services.

mHealth and the Limits of Innovation

Digital delivery mechanisms are emerging as alternatives to traditional classroom instruction, providing new pathways to reach adolescents with SRH information. Studies in this review showed that mHealth platforms can expand access and improve knowledge (Onukwugha et al., 2022; Alhassan et al., 2025). However, these interventions are not neutral. In The Gambia, where digital access is stratified along gender and rural-urban lines, mHealth programs risk deepening existing inequities unless they are intentionally designed with local realities in mind.

Moreover, none of the studies reviewed addressed how digital tools are embedded within existing structures of surveillance, parental control, or community gatekeeping, issues that are especially relevant in conservative contexts like The Gambia. There is also limited access to these digital technologies given The Gambia's status as an LMIC⁷. As Visser et al. (2020) point out, digital innovation must be accompanied by critical attention to access, content design, and user agency to avoid reproducing the exclusions it purports to solve.

The Epistemic Violence of Decontextualized Interventions

Postcolonial and postcolonial feminist critiques help make sense of the disconnect between SRH education frameworks and local realities. An intervention-focused approach to SRH education leaves little room for intersectionality, which can address multiple forms of oppression, including gender, race, and class, that influence young people's SRH. Intersectionality recognizes that individuals experience multiple and overlapping forms of oppression based on their race, gender, class, sexuality, and other identities. In the context of CSE, this means recognizing and addressing how these intersecting oppressions impact young people's sexual and reproductive health and rights (McKittrick, 2006; Alexander-Floyd, 2010).

An intervention-focused model overlooks the fact that even with the most comprehensively designed curriculum, individual and structural identities can influence access to SRH education and how that education is received. For example, the intersection of gender and economic inequality can limit young women's access to SRH services and education (Tamale, 2011). Similarly, the intersection of race and gender can result in the stigmatization and marginalization of African women and girls within both their communities and the broader global context (Oyěwùmí, 1997). An intervention focus does not center the voices and experiences of Black women in knowledge production and decision-making processes (hooks, 1981). In the context of CSE, an intersectional approach would mean ensuring that African women and girls are actively involved in the design, implementation, and evaluation of CSE programs (Tamale, 2014). Black feminist scholars argue that too often, CSE programs are developed and implemented without the

⁷ The use of technology in The Gambia is discussed in Chapter 3, the methodology chapter.

meaningful participation of the very communities they are intended to serve (McKittrick, 2006; Le Mat et al., 2019).

Conclusion: Moving Beyond Effectiveness

This chapter has critically interrogated the dominant paradigms within the literature on SRH education in SSA, highlighting the limitations of an intervention-focused, outcome-driven body of research. The findings demonstrate that while SRH education has been widely studied through the lens of effectiveness, much of this research is decontextualized, lacking sufficient attention to how programs are designed, by whom, and under what conditions they are implemented. In many cases, the literature prioritizes Western epistemological frameworks that focus on biomedical and behavioral change metrics, overlooking the cultural, social, and political realities of the communities in which these programs are introduced.

In The Gambia, such critiques are not abstract; they are foundational. Despite increasing policy support for CSE through the introduction of the new Comprehensive Health Education curriculum, a notable gap remains in understanding how the curriculum was developed, how teachers and students experience it, and how social norms, religious values, and institutional power influence what can and cannot be taught in practice. The discussion has shown that without addressing these underlying structural issues, including the impact of colonial legacies, global health mandates, and gendered expectations, the full potential of SRH education will not be realized.

By engaging with postcolonial feminist and Black feminist frames, such as intersectionality, this chapter offers a reframing of how SRH education should be conceptualized and studied. It argues for a more grounded, intersectional, and context-sensitive approach that centres the lived experiences and knowledges of those most affected by such programs. In doing so, it lays the groundwork for the next phase of this research, which focuses specifically on the Gambian case to examine how SRH education is designed, delivered, and negotiated within schools, institutions, and policy frameworks.

The next chapter presents the methodological foundations of my PhD study, detailing the approaches used to explore curriculum design and implementation in The Gambia.

Chapter 3: Methods and Methodology

Introduction

The previous chapter highlighted the gaps in literature in relation to CSE/SRH education globally and in The Gambia, which I have used as a justification for my research question and the philosophical and methodological approach that grounds my study. This chapter will demonstrate the thought processes and philosophical underpinnings that have formed the basis of the methodology, including the theoretical and epistemological perspectives that underpin this research project. I will also discuss the initial data collection plans and how they were altered due to the COVID-19 pandemic. This will include discussions on the ethical approval process and implications for data collection, especially when conducting a study in an LMIC context. I also make my approach to research and the methods I used for data collection transparent. Due to the impact of COVID-19 on every aspect of my research and other global health research complexities, discussions of the ethics of my research are positioned throughout the chapter in relevant sections instead of being concentrated in just one section.

Aim and Objectives

In the literature review chapter, I critiqued the knowledge gaps around SRH education in LMI contexts such as The Gambia. I also drew on broader literatures to help me understand what was missing from the literature, and therefore important to study. To explore the knowledge gaps identified in the literature review chapter, my **research aim** is to critically examine the creation, design, and drivers of the new SRH education curriculum for young people in The Gambia.

The objectives of this research project are:

- To critically explore how SRH education has been developed within the social and political context of The Gambia.
- To analyse and identify the values and perceptions of relevant actors in relation to the development and design of the SRH curriculum.

- To identify the factors that facilitate and challenge the provision and implementation of the SRH curriculum.

This research project undertook a qualitative methodological approach with data collected through key informant interviews and a document discourse analysis. I will first discuss the philosophical underpinnings of the project, before outlining the data collection process and methods.

Philosophical Underpinnings

Research is informed by the paradigms that shape and inform a researcher's ideas about the world (Tuli, 2010). These influence the choice of methodology, methods, and research design throughout the research journey. Atieno (2009) states that research paradigms can be viewed either as approaches or designs to answer research questions. Philosophical underpinnings of research, such as ontology and epistemology, are part of the paradigms that inform our research approach (Tuli, 2010; Crotty, 1998). According to Crotty (2003, p.10), ontology is concerned with *“what kind of world we are investigating, with the nature of existence, with the structure of reality as such”*. Ontological perspectives exist on a spectrum, ranging from naive realism, which is the perception that the world can be viewed in an objective way that reflects reality, to relativism, where realities can exist as endless constructions (Moon and Blackman, 2017).

Epistemology refers to the philosophy of knowledge: it is a way of explaining “how we know what we know” (Crotty, 1998, p.17). Epistemology is about understanding what types of knowledge there are and how these can be created (Bantjes & Swartz, 2017; Crotty, 1998). For example, a positivist philosophy adopts the viewpoint that a stable reality exists, whether we are looking at it or not, and regardless of our understanding of it (Green & Thorogood, 2014). The positivist approach aligns with quantitative social sciences. However, for people like me who study social behaviour, positivism as an epistemological stance cannot fully explain the nuances of my research, specifically: what people do, why they behave in certain ways, and how certain understandings about the world come to hold (Green & Thorogood, 2014). Positivism, therefore, does not question the ‘reality’ of the world.

Understanding epistemology allows a researcher to explain how research comes to be. My epistemological stance fed into my decision-making process around which theories and methodologies to utilize to underpin my methodological approach and make sense of the data collected (Crotty, 1998). Being clear about my epistemological stance has informed my research, and it has shaped my view of knowledge, impacting what I want to know and which tools I need to use to answer those questions. In my research, I aim to explore and critically examine the creation, design, and drivers of the new SRH education curriculum for young people in The Gambia. I wanted to gain a better understanding of SRH education in The Gambia. One of the things that informed the study methodology was the lack of research on the values and perceptions of actors who developed the SRH curriculum, and how these influenced the provision of the curriculum. I also wanted to gain a better understanding of the socio-economic and political factors that underpin the development of the Gambia's SRH curriculum.

My philosophical position is that there is no fixed understanding of the world, and reality can be interpreted. I acknowledge that life and human existence in general are multi-faceted, and we are influenced by structural factors such as political and socio-economic conditions, as well as our own agency. With my previous experience working in settings with girls and women who have undergone FGM and other harmful practices, I cannot underestimate the importance of culture and other social factors on their influence on human life. There can be no one-size-fits-all solution to research either as there is no one-size-fits-all solution to life.

In the early development of my PhD, I had explored using a social constructionist epistemological approach for the study, due to my intent to gather evidence about how the curriculum was constructed, put into practice, and interpreted within a particular social context. The social constructionist view of knowledge is that it is constructed (Andrews, 2012). Social constructionism acknowledges that reality exists, but these realities and people's understandings of realities are determined by the times and places within which they are constructed (Smith and Elger, 2012; Berger and Luckmann, 1991). Although a social constructionist approach would have fit in with my research, continued exploration of epistemological literature, discussions with my supervisors, and a deep interrogation of my ontological and epistemological positioning

led me to identify critical realism as a more appropriate paradigm. Understanding how we experience our constructed realities is important, but so is understanding the impact of social structure (how gender influences SRH education for example). Social constructionism also fails to take into consideration the existence of structured realities, which critical realism sees as vital for understanding phenomena (Andrews, 2012).

As human beings, we are impacted by social structures (religion, gender, income etc.), and these structures often determine someone's level of privilege in society and what resources may be available to them (Smith and Elger, 2012). While social constructionism allows for a subjective interpretation of how societal structures are perceived, that would not have been enough to detail the current and historical social, political, economic, and cultural realities that influence the CSE curriculum in The Gambia. Due to this, I ended up taking a critical realist approach, which I will outline below.

Critical Realism

My research sought to understand the creation and design of The Gambia's new CSE curriculum and to identify and analyse the factors that influence the provision of the curriculum by those who designed it and those who are expected to deliver it. My aim is to examine how SRH and its education have been constructed within the specific social, political, and economic context of The Gambia. My position, in the context of the research study, is that data that is initially presented may reveal multiple layers of information throughout the analysis process such as the socio-cultural factors that influence SRH. This fits most with a critical realist perspective.

Critical realism is a philosophical approach that distinguishes between the 'real world' and the 'observable world' (Archer, 2011). This philosophical framework was developed by Roy Bhaskar (Bhaskar, 1997) in the 1970s and 1980s (Gorski, 2013) and utilizes both positivist and constructivist paradigms to provide a comprehensive and detailed account of social science epistemology and ontology (Fletcher, 2016). To define critical realism in simpler terms; there is the world we know and observe, and this is shaped by our perceptions and biases, but the world is also moved by casual mechanisms which we do not fully know but we can approximate.

Critical realism interprets reality as ‘layered’, with three stratified ontological levels. The first level is known as the *empirical* level, which refers to events or objects that can be experienced or observed and are often explained descriptively (Fletcher, 2016). The middle level is denoted as the *actual* level; on this level, events still occur that govern the empirical although they cannot always be observed (Fletcher, 2016). The final level is the *real* level, which is inclusive of ‘causal’ structures or mechanisms that impact the empirical level (Houston, 2001; Fletcher, 2016). These levels are not exclusive to one another, and in fact, aim to describe the same reality. Critical realism aims to clarify social events or objects through the causal mechanisms identified at the real level and how they affect ‘reality’. An example of these critical realist layers could be a teacher saying to a Black male student that they are not allowed to wear a hoodie during virtual learning as the empirical level (observable). This might be driven at the actual level by the fact that the teacher has had a long day and is tired and irritable. Several structures on the real level, such as policing students’ choices as a tool of control, or unconscious racial biases, as well as understaffing/overworking of teachers, could be impacting the empirical level.

A critical realist perspective has informed my choice of methodology and methods as I decided how to collect empirical data. For this study, I drew upon empirical data from in-depth interviews as well as analysing the current CSE curriculum. These different methods of data collection allowed for an extensive and intensive data sample for analysis (Fletcher, 2016). To ground this philosophy, I will show how a critical realist perspective can be used to understand aspects of SRH education in the Gambian context. The examples below are derived from personal experiences when I was setting up the study, media, and the draft CSE curriculum. My initial data collection plan included in-class observations, which required seeking permission from school principals in The Gambia. During this process, I encountered a school principal who commented on my mode of dress. He stated that the school had certain morals and values that needed to be adhered to in an Islamic school where modesty, especially for women, is valued. Even though my hair and body were covered, I had worn jeans, which were not viewed as ‘modest’ to him. In this case, his verbal lack of approval of my jeans is an observable, empirical-level event. His perceived place of authority (religious and societal), which is not always observable, drove his need to make a comment on an issue that seemed ‘common sense’ to him

at the actual level. The real level, however, explains this behaviour as rooted in socially constructed views in The Gambia of the status of women in society and how they are expected to look, dress, speak, and act, as dictated by men, especially men with a sense of religious authority.

Critical Realism and Post-Colonial Feminist and Black Feminist Theories

As discussed in the literature review, ideas around sex and sexuality education in The Gambia can be explained by theories such as post-colonialism and feminism, which will be further explored in this section. Post-colonial scholars have argued that Western scholars can unwittingly act as perpetrators of imperialist white supremacist capitalist patriarchy. This can be reflected in the type of research being conducted, the location of the study, the power the researcher may hold in that context, the rigor with which ethical standards are applied, and many other reasons (Go, 2016; Boatcă and Costa, 2010). Once viewed as “experts,” researchers may also have the social power to control what knowledge is deemed useful to reproduce and can also determine how data from marginalized communities are interpreted (Albert et al., 2020; Go, 2016). The intersections of postcolonial feminism, Black feminism, and critical realism offer a rich grounding for understanding the complex dynamics of power, identity, and knowledge. Each of these perspectives provides the tools that allows me to approach my research taking into consideration the lived experiences of marginalized groups, particularly women of colour, and challenges dominant narratives that have historically been shaped by colonial and patriarchal systems. All three perspectives are also deeply committed to social justice, as they seek to uncover and challenge the root causes of inequality and oppression. This shared goal enhances their capacity to inform transformative research and practice (Gillborn et al., 2018). Both theories under a critical realist framework emphasize the importance of understanding underlying social structures that perpetuate inequality and oppression. Postcolonial feminism especially stresses the significance of local knowledge and context in analysing social phenomena. This aligns with critical realism's focus on context-specific mechanisms and the idea that causal powers are contingent upon specific conditions (Bhaskar, 2008).

By utilizing post-colonial feminist and Black feminist theories, as well as critical realism as a philosophical approach, I was able to better address the intricacy of the power dynamics in play as a researcher in relation to my study on SRH education in The Gambia. The merging of these theories and approaches also enabled a more in-depth understanding of socio-cultural contexts for researchers in their data collection settings (Sweet, 2018).

As stated in Chapter 2, research on SRH often reflects a positivist paradigm, in that studies are often intervention-based, focusing on quantitative results. Critical realism, along with post-colonial and feminist theories, challenges positivism as the ultimate scientific theory (Albert et al., 2020; Sweet, 2018). These paradigms critique positivism's pretence of neutrality in research and its call for universal "laws" and guidance when it comes to applying scientific theory (Gunnarsson et al., 2016; Go, 2016). Critical realism upholds the argument that knowledge is layered and not set in stone, while a central tenet of post-colonial feminist thought is that knowledge is positioned, meaning that it often reflects the conditions in which knowledge is produced (Albert et al., 2020; Sweet, 2018; Go, 2016). Post-colonial feminist theory can extend critical realist thought by demonstrating that only through considering historical and social contexts can we truly determine the 'real' level of knowledge (Go, 2016). Critical realism and post-colonial feminism encourage opportunities to contest how Western science consistently repeats racist, heterosexist knowledge that does not take into consideration non-Western cultures and identities (Go, 2016; Boatcă and Costa, 2010).

When considering the political and postcolonial history of The Gambia, it is of utmost importance to remember that Gambians lived under 22 years of dictatorial rule from 1994 to 2016 (Human Rights Watch, 2019). During this time, Gambians were persecuted, jailed, and killed if the government perceived them to be a threat to their rule. Treason charges could be prepared if there were any rumours that someone stood against the government. The government established a National Intelligence Agency (NIA) with plainclothes agents who infiltrated local communities to record and identify dissenting citizens. Neighbours could not trust neighbours, friends could not trust friends, and family members could not trust one another. At some point, Gambians had to devise nicknames for the former president when discussing him. Due to this history, citizens are still hesitant about vocally critiquing governments, and of being recorded

(Perfect, 2020). A post-colonial feminist approach has informed my approach to navigating data collection in this context, from the types of questions I asked to the way I went about asking them. For example, when I asked questions about the role of the government in SRH education, I made sure to let participants know that they were not under any obligation to answer these questions and reminded them that my research was completely anonymous.

My research is considered a sensitive research subject because of its focus on SRH, but it can also be labelled sensitive regarding how I treated participants (Harding, 2002). A post-colonial sensibility served as a reminder to consider how to elicit responses from participants by providing settings that did not make them hesitant or fearful. I needed to frame my interview questions in a manner that was respectful of the setting, particularly when interviewing government officials.

Post-colonial feminism and Black feminism have also played significant roles in data analysis. As I began to interrogate findings and stratify data according to critical realism's ontological levels, these theories considered structures that exist to suppress the voices of marginalized groups (Go 2016; Phoenix, 2009). In my results chapters, I tried to pay special attention to highlighting the voices, realities, and concerns of people from marginalized positions, such as women. It is my job as a researcher to not only interview voices from these groups, but also to listen and uphold their claims and testimonials about the world in which they live (Harding, 2002).

Reflexivity and Positionality

This section aims to highlight how my personal and professional background has influenced my research decisions to ensure transparency and accountability in this process. As a social science researcher, my background and values are inextricably linked with the choices I make regarding my research (Agee, 2009). It is important that I discuss these values and detail my positionality. Without doing this, I will neglect a crucial part of my research, which is its trustworthiness.

Engaging with qualitative literature, you often come across terms such as trustworthiness, reflexivity, and positionality. Trustworthiness in qualitative research is divided into four components; credibility (how do you know that your findings are accurate?), dependability (can other researchers repeat this study, and will the findings be consistent?), transferability (how applicable is the research in other contexts?) and confirmability (are the findings based on the participants answers and not on other biases?) (Lincoln & Guba 1985, Graneheim & Lundman 2004). Reflexivity relates to the process of continuous internal evaluation and reflection by the researcher and is a key aspect of ensuring that qualitative research is accountable, transparent, and ‘trustworthy’. The reflexive researcher critically acknowledges their position in the world and how this affects the research focus, design, process, and outcome (Berger, 2015). Positionality refers to the researcher’s background, gender, race, experiences, knowledge, and other identities that may impact their research (Berger, 2015; Bradbury-Jones, 2007). To summarize, positionality refers to how my own identity affects the research process and understanding of the world, and reflexivity is how I apply this knowledge and how self-aware I am of the influences my positionality can have on the research.

I will begin by detailing my background and positionality in relation to the research because these are factors that have influenced my topic choice, field of study, and methods. These experiences have influenced my choice in becoming a social science researcher, and specifically, why I have chosen to research SRH education and curriculum design.

My educational experiences as a student and eventually a mentor in the United States have influenced my choice of research topic and choice of theories. As a student, I grew up wanting to be a medical doctor and therefore took as many science classes as possible. In the United States, high school students may take regular classes, honours classes, and advanced placement (AP) classes depending on the student’s academic capacity (The Princeton Review, n.d.). Once I moved to the US during my 10th grade year, I took regular classes for one semester and was advised by my counsellor and teachers to transfer to honours and AP classes. I managed to maintain all A’s in my classes, except my honours chemistry, in which I had a B. When that semester was over, I wanted to challenge myself and take AP chemistry the following year. I looked forward to that class: I felt like I was finally beginning to enjoy and understand

chemistry. That was until the teacher pulled me aside on the first day and asked me to drop out of the class because she was sure I would struggle in it. During that time, I didn't look at it as anything, but upon reflection as an adult, I do believe that this interaction was influenced by racism towards me as a Black female and immigrant. Being that I had only moved to the US from The Gambia a year earlier and still felt like an outsider, I acquiesced to her request because I did not know how to advocate for myself. After that experience, I convinced myself that I was not good at chemistry, and this conviction influenced me enough to decide that I no longer wanted to pursue a career in medicine. This experience highlights how settings supposed to promote children's confidence and support their dreams can also be sites that replicate colonial violence (Phoenix, 2009, Clemente and Higgins, 2008). This experience made me realize the importance of how education is received and who provides it, especially within post-colonial contexts.

As a mentor, I have also witnessed how Black immigrant students receive education. Students who immigrate to colonial settings also have their intelligence tested in ways that do not take into consideration their previous educational contexts. Students are forced to reproduce knowledge that represents what the coloniser states is relevant, and this, Fanon (1967) says, is a way in which colonial power relations are reproduced. Between 2017 and 2018, I ran a mentorship program that worked with first- and second-generation immigrant and refugee girls of African descent in the United States. This mentorship program was located in Clarkston, Georgia, a populous immigrant resettlement hub. The initial aim of this program was to talk to the girls about FGM and SRH in general, but through discussions, we understood that they had more immediate needs, especially regarding schooling and education in general. Girls in this program narrated how they were failing classes because English was not their first language, and teachers were not taking the time to teach them. They were also expected to apply to college without anyone explaining the process and had resigned themselves to the idea that they would have to work at the local chicken factory, like their parents, or get married. Although racism and sexism may not be overt in these accounts, research highlights how schools have been sites where children, especially minority girls, may be discouraged from accomplishing their educational aspirations (Phoenix, 2009; Davies and Saltmarsh, 2007; Youdell, 2006). Taking this

experience into account allowed me to take special consideration of the influence of gender on how education is received.

Before starting my PhD, I worked in The Gambia in various capacities. One of my most recent role was as an Assistant Women's Affairs Coordinator for the Truth, Reconciliation, and Reparations Commission (TRRC). The Gambia experienced a brutal 22-year dictatorial regime (1994–2016) where human rights were consistently violated. The TRRC was an independent body set up to investigate those human rights violations. My job was to ensure the representation of girls' and women's affairs throughout the commission and the investigation of crimes of sexual and gender-based violence (SGBV). This included collaborating with the government, grassroots organizations, and international organizations to foster a cohesive understanding of how to advocate for girls' and women's rights on a national level. This role helped me build an excellent network in the country, which has benefited the PhD project by connecting me with key people in the field of SRH.

I have primarily worked in NGO settings in the United States and The Gambia with the objective of contributing to the sexual and reproductive well-being of girls and women. My work focused on FGM and child marriage globally, and my roles included creating mentorship programs, training healthcare workers, advocating for policy change, and developing educational and communication material, among others. Through my previous roles, I developed an understanding that many poor decisions related to SRH were not just a result of a lack of knowledge, but were also influenced by other cultural constraints, especially in The Gambia. Although I felt that my conclusion was valid, there was no data to back up this hypothesis.

These findings from speaking with community members, along with my previous NGO and Truth Commission work, motivated me to study SRH education in The Gambia. My experiences also underscored the unique challenges of exploring sensitive issues like SRH education in the Gambian context. As someone with an activism background who identifies as a feminist, my research is very purpose-driven, and I often struggle to see research outside of an impact lens. This perspective influenced the theories and philosophies underpinning this research, namely post-colonial feminist theory and Black feminist theory, with a particular focus on

intersectionality. This project has encouraged me to look beyond the impact lens and focus on understanding the more holistic factors that influence curriculum design and SRH education. This motivation led me to apply for a PhD and conduct this study.

Insider/Outsider Perspectives

The initial design of this research project took on an ethnographic form⁸. Due to the COVID-19 pandemic, I was unable to conduct observations as initially intended. However, since I was staying in The Gambia during this time, I was still able to informally observe many situations related to SRH education, thanks to my insider status. Although insider/outsider relations are often adopted from ethnographic designs, these terms remain important to reflect upon in qualitative research (Hammersley & Atkinson, 2007). Therefore, this next section will define and explore my position as an insider/outsider within this research setting.

The perception of my participants as to whether I am fully Gambian influenced who spoke with me and how much in-depth data I was privy to. As a Gambian who has both insider and outsider perspectives, my position in this research project is an ‘at-home’ researcher, meaning that I am conducting a study in my home country (Alvesson, 2009). Alvesson (2009) theorizes that at home ethnographers can often gain easier or natural access to the field, because they share the same culture as participants. Although this may be accurate, it can be argued that this is not always the case, especially if a researcher has not lived in their home country for a significant period. The notion of insider/outsider perspectives in ethnography can be problematic because it drives the underlying assumption that you must position yourself as one or the other (Suarez Delucchi, 2018). From the outlook of someone who is removed from Gambian culture (prior to this research, I had not lived in The Gambia for more than 4 months at a time since I was 13), I may present or initially ‘pass’ as an insider, but a Gambian living in The Gambia may view me as an outsider. Nevertheless, I will explain how I fit into both perspectives during my research journey.

⁸ This will be elaborated upon in the methodology section.

In this research project, I understand that I am an insider twofold in terms of my relationships with key stakeholder participants. My participants were Gambian and adults, just like me. I am cognizant of the reality that one of the main reasons I can occupy certain spaces in research settings, as well as blend in, is due to my Gambian-ness. As an insider, I recognise certain cultural narratives that someone who is not Gambian may miss. These narratives include issues such as the influence of religion on every aspect of Gambian society and how patriarchy is held up as something beneficial for girls and women. I have also previously worked on issues surrounding young people's SRH in The Gambia, and I understand certain discourses within this topic. For example, I grew up surrounded by the dominant view that discussions around sex in any context outside of marriage are taboo and unreligious. Even though I do not subscribe to this view, I understand why it is perpetuated and touted as beneficial. As an insider, I am more easily trusted by gatekeepers and participants, and I have easier access to the populations I am interested in studying. I have found it easier to recruit participants because even if someone does not know me personally, there have been instances where a colleague has vouched for me to gain participant trust. As an insider, I realize that people are more willing to open up to me because there is an automatic assumption that I am one of them and, therefore, share the same points of view.

Throughout my interactions with interview participants and MOBSE staff, there was an implied understanding that I was conducting this research as a way to give back to my country, and that the only valid next step for me would be to move back 'home'. Throughout interviews, especially with government employees, I would often receive comments about how important this research would be and how meaningful it would be for me to return and work for the government to implement the findings of my research. In most instances, it felt like participants were saying, 'I'm telling you this so you can come back and help fix it.' During an interview with an NGO employee, I was encouraged to consider how I could integrate my findings with their current work to develop future iterations of the curriculum. Being a Gambian also served as a form of encouragement for participants to feel more comfortable with me, with many referring to me as 'my sister' or using phrases like 'you know how it is here' to foster a sense of bonding.

I also noticed a significant amount of ‘othering’ (Palacios, 2009)⁹ by older participants in relation to young people. Participants felt comfortable speaking with me, an adult insider, about what they thought were the sexual practices of young people, i.e., the outsiders. Presenting myself as a mature individual through the way I dressed and spoke extensively enhanced my ability to reach older participants, particularly retired government employees who played a significant role in developing the POP/FLE curriculum. I was viewed as a professional, rather than a student. My conversations with older participants did help to quell my insecurities, as I often felt inadequate as a researcher when speaking to people who had more experience than I did. At certain times, interviewing felt almost performative, as I could not be myself and had to act as someone these older participants would approve of. This act of performing in social settings (front stage vs back-stage) is defined by Goffman (1956) as a way for the performer (me) to impress observers (participants), even if that act of impression is not the reality of the performer. Although I was accepted due to the maturity I presented, it is essential to note that I believed I had more in common with the young people who were being ‘othered’ than I did with older adults.

While I am an insider to The Gambia in many respects, I also hold an outsider’s perspective, because even though I am Gambian, I was raised in the United States. bell hooks (1990, p.341) described this feeling of the emic/etic¹⁰ divide as being “part of the whole but outside the main body”. On one hand, I held the belief that my research participants would trust me because of my Gambian identity, but on the other hand, certain preconceived ideas about the population I was studying (as an insider), such as the idea that people would not want to talk freely about SRH issues, made my objectivity as a researcher difficult. I initially believed that I would be viewed as an outsider as I was not officially part of the subgroup being studied, and I assumed that participants (educators and key stakeholders in SRH curriculum design) would withhold information and not be as cooperative, but this was not the case for all the subgroups. Throughout data collection, it was clear that I underestimated my role in the community. Due to my non-profit connections, I found it much easier to carry on conversations with participants

⁹ Othering refers to the phenomenon of viewing or treating a group differently because you do not see them as fitting the norms of your social group and it is often viewed as negative (Palacios, 2009).

¹⁰ Emic refers to the research that studies one culture, and etic refers to research that is cross-cultural.

with these backgrounds as they viewed me as ‘one of them’. This was different with educators, government employees, and religious leaders, where I felt that I did not belong within these groups. I found this to be a positive thing, as I had the opportunity to ask basic questions that I would otherwise feel reluctant to ask participants who viewed me as part of their subgroup and were therefore under the assumption that I knew everything they were talking about.

It is important to note the challenges of being an outsider. During the data collection process, I constantly reassured participants that there was no right or wrong answer. At times, it seemed that there was the underlying assumption that I would judge their views and answers, leading them to tell me what they think I want to hear as an ‘American Researcher’, rather than what they understand/perceive in their everyday lives. Outside of this, I sometimes felt that I had to prove to participants that I could conduct the research. I also had to constantly remind myself that my role was a researcher. As a qualitative researcher, I serve as the main research instrument, meaning aspects of myself, such as my assumptions, biases, and experience, can influence potential research outcomes (Greenbank, 2003). This meant constantly having to remember my aim and objectives, which was not to decide whether the curriculum was good or bad, or whether it was an impactful intervention or not, but to gain a better understanding of the possible influences of socio-cultural factors on the development of the curriculum. This was also difficult to do, as my background in activism always made me view interventions through an impact lens.

There were multiple occasions where participants took to questioning my methodology and the soundness of my data collection tools. All of these participants were men. During a particular interview, a participant (a teacher who was also a doctoral student) was interested in the number of interview participants I had, and how I arrived at that number. I explained that it was derived from conversations with my supervisors, research about qualitative studies, and feasibility. He then proceeded to explain why his methodology was better, as he was interviewing 400 participants. Intrigued, I asked him how he managed to interview 400 participants, to which he responded that his interviews were about 5 minutes long and were a way to collect demographic data. After that, I thanked him for his time and refused to engage further in the conversation. I had no desire to defend my research at the risk of sounding ‘arrogant’, ‘emotional’, or any other term used to label

women. This interaction made me realize that although I had managed to consider multiple scenarios where I could be labelled as an outsider, I forgot one of the most important and common occurrences that most female researchers will have to deal with, sexism, especially within the Gambian context. Male scholars (especially those who are cisgender and white) are often viewed as experts who are neutral, unemotional, and authoritative (Lefkowich, 2019), which is what female researchers are told to aspire to. As a researcher in general, participants perceiving you as non-threatening can make them feel more comfortable in the interview process (Lefkowich, 2019; Cassell, 2005; Gurney, 1985), but this can often perpetuate harmful stereotypes about women such as weakness and incompetence, because when female researchers are ‘nice’, it can discredit their expertise as researchers (Lefkowich, 2019). Now that I have detailed my positioning and experiences as a researcher, the next section of this chapter will detail my research design and methods.

Research Design and Methods

In this section, I will discuss the research design and data collection methods that informed the initial plan of study, as well as the methods I ultimately used as data collection tools after my study aims changed due to the impact of the COVID-19 pandemic. I will begin by highlighting the impact of this pandemic on my research, and then discuss the methods employed (semi-structured interviews and discourse analysis of documents) to conduct the study.

Initial Research Plan and the Impact of COVID-19

I began my PhD in February 2019, and, like many Doctoral students, the COVID-19 pandemic the following year significantly impacted my research, meaning I had to shift my initial research plan. As universities and countries closed down, researchers and research students were placed in precarious positions, as many faced issues with research design and data collection, with little institutional support (Donohue et al., 2021; Flaherty, 2021; Ramos, 2021; Varadarajan et al., 2021). COVID also widened existing inequalities in research, while presenting ethical and methodological challenges to conducting research (Salam et al, 2021).

Prior to COVID-19, I had planned to take an ethnographic approach to understand the implementation of the CHE curriculum in The Gambia. My original aim was “*To explore the design, delivery and experiences of Sexual and Reproductive Health (SRH) education for young people in The Gambia*”. My initial study would have focused on the delivery of the SRH curriculum, including how young people experienced the new curriculum. However, COVID-19 meant that this was no longer feasible as the curriculum was not implemented due to schools closing from March 2020. The aim of my research subsequently changed to: “*To explore the creation, design and perceptions of the creation of the SRH curriculum in The Gambia*”. This allowed me to analyse the factors that influenced the design and possible implementation of the curriculum.

Initially, my project included conducting FGDs with young people, key stakeholder interviews, a content analysis, as well as informal observations. The FGDs and observations were no longer feasible, so that method of data collection had to be removed. I also had to increase the number of interviews from 15-20 to 30-40 to ensure a larger sample size and a richer data set. I was unable to formally observe any events as there were no workshops/meetings/trainings that I knew of or was invited to after receiving approval for in-person research. I was able to observe meetings/workshops between March and May 2021 informally.

I still had major challenges to my data collection process despite the changes made to my project design, because for the majority of my time in The Gambia, I was unable to collect in-person data. For starters, substantial changes were required in regard to my aims and objectives, data collection tools, and overall methods and methodology.

When COVID-19 began in March 2020, schools in The Gambia shut down, which meant the planned implementation of the new CHE curriculum would not occur at that time, and I would not have access to the young people I wanted to speak with and observe. FGDs would have been an excellent tool to explore better young people’s SRH education experiences and their SRH practices. Including young people was really important for me, because as stated in Chapter 2, young people are often left out of SRH education research, and I did not want to contribute to widening that gap and inequality in research voice. COVID-19 limitations meant that I was only

able to collect data through key informant interviews and discourse analysis. This led to a delay in my ethics application submission and approval, a delay in my data collection (because the regulations around COVID-19 kept evolving in The Gambia and the UK, where I was studying, and therefore had to follow their COVID-19 protocols). This led to an overall delay in the development and writing of my thesis, which I will detail in subsequent sections.

The impact of COVID-19 will be detailed throughout the upcoming sections as I highlight how it affected each part of my data collection process, including outlining the process of ethics approvals in more detail below.

Setting up the Research and Accessing Participants

Ethical Considerations

This section will focus on ethics in qualitative research and global health discourse and research, as well as my journey through the ethics application process. When developing a research project, it is essential to consider ethical implications that protect participants from harm, whether physical or otherwise (Atkinson, 2009; Dingwall, 2008). In qualitative fields, ethical regulations tend to be more complex, as they often involve groups of people rather than a single type of participant (Atkinson, 2009). According to Ramcharan and Cutcliffe (2002), debates surrounding ethics in social science research have improved significantly over the past three decades, resulting in clearer principles that guide social research ethics. These principles include matters such as: informed consent (getting full permission from a research participant before collecting data from them; ensuring participants are fully informed about and understand what they are consenting to; safeguarding (protecting the health and wellbeing of participants); and maintaining confidentiality (not disclosing information about a research participant to anyone unless that participant has given explicit approval to share their information). These have discouraged researchers from accessing participants in deceptive ways (Ramcharan and Cutcliffe, 2001).

In global health research, studies often aim to examine health within LMICs. While this is important, many researchers examining LMIC health systems and interventions tend to come

from high-income countries (Hunt and Godard, 2013). This can raise ethical concerns because different contexts apply different standards for research. Due to this understanding, ethics approval for the study needed to be obtained through the Gambian approval processes. The process of gaining ethical approval from research ethics committees is known as procedural ethics. Procedural ethics is the process where review boards ensure that norms, standards, and procedures relating to research conduct and ethical planning are met; it ensures that the researcher is responsible enough to carry out their project (Hunt and Goddard, 2013). Procedural ethics is an important aspect of research, although it is essential to note that it may be challenging to verify whether a researcher's proposed ethical conduct is consistently followed after ethical approval is obtained.

Seeking ethical approval for this study was one of its more challenging aspects. There are two stages to gaining ethical approval for a major study in The Gambia. The Gambia's Ethics Committee is a joint committee between The Gambia Government and the Medical Research Council unit of The Gambia at the London School of Hygiene and Tropical Medicine (MRCG at LSHTM), hence the name 'Gambia Government/MRCG Joint Ethics Committee'. Before the Ethics Committee reviews any application, it must be reviewed and approved by a recognised science committee in The Gambia. Currently, there are only two science committees in The Gambia: the Scientific Coordinating Committee (SCC) of MRCG at LSHTM and RePubliC at the University of The Gambia. I opted to submit to the SCC instead of RePubliC because the SCC has more rigorous standards, as explained to me by a local researcher colleague. Once you obtain approval from the SCC, you are more likely to gain approval with minor or no amendments from the Ethics Committee. I received letters of approval from both the SCC and the Ethics Committee (MRCG at LSHTM) (Appendix 4), which were sufficient for City, University of London. Due to the impact of COVID-19, I had to submit amendments to my originally approved ethical application as my aim, objectives, and the way I initially chose to collect data had to change. This entailed significant changes to my research methods and methodology.

I received all my initial relevant ethical approvals from the MRCG at LSHTM and SCC in March 2020 for in-person research (which involved FGDs, key stakeholder interviews, and

observations), but it was during this time that COVID-19 cases started to rise, and global shutdown occurred, making it impossible for me to travel to The Gambia and collect data. I made significant revisions to my methodology to enable a study that would be possible given the constraints of COVID (and the curriculum implementation being delayed). This warranted submitting an ethical amendment before data collection could begin. The amendments included the possibility of virtual/ phone interviews as a form of data collection, as well as conducting participant observations of key stakeholders instead of young people. The FGDs for young people and observations in the classrooms were no longer a possibility, so that method was removed from my final proposal. These amendments were submitted in February 2021, when I travelled to The Gambia, and I finally received approval for my amendments in June 2021. I arrived in The Gambia in February 2021, hoping that there would be little wait until I could collect in-person data, but that was not the case until July, when I received approval for in-person data collection. Although I had hoped to formally observe meetings/workshops with key stakeholders, I was unable to find any events after obtaining ethical approval for in-person research. However, I was able to observe meetings/workshops informally between March and May 2021.

During the height of the pandemic, MRCG at LSHTM formulated a traffic light system for research: red meaning no research could be conducted, amber meaning research could be resumed with safety measures in place, and green, which means that all research could continue without measures in place. In October 2020, the MRCG at LSHTM was at an amber status, which meant that as long as researchers and participants wore masks and maintained social distancing, research could be conducted. This means that I would have been able to conduct in-person research with MRC's initial ethics approval. At this time, The Gambia was averaging 5 COVID cases a day (Worldometers, 2021a), while the UK was averaging 14,000 cases (Worldometers, 2021b). This clearly highlights that those regulations in the UK could not be applicable to the Gambian context. City's protocols meant that even though I could have started my in-person data collection in October 2020 when MRCG at LSHTM's status shifted to amber, I was unable to because City's research governance committee had ruled that no in-person research was able to be conducted at this time. As mentioned above, I was able to conduct phone interviews with participants who had access to mobile phones with internet. Although interviews

occurred over the phone, not all participants had access to a printer or had a way to electronically sign the consent forms. This meant that I still had to collect signed consent forms from participants in person. The fact that I could pick up the forms but not interview them face to face was quite odd to participants and reiterates the fact that a top-down (HIC to LMIC) approach to research and ethics does not pay attention to context, as guidelines for research are being developed. This sentiment is mirrored by Lambek (2010, p.2), who calls for a shift in ethics in global health research that is “relatively tacit, grounded in agreement rather than rule, in practice rather than knowledge or belief, and happening without calling undue attention to itself”.

There is also growing apprehension in conducting research within LMIC contexts, and on populations who have been recipients of medical racism. Research has long been a tool of colonialism. There have been many instances, historically and recently, where researchers have collected (or have attempted to collect) data without ethically sound processes in place that protect the best interests of local populations¹¹ (Hellman et al, 2020; Roy, 2018). During the beginning of the pandemic, French doctors appeared on television, where they discussed the benefits of testing the vaccine in Africa, because “there are no masks, no treatments, no resuscitation, a bit like it is done elsewhere for some studies on AIDS or in prostitutes...”¹² (Hellmann et al, 2020). This statement highlights the need for rigorous local ethical processes before research is conducted in LMIC contexts, as racist and classist ideologies already make Africans more susceptible to unethical research practices. As important as it is to have ethically sound processes for research, it is also important that decisions around best interests are made by local ethics boards instead of boards in HIC. It is important to critically dissect research policies from high-income settings, as they often take precedence over the realities of LMIC contexts (Abimbola et al. 2021). In my case, City’s research policies held higher importance than the research policies of an entire country. Although these policies are meant to protect students and

¹¹ The most well known example relates to how, in 1932, 600 African American men were recruited for a research project which aimed to study syphilis. This was known as the Tuskegee experiment. Participants were not alerted to the true nature of the experiment and were simply told that they were being treated for a blood disease. In order to track the progression of the disease, researchers did not provide effective care for the participants. The story was not broken until 1972 when the experiment was finally stopped. As a result, out of the 301 participants with syphilis, 28 participants died from syphilis, 100 more passed away from syphilis related complications, at least 40 spouses had been diagnosed with it and the disease had been passed to 19 children at birth.

¹² This is a direct quote within the cited research article that quotes the television segment.

staff, the reality is that implementing blanket rules that surpass the borders of the UK signifies remnants of deep colonial and imperialist structures that display subordinate views of LMIC countries and their research. I should emphasize that this critique is not about the safety of research during COVID, but to highlight asymmetries in power. Specifically, who determines what safety is, especially in contexts and communities out of their jurisdiction¹³.

According to an ethical guidance document developed by the WHO in 2020, research could be conducted in emergency settings as long as it did not impede emergency response efforts or take away from allocated public health and health care resources (WHO, 2020). In this case, emergency settings referred to countries with COVID-19 in general, regardless of incidence level. With MRCG at LSHTM and the Gambian government's approval in conjunction with WHO standards, delays in my research were due to bureaucratic standards in an HIC, and not regulations in The Gambia where my research was conducted. Conducting research during COVID-19 has highlighted the fact that global health research is still dictated by HIC interests, and not decentralized or decolonized. As noted by Abimbola et al. (2021, p.6), there is still a shift that needs to occur in order to address remnant colonial power structures that still impact research:

“Global health practice needs a new politics of accountability. Shifting the geography of knowledge from “foreign expertise” to local and Indigenous knowledge holders is part of this new politics. Shifting global health leadership from White-led, White-dominated HIC institutions to BIPOC-led, BIPOC-dominated LMIC institutions is also critical. Drawing on intersectional Black, woman and feminist movements, and Indigenous knowledge systems can facilitate new leadership and organisational practices and theories and processes that centre our humanity through values of radical love, care, compassion, and the redistribution of resources and power.”

¹³ It is important to note that even in LMICs like The Gambia, there was still heavy reliance on MRCG at LSHTM for the formulation of research policies. Although MRCG at LSHTM is mainly led by Africans, it does not negate the fact that it is still a colonial institution headed in the UK, who's information and regulations were sometimes trusted more than the government's information. There is a possibility that the traffic light system may have been influenced by the pressure to keep the institution running as a way to contribute to knowledge that was being generated on COVID-19, as a way to catch up with the western pace of research on the pandemic.

I will now discuss the process of data collection, including the research setting and participant recruitment.

Data Collection

Study Setting

The project was conducted in the Kanifing Municipality and Greater Banjul Area regions of The Gambia, also known as Western Region 1. I chose these regions because they are urban areas of The Gambia, which are closely situated to each other and are diverse in terms of the students that attend the schools and the educators they employ. Their geographical closeness also meant that I could get to multiple locations and key informants in a shorter amount of time. Due to the small size of The Gambia, some of the key informants who work within urban regions had also worked in the rural regions, meaning that I would have an idea of what SRH and SRH education are like in rural settings without necessarily traveling there. Initially, the main sites of study were a private junior and senior secondary school, as well as a public junior and senior secondary school. When the project changed, it became difficult to identify the main sites for the study. The difficulty was due to several reasons, including the limited time I had to conduct the study, which meant I had to meet key informants at places convenient for them, primarily at their workplaces, which were usually schools and offices.

Sampling: Recruiting Key Informants

The Role of Gatekeepers in Qualitative Research

Permissions must always be sought before accessing most research sites, and my research was no different. In qualitative research, gatekeepers facilitate researchers' access to research sites, enabling them to carry out observations and collect data (Reeves, 2010). Depending on their views of your project and whether or not they find your research to be valuable and necessary, gatekeepers can either help or hinder your research (Reeves, 2010). They are often tasked with protecting the welfare of the population you are interested in studying. For my project, the initial gatekeeper was MOBSE. As the Ministry of Basic and Secondary Education in The Gambia,

they were tasked with deciding if my research could move forward or whether amendments had to be made in order to ensure the well-being of the population. Most of my data collection was supposed to take place in schools and involved gaining access to students and educators. Although my data collection methods changed, obtaining permission from gatekeepers remained important in developing my research skills. Before submitting my ethics application to any ethics board, I had to ensure that I had the necessary approvals from key gatekeepers. Having lived and worked in The Gambia, I have insider experience, and I understand that the process of negotiating with gatekeepers may be difficult when you are outside of the country. People are often unresponsive to emails and phone calls, and the most efficient way to reach anyone is to schedule a face-to-face meeting.

In January of 2020, I returned to The Gambia to work on obtaining permissions for my ethics application. During this time, I made acquaintances with many relevant stakeholders who I knew would be of significant help to me during my data collection process. One of them was a government employee who was in the initial stages of a research project on The Gambia's SRH curriculum on the knowledge and attitudes of young people regarding SRH. My connection to her enabled me to have access to stakeholder events for informal observations, giving me the opportunity to share my Participant Information Sheet (PIS) with potential government and NGO participants. I was also able to connect with a former colleague who was a trained teacher and was still connected to schools and educators within the region. Through his connections and support, I was able to access educators and people who worked within schools. NGO workers, teachers, and government officials became my key stakeholders for the research project because they were all actors who worked directly or indirectly on SRH and SRH education.

Although initial contact with schools was mostly made through a telephone call, I would then be invited to the school to sit down with the gatekeeper and explain my research in person,¹⁴ and detail that I had ethical approval from MOBSE to approach schools (see Appendix 3 for approval letter). Once they were satisfied, they would direct me to the appropriate teacher, who would then either decide if they were interested in being interviewed or if they would prefer that I speak

¹⁴ I would also ask the gatekeeper if they were interested in being interviewed. Their interviews were crucial in understanding overarching structural themes surrounding SRH education.

with a different colleague. I interviewed educators from eight different schools. Of these schools, three were private while five were public; three were religious schools (two were Christian, one was Islamic); one was an all-boy's school, and one was an all-girl's school. Although they were all located in Region 1 (KMC and Banjul), these schools were located in different areas of the region, allowing for socio-economic differences within the population.

All permission letters received have been attached in Appendix 2.

Identifying and Recruiting Key Participants

The key stakeholders who were relevant for this study were people who worked in SRH or SRH education, across different sectors, as they would be able to give me an in-depth understanding of SRH education in The Gambia. Participants were recruited purposively, meaning that the process was started by the researcher (me), selecting stakeholders who best fit the criteria (Palinkas, 2015).

The inclusion/exclusion criteria for the key stakeholder interviews were as follows:

Inclusion Criteria	Exclusion Criteria
Educators who teach any form of SRH education	Stakeholders who do not work on SRH and SRH education in The Gambia
School principals	Cannot communicate in English or Wolof
Stakeholders who work on SRH and SRH education in The Gambia	Young people who are still in school/do not work in areas of SRH education
Can communicate in English or Wolof	

Table 2: The inclusion and exclusion criteria for key informants

I chose to sample purposively as my form of initial recruitment because I already had an idea of the kind of stakeholders needed to inform my research, specifically key informants who worked

within SRH and SRH education. These stakeholders included staff from international organisations like UNFPA, NGO workers who work in SRH, government officials from relevant ministries like MOBSE and the Ministry of Health (MoH), and teachers who had taught science or SRH. From these initial contacts, participants were recruited through snowball sampling. Snowball sampling is a sampling technique where research participants recruit other participants for the study (Cohen and Arieli, 2011). This means that initial participants of the study were key informants that I had personally approached for the study, and these participants then introduced me to other key informants whose experiences and insights they felt would be informative for the study.

Participants who worked at NGOs were easier to recruit than teachers and participants who worked in the government, because I already had contacts within the NGO sector. Potential participants were often receptive to my research and had a genuine interest in SRH education. In recent years, The Gambia, like most LMICs, has witnessed a surge in interest on SRH issues, especially regarding young people (Mcharo, 2011; Desrosiers, 2020). With multiple organisations working on this topic, recruiting participants from NGOs who worked on SRH was quite simple, and these participants were always ready to put me in contact with other colleagues. Most of my earlier participants were identified at stakeholder meetings where I would pass around my participant information sheet (PIS) and answer any questions they had. If participants had access to the new SRH curriculum, I would ask specific questions about the content and development of the curriculum. If they did not have access (and for both types of participants), I would ask them more general questions on SRH education in The Gambia. In both instances, I was also curious to know what content an ideal curriculum would contain if they were in charge of developing it.

With participants who worked in schools, I received recruitment help from a colleague who was a former teacher. He identified friends and colleagues who were still teaching and put me in contact with them. Once I sent them the PIS and explained what the topic was about, I would be put in contact with the principal or vice principal (the gatekeeper), who would then identify the

appropriate teacher for me to interview. These teachers were often science teachers, and in one case, a POP/FLE teacher¹⁵.

Interview Participant Demographics

There was initial anxiety over being able to conduct my research in a timely manner and meeting my aims and objectives due to the aforementioned COVID-19 delays. Looking back now, I appreciate having had the time to plan my data collection better whilst I was waiting for approval for the ethics amendments. I was able to build more connections in The Gambia that allowed me to have a list of potential participants prepared so there was no gap in data collection once I started the interviews. I eventually conducted 36 key informant interviews. The table below details background and demographic information of the stakeholders. In total, 19 males and 17 females were interviewed.

Participant Demographic Grouping	Organizational Affiliation	Roles and Responsibilities
Government employees (current and retired)- including the national assembly and ministries. (n=9) <i>Government employees who work or have worked to: develop the curriculum, work on SRH issues, work with young people, plan and implement school health programs, or have an</i>	Ministry of Health	Program officer for school health outreach
	Ministry of Education	Curriculum developers
		Head of curriculum department
	National Assembly	CSE program coordinator
		National assembly member who chaired the health committee
		High level employee of National Youth Council

¹⁵ This was in the only school in The Gambia that still teaches POP/FLE.

<i>influence on budgetary issues</i>	National Youth Council	Consultants that worked with MOBSE and also worked with the international consultant on the development of the CSE curriculum
	Advisors to MoBSE	
Teachers and school administrators (n=13) <i>Anyone that has been involved with SRH at the school level</i>		Science teachers
	Public schools	Principals and vice principals
	Private schools	Principals and vice principals
	Christian school	Science teachers
	Islamic school	Principal
NGOs (n=12) <i>Organizations that work on sexual and gender-based violence, and offer psycho-social support for FGM and child marriage through community outreaches, advocacy and campaign, girls' mentorship programs, and trainings</i>		Principal
	Think Young Women	Program officer
		Executive Director
	Safe Hands for Girls	Program Officer
	The Girls' Agenda	Program Officer
	FANTANKA	Executive Director
	WILL	Executive Director
	Society for the Study of Women's Health (SSWH)	Executive Director
	Child Protection Alliance	Director
		Director

	Network Against Gender Based Violence	
Religious Leaders (n=2) <i>Religious leaders who also conduct spiritual and marital counselling within their communities</i>	Community religious leaders	Muslim Imam Catholic Priest

Table 3: Interview participant demographics

The Role of Informal Observations

Observations in ethnographic research refers to when researchers observe or interact with participants in their real-life environment (Atkinson and Hammersley, 1998). Non-participant observation is a research method in which the researcher doing the observing plays a non-participatory role within the environment being studied (Atkinson and Hammersley, 1998). In this study, I managed to informally observe certain SRH and SRH education related settings (as opposed to the formal observations I had in my initial research plan) as I waited for the COVID-19 related amendments in my ethics application to be approved. Due to Covid restrictions, I could no longer formally observe classrooms as per my initial research plan because the implementation of the CHE curriculum was delayed. By the time I received the approval for my ethics amendments, schools had closed for the summer, and all other SRH related stakeholder meetings and events had concluded, meaning that the informal observations would be the only observations I was privy to. These observations were therefore not part of my data, however, crucial in giving me more insight into the context of the study, as they informed the questions I asked participants during later interviews, as well my analysis. Informal observations differ from formal observations in that formal observations are often set up ahead of time, with participants not only having the knowledge that they are being observed, but they must consent to being

observed by the researcher, and to be willing participants of the research (Atkinson and Hammersley, 1998). Informal observations are often impromptu, and participants usually do not have an idea that they are being observed. There are ethical implications to this, as the data collected from these observations cannot be used formally (Johnson, 2017), meaning that they do not count as data that can be analysed.

I was able to informally observe certain events that were crucial in underpinning the rest of my data collection. For example, I went on a school tour with the MOBSE where they did a dissemination of findings from a study, they conducted on SRH in The Gambia that was mentioned in Chapter 1 (Sagnia et al., 2022). On this tour, schools that participated in the study were revisited to let students know that CHE would be implemented into their curriculum for the following year. During these tours, students had the opportunity to ask MOBSE staff questions about SRH so that the ministry could have a better understanding of what their SRH issues were. The first school visited was a private all girl's school in Banjul. When we arrived at the school, I was introduced along with the broader team as an 'expert researcher', although I had made it clear that I was only there to observe. The principal investigator's note taker was not there that day, so she tasked me to take notes of the event for her so she would be able to write her report later. This was fine with me as I took notes for myself. During this time, young people were able to ask questions about their sexual and reproductive health, which helped me gauge just how much they knew or didn't know. I came to understand that young people had a rudimentary understanding of their SRH, which was also reiterated by many key stakeholders in the study.

Data Collection Methods

As highlighted above, my data collection methods shifted due to COVID-19 related measures. This means that my research design shifted from FGDs, key informant interviews, observations, and a content analysis of the curriculum, to only being able to conduct key informant interviews and an analysis of the curriculum.

Semi-Structured Interviews

I conducted 36 semi-structured interviews with relevant stakeholders and educators. These stakeholders were known as key informants, as they had significant insight into young people's SRH education. Participants were policy makers (Ministry of Education), NGOs who work in SRH education, UN agencies such as UNFPA, educators, school principals, and other relevant parties. The purpose of interviewing these stakeholders was to explore the creation of the curriculum and the perceptions of its delivery. For this thesis, I opted for a semi-structured interview approach rather than a structured or more fluid approach. A semi-structured interview is a form of data collection where a researcher develops guiding, open ended questions to answer their research, that is not set in a rigid format. Semi-structured interviews are better suited to explore opinions and perceptions of participants regarding sensitive and complex issues, as they leave room for clarification and follow-up questioning (Bariball and While, 1993). They are also an appropriate method to employ in fields that have been under-explored (Ritchie et al, 2013), such as the field of SRH education in The Gambia.

This type of interviewing also allows for better insight into individual experiences and how they are placed within wider socio-cultural contexts. I interviewed people from diverse professional backgrounds, with varying personal (socio-cultural) experiences regarding SRH, so the use of a standard one-size-fits-all interview questionnaire was not feasible (Bariball and While, 1993). The ability to utilize a semi-structured format enabled me to ask questions on various aspects of young people's SRH education, while allowing key informants to elaborate on their thoughts and ideas. Although I wanted participants to answer questions in as much depth as possible, I understood that if I did not guide these conversations, or add 'structure' to them, it was possible that I would have ended up with a lot of information that may not have been necessary to the context. The kinds of topics that were asked in the interviews were:

- Overview of the stakeholder's area of operation
- Quality of SRH education for young people
- Perceptions of the new CSE curriculum
- Responsibility, collaboration, and leadership on SRH education at national and local levels

- Educators' experiences (i.e., how they experience delivering the new CSE curriculum, what kinds of challenges this involves)
- Suggested changes needed to improve SRH education

These topics provided an overview of the policy, legislative, educational, and organisational context in which young people's SRH education is embedded.

When developing the interview guide, I knew that I wanted to focus my research questions on context related factors about the curriculum instead of impact. This prompted me to ask questions about participants' perceptions and experiences as people who have either had or will have an association with the curriculum. I did ask participants about their perceptions on the current quality of SRH education for young people to form a baseline understanding of the framework in which CHE/CSE will sit.

In-Person versus Virtual Interviews

Between June and July of 2021, I was only able to conduct virtual interviews for the study. Once I received approval from City for in-person data collection in July 2021, participants then had the option to either opt for a virtual/telephone interview or an in-person interview. From June 2021 (when I received MRCG at LSHTM amendment approval) until July 2021 (when I received City approval for in-person research) I was able to call participants locally for interviews. Each interview followed a specific procedure where I started by going through the PIS with each participant, making sure to highlight the fact that the interview would be confidential and anonymous. Participants initially signed two identical consent forms (one to be retained by them), and then I started digitally recording when participants were ready. For in-person interviews, I would meet the participant either at their place of work, or another neutral location. I would sit at least 6 feet apart from participants, with both of us wearing masks, ensuring that we were adhering to COVID-19 protocols. For telephone interviews, I would arrange an earlier day and/or time to answer any questions participants had regarding the consent form and collect the signed consent if they did not have access to an e-signature or scanner.

For telephone interviews, I would call participants from a local SIM card, meaning the call was of no cost to them. This was important as I was able to reach participants that I, otherwise would not have had access to if I was out of the country, and not all participants had the financial means to call from their direct lines for the duration of an hour. Mwambari et al (2021) highlights that virtual research can lead to the omission of lived experiences within post-colonial contexts and reduce the complexity of social phenomena. The lack of accessibility of cost-effective technology is one of the barriers that can lead to omissions of people's realities. Trust-building between researcher and participant, as well as the researcher's ability to immerse themselves within the context are also lost when data collection is primarily done using online platforms. Mwambari et al (2021) also posit that if done appropriately, shifting research online may offer local researchers more agency and equitable collaboration within the research process. However, I did not find this to be the case. In my situation, even though I am an 'insider' researcher, I still did not fit into the context of a local researcher as I was tied to the rules of the institution that I was registered with.

Due to the amount significant amount of time that had elapsed between when I received my ethical approval and the period where I was able to collect data in-person, my window for data collection shrank significantly. I was only able to start in-person data collection from July 2021. By this time, COVID-19 cases in The Gambia had started climbing slowly. While the case numbers were not alarming, the trend in the rise of cases foreshadowed a possible third wave of COVID infections and subsequent lockdown. In July 2021, COVID-19 cases had gone from an average of 5 a day to about an average of 50 a day (Worldometers, 2021a). This meant that I had to conduct multiple interviews a day without compromising the integrity of my research. I would aim to schedule approximately 4-5 interviews a day and on a good day, I would hit my target. It was more difficult to plan teacher interviews because I received approval for in-person data collection around the time exams were scheduled to begin. Teachers were quite busy and would often recommend I sit and wait for them to make free time during the day I visited the school, instead of coming back another day. I preferred this because they were many instances where I tried to schedule interview times with potential educator participants, and they would often forget or be nonresponsive.

The Role of Technology in Research

The United Nations has acknowledged science and technology as important components of developmental policies since the 1960s (Borowy, 2018), although this concept would not be developed from a post-colonial view for a few more decades. Post-colonial science and technology studies (PSTS), a term coined by Sandra Harding, highlights how technology can play a significant role in the expansion of research when viewed from a feminist and postcolonial lens (Harding, 2009). In my research, I would have been unable to interview a significant number of highly valuable key informants due to COVID restrictions, if technologies such as phones and the internet were not available. The role of digital technologies in social movements highlight the unprecedented opportunity for people who would otherwise be more marginalized, to still have a voice.

The use of virtual technology is not without its challenges. Virtual data collection was not as feasible as initially anticipated because the culture in The Gambia generally encourages face to face research, and not everyone has access to smart phones or laptops with consistent high-speed internet. There was also difficulty which stemmed from explaining to participants that I could not collect data in person due to ethical stipulations around COVID-19, even though I would still have to meet them to pick up signed consent forms. This is because, around that time, The Gambia started to tighten up on COVID restrictions as the UK loosened theirs, meaning that I had to leave The Gambia at the start of August 2021. During August and September of 2021, I was able to conduct interviews over the phone with participants who had access to the appropriate technologies.

Qualitative researchers who collect data in post-colonial and high-risk settings have begun to highlight the complications of both online and in-person research during the COVID-19 pandemic (Hellmann et al, 2020; Mwambari et al, 2021; Salam et al, 2021). Outside of accessibility, qualitative research during the pandemic ran the risk of re-colonisation, as emic methods that encourage bottom-up research, like ethnography, were no longer as feasible. Instead, there is a possibility that etic research (conducting cross-cultural research that privileges outsider perspectives and universal theoretical models) may (re)-become the dominant form of research (Mwambari et al, 2021). This has the potential to limit views and understandings of

doing research in sensitive contexts and influences the decolonial agenda within spaces of knowledge production. Regarding my study, COVID-19, and the ethical issues that stemmed from the pandemic, made it difficult to fully immerse myself in in-person research. There were still overall ethnographic approaches to my study, such as using the informal observations to gain a better understanding of the population I was studying. However, my study was stifled due to the inability to use other methodologies that would not have been technology friendly in this context, such as FGDs and participant observations.

Discourse Analysis of Relevant CHE Policy Documents and other Materials

As well as conducting interviews, I performed a discourse analysis of the new CHE curriculum as part of my data collection and analysis process. This approach allowed me to explore how language within the curriculum reflects broader societal values, ideologies, and possible colonial influences that shape SRH education in The Gambia. In conducting the discourse analysis, I focused on the specific terms, phrasing, and narratives embedded within the curriculum, which helped illuminate how key themes—especially gender—are framed. Analyzing these elements allowed me to understand the implicit assumptions and power relations underlying the curriculum's development, including how it aligns or conflicts with local sociocultural norms. This analysis was integral to contextualizing the themes that emerged from the interviews, as it provided a basis for comparison and triangulation between the curriculum's institutional discourse and the lived perspectives of community members, educators, and policymakers. Through discourse analysis, I was able to identify recurring language patterns and interpret the implicit messages conveyed about SRH. These insights, when combined with data from the thematic analysis of interview responses, enriched my understanding of how policy discourse both shapes and is shaped by cultural and historical factors. This triangulated approach ultimately supported the development of the core themes in my results, highlighting the intersections between policy language and community values in SRH education.

Discourse analysis is a qualitative data collection tool that interprets vocal, sign language, and written text (Cummings et al, 2020). Discourse analysis takes social factors into consideration, and looks at multiple analytical outcomes, which makes it less rigid than content analysis

(Neumann, 2008). Discourse analysis has been widely used by academics to analyse policy documents, such as curricula, and according to Cummings et al (2020 p.99), are integral in identifying “dominant, marginal, oppositional or alternative discourses within policy texts, such as policy documents and speeches”. I was fortunate enough to have established relationships that afforded me the opportunity to gain access to older policy documents such as meeting minutes during the first government discussion held about POP/FLE. I was able to interview a participant who worked on the first POP/FLE curriculum, and she kept singular copies of policy documents that happened to be over 27 years old. Accessing those policy documents was especially important as it gave me chronological insight into SRH education in The Gambia from its inception until the present day. Using discourse analysis also allowed for a critical lens that helped me to examine these policy documents in a way that paid attention to socio-cultural factors such as religion, patriarchy, and socio-economic status. I also interviewed a participant who worked on the development of the current curriculum and readily gave me access to all the relevant policy documents. These are the documents that served as primary content sources for the discourse analysis: CSE pre-service manual; CSE curriculum framework; CSE manual for lower basic schools; CSE manual for upper basic schools; 2019-2020 Demographic Health Survey; and 1994 evaluation of family life education materials.

Data Management

As a researcher, it is important that I preserve the confidentiality of participants who took part in the study. This meant abiding by the General Data Protection Regulation (GDPR) of 2018. Interview transcripts, field notes and policy documents were all anonymised. This involved replacing the names of each participant with a pseudonym, and the interview sites were not named.

I followed City’s guidelines for processing personal data and complied with the GDPR concerning the handling, processing, and storage of the study data. All hard copy records of consent forms were scanned, with a copy uploaded on my personal City, University of London drive. All hard copies have been destroyed securely as per City regulations. Personal data in the form of consent forms have been stored securely and will remain that way for 10 years and

destroyed after this time has elapsed. Digital copies of the data (including contact details of participants and non-anonymised data, such as study codes) will be deleted at the end of the study, in accordance with the University's guidelines on the retention and storage of data. Digital recordings were deleted after the transcriptions. I also had a signed contract with the transcriber which can be found as appendix 4. The anonymised data such as transcripts and field notes will be kept for 10 years too.

Each anonymised transcription was assigned a code. A key with the codes linking the anonymised data back to participant's original details has been maintained and kept in a separate secure encrypted electronic file which will be destroyed at the end of the study. My field notes written during and after observations interviews have also been anonymised and written up. These anonymised field notes were turned into electronic files, which were also stored in a secure electronic server. Only I have access to the secure (encrypted) electronic file which links personal data to each code.

Data Analysis

According to Fryer (2022), a critical realist approach aligns with thematic analysis as they both seek to develop explanations to qualitative, less rigid forms of research, data collection and analysis, like my thesis (the construction of SRH education in relation to the values and perceptions of relevant actors). The process of data collection and interpretation of the data was iterative and ongoing throughout the course of the study. After interviews were transcribed, I read through each transcript to ensure accuracy, anonymizing all identifying information. The transcriber signed a confidentiality agreement (appendix 4), and all audio was password protected, with only the transcriber and myself having access to them. I then uploaded all the transcripts to NVIVO, a qualitative analysis software, which I used to code the data. Going through the recordings, I had the opportunity to develop more in-depth notes, paying specific attention to long pauses or awkward laughter in the audio that was not necessarily captured in the transcript. For example, there were participants who took time to find more suitable words to describe words or acts that they were too shy to discuss in depth, such as sex, penis, and vagina.

The data were analysed thematically (Braun & Clarke, 2006), to identify and explain common patterns and accounts across the data, as well as understanding what structures these accounts. Thematic analysis is a method used to analyse qualitative data. This form of analyses looks across data sets to identify and analyse recurring patterns. It is an interpretive method of data analysis that allows the researcher to construct themes around the collected data (Kiger and Varapio, 2020). According to Braun and Clarke (2006), using thematic analysis for critical realist theory is a way to acknowledge how individuals make meaning of personal experiences. In my research, this meant gaining a better understanding of how SRH education was viewed and experienced in relation to The Gambia's socio-cultural context. Thematic analysis works both to reflect and untangle the surface of 'reality'. Braun and Clarke (2006) state that a thematic analysis consists of multiple phases:

1. Familiarizing oneself with the data (transcribing, reading the data and writing down initial ideas)
2. Generating initial codes (systematically coding data set)
3. Searching for themes (organizing codes into themes)
4. Reviewing themes (ensuring that the themes flow across the data set)
5. Defining and naming themes (refining the themes and developing well-defined names for each theme)
6. Producing the report (the final analysis of extracted data, which relates back to the research question and literature to develop a report of the analysis)

Theoretical frameworks and methods must align with what the researcher wants to know, and how they go about knowing it. There is a misconception about thematic analysis, whereby the identification of themes is viewed as a 'passive' process where the themes simply emerge, rather than acknowledging the researcher's active role in identifying themes and patterns (Taylor & Ussher, 2001). This is aptly summarized by Ely et. al (1997 p.205-6) who asserts that the language of "themes emerging": "Can be misinterpreted to mean that themes "reside" in the data, and if we just look hard enough, they will "emerge" like Venus on the half shell. If themes "reside" anywhere, they reside in our heads from our thinking about our data and creating links as we understand them."

In this research project, I identified themes through an inductive or ‘bottom-up’ approach; this means that the identified themes are strongly linked to the data collected (Frith & Gleeson, 2004). I decided to utilize an inductive thematic analytical approach because it allowed me to be more exploratory with my data. I was also able to prioritise the data I collected and situated my findings within my theoretical frames instead of forcing my data to fit those frames. An inductive thematic approach allowed me to be reflexive in my reflections with my data. It granted me the opportunity to position myself and my experiences within the research as I developed themes from my data. The goal of this research was to explore themes related to CSE, its development, implementation, and socio-cultural considerations, as they emerged naturally from the responses. This approach is driven by the researcher’s interest in the topic area, and there is often no pre-existing coding framework where identified codes must fit (Braun and Clarke, 2006). This form of thematic analysis is more data-driven than based on theory, which was necessary for me as there is limited data available on sex education in The Gambia, and it fits in with my decolonial and feminist approach. This method was chosen because I was interested in seeing which, if any, common and/or divergent themes would emerge from the results of my research.

Themes in this form of analysis can be identified at two different levels, and they are known as either semantic (explicit) themes or latent (interpretative) themes (Braun and Clarke, 2006). In accordance with a critical realist lens, it is important to go beyond descriptive levels of data and examine underlying assumptions that inform the content and context of the data. In regard to my research, it is not enough to simply describe the CSE/CHE curriculum, it is also important to attempt to identify why the curriculum was developed (how is SRH education/CHE/CSE situated within the Gambian context?), how it will be interpreted (what power determines this?), and who will interpret it (what capacity and resourcing is available?).

Interpreting my Data

Reflexive notes were made during and/or after each interview to document emerging themes and to continually assess the focus of the inquiry. I took notes during each interview, for many reasons: firstly, to remind myself to ask follow-up questions when a participant said something I wanted them to expand upon further. Most importantly, these notes served as a significant bulk

of my field notes and formed a base for my preliminary analysis (Allen, 2017). The initial nodes input in the NVIVO software came from ideas formed during the interview note-taking process. The initial (and major) challenge I encountered during analysis was deciding on how to situate the curriculum content and other policy documents within the interviews and field notes. As stated earlier, I was initially going to conduct a content analysis, but after reviewing the data, this no longer seemed feasible. I originally treated the documents as a standalone, without really focusing on the similarities of the two forms of data. Through discussions with my supervisors and engagement with relevant literature, I realized that treating my qualitative data from interviews and field notes separately from the document analysis would limit the depth of my findings. Recognizing this, I integrated these two forms of data using a discourse analysis approach for the documents, aligning with O’Cathain et al.’s (2010) emphasis on combining data to enrich understanding in mixed-methods research. To achieve this, I iteratively read through both the policy documents and curriculum materials while simultaneously analyzing interview transcripts and field notes. This ongoing engagement helped me identify overarching themes across all data sources, revealing how certain sociocultural norms around sexuality and reproductive health are subtly reinforced through language.

In applying discourse analysis, I focused on identifying recurring language patterns, specific terminology, and the framing of key themes within the documents, particularly those addressing sexuality education. By examining the linguistic choices and narrative structures, I could discern how the curriculum embedded socio-cultural values and norms. This method of triangulation, as outlined by Farmer et al. (2006), strengthened my analysis by allowing me to compare and corroborate findings across different data sources, thereby refining the thematic framework used in my results. This integrated approach proved especially important in Chapter 6, where I explore the socio-cultural norms embedded in the curriculum and how they inform broader patterns of understanding within the educational materials. Regarding both interviews and documents, linguistically, I focused on language that gave an idea to context and content (issues around gender, how sex is described, how young people are viewed) rather than focusing on semantics (whether the curriculum was well written). When working with a post-colonial lens, imposed colonial languages such as English are not always primary forms of communication within

previously colonised settings, and there is a tendency to miss out on important information when the focus is on matters of sentence structure (Margulis and Nowakoski, 1996).

Throughout the analysis process, I engaged with literature on wider theory and research literature and historical contexts of The Gambia in which sex education and the curriculum are situated (the next chapter). There are different arguments regarding the engagement of literature relevant to the analysis, with some researchers contending that early reading can cause researchers to focus on some aspects of the data instead of everything (Braun and Clarke, 2006). I align with the stance of other social science researchers like Tuckett (2005), who believe that early involvement with literature can enrich the analysis process. The early readings helped inform how I interpreted my data by keeping me aware of subtle layers of data that I otherwise may have missed. It also developed my thinking in terms of how to structure my results chapters.

Data Themes

My first round of coding (figure 1) consisted of 103 codes, which fit into 11 main themes. This level of data was more descriptive, and through more engagement with the data, literature, and discussions with my supervisors and other doctoral students, I was able to develop a more coherent and overarching thematic map (figure 2). This eventually led to 3 overarching themes which inform the results chapters.

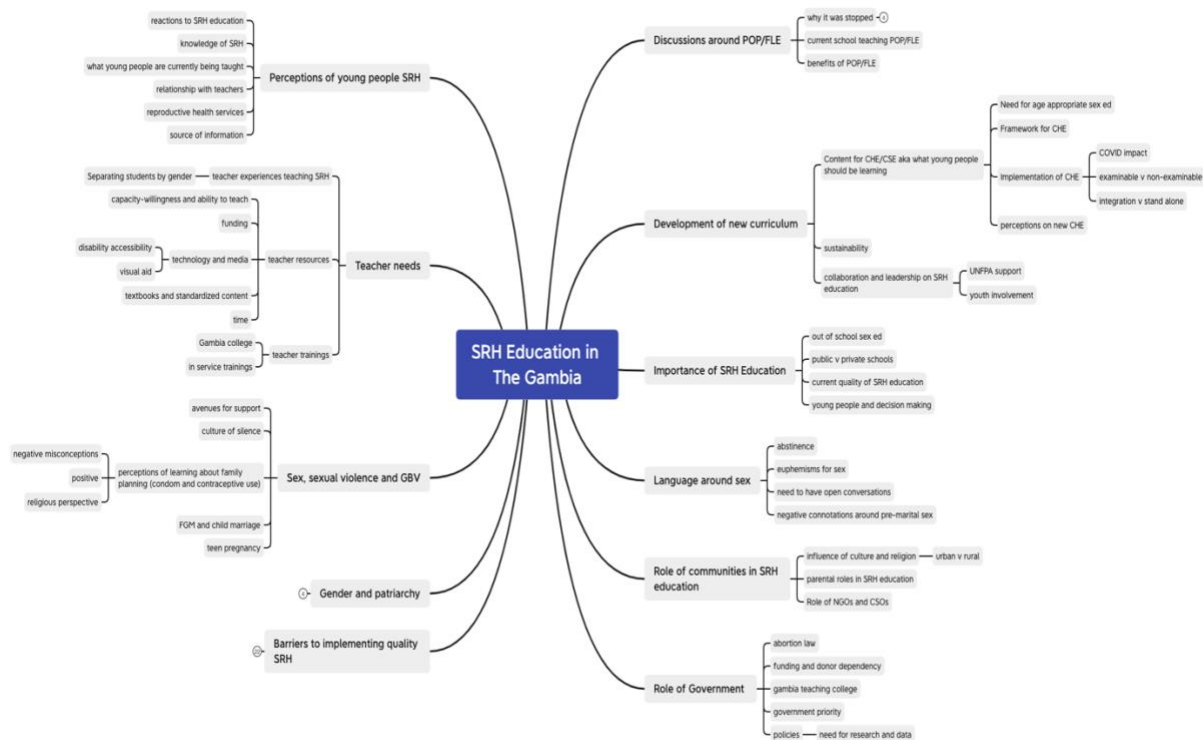


Figure 1: First thematic map

Refamiliarizing myself with the data after the first thematic map gave me the opportunity to decide on what kind of story I planned to tell with the data. It was important to keep asking myself how each theme answered my research questions, and how they fed into the other without much repetitiveness and overlap. This led to the identification of the three most major and relevant themes (see figure 2) which detail formal SRH education as a whole (POP/FLE and CHE), what power structures lay beneath, and how these structure influence capacity and resourcing in SRH education, which then make up the content of each results chapter. Not all codes from the initial analysis fit within these themes, as it was important to discern data relevant to the aim and objectives of the study.

The three major themes from my analysis are:

1. The journey of SRH education, which highlighted the historical and current efforts and challenges to develop and teach SRH education in The Gambia
2. Power: the drivers that shape the content of The Gambia's CSE curriculum

3. Capacity and resourcing: the potential challenges that educators could face in relation to implementing/teaching CSE in The Gambia

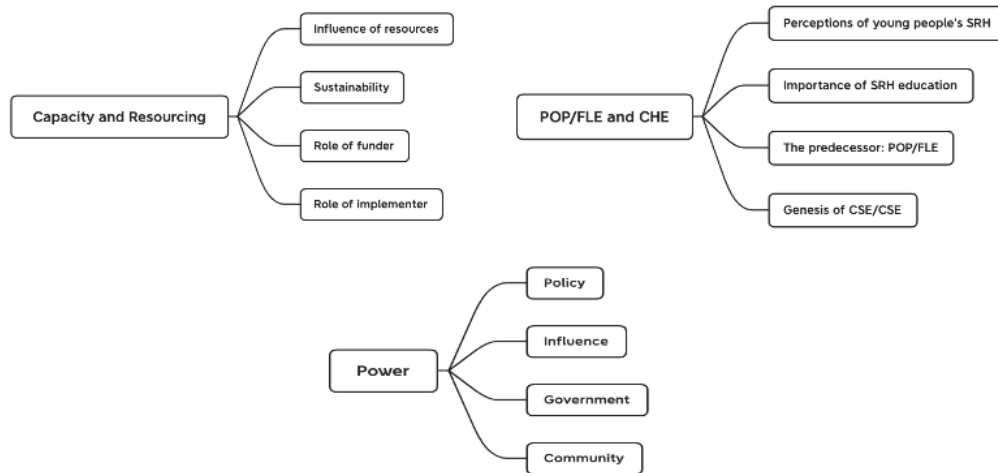


Figure 2: Final Thematic Map

Conclusion

This chapter has highlighted the intricacies and the realities of the methodological process of this research project. I have detailed my positionality, and how it influenced my philosophical approach as a critical realist. It also extensively explained the impact of COVID-19 on my research, as the pandemic and its limitations played a crucial role in the development and implementation of my research. The next chapter provides a contextual understanding of the historical and current realities of health, education, and SRH in The Gambia.

Chapter 4: The Gambian Context

The Gambia: The socio-economic and political setting

This chapter will show how norms and policies around health, education, and sexuality are historically and socio-economically influenced in The Gambia. A physical description of The Gambia is provided first, followed by a review of the available demographic data and a description of the major ethnic groups of the country. In this chapter, I argue that colonial and religious norms have influenced current health and education policies in The Gambia.

Country Context



Figure 3: A map of The Gambia¹⁶

Situated in the west of the continent, The Gambia is the smallest country in mainland Africa, approximately 11,000 square kilometres (4,361 square miles). The country surrounds the River Gambia¹⁷, and is about 25-30 km (15-30 miles) wide on either side, and is almost 480 km (300

¹⁶ Retrieved from Maphill. (Accessed on November 24, 2021, [Physical Location Map of the Gambia \(maphill.com\)](https://maphill.com))

¹⁷ The river can be seen as the blue sliver within the enlarged map

miles) in length. The Gambia is bordered by Senegal on the north, south, and east, as the river flows out through the western most part of the country and into the Atlantic Ocean. Together, the two countries made up the Senegambia region. The colonial history of The Gambia can be traced back to the river, by which the country is named. The river has been a route for transportation of people and goods. It has been a consistent trade route from the trans-Saharan slave trade to the trans-Atlantic slave trade, and during British rule. In fact, the river serves as a main reason for the colonization of The Gambia by the British (Barry 1976; Gijanto, 2007; Wright, 2004). The British initially settled in the town of Bathurst (now known as the capital, Banjul) and set up a base there to control the slave trade in the 17th and 18th centuries. The current boundaries of The Gambia though, were not drawn until the French (who colonized Senegal) gave up control of the river in 1889¹⁸.

Demography

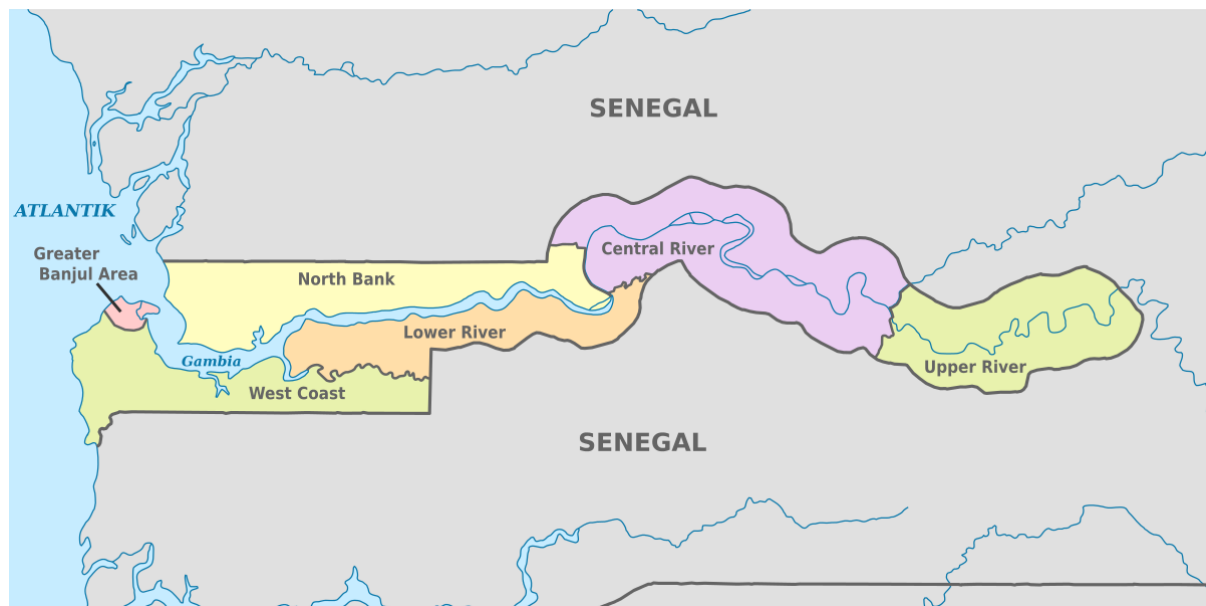


Figure 4: Regions of The Gambia

The Gambia is divided into seven administrative regions. Banjul City Council, Kanifing Municipality, West Coast Region (Kombo North, South, East, and the Foni), Lower River

¹⁸ There is an unconfirmed tale which states that the British defined the width of the country by sailing the river and shooting cannonballs off either side of their ships to draw the Gambian borders.

Region (Mansa Konko), North Bank Region (Kerewan), Central River Region (Janjanbureh) and Upper River Region (Basse) (Jaiteh¹⁹, 2018). The majority of the urban population live in Banjul, KM and some areas in North Bank and the West Coast. In 2021, the country had an estimated population of 2.51 million people, with an urban population of 1.44 million people (World Population Review, 2022). The Gambia boasts a multi-ethnic population, with the major ethnic groups being Mandinka (42%), Fula (18%), Wolof (16%), and Jola (10%) with a smaller number of other groups such as the Aku, Serahule, Serer, Bambara, and Manjago.

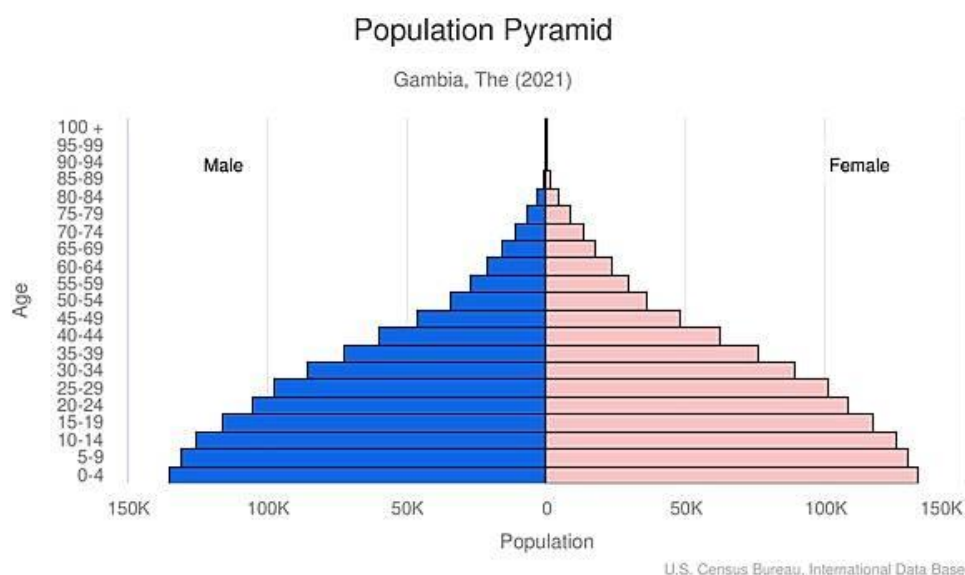


Figure 5: The Gambia's population pyramid

Economic and demographic indicators highlight that The Gambia has a youthful population, high rates of poverty and forms of structural violence, especially against girls and young women, which pose difficult challenges regarding young people's SRH and SRH education. Structural violence refers to a form of violence where a person has restricted access to resources due to unequal power structures and systematic oppression, usually due to cultural structures that enforce subjugation and poverty (Lewis, 2018). According to Paul Farmer (2004), structural violence is also where things like policies, laws and institutions put people in harm's way. Patriarchy, as a form of structural violence, manifests in The Gambia through the normalization

¹⁹ I will be relying heavily on Jaiteh as a source due to the scant literature on sexuality and gender issues in The Gambia. This citation from Jaiteh is a doctoral thesis.

of acts of gender-based violence practices like FGM, even though it is illegal, and marital rape which is not criminalised (IHRDA, 2020).

The Gambia has a poor literacy rate: 35% of men and 39% of women have no education (DHS, 2019). The figures above underline a troubling gap between the sexes that also stems from how education was structured during colonial times. Schools were built to mainly educate males, while females stayed at home to do domestic labour and take care of the family (Jaiteh, 2018). Although changing, this trend is nevertheless visible today, as division of labour in the household is still not equitable, and girls are most likely to stay at home if the family cannot afford to pay the school fees of both male and female children (Jaiteh, 2018). As displayed in the indicators cited from the DHS (2019) within table 6, education can serve as protection for girls, because the more educated they are, the less likely that they will get married at an early age. Other relevant health and socio-economic indicators can be seen in table 6 below.

<i>Indicator</i>		<i>Year</i>
% Adolescents that live in rural areas	39.9	2014
%Completion rate for Lower Basic School	Female: 47.3 Male: 49.5	2013
%Completion for Upper Basic School	Female: 27.8 Male: 32.8	2013
% Adolescents that ever-had sex	Female 15-19: 24.8 Male 15-19: 22.7	2013
% Adolescents with comprehensive HIV knowledge	Female 15-19: 19.1 Male 15-19: 15.0	2019-2020
% Sexually active adolescents who have tested for HIV and received results in past 12 months	Female: 21.0 Male: 4.3	2013

% First sexual intercourse before age 18	Female: 27 Male: 29	2019-2020
Female median age of first marriage	No education: 17.7 Secondary education: 22.9	2019-2020
% Adolescent female 15-19:		
Experienced gender-based violence (GBV) in the last 12 months	12.6 13.8 29.3	2013 2018 2019-2020
Begun childbearing		
Have unmet need for contraception	54.1	2018
Think a husband is justified in beating his wife in certain circumstances		

Table 4: socio-economic indicators (DHS, 2019)

Religious and Ethnic Influences on SRH

Life in The Gambia is dictated by gender norms in both urban and rural areas, and these norms are based on tradition, religion, and colonialism. Gender norms that are upheld include the idea that women and girls are meant to take care of the household in order to prepare for marriage, and boys and men are meant to be primary financial providers (UNFPA, 2018). As stated in Chapter 1, The Gambia is a religious country, where 90% of the population are Muslim and 9% are Christian. This heavily impacts socio-cultural trends around SRH and CSE/CHE, particularly hindering discussions around sex. Sociological research (Alomair et al, 2020) has shown that in Islamic cultures, unmarried young people, especially young women, are made to believe that, because they should not have sex outside of marriage, they also do not need to have SRH education. These widely held assumptions also impact unmarried young women's access to healthcare services such as contraceptive use. In countries like The Gambia, this is evidenced

through low uptake numbers of family planning services. According to the DHS (2019), even though 99% of men and women have heard of at least one contraceptive method, 45% of unmarried women have an unmet need for family planning because they do not have access to contraception.

In Alomair et al's (2020) systematic review of factors that influence the SRH of Muslim women, Muslim women cited religious belief, in addition to family and community factors, as main barriers to SRH education and information. Within religious settings like The Gambia, SRH education may be seen as unnecessary due to the perceived protection against STIs by the idea that sex should only occur within monogamous marriages. Religious authorities also view SRH education as a mechanism to promote promiscuity during sex, as there is a belief that the more that young people know about sex, the more they will want to engage in sexual practices (Sagnia et al, 2020). This may have implications for how SRH education is viewed and received within the Gambian context, especially by young people and key stakeholders such as educators and curriculum developers. It is important to note that religious leaders do agree on the permissibility of SRH education for both married and unmarried young people. However, they emphasize the importance of teaching SRH content that is religiously and culturally appropriate. This will be further discussed in Chapter 6.

Beliefs among ethnic groups also play an integral role in SRH issues. With FGM for example, prevalence rates range from 97.8% amongst women aged 15-49 within the Sarahule ethnic group to 12.4% amongst women aged 15-49 within the Wolof ethnic group. Within other ethnic groups, the numbers range from a 96.7% prevalence with the Mandinkas prevalence rate, an 87% prevalence rate with the Jola's, and a 43% prevalence rate with the Serer's (28 Too Many, 2015). It is important to note that even though FGM may be viewed as an Islamic and African practice, the lack of homogeneity in these statistics highlights the fact that other societal issues influence SRH issues like FGM.

Public health research into FGM (28 Too Many, 2015) shows that ethnic groups with more favourable views towards FGM also have more tolerant views of violence against women, have higher rates of polygamy and child marriage, and have a smaller proportion of their girl children

enrolled in primary education. Within the Mandinka culture and tradition, FGM is viewed as a rite of passage into womanhood and is therefore a sacred act. The act of cutting is usually done as part of a ceremony where girls are taught what it means to be a woman. This includes learning respect (horomo), secrecy (suturo), and endurance (sabati). According to cultural beliefs, pain during cutting instils subordination and the acceptance of a lower social hierarchy, which are important traits that women must possess in societies where men lead. Girls who do not undergo FGM within this ethnic group are often referred to as unclean/uncut (solima) and are looked down upon; they are also less likely to marry within their community and are ostracized from some community or household events (28 Too Many, 2015).

Although the Islam practiced in The Gambia is not necessarily strict, Gambian society, through social norms and policies, does adhere to certain normalized beliefs such as male privilege and gender specific roles that subjugate women. For example, Islamic law controls issues around sex and sexuality, marriage and divorce, and inheritance and widowhood (Jaiteh, 2018; Touray, 2006). This means that women might be forced to stay at home wives and mothers after marriage and childbirth, which limits their earning power outside of the home. Due to patriarchal interpretations of Islam, Gambian men are often able to have multiple wives or multiple partners in general, and women generally tolerate this. The men are also not subjected to the same pressures to not engage in premarital sex. In fact, it is the norm for males to have sex before marriage in The Gambia (Touray, 2006).

Although religion and ethnicity play a major role when it comes to SRH, the consequences of colonialism continue to reverberate, influencing the Gambia's economic development, health, and education. This has impacted SRH and gender, and the next section will explore this in depth.

The Gambia Pre-Independence/Colonial Times

The British held some sort of power within The Gambia since the late 18th century and remained in control up until the country's independence from colonial rule in 1965. The Gambia was not an economically viable settlement for the British due to its minimal natural resources and harsh

environmental conditions²⁰. As the slave trade ended in 1906, the British were prompted to secure a new profitable endeavour, and this came in the form of groundnut farming. During this time, Europeans benefited from groundnut farming by using it for food consumption and to make soap (Jaiteh, 2018). Europeans traded with farmers in Senegal and The Gambia by purchasing and exporting these harvested crops in exchange for credit and imported goods. Due to this, local farmers took on a sharecropping role, paying extremely high interest for credit to grow groundnuts that colonial merchants made major profits from. This kept local farmers in poverty and debt as they struggled to pay back creditors and their colonial administrative taxes. This led to a heavy disruption of the lives of local farmers and their families, and according to Jaiteh (2018, p.33), directly impacted ‘gender roles, women’s autonomy and land rights, and sexual division of labour.’ During this time, women usually farmed rice to be able to sustain their families, but as the demand for groundnuts increased, rice farms were taken over by merchants who brought in farm workers to farm more groundnuts. This led to the loss of land for women, especially within Mandinka and Jola ethnic societies, and also led to their being unable to provide sustenance for their families. In the excerpt below, Jaiteh (2018, p.33-34) details how this shifted gender dynamics within Gambian families.

“Traditionally, that is to say prior to the introduction of groundnut as a major crop, households were systems in which everyone had a role to play in helping to sustain the family. Groundnut agriculture and trade moved many Gambian men to neglect their domestic duties and to focus primarily on growing groundnuts. And while traditional practices had women transfer cultivated lands to their daughters, colonial administrators enforced policies that took land away from women and gave it to men so that they could have more land to cultivate groundnuts for export.”

Although The Gambia was producing significant revenues at the time, the British mainly focused on exporting resources, rather than building infrastructure or developing sustainable social services. Wright (1995) wrote that per year, the British apportioned only 3,500 pounds to education, and 24,712 pounds to medical services in the 1940’s budget. This roughly translated to about 1% of the population receiving healthcare and education, meaning that the majority of

²⁰ The Gambia has tropical temperatures with two seasons. The dry season from November to May, and the rainy season from June to October.

the population had no access to healthcare and education even though their labour provided income for the British. During that era, The Gambia had one hospital, which was dubbed the “worst in the whole of the Colonial Empire²¹” (Wright, 1995). Royal Victoria Hospital was created solely to treat troops stationed in the country during the world wars, as well as European expats and colonial administrators. It did not expand to treat local Gambians until much later in the colonial rule. This led to a heavy reliance on missionaries²² and Muslims to provide education to young people, mainly boys. Most schools built during this era were for boys, and developing norms around gender meant that girls and women were made to take care of the home and families. When parents had the option to send both male and female children to school, they would opt to educate male children so female children could stay at home and help with the chores (Jaiteh, 2018). This has created an injustice that has persevered through the post-colonial era until now, as male education continues to be prioritized, with higher illiteracy rates among girls and women (DHS, 2019). This is interesting when we think of the way countries like The Gambia are usually discussed in the West, where their gender norms are viewed as archaic, even though these norms have been developed and structured from the economic policies of colonialism.

Overall, living conditions in The Gambia were terrible in the 20th century, further confirmed by the visit of then American President Franklin D Roosevelt (FDR) in 1943. Roosevelt described Gambians as poor, sick, and unhappy, as they only earned fifty cents a day. Gambians were also only given half a cup of rice per person daily by the British, and they had an average life expectancy of twenty-six years. During this visit, FDR witnessed the horrendous suffering and conditions imposed upon the people by colonialism, strengthening his anti-colonial sentiments. In dialogue with Churchill, he referred to The Gambia as ‘that hellhole of yours called Bathurst!’ It was during this visit that FDR was further convinced to initiate the United Nations and the role it should play in ‘bringing education, raising the standards of living, improving the health conditions of all the backward, depressed colonial areas of the world... and when they have a chance to reach maturity, they must have the opportunity extended to them of independence.’

²¹ Wright attributes this quote to a British medical officer.

²² A missionary is a person who has been sent to promote their religion in a foreign country. They often provide other services as well, such as education and healthcare.

(Wright, 1995 p.2). This can be viewed as the beginning of foreign aid and intervention in The Gambia, the impact of which will be discussed in chapter 5 and parts of chapter 7.

The Gambia would not gain independence for another 22 years, as they did not enter the British Commonwealth until February 18, 1965. The country did not become a republic until April 1970, with Sir Dawda Jawara becoming the first president of The Gambia. The lack of development during colonial rule had lasting socio-economic and political effects. For one, the country's economy was still heavily dependent on groundnut farming, and most local citizens still lived in dire poverty due to generational creditor debt. During this power transference, the British suggested that Jawara develop a tourism industry as a way to strengthen the economy (Jaiteh, 2018). This way, money from HIC would trickle down and help develop local infrastructure. The Gambian economy is still mainly reliant on groundnut farming and tourism till this day.

The Gambia Post-Independence

At the beginning of the Jawara era, in the 1970s, improvements were made in terms of economic gains and improvements in literacy rates as the government built more schools and a teacher's college. This decreased the literacy gap between males and females as more spaces were allotted for girls and women to receive an education. The development of the teacher's college also opened a new career avenue for women, encouraging them to enter the teaching field. Life expectancy increased as more medical facilities were developed in both urban and rural areas. These gains, however, were short-lived due to the government's mismanagement of funds. Dependence on foreign grants and loans meant that there was very little opportunity for the economy to thrive, and government officials often replicated violent social structures left behind by colonialists (Jaiteh, 2018; Saine, 2012; Sallah, 2012; Hughes and Perfect, 2006). For example, classed and financially well-off individuals continued to control the country's wealth, leaving little economic opportunity for people of lower financial status. During the early years of Jawara's reign, The Gambia's economy performed reasonably well due to revenue gained from groundnut exports and tourism (Hughes and Perfect, 2006). Economic downturn from mounting external debts and inflation in the mid-1980s forced the government to implement an economic

recovery programme to reverse economic decline. Although it was successful, it did lead to cuts in public service expenditure, which also led to growing public sector corruption (Hughes and Perfect, 2008)²³. By the 1990s, The Gambia had gone from somewhat of an economically viable nation to a country riddled with inflation and poverty, making it extremely expensive for most Gambians (Jaiteh, 2018; Hughes and Perfect, 2006). Jawara failed to stop corruption within his government, leading to an increased class divide and the socio-economic underdevelopment within the nation. This laid the groundwork for the upcoming 1994 coup.

In July of 1994, Yahya Jammeh, along with other military officers, seized power in a coup, eventually ruling the country for 22 years. During these years, Gambians continued to live in poor economic conditions, with increased violence and dictatorship. Jammeh's rule was well known for extra-judicial killings and enforced disappearances. Although more schools and medical facilities were opened, they were often understaffed and under-resourced, with limited funds to pay teachers and no class materials, like textbooks (Jaiteh, 2018). Government expenditure was primarily allocated to military spending and corruption, with very little spent on health and education. In 2012, it was reported that about 72% of Gambians lived in poverty (Saine, 2012). This replicated violent power structures by upholding government corruption, leading to more citizens struggling. Jammeh's command came to an end in 2016 when he lost the presidential election. At that time, opposition political parties came together to form a coalition that ousted him, paving the way for the current president, Adama Barrow, to take office. Originally, Barrow was only meant to serve as an interim president for 3 years, then making way for a new elected president. This agreement was subverted as he chose to form a political party which would allow him to run for a second term in 2021 (which he has won). Due to abuse of constitutional power by Jammeh, a new draft constitution was introduced in 2020, which would have limited presidential powers to implement term limits, and usher in a new wave of female, disability, and youth-friendly laws. This was ultimately rejected as it needed a two-thirds majority approval from parliament to pass. This new constitution would not have favoured the incumbent as it greatly limited presidential powers (Jow, 2020). This was highlighted through parliamentary debates, where major concerns were from the ruling party, who took issue with

²³ The main source of literature (Hughes and Perfect) that discusses the economy of this era makes more general statements about the economy, with very little figures and statistics available.

limited presidential power and term limits (Nabaneh, 2020). Even outside of the current economic inflation and increases in poverty, just the rejection of the constitution highlights the prevailing attitudes of rulers seeking to benefit from the wealth of the state, instead of taking actions that benefit the entirety of the nation.

Current Economy and Labour Force

Both The Gambia's health and education sectors are donor-dependent, meaning that most projects are externally funded by international grants and loans, as current economic conditions and priorities do not make it feasible for the government to fully fund every sector. In November 2021, the World Bank approved \$50 million in the form of grants to improve the Gambian health sector, totalling their contribution to the health sector to about \$100 million since April 2020 (World Bank, 2021b). Since 2003, the Global Partnership in Education has supported the Gambian education system through grants totalling approximately \$66 million (Global Partnership for Education, 2021). In 2021, the national budget for health and basic education was D1.6 billion (\$32 million) and D2.8 billion (\$56 million), respectively. The implementation of CHE by MOBSE is presently funded by the International Development Research Center in Canada, with a total funding of CAD \$700,000 lasting 5 years, which highlights a wider pattern of donor funding for most governmental priorities in the country. A country's government is ideally the main developmental financier, with international bodies being supplementary financiers. In the case of colonized countries, international aid often has to supplement a significant amount as resources tend to be scarce (Niyonkuru, 2016; Murshed and Khanaum, 2014). International aid has undeniable importance, as without it, a lot of formerly colonized countries would be unable to implement projects or have access to resources for their citizens (Niyonkuru, 2016). It is important to note that the COVID-19 crisis led to further economic downturn in 2020 as there was a reduction in tourism and trade, which led to the poverty rate increasing from 8.4% to 9.2% (World Bank, 2021a). This may lead the government to further limit domestic funding, causing agencies to continue to look for aid externally.

As important as international aid is perceived to be, it may lead to more harm than good in the long term. Firstly, international aid is unsustainable. In the case of the current CHE project,

funding is only available for 5 years, with a possible discontinuation of the project after funding runs out, and this project is funded by the International Development Research Center (IDRC) in Canada. No long-term investment means that there will be limited, if any, lasting positive impact (Niyonkuru, 2016), so the issue of SRH education will most likely fall behind depending on the priority of the funder. Clarke (1998) asserts that it takes a significant time for aid to have a positive impact because, in the short term, it can, at best, stabilize deteriorating poverty without improving the situation. This leads to the next issue, which is the dependent nature of aid—a legacy of colonial rule. Aid does not alleviate poverty or enable economic development in a country, meaning that a developing nation will continue to depend on the country giving it aid in order for its citizens to survive (Niyonkuru, 2016; Murshed and Khanaum, 2014). This means that aid perpetuates and reinforces the hierarchies established violently during colonialism. Finally, international aid may also be exploitative, as donors often place external conditions on how aid can be used. Conditions imposed by aid agencies may not be in sync with realities on the ground, and this can disrupt current policies and programs, resulting in failures of programs funded by international aid (Niyonkuru, 2016). This has possible implications for the CHE curriculum as it is fully funded externally, and what donors are looking for may not be reflective of the needs of Gambian people.

According to a 2018 survey by the Gambia Labour Force, 64.8% of the formal labour sector is male, and 35.2% is female (GLF, 2018). This trend continues in the informal sector as well, as 61% of households engaged in informal work are headed by males, with 39% headed by females. Youth employment is slightly more even-handed, as the youth labour force is 54.4% male and 45.6% female. Even with employment, citizens of The Gambia remain poor, as the current GDP per capita is 772 USD (GLF, 2018). In recent years, there have been major trends in external migration, with a significant number of young people. Unemployment and underemployment have been the primary reasons cited for emigration by both irregular and regular migrants (GLF, 2018). Irregular migration has led to significant loss of life, as poverty continues to drive people to take perilous journeys across the Mediterranean and into Europe. Between 2009 and 2019, 46,199 Gambians entered Europe through the Mediterranean Sea, accounting for 3.85% of the country's population. This makes The Gambia the country with the highest rates of irregular migration into Europe from Africa (Jammeh, 2019).

Those who do stay often work within hospitality as The Gambia is a tourist-reliant economy. On one side, it is believed that tourism fosters development as it accounts for about 20% of the country's GDP (Jaiteh, 2018). However, sex tourism is also rife, and this makes up much of the informal economy. A significant number of older European tourists visit solely for sexual encounters (known informally as 'sexcapes') with poor locals in return for cash. Very often, these relationships include the sexual abuse of minors, and this has been documented on major news sites (Jaiteh, 2018). Growing up in The Gambia, I understand firsthand that people engage in sex tourism with the hopes that European tourists will one day help them to leave the country. Even within countries where religion holds significant value, poverty and a need to survive trump morals and values in decisions made around sex and sexual activity (Paralik, 2016). It is important to understand that context matters, and longstanding effects of colonialism and poverty contribute considerably to current structures and issues around sexuality and education, especially for young people.

Global trends in sexual behaviour have changed as there have been major technological, medical, social, and cultural advances (Wellings, 2010; Aral and Ward, 2005). Socio-economic changes such as access to education, financial freedom, as well as changes to social norms such as women having more sexual freedom, and access to contraception have created more supportive environments for the exploration of safe sexual behaviour that centres pleasure more than procreation (Poppi, 2020; Aral and Ward, 2005). Although sex outside of marriage is accepted in many cultures, girls and women tend to have less premarital sex globally than men due to stigma (Wellings, 2010); in spite of this, the bulk of premarital sex prevention is still directed towards girls and women.

In the instances that girls and women are engaging in sexual activity outside of marriage, it is important to explore the influence of poverty and financial freedom on sexual behaviour (Wellings, 2010), like sex tourism in The Gambia, for example. Knowledge acquisition may influence behavioural trends and behavioural changes, but there are always existing structural inequalities that influence a person's decision about engaging in sexual activity. Structural inequalities have led me to ask these questions: Are 'promiscuous' girls and women engaging in

consensual sexual activity, and are they engaging solely for pleasure purposes? Are girls and women able to refuse sexual advances? Are power dynamics at play that may impact their ability to attain financial freedom if they refuse sex?

The Consequences of Colonialism on Policy Making around Gender and Sexuality

Colonial laws have also been imported into The Gambia, especially regarding sex and sexuality (Bajaha, 2015), as colonial norms and policies have persisted as current norms and laws, as stated above. Homosexuality, for example, is outlawed in 34 African countries, and has been deemed immoral and un-African, imported from the West to destroy African societies (Bajaha, 2015). Many of the laws around same sex relations originate from colonial times, as these laws were passed down from Britain, where homosexuality was illegal at the time of colonial rule. These laws have since been implemented to criminalize homosexuality, sodomy, and all acts deemed 'immoral'. The Gambia's existing criminal laws originate from the *1934 Criminal Code* in the UK, which was enforced during colonial rule for all the country's colonized territories, and reinstated in the 1965 code written during the time of independence (Bajaha, 2015; Human Dignity Trust, 2014). This Code was further amended in 2005, where female homosexual acts were also deemed illegal, as this was not made explicit in the initial law. Before European colonization, there were historical accounts of relaxed attitudes around sexual orientation and gender identity in Africa. This can be traced as far back as 2400 BC in ancient Egypt, where tombs have been excavated with two men's bodies embracing one another. During the time King Henry VIII criminalized same sex relations in 1535, Uganda had an openly gay Monarch (Buckle, 2020).

Section 144 of the Criminal Code, known as the 'Unnatural Offences' section, dictates that a "person who has carnal knowledge of any person against the order of nature... or permits any person to have carnal knowledge of him against the order of nature" commits a felony seen as an unnatural offence (Criminal Code of 2005, Section 144). This includes anal sex, oral sex, and sex with foreign objects (sex toys). Those who attempt to commit unnatural offences are liable to be

convicted for up to 7 years, and committing the acts carry sentences of up to 14 years (Criminal Code of 2005, Section 144-145).

Outside of the criminalization of homosexuality, these laws above also limit avenues of sexual exploration of sex and sexuality for young people. Abstinence continues to be promoted as the only option for young people until marriage (Sagnia et al, 2020; Jaiteh, 2018). My research examines how these types of norms in the legislation have impacted the new CHE/CSE curriculum. The Gambia's current abortion law mirrors its former colonial master's 19th-century law on abortion. The British Offences Against the Person Act of 1861 permits abortion only to save the life of the pregnant person or the child (Nabaneh, 2019). This law was enacted in The Gambia in 1933, because the British administration at that time held the perception that there was no need for a separate criminal code for a small territory with little criminal activity (Morris, 1974). Abortion laws do not account for abortion on the grounds of rape, incest, or socio-economic reasons. Sections 140-142 of The Gambia's Criminal Code outline abortion as an offence and the punishment it carries (*Criminal Code Act No. 25 of 1933*, Chap. 10:01, Laws of The Gambia, 2009).

Section 140 makes it a serious offense to procure an abortion for a woman and carries a maximum punishment of 14 years in prison. Section 141 makes it an offense for a woman to procure her own abortion and she becomes liable on conviction to imprisonment for seven years. Section 142 also punishes anyone who supplies a woman with the means for unlawfully procuring an abortion and they are liable to three years' imprisonment (Nabaneh, 2019 p. 170).

Section 198 of the Criminal Code, which defends abortion, is also based on the British Infant Life Preservation Act 1929 (Nabaneh, 2019; Cook and Dickens, 1979). This act states 'that no person shall be found guilty of the offense of destroying a child capable of being born alive if the act was done in good faith to preserve the woman's life' (Nabaneh, 2019, p.170). Although the 1861 and 1929 Acts are both still in place in Britain, the 1967 Act has allowed for legal abortion to extend beyond simply saving a pregnant person's life (Nabaneh, 2019). Abortion laws in The Gambia have yet to change. This again reiterates the ongoing impact of colonial law on

contemporary Gambian life, to the extent that one can argue that current ideas around SRH are largely imported and not fully rooted in local tradition and culture.

The Colonial Legacy of Education and Curriculum Development

As this study focuses on CHE/CSE, it is important to remember that curricula are a form of policy, and it is therefore essential to look at the colonial impacts of policy development in The Gambia. Policy approval currently occurs at two stages, using a similar process as the one used during the colonial era. The first stage involves passing the policy through the Cabinet/president (also known as the office of the governor) and then through Parliament (Jammeh, 2012).

Although these two branches have the power to allocate funds to implement policy, and decide whether to approve or reject a policy, from the colonial era until now, consultations by relevant stakeholders of a particular policy must take place as decisions are made on policy development and implementation (Jammeh, 2012). The CHE curriculum is no different as policy ideas were obtained from stakeholders within and outside of The Gambia.

As detailed earlier, the first schools were developed by missionaries to spread Christianity and to control the population. This was not the only form of education available, as Islamic religious education originated long before the formation of missionary schools. Islamic schools focused their teachings on Islam and Arabic education and therefore had a separate curriculum from the Christian schools. Earlier curricula in both Christian missionary and Islamic schools mainly centred on religious teaching and reading, understanding religious doctrine. It was in missionary schools, though, that Gambians began to write in English and were taught arithmetic. English schools, which were initially run by Christian missionaries, began to change in 1937 as missionaries and educated Gambians requested financial support from colonial governments to improve the operation of schools (Jammeh, 2012; The Gambia Echo, August 30, 1937, p. 6). Financial contributions by colonial governments meant that they were also able to make decisions on education policy. An example of this is the McMath report, which guided the development of the education system of The Gambia (McMath, 1943). Dr McMath was a Sierra Leonean education officer who was sent to The Gambia to conduct the investigation on Infant and Girls' Education and Teacher Training.

According to Jammeh (2012):

“This policy proposed the colonial government to take over the financial responsibility for all mission schools in the colony (effected in 1945), regroup many of the small mission schools into sizable girls ‘ and boys ‘ schools, remove the schools from the immediate control of the missionaries and take on the responsibility of financing the schools. Moreover, the policy promulgated co-education in villages for economical staffing reasons and claimed that mixed schooling is unsuitable for the colony (the city and environs). The policy states that —no progress will be made until segregation takes place and the girls are housed in girls ‘ schools each with an all-female staff and boys also in boys ‘ schools. As such, girls were to be offered domestic science in their schools while boys ‘ offered carpentry and Arts and Craft in their school.”²⁴

As mentioned in chapter 1, the Gambian school system is built from the remnants of colonialism. After The Gambia gained its independence, UNESCO was appointed in November 1965 to develop an educational plan for the country, which was then adopted in August 1966 (Jammeh, 2012). This report was known as The Development Programme in Education for The Gambia 1965 – 1975. In that same year of 1965, a report was developed, known as the Sleight Report, which focused on educational disparities between the colony (the capital and surrounding urban areas) and the protectorate (rural areas). It noted that 44% of primary schools and 86% of secondary schools were located in the colony, while 66% of children in urban regions attended school, whereas less than 16% in rural areas did so. Sleight recommended that teachers be better trained, as well as highlighting the need for more schools in rural areas. The report also called for the development of syllabi and suggested the need for specialist experts to develop subjects such as social studies, rural studies, arithmetic, Quranic studies, local languages, and the English language (Jammeh, 2012). The school calendar was also changed to run from September to July. Educational policies from that era have heavily relied on the Sleight report, which again, is a British colonial import.

The Education Policy of 1976-1986 was the first education policy to be developed after the country became a republic state in 1970. This curriculum advocated for young people to have

²⁴ It is important to note that schools are no longer segregated, and a majority of public schools are mixed gender.

literacy in mathematics, English language, basic science, physical education, home economics, nutrition education, and environmental studies. The government also mandated Arabic/Islamic studies. During this time, school structures were also changed, as high schools (schools leading to General Certificate of Education O-level examinations) and vocational schools were developed. The Education Policy of 1988-2003 focused on cost-effective education policies (possibly due to the influence of the IMF and the World Bank on the country's economic recovery programmes). This policy also emphasized that English be taught from Grade 1 and be the primary language of instruction from Grade 3. As mentioned in Chapter 2, it was during this time that Family Life Education (POP/FLE) was introduced in the national curriculum. Although significant strides were made in education and curriculum development at the beginning of the post-colonial era, not all the changes implemented were sustained. Reliance on external funding has also impacted curriculum development. Before MOBSE took control of curriculum development in 2005, a government-run branch known as the Curriculum Development Centre oversaw curriculum development. Due to financial and professional constraints, this branch had to be closed as the centre became a directorate under MOBSE (Jammeh, 2012). This branch, now known as the Curriculum Research, Evaluation, and Development Directorate (CREDD), is responsible for curriculum planning for schools in The Gambia.

Schooling systems in The Gambia are still largely underpinned by colonial systems of thought and practice. Paying attention to these colonial influences within a post-colonial context provides a deeper, more nuanced understanding of the drivers behind The Gambia's education design and the reality of the people who create and utilize it. The next chapter is the first results chapter, which details the historical and current reality of SRH education in The Gambia.

Chapter Summary

In this chapter, I have shown that factors such as colonialism and religion have impacted issues around gender, health, and education in The Gambia. Policy action on SRH is relatively new, considering the long history of MOBSE, and even then, they are not funding any aspect of the

current CHE curriculum. This chapter has led me to ask certain questions that will form the basis of the following results chapters:

- How was this curriculum developed?
- To what extent do remnants of colonialism influence the development and uptake of this new curriculum? How do religious and cultural morals and values influence SRH education?
- Who has access to education and who will this curriculum be accessible to?
- How feasible is curriculum implementation without the necessary resources?

The next chapter (the first results chapter) will discuss the creation and collapse of POP/FLE, and the development of this new CHE curriculum.

Chapter 5: A Journey of SRH Education in The Gambia

Introduction

This chapter addresses the research objective: *To critically interrogate the construction of SRH education in the context of The Gambia*. It explores historical and current discussions around attitudes and actions taken towards SRH education, which influence the implementation of the CHE curriculum. I aim to provide a historical overview of the previous SRH programme in The Gambia (POP/FLE), how key stakeholders perceived and experienced it, and analyse why it was removed. I will also critique the current state of SRH education and examine the drivers shaping the development and subsequent resistance to the new CSE efforts. The results from this chapter were mainly captured through a discourse analysis of relevant policy documents such as the draft CHE curricula and the Teacher Pre-Service Student Manual, as well as an analysis of interview data from key stakeholders- more specifically, the seven key stakeholders who were present during the reign of POP/FLE. I organized the data by identifying key themes that emerged from both sources, facilitating an iterative movement between the analysis of policy documents and stakeholder perspectives. This approach enabled me to connect and compare The Gambia's historical context of SRH education and the content of its policies, especially the impact of education funding. Funding has shaped its current realities, and what stakeholders have decided is now relevant to teach. By combining these data sources, I gained a holistic understanding of the influence of past policies on present-day SRH practices.

In this chapter, I argue that insufficient attention was paid by the government to the competing agendas and influence held by stakeholders on the state of education in The Gambia, especially about SRH education. These stakeholders included the Gambian government, religious leaders, and financial donors, who were instrumental in developing and delivering the previous POP/FLE curriculum. I will argue that this ultimately led to its downfall and suggest that a similar outcome may be repeated with the new CHE curriculum. I will outline each main stakeholder group and critique how their roles have negatively impacted SRH education, influencing its demise and reconstruction in The Gambia.

Firstly, I focus on the predecessor of the CHE curriculum, POP/FLE. I will identify the key discussions on its implementation, perceived benefits, and downfall by presenting key informant views and policy documents that detail what POP/FLE was and what eventually led to its dissolution. Understanding what led to the downfall of POP/FLE and whether those structures are still in place will bring about a better understanding of how SRH education is viewed and interpreted in The Gambia. This may provide a clearer view of what could happen with the CHE curriculum once it is implemented.

Secondly, I detail the development of the new CHE curriculum. As this curriculum has yet to be implemented, the discussion will focus on defining CSE in the Gambian context and critiquing how donor funding has impacted its development. I will also highlight the collaboration processes that could positively or negatively influence CSE implementation.

Finally, through my analysis of interviews and the curriculum, I present an overview of the CHE curriculum's stakeholders, meaning those who have funded its development, those tasked with developing it, and their authority on what is taught. Taken together, this chapter illustrates how SRH education has been developed and perceived in The Gambia and how this may influence the implementation of the new CHE curriculum.

The Rise and Fall of POP/FLE (1998-2003)

What was POP/FLE?

Initiated in 1998, POP/FLE served as a formal SRH education curriculum for young people in schools in The Gambia, until it was removed in 2003. Before its initiation, there was no form of SRH education within schools in the country. In the 1980s, before the advent of POP/FLE, sub-Saharan African countries were transitioning from colonial powers to national leadership,²⁵, pushing to develop education, health, employment, and other basic community needs. Some major challenges faced within the continent and in The Gambia at the time included rapid population growth rates, low life expectancy, and lack of SRH (UNESCO, 1985). Key

²⁵ See chapters 2 and 4.

informants who were part of the development of POP/FLE highlighted how, in response to these issues, POP/FLE was designed by the government, and by mainly Christian educators, who, at the time, oversaw The Gambia's education system (see chapter 4 on the influence of colonialism and religion on education). The curriculum was to be used to educate young people about these population challenges (UNESCO, 1985). It included topics such as SRH, which they would not necessarily have discussed with their parents or have had access to accurate information about, as SRH was not taught prior to the implementation of POP/FLE.

The draft of the new CSE Manual for Upper Basic Schools and Senior Secondary Schools (UBS and SSS) (2017 p.4) provided some context and overview of the POP/FLE curriculum.

According to the manual, POP/FLE was introduced because of continent-wide population reforms.

“In the early nineties, many African countries facing various population related problems mitigating the development which includes the following: high population growth rate, adolescent pregnancy and illegal abortion, drug abuse, high infant and maternal mortality rates, sexually transmitted Infections (STIs) and Environmental degradation. In this regard, the Gambia experimented, with the support of UNFPA, the introduction of Population and Family Life Education (Pop/FLE) into the school system.”

The emergence of HIV/AIDS as a significant public health concern in The Gambia during the 1980s and 1990s brought to the forefront the urgent need for comprehensive responses that addressed both prevention and education (as discussed in Chapter 2). At this time, young people were also at an increased risk of being infected with HIV and other STIs due to major structural issues such as lack of access to contraceptives, lack of SRH information, and a lack of awareness of population and family life issues in general. The government (Draft Manual UBS and SSS, 2017) saw a need for a curriculum that tackled these issues. The government's introduction of the POP/FLE curriculum, as evidenced in the Draft Manual UBS and SSS (2017), directly responded to these systemic gaps.

While POP/FLE was not a sex education curriculum in the traditional sense, its incorporation of SRH topics under broader themes highlighted the interconnected nature of SRH education with other societal and developmental priorities. By embedding discussions of sex and sexuality within the framework of population issues, such as family size and population growth, POP/FLE served as an example of how culturally sensitive approaches could navigate the sociopolitical landscape of The Gambia. This pragmatic approach addressed SRH concerns while aligning with national priorities, such as limiting population growth and promoting socioeconomic stability.

The thematic areas of the POP/FLE curriculum reflected a multi-dimensional approach to SRH education, aiming to address not only health outcomes but also broader social, cultural, and environmental factors. For instance:

- Demographic and population growth (population policies and programs),
- Population and sexual and reproductive health (HIV, nutrition, and drug abuse),
- Population and family (the family and responsible parenthood, socio-cultural values, beliefs and practices, gender issues and nation-building)
- Population and the environment (health and environment)

(Draft CSE Manual UBS and SSS, 2017 p.4).

These thematic areas collectively demonstrate how the POP/FLE curriculum attempted to go beyond a narrow focus on biological aspects of SRH, incorporating broader structural and contextual considerations. By framing SRH education within the realities of The Gambia, the POP/FLE curriculum exemplifies a localized response to global health challenges, bridging individual health behaviors with societal development goals.

POP/FLE was viewed as a tool for social change, hence why many topic areas were covered within that curriculum. One key informant captured a common view that the POP/FLE curriculum took a broader sphere than just biology to: *“reorient young minds, on the dynamics of population, and its impact on the population as well as social issues that directly affect the lives of young people,”* (int 10, gov/ed). This meant that POP/FLE was meant to go beyond simply discussing SRH as a biological issue, and act as a way to discuss other familial and social matters

that influenced the health and wellbeing of young people, as stated by this key informant:

“There are huge benefits and a high level of social awareness because in population family life education, we had developed teaching methods we use[d] that enable a child to see how a problem now can affect you in the future... They are able to make inquiries about social issues and not just go with the flow” (int 12, gov).

The broad range of social issues covered in POP/FLE often surpassed SRH in general. It went in-depth about how young people should behave to be recognized as, what was considered to be, productive members of society and respectable future citizens. The following excerpt from a key informant who helped develop the POP/FLE curriculum and teach it, details the kinds of lessons that were taught through POP/FLE:

“There are huge benefits [to POP/FLE] and a low level of teenage pregnancy and a high level of social awareness because in population family life education, we had developed teaching methods, teaching methods like features we use that enable a child to see how a problem now can affect you in the future. So that if you're pregnant now at 12, how can you continue your life. To take them around the wheel, ‘what if, what if, what if?’ They become good learners, independent learners. They are able to make inquiries about social issues and not just go with the flow... So, these are methods that will also teach you how to make a decision. You can make decisions, and no one is around. Can I steal a purse I found? Or better still can I just let people know that there's, there's a purse and money might be in it... So those teaching methods are probably gone today and gone together with POP/FLE. You see, I love this subject, because I knew without a doubt that it would change society for the better. And you see this, some result of education is to transform you to become a better person. If it's not being that then you cannot call it education. And I saw that in POP/FLE, and I saw that it was what was missing in our school system” (int 10, gov/ed).

According to this key informant, young people needed to have the opportunity to receive a well-rounded education that contributed to every aspect of their growth. For her, it was crucial that the

curriculum touch on other social issues, giving young people the opportunity to make decisions about themselves, and determine how those decisions may affect other people- such as stealing someone's purse. Like hooks and Freire (Chapter 3), she recognized the importance of education as a tool for social change. This was understood to be achieved through programs like POP/FLE and comprehensive CSE curricula if limitations were not imposed on those curricula, such as focusing only on the biological aspects of SRH. Like POP/FLE, the new CHE/CSE curriculum is meant to take a broader and more holistic approach to sex education, but, as the analysis in Chapter 6 will show, it is possible that the socio-cultural context of The Gambia and everyday practices around sex may make it difficult to achieve this goal.

Most stakeholders I interviewed viewed the content of the POP/FLE curriculum favourably, particularly educators and government officials who were either involved in developing POP/FLE or taught the POP/FLE curriculum themselves decades ago. It was regarded as an important part of school life and was seen as “*very useful material*” (int 12, gov) for young people at the time.

“You see, during our time, when it was taught, and evaluated, it was one of the best projects on the UNFPA sponsorship at the time. Why? Because students saw themselves in it and teachers found it valuable. It was the most famous subject in the schools because it impacted lives, so this was the result of the evaluation” (int 10, gov/ed).

The positive reception of the POP/FLE curriculum by key stakeholders, particularly educators and government officials involved in its development and implementation, underscores its perceived value and transformative potential. This sentiment, reflected in interviews, highlights the curriculum's ability to address critical gaps in The Gambia's educational system at the time, providing young people with essential tools to navigate personal and societal challenges. According to this key informant who was part of the development of the POP/FLE curriculum, it was heralded as something that could positively influence young people's development and entire populations.

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POP/FLE, and I saw that it was what was missing in our school system,” (int 10, gov/ed).

The curriculum's focus on socio-cultural issues further illustrates its holistic nature. By integrating topics such as life skills, decision-making, and consent, alongside traditional elements of sexuality education, POP/FLE extended its reach beyond health outcomes. It aimed to nurture well-rounded individuals capable of contributing positively to society. This aligns with the informant's view that the goal of education is to "transform you to become a better person." The POP/FLE curriculum thus exemplified education as a tool for personal development and societal transformation. The informant's emphasis on the curriculum's broader societal implications highlights its intersectional approach. POP/FLE was not merely about imparting knowledge but about fostering agency and equipping young people with the skills necessary to navigate complex social landscapes.

One key informant, who is now a teacher, noted their experience with POP/FLE when they received the class as a young person, decades before: “*POP/FLE used to help a lot like personally me I learnt some of these things because we don't talk about this with our parents, we don't talk about sex with our parents*” (int 21, ed). Those who experienced POP/FLE as students had positive views about the curriculum because of the knowledge they gained, especially because the topic covered more than reproduction at the time. These key informants felt they had the opportunity to learn about themselves and broader population issues, as POP/FLE enabled young people to have conversations they felt they could not have at home. However, because of cultural norms (which I delve into in Chapter 6) there were still limits to what the curriculum could discuss. Key informants therefore saw the introduction of the POP/FLE framework as a way for young people to have a better understanding of their SRH, relationships, and healthy sexual decision-making. Thus, enabling them to make informed choices, not just about their bodies and themselves, but also how they relate to other members of society.

The Removal of POP/FLE

Even though key informants favourably reflected on POP/FLE, the curriculum was removed in 2003. This decision was explained to be oriented around religious and cultural norms in The Gambia, funding decisions from international donors due to a lack of government ownership, and other structural issues, which I describe below.

The Influence of Religion on SRH Education Agendas

Although The Gambia is a secular nation, meaning that all citizens are supposed to be treated equally regardless of religious belief, it is also a majority Muslim country. Religious leaders, especially Muslim leaders, wield a heavy amount of influence across all sectors. This power has also allowed them to be major decision-makers on SRH education issues. This means that Muslim religious leaders could influence the acceptability and content of SRH curricula such as POP/FLE.

Despite favourable views and an understanding of its holistic nature from those being educated by POP/FLE, these views were often not held by powerful religious leaders in the country who, it was said, questioned how ‘Islamic’ the POP/FLE curriculum was, and whether it would encourage young people to have sex. This is because during this time, POP/FLE was viewed by conservatives and religious leaders as a purely sex education curriculum. As mentioned earlier, POP/FLE was an initiative developed by primarily Christian educators, which was subsequently taken over by MOBSE and adapted to all schools.

The quotes in this section rely heavily on one key informant (27 ed), because he worked within the Gambia’s schooling system for over 30 years, taking on roles as a teacher, guidance counsellor, and principal. He was personally recommended to me by NGO workers and educators alike. It is important to note that the Gambia has relied heavily on the oral tradition of narrating history, and there are still limited research articles available on most topics, especially SRH. You often have to speak with people with lived experiences to understand specific historical contexts. This key informant detailed that POP/FLE’s content was not Muslim enough for educators within Muslim schools, “...when I reviewed it, being in a Muslim community and

knowing that Muslim High School has a madrasa attached to the school, I looked at the content, but it was too Christian... some of these topics that were dealt with were too Christian, for the oustasses [religious teachers] to understand, like dating and things like that” (int 27, ed).

Although both conservative Christianity and Islam agree with the notion of young people not engaging in pre-marital sex, there are still particular views about sex and relationships that these religions differ on (Adamczyk and Hayes, 2012). For example, the POP/FLE curriculum discussed topics such as dating and other relationships outside of marriage, which are not recognized in Islam. Islamic teachers mainly felt that this would encourage young people to date and explore sexual relations more than they would have if they did not have access to SRH education: *“like dating and things like that, they would not understand that... parents are not comfortable about it and some of the oustasses are not comfortable about it”* (int 27, ed). This again alluded to the notion this key informant held about some forms of SRH education coming from a more liberal, Western, and non-Muslim perspective. Dating and sex before marriage are not traditionally encouraged practices in The Gambia, hence the apprehension noted by the key informant.

This key informant continued to explain that this sentiment about the perceived liberal nature of the POP/FLE curriculum was also echoed within some Christian populations, *“even some of the Christian conservatives, especially the born-again Christians are anti teaching this because as soon as you say health education or whatever sexuality, they’ll think you are teaching sex education. You are permitting these children to have sex”* (int 27, ed). According to this key informant, conservative Christians and Muslims alike shared similar fears about sexuality education, which is that it would push young people to have sex outside of marriage.

However, key informants in the NGO sector did not believe that POP/FLE contradicted religious teachings, even though they believed religious leaders and parents held that perception. This has led to some tension between different stakeholders, especially between religious leaders and NGO staff, *“religious leaders and some parents; what they believed was that their children are going to school to be taught about sex”* (int 2, NGO/CSO). The reliance of parents and community members on religious leaders to interpret religious text and ideology around SRH

and other socio-cultural issues has, according to key informants in NGOs, made it difficult to enact changes around SRH education. Key informants, especially those from the government, believed that the differing understandings between groups (conflicts in understanding) and the content of the curriculum, influenced by prominent Muslim religious leaders, contributed to the dissolution of POP/FLE.

One of the key informants who developed the POP/FLE curriculum noted:

“You see, it [POP/FLE] was saying sex is within marriage, it’s the same as what they are saying... You see what we have missed? And you have somebody that is somewhere misleading [people], because you have many religious leaders that mislead and it’s sad and, they are the voices of the people” (int 10, gov/ed).

For this key informant, the teachings of POP/FLE did not stray from normative conservative religious views about sex in the community, such as the view that sex is only for married people. Although POP/FLE was viewed as a curriculum that encouraged young people to have sex by public religious figures, this key informant demystified that idea. This highlights a disconnect between what parents and religious leaders believed was happening (encouraging pre-marital sex), versus what was being taught (helping young people make decisions about sex, encouraged mainly within the confines of marriage).

Key informants understood that, once religious leaders viewed the curriculum as un-Islamic and chose not to accept it (without considering its content), they could negatively sway public opinion about how the curriculum was received. This had implications for how and whether SRH should be taught in The Gambia. This also highlighted the importance of religious leaders, primarily Muslim religious leaders, as major decision-makers on SRH education, which MOBSE may not have considered as seriously as they should have during the development and implementation of POP/FLE.

There were perceptions from key informants that the misinterpretations of religious ideas about what POP/FLE was teaching partially led to its discontinuance *“I think it had to do with culture, it also had to do with religion and misconceptions of the topic itself... it could be that they don’t*

understand the meaning of POP/FLE at that time,” (int 20, ed). According to key participants, community and religious leaders alike either did not completely understand the role of POP/FLE or chose not to, sticking to the status quo instead. In this instance, sticking to the status quo meant that even though these leaders may have known and understood the benefits of POP/FLE, it was still easier to preach it as harmful, rather than understand why it was necessary. This is highlighted by this key informant who shared their perception of how family planning is viewed by religious leaders: *“religious leaders sometimes in their sermons even preach against family planning, they believe that there is already existing way of planning families* (int 17, ed)”. While this opposition may appear to stem from conservatism, it can also be read as a form of resistance to the coloniality of SRH policy, which Western norms and external agendas have often shaped. Some religious leaders’ rejection of POP/FLE may reflect discomfort with externally imposed frameworks that overlook local knowledge systems and communal authority. In this sense, resistance is not only to the content of SRH education, but also to the power dynamics embedded in its design and delivery.

According to another key informant who worked in the community, negative portrayals about POP/FLE and SRH education in general often stemmed from the idea that topics like sex have long been viewed as off-limits. This contributed to the difficulty of discussing and teaching it: *“some of the issues that were discussed become culturally sensitive areas to discuss. Because sex and sexuality were a taboo, and still is taboo to discuss within the communities* (int 6, NGO/CSO). According to the perceptions of key informants, the observed decision by religious leaders to not fully engage with POP/FLE material, or to condemn the material as bad, carried negative implications for the curriculum, which is one of the reasons that ultimately led to its demise. With the power that religious leaders hold, they can easily sway decision-making around what is acceptable or not within communities and often decide on what communities participate in.

How Educational Hierarchies Influence What is Taught

The challenges faced by the POP/FLE curriculum regarding its perceived importance within the school hierarchy highlight significant structural issues in The Gambia's education system. While

POP/FLE was widely regarded by key informants as a valuable subject, its status as a non-examinable, standalone curriculum placed it at a disadvantage compared to core examinable subjects such as English, Mathematics, and Science. This disparity underscores a broader issue within education systems shaped by colonial legacies, where high-stakes exams have historically determined the prioritization of certain subjects over others. One of the key informants from the government stated, *“when we had it stand alone as POP/FLE it did not work... so instead of having it stand alone we said to have it integrated in the examinable subjects so whatever the case maybe they [students] will have to learn it and sit to it at the exams”* (int 28, gov). Although POP/FLE was seen as a valuable topic by key informants, the inability for students to be tested on it led to problems for both students and teachers, *“so if it's not examinable it's not taken seriously. It's the teachers themselves that will not take it seriously, just focus on those that are examinable. That was the problem”* (int 10, gov/ed). This reflects a deeply entrenched systemic bias where the value of a subject is conflated with its contribution to measurable academic outcomes. Consequently, subjects like POP/FLE, which aimed to provide holistic education addressing socio-cultural and life skills, were deprioritized despite their relevance to students' lived experiences and long-term development.

This prioritization of examinable subjects is not unique to The Gambia but is a broader characteristic of post-colonial education systems. Researchers like Furuta (2020) have highlighted how colonial powers, such as Britain and France, institutionalized high-stakes exams to identify and select students for limited educational and employment opportunities. These exams were typically centred on subjects aligned with colonial administrative needs, Math, Science, and Literature, while sidelining subjects that fostered critical thinking, creativity, or socio-cultural awareness. The legacy of this colonial structure persists today, as evidenced by the challenges faced by POP/FLE. Unexamined classes like POP/FLE are viewed as less important, meaning that even if educators and young people enjoyed and benefited from it, they would still pay less attention to it as it would not be information they needed to recollect to pass a class. An educator further highlighted this issue, *“most of the schools were more interested in the examinable subjects, so they would prefer to go and teach the math, the science, the social and environmental studies”* (int 22, ed). Future SRH curricula may also face the same structural issue

that POP/FLE faced. This is further discussed in Chapter 7, which focuses on how the availability (or lack) of resourcing may influence the implementation of the new curriculum.

Role of Donors in the Dissolution of POP/FLE

The POP/FLE curriculum was not funded directly by the government but was supported by international donors, significantly shaping its development and implementation. In this thesis, the term 'donor' refers to international funding bodies such as UN agencies, the World Bank, and other governments. Chapter 4 examined the multifaceted role of donors, particularly in post-colonial nations, highlighting how their influence extends beyond mere funding to shape educational priorities and practices. While the government partially funds education in The Gambia, a substantial portion of the funding comes from international sources, including the World Bank's Global Partnership for Education²⁶.

Despite the prevalence of development aid, this reliance has led to a cycle of dependency, as noted by Tandon (2008), who argues that aid often reinforces power imbalances, with the terms and conditions set by donor agencies rather than local stakeholders. This pattern is particularly evident in Africa, which, as the largest recipient of global aid, finds its policies shaped by external interests rather than by the needs of its citizens. The literature suggests that aid can serve as a tool in global politics, allowing established and emerging powers to exert significant influence over local policies, often to the detriment of genuine positive change (Abbas and Niyiragira, 2009). This dependence not only deepens the financial challenges faced by African governments but also constrains their ability to make independent policy decisions, as I demonstrate in the analysis of stakeholder interviews in this section of the chapter. By examining how external donors influence the SRH curriculum and policies in The Gambia, I aim to illustrate the broader implications of donor dependency on the local educational landscape, linking my findings to existing literature on the dynamics of aid and post-colonial governance.

At the government level, this dependency was reflected in the limited initiative taken to sustain the POP/FLE program in The Gambia. Key informants, especially in NGOs/CSOs, consistently

²⁶ This information was received through unofficial discussions with a key informant

highlighted that the government's lack of commitment to adequately fund educational programs, including POP/FLE and the broader schooling system, left a void that international donors quickly filled. While this intervention of donors stepping in addressed immediate programmatic gaps, it reinforced a broader pattern of reliance on external funding, further entrenching dependency and reducing the government's agency in determining educational priorities. The government's inaction created an environment where donors, like the World Bank and the Global Partnerships for Education, were financing programs and influencing their direction, content, and longevity.

The donor-led approach to funding and designing SRH programs exposed a critical weakness in The Gambia's education system: the susceptibility of national programs to external agendas. Donors could dictate program decisions, including those concerning POP/FLE, as noted by a key stakeholder who revealed that decisions were often made by external parties, such as donor organizations and religious groups, such as the Christian community²⁷, instead of government institutions like MOBSE. This led to the perception that the government did not make enough effort to ensure the longevity of the POP/FLE program. *"Donors came, and also say to blame it on donor engineering... We allow people [donors] to contravene government policy [POP/FLE]"* (int 10, gov/ed). POP/FLE was stopped due to decisions made by donors on what type of education to fund. In the early 2000s, POP/FLE was not viewed as a priority for donors, even though there was never a justification for that decision. A different program, Life Skills, was meant to replace it, but the donors never fully developed or implemented this.²⁸

"They had a package called Life Skills and if you ask me Life Skills was what was used to do away with population family life education... well, with everything that was in it, they [donors] decided they're going to go away with Life Skills, and the concept wasn't even clear. And those books never got into the schools and life skills was supposed to replace POP/FLE, even before POP/FLE was given a chance to mature."

²⁷ As mentioned above, POP/FLE was championed by Catholic Christian teachers, which is one of the reasons why it was not fully accepted by the Muslim community.

²⁸ I was unable to find data or information about that program.

The key stakeholder from the quote above described how Life Skills was proposed as a replacement for POP/FLE. However, the transition was poorly managed, with Life Skills never fully developed or implemented. This highlights the precariousness of relying on donor funding and decision-making, where programs can be abruptly altered, discontinued, or deprioritized based on shifting donor agendas.

Moreover, the consequences of removing POP/FLE were far-reaching. When the program was discontinued in 2003, students were left with science classes as their only source of SRH education. This shift reduced SRH to a biological and mechanical framework, focusing narrowly on anatomy and reproduction while neglecting the broader social, cultural, and emotional aspects of sexuality education. This biological/mechanical emphasis is a topic I will take up in Chapter 6. As one participant noted, *“They are moving more academic. They are forgetting that there is also another element to the student that is very important, the student's growth, the holistic growth of the student”* (int 25, RL/ed). The failure to replace POP/FLE with a comprehensive program like Life Skills left a significant gap in SRH education, one that the proposed CHE curriculum now says it aims to address.

The analysis also reveals a concerning pattern of donor influence over what is funded and deemed important, and how SRH is conceptualized and delivered. Decisions about which programs to fund and how they will be delivered were not always rooted in local needs or evidence of effectiveness. Still, they were shaped by donor priorities and global education trends.

For example, the shift toward funding core academic subjects such as English, math, and science demonstrates how donors prioritized standardized, measurable outcomes over holistic education. This left essential areas, such as SRH, underfunded and underdeveloped. The broader implication here is that donor funding does more than fill financial gaps; it also steers the trajectory of national education systems. Programs like POP/FLE become vulnerable to donor-driven shifts, and the government's limited financial commitment exacerbates this vulnerability. Without sustainable, locally-driven funding mechanisms, the educational landscape in The Gambia will remain at the mercy of external actors, undermining efforts to create programs that truly reflect the needs and values of Gambian society.

The Development of CSE

The Importance of The Introduction of a Sexuality Education Curriculum

The development of the CHE curriculum is meant to serve as a formal, in-school curriculum that teaches CSE. CSE is defined in The Gambia's Comprehensive Sexuality Education Manual²⁹ as:

“...an educational programme that aims to equip children and young people with the knowledge, skills, attitudes, and values that will enable them to develop a positive view of their sexuality, especially in the context of their emotional and social development. It helps them to make healthy and responsible choices to be better educated, fulfil their potential, and make a positive contribution to society” (CSE Manual UBS and SSS, 2017).

This curriculum aims to give young people access to holistic SRH education that goes further than the purely biological aspects of reproduction and to ensure that young people are making ‘healthy’ decisions around sex. Through this curriculum, discussions around sex will (according to the curriculum), also focus on the social and emotional aspects of relationships such as family, dating, love, abuse, etc. As the first of its kind, the manual is primarily intended to support the teaching and learning of CSE themes integrated within Upper Basic and Senior Secondary school curricula. In addition, it can be used to facilitate *“learning for students’ out-of-school, peer health education, and the community sensitisation and advocacy activities of other interested agencies”* (CSE Manual UBS and SSS, 2017).

The previous POP/FLE curriculum has heavily influenced CHE, as developers noted: *“we started with population and family life education program,”* (int 12, gov/ed). The development of this new curriculum was a direct response to the lack of POP/FLE and the lack of quality and standardized SRH education in schools. When POP/FLE was removed from schools, participants described how young people lost the little access they had to SRH education. The curriculum is viewed as similar to POP/FLE, *“it’s like bringing the POP/FLE, population and family life*

²⁹ The manual is referred to as the CSE manual because it was developed by UNFPA and their consultant, and not the Gambian government.

education [back], that is very good,” (int 34, ed), but informants were also wary that it could meet the same fate as POP/FLE i.e., meeting community opposition and being removed from the school system, *“I think is a very good one. But it needs a lot of sensitizations³⁰, because we don't want to fall in the same trap as the first one”* (int 4, NGO/CSO). There is hope that this curriculum will gather less opposition than POP/FLE because there has been increased (although not enough) community sensitization from MOBSE, as developers *“are receiving feedback, positive one for that matter, both from the school and also from the community”* (int 20, ed).

The removal of POP/FLE demonstrated the critical importance of SRH education and the risks posed by insufficient community buy-in and structural challenges, such as the prioritization of examinable subjects. CHE aims to avoid these pitfalls by incorporating lessons from its predecessor, including robust teacher training, adequate resourcing, and aligning SRH content with examinable subjects to ensure it is valued within the education system. Ultimately, CHE's success hinges on addressing structural and sociocultural barriers. By fostering dialogue, integrating community voices, and emphasizing cultural relevance, CHE has the potential to provide young people with essential life skills while promoting societal acceptance of SRH education as a vital component of health and development.

CHE as a Tool to Combat the Silence around SRH Issues

Key informants cited many merits of SRH education, including the ability for young people to make informed decisions on their SRH. *“I think if the individual knows about something then the individual will be able to make a judgement or take a decision whether this is good or not good,”* (int 22, ed). The benefits of SRH were understood to extend within communities, especially as a tool to increase communication on taboo topics like sex and sexuality in The Gambia, *“...we don't talk about this [SRH]. For the home it's a complete taboo, to really talk about some of these things”* (int 13, gov). Key informants highlighted the necessity of CSE, because it would serve as a way for students to learn about taboo household and community topics. One of those

³⁰ providing first hand accurate information to make people 'sensitive' to an issue.

topics is sexual and gender-based violence. This was explained by a key informant who works with young people and SRH,

“I mean, the Gambia because of our culture particularly, you have children, or young people who are going to school but are being abused here and so if those people are not provided or equipped with the right information. A lot of things could be happening that they don't even understand their bodies” (int 11, NGO/CSO).

According to the DHS (2020), 39% of women aged 15 to 49 in The Gambia have experienced sexual violence, while almost 40% of ever-married women have experienced either physical, sexual, or emotional violence by their current or most recent partners. Anecdotal evidence from my previous work/experience, particularly from speaking to girls and women, also highlights the heavy burden they face from sexual abuse within and outside of their homes, and in schools. There has been a plethora of stories about young people being coerced and sexually abused, so this key informant inferred that young people learning about SRH and more holistic issues surrounding SRH could help them gain a better understanding of issues around abuse and violence. An understanding of these issues could then lead to the de-stigmatization of those topics *“we should engage in more talks about sexual and reproductive health so the younger ones would know that it's a normal thing to talk about” (int 11, NGO/CSO).*

Although the example above highlights the limited discussions on SRH and how they could be solved by SRH education at the community-wide level, these difficulties are also apparent in the home, *“I also believe there are barriers between parents and students, there is no communication, something will happen to a child, the child cannot come out and say it” (int 15, ed).* Discussions between parents and children on SRH are reported to be rare, according to key informants,

“It is very difficult for parents following our cultural and traditional practices for them to discuss this with you, once you do, they will refer you to be as a toubab (white person), you understand, ki morm toubab la, daf de (translation: this person is a white person, they) discuss X Y and Z with the family” (int 17, ed).

Although CHE can play an important role in enabling increased communication about SRH within communities and families, certain drivers, like ideas around young people having sex, held by more conservative stakeholders, may influence how CHE is accepted. The educator above highlights a key perception held within communities that discussions around SRH are for ‘white people’ or non-Gambians in general. This type of ‘othering’ of Gambians vs non-Gambians makes it difficult for conversations to occur for many reasons. The ‘othering’ that we see with SRH education is stratified. Once we are past the level of Gambians vs non-Gambians, there is another form of othering that can be seen at lower hierarchical levels, by educators who have made presumptions about, what they consider to be, ‘uneducated’, Gambian parents.

“Those old mothers who have not been educated, they believe a very stupid tradition that when a woman give birth the breast milk, the colostrum has to be squeezed and thrown away... so it’s on us educated, the elites, to educate our parents about it [SRH], go to the media go to their local gatherings, talk to them about it” (int 18, ed).

In the passage above, a key informant who is an educator refers to themselves as ‘elite,’ or belonging to another social class, which can signify that they view themselves as inherently better than the less-educated population. This key informant distanced their identity from the identity of less educated Gambians. This may lead to issues around the uptake of any kind of SRH education being taught as teachers may feel like they are better than students and their parents. I argue that when teachers feel like they are better, they may infantilize students and parents, which can cause parents and students to not want to learn about SRH. This also highlights the possibility that villainizing socio-cultural values and socio-economic classes may also negatively impact the uptake of CHE. However, the key informant talks about ‘educating parents’, the example given about ‘stupid traditions’ was about women, particularly mothers. This means that knowledge on SRH education does not take away social norms like patriarchal ideologies on SRH. These patriarchal social norms will be delved into further in Chapter 6.

From CSE to CHE

“We also collect feedback from the population, schools, parents and so on. And one of the, you know, prominent feedback, you know, culturally- in Gambia sex is a taboo, people don’t talk about sex. So, comprehensive sexuality education doesn’t go down well,

culturally. The terminology is not culturally friendly. So, this feedback came, and we discuss it over and over,” (int 12, gov/ed).

Globally, the form of SRH education being most promoted for young people is CSE. This is due to wide-ranging definition of CSE³¹ which accommodates for a more holistic nature in the teaching of SRH education (Vanwesenbeeck, 2020). Outside of the United States, funders from the Global North prefer CSE over other forms of SRH education, meaning that, due to the coercive nature of funding, international governments and funding bodies are more likely to fund CSE programs than other SRH programs. Governments, as in The Gambia, who do not entirely fund their education sector, become at-risk for implementing programs like CSE within their school systems without clearly understanding what it entails or whether the community will accept it. The Gambia has developed a CSE curriculum; however, due to the possibility of backlash in the community because of taboos around sex and sexuality previously noted, the SRH curriculum was renamed the comprehensive **health** education curriculum (CHE) by the government. The culturally sensitive nature of discussions around terms like ‘sex’ and ‘sexuality’ is one of the reasons key informants in the Gambian government envisioned pushback from the community about the term CSE. A key informant within the government highlighted that the discussions held with community members illuminated a fear of backlash for using terminology that included the word ‘sexuality’:

For this participant, even if the curriculum content was relevant and accepted, the name of the curriculum itself would be problematic, *“they like the content, the name of sex that is what they don't want”* (int 12, gov/ed). After backlash from community members, this key informant described how they were responsible for introducing the name change from CSE to CHE:

“So, I say, okay, why can't we have it as comprehensive health and this was accepted. It was adapted at the Coordination Committee meeting, Ministry of Education Coordinating Committee meeting and from now on, we inform our colleagues that we will call it comprehensive because of the cultural context” (int 12, gov/ed).

³¹ This definition can be found in Chapter 1

Although the name had been changed, this key informant reiterated that the global content would remain the same within the curriculum, inferring that the name change was simply to appease dissenting groups in The Gambia, without fully grasping the implications that this may have on the content,

“So, for us, we have adopted the same comprehensive sexuality education and when we developed the curriculum framework... So, we thought, okay, all these are health issues, you can maintain the content. There is nothing wrong with the content they like it, all the schools, children, parents, they like the content, the name of sex that is what they don't want... In Gambia, sex is a taboo, people don't talk about sex. So, comprehensive sexuality education doesn't go down well culturally” (int 12, gov/ed).

On the surface, the use of the term CHE instead of CSE by policy makers may be a way to mitigate the potential rejection of the curriculum by conservatives and religious leaders, as witnessed during the POP/FLE era. This means that for some stakeholders, the name may not be as important as the content itself. Although the key informant at UNFPA still recognized CSE as the official term instead of CHE, they do highlight the importance of focusing on the curriculum content instead of the name, *“even at the global level that is the guidance, I mean, the name does not matter as long as you're able to, it has to be context specific. It has to be culturally sensitive”* (int 11, NGO/CSO). The name change from CSE to CHE indicates that global terminology such as CSE does not fit every country and context. In this case, local adaptations of global policies, such as going from CSE to CHE, is a way for SRH education to be made acceptable within The Gambian context.

Although the name change may limit cultural criticism from religious leaders that comes with terminology like sex and sexuality, it is important to note that this change may impact what kind of content has been developed for the curriculum as expressed by the key informant above. For example, how holistic can the curriculum be if the word ‘sexuality’ is still a taboo? How are parents comfortable with their children learning about sex if the word ‘sex’ itself cannot be used?

Key informants, especially those from NGO/CSO backgrounds disagreed with the choice of name change and the logic behind it, referring to this occurrence as *“watering down the*

curriculum” (int 13, gov) and “*hypocritical*” (int 32, NGO/CSO) as it pandered to stakeholders, like religious leaders, without looking out for the best interests of young people who will be the recipients of the curriculum. The same key informant goes on to explain, “*It’s health yes in its components, but it’s best if they leave sexuality there as far as I’m concerned and explain to people what sexuality means. If people who are educating others about sexuality don’t want to be honest, then there is a problem*” (int 32, NGO/CSE). Another key informant echoed this sentiment, “*Health education is health education. Me and you know what health education is but let us hit the nail on the head, even though the curriculum must specifically specify sex so that whoever is talking about it, talks about it*” (int 23, NGO/CSO). For these key informants, the name change may have less to do with whether the curriculum will be accepted, but about how comprehensive this curriculum will be. By making it a health education curriculum instead of a sexuality education curriculum, there is a possibility that the curriculum may be less comprehensive and more based on the health and biological components of SRH. This focus on health and biology may lead to young people not learning about SRH from a more holistic perspective.

The removal of any mention of sex in the curriculum title also has the potential to impact how the content of the curriculum is interpreted:

“Yes, comprehensive health education, more on health component than actual sexual, so I’m interested to know what they are going to put in the parts that are talking about sex... there are certain aspects of sex you cannot call health, sex is sex. So, I’m just interested to know what they’re going to replace with the sex word, since they said they want to use less of sex. So, I’m interested to know what’s going to be there really” (int 3, NGO/CSO).

Although CSE needs to be adapted to local contexts, this key informant notes that there are implications for how comprehensive the curriculum can be due to how conservative the country or community of implementation is. In a country like The Gambia, conservative attitudes around sex have already influenced the name of the curriculum, and this may, in turn, influence how the content of the curriculum is taught.

Drivers/Interests That Have Shaped The Development of SRH

Education

SRH Education Leadership

SRH education in The Gambia has mainly been funded by UNFPA, and implemented by the government (MOBSE), which makes these two bodies the leaders/authority on what is taught and how it is taught. Although implementation happens at the government level, funding programs often does not. This means NGOs and UN bodies such as UNFPA fund projects on SRH education, like the CHE curriculum. In The Gambia's case, UNFPA not only funded the curriculum development but are also the primary funders of all SRH related matters in The Gambia, which means that they hold a highly influential position.

“UNFPA, you know, is one of the most important partners. Interestingly, all FP commodities in this country are bought by the UNFPA. I am not sure the government buys a single FP commodity in this country. Whatever is FP commodity in this country is bought by UNFPA. Government unfortunately does not buy them, UNFPA buys them. Almost all the lifesaving drugs is bought by UNFPA so it's a very important partner” (int 13 gov).

Regarding leadership on SRH education in general, key informants agree that it is important for the government³² to spearhead all initiatives. *“The government as the key institution responsible to promote our lives should be leading this. Because in most cases you find that it is through humanitarian efforts, it is through UN agencies,”* (int 30, NGO/CSO). The government taking a position of leadership on SRH education has the potential to limit the influence of international organisations and funding bodies. These bodies can push international agendas around SRH without considering the local/community needs and contexts. However, this is not happening in practice. Currently, the government cannot fund SRH or the expertise to take on this role, which has implications for the influence and control of SRH education in The Gambia.

³² The government here refers to high level offices like the office of the president.

Key informants have highlighted that the task of leadership should fall under MOBSE's purview, *"the ministry [MOBSE] should formulate the policies"* (int 15, ed) This is because MOBSE handles all issues regarding lower and upper basic schools. There is also a consensus that MOBSE should work with other ministries to ensure a cohesive government effort. *"Sexual and reproductive health should be led by government, especially the ministry of health,"* (int 1, gov). Outside of MOBSE and MOH, *"the Ministry of youth and sports, the Ministry of Gender should have been involved in different levels"* (int 11, NGO/CSO). There is an understanding by most key informants that there needs to be a coordinated effort by multiple ministerial bodies to ensure a cohesive government leadership on SRH education issues, such as the new CSE/CHE curriculum.

From the start, the CSE curriculum was meant to be a collaboration between MOBSE and UNFPA. In 2016/2017, MOBSE and UNFPA began discussions around the idea of the Gambia having a CSE curriculum, *"when we developed the partnership between UNFPA... that was done in 2016 and 2017, we [MOBSE] started to develop the comprehensive sexuality education curriculum. So, UNFPA said, 'okay, let's have a consultant, since it's a new area to support the country', we said yes"* (int 12, gov). Due to MOBSE's belief that Gambians did not have enough knowledge about SRH education and CSE more specifically, an international consultant from Senegal was hired to develop the CSE curriculum.

"Anyway, when we started, we had a consultant because this is a project that is implemented in Gambia, Ghana, Nigeria, and Kenya. Other countries are involved in this program, so the content they have in those countries are the same content we have in the Gambia. So, what we did was we had a curriculum edit, we looked at the areas we have and how much of the CHE issues are covered in the materials, then the gap [lack of sexuality education] was what we covered up" (int 28, gov).

The consultant worked with MOBSE, hoping the curriculum would be integrated into the school system shortly after. According to the key informant, the curriculum was inspired by POP/FLE and other curricula developed within other West African countries. This meant that what was being taught across West African nations was uniform while also ensuring that the content was geared towards the particularities of The Gambia.

Although the curriculum was designed to be Gambia-specific, the involvement of a consultant from a different country raises essential questions about the potential impact on its relevance and effectiveness. Hiring a non-Gambian consultant risked overlooking local norms and cultural nuances, perpetuating a reliance on external expertise that echoes colonialist assumptions about the capabilities of countries like The Gambia to develop their education systems. This pattern is well-documented in the literature, where post-colonial scholars argue that such reliance reinforces the notion that local contexts are insufficiently equipped to address their educational needs, thereby undermining local ownership and agency (Murray, 2016; Riddell, 2007).

While the consultant hailed from another African country, the use of external expertise continues to perpetuate a saviour complex, suggesting that local human resources are inadequate for the task at hand. As articulated in stakeholder interviews, this dynamic is particularly problematic: *“because [Gambians] really have to be part of the policy development process because some of these issues, the problem that we have is things being designed by technocrats outside there and sent to people to be implemented by others”* (int 26, ed). This perspective aligns with the critiques in Chapter 2 regarding the structural barriers linked to policy financing and knowledge production norms, highlighting how these factors contribute to the persistence of colonial legacies in contemporary educational practices.

By failing to engage fully with local stakeholders in the curriculum development process, the educational system risks alienating those it aims to serve, thereby stifling the possibility of meaningful change. This disconnect not only undermines the legitimacy of the educational content but also reinforces a hierarchical relationship between donors and local educators, reflecting the broader dynamics of knowledge production where Western frameworks are often prioritized over local expertise (Pennycook, 2010). Scholars like Connell (2007) have argued that such dynamics perpetuate a 'global educational knowledge system' that marginalizes indigenous forms of knowledge and local pedagogical practices, resulting in curricula that are misaligned with the lived experiences of students and teachers. This situation raises critical questions about ownership and relevance in educational reform; without the active participation of Gambians in

the development process, the curriculum risks becoming a foreign imposition rather than a tool for empowerment and social change.

SRH Education Prioritization

This perceived lack of prioritization to develop the curriculum can be observed at the government's highest structural level. This lack of local resources for curriculum development led key informants to suggest that SRH education is an afterthought for the Gambian government: *“it’s not a priority to them from the way that I see it. It’s not top of their priorities”* (int 31, NGO/CSO). Such sentiments reflect broader systemic issues where educational policies are often not aligned with the pressing needs of the population, reinforcing the idea that SRH education is marginalized within the national agenda. The limited prioritization of SRH by the government has been noted by other scholars, who argue that this trend can be attributed to political and economic constraints that perpetuate the neglect of crucial health issues in low- and middle-income countries (LMICs) (Buse & Waxman, 2001). Key informants also expressed that this lack of prioritization is why the government does not provide adequate funding for SRH and SRH education. One excerpt, narrated by a UNFPA employee, highlights the role of funding bodies like UNFPA in SRH education decision-making in The Gambia:

“In terms of budget [for SRH education], I don't see it. Apart from what we are putting in, which is usually a modest amount, because we have limited resources... What is it if you give MOBSE D2 million for the whole year? It's nothing right, and the minister has a lot of resources but maybe they will say we are committing something to that, but because even in terms of positioning CSE within the ministry.... I mean, I'm not sure if she's even given resources because the last time, they had to beg us to buy a laptop for her which we did. So, in terms of government prioritizing sexuality education, I'm not sure there is a lot of priority... When we started our program, there was no one funding. The government will not fund it and that was one of the arguments that they have given why they want to integrate it into the curriculum, so that there is a sustainability element into it, but like, I'm not sure if we don't put money into training of teachers, if we don't put money into training of this manual, whether the government will do it? I don't think they will. I have

not seen any, any commitment towards that, it has to do with a lot of other issues...” (int 11, NGO/CSO).

This statement underscores the extent of the funding challenge and raises questions about the sustainability and effectiveness of SRH education in the context of limited governmental support.

According to this key informant, not only does the government not contribute financially, but it also fails to provide any technical resources for the CHE or any form of SRH education. This reality complicates the government’s role as a primary voice in developing and designing SRH policies, leaving organizations like UNFPA to dictate decisions surrounding curriculum development and SRH education policy. As power and decision-making are often contingent on funding, the government’s limited financial contributions curtail its influence in these crucial areas. This scenario aligns with the work of Fukuyama (2004), who emphasizes how inadequate state capacity in resource allocation can lead to diminished governance, particularly in sectors vital to public health and education.

The implications of this funding landscape are profound. As noted in previous research, the reliance on international aid often results in the imposition of external priorities over local needs (Riddell, 2007). This dynamic is evident in the educational sector, where decisions regarding what constitutes important issues in SRH are frequently driven by funding availability rather than by the immediate concerns of the Gambian populace. As articulated by the UNFPA employee, “when we started our program, there was no one funding. The government will not fund it, which was one of the arguments they have given why they want to integrate it into the curriculum, so that there is a sustainability element into it.” This statement highlights the paradox faced by the government: integrating SRH education into existing curricula is often contingent upon external funding rather than a proactive governmental commitment to prioritize and invest in SRH education.

As described in Chapter 4, colonialism served as an economic endeavour for colonial powers. The main aim of countries like Britain was to exploit the resources of colonized nations such as The Gambia, and policies were developed by that exploitation (Becker, 2020). Today, there is a

continued reliance on aid for formerly colonized countries from their former colonial masters and other international institutions. Sectors like health and education rely on international aid to survive, perpetuating the indirect ruling of old colonial powers over their once colonized nations. Issues deemed relevant in high-income countries (HICs) are often prioritized and funded in LMICs, further entrenching the disparities in power dynamics established during the colonial era. This structural inequality not only stifles local agency but also perpetuates a cycle of dependency that hinders sustainable development in The Gambia.

A lack of funding by the government also means that not all national and local voices are being heard about SRH, particularly from key stakeholders. According to a government employee, limited funding may be one of the reasons a more diverse pool of stakeholders were not involved in decision-making around SRH education and the CHE curriculum development:

“Yeah, limited funding, we don’t have funds most of the time. There may be conflicts of interest from inception; maybe UN agencies think school health should be under MOBSE, so most of the funding is being taken to them. The only funds we receive are for nutrition, except if MOBSE is implementing their activity, they will invite us to give technical expertise, but then we haven’t implemented any activities” (int 1, gov).

This insight highlights a critical barrier to inclusive policy development, as limited funding constrains the ability of government agencies to engage with a more comprehensive array of stakeholders, thereby silencing potentially valuable contributions. Such constraints reflect broader systemic issues noted in the literature, where funding hierarchies can marginalize local voices in favour of international organizations or larger institutional entities (Dahler-Larsen, 2012). As funding decisions often dictate who gets a seat at the table, this dynamic can lead to a skewed representation of interests in curriculum development, favouring those with the financial resources to influence policy discussions.

The implications for implementation are significant, as community members who were not consulted may feel excluded from the educational process, which can diminish their sense of ownership and investment in the curriculum. This lack of engagement can result in resistance to the curriculum uptake, as stakeholders who perceive the materials as foreign or imposed are less likely to embrace them. The literature suggests that successful educational interventions rely

heavily on the involvement of local stakeholders, as their insights and experiences are crucial for ensuring that curricula are relevant and responsive to community needs (Freire, 1970). Without their active participation, the curriculum risks becoming a top-down initiative that fails to resonate with the target population.

Moreover, the exclusion of local voices affects the immediate implementation of the curriculum and can have long-term consequences for the sustainability of SRH education initiatives. If community members do not see themselves represented in the curriculum, it can undermine the program's legitimacy and effectiveness, leading to disillusionment and disengagement. Research has shown that when local communities feel a sense of ownership over educational content, they are more likely to engage with and support its implementation (Sullivan, 2013). Thus, the lack of funding that limits stakeholder involvement ultimately threatens the broader goals of SRH education, including improving health outcomes and fostering informed decision-making among young people in The Gambia.

Collaborations for Curriculum Development

According to stakeholders, the curriculum development should have included community-wide consultation, as it is intended to meet the community's needs, particularly those of young people, and support the government in areas where they may fall short. In Chapter 2, I argued about the importance of ownership and buy-in from communities as a key component of developing and implementing a lasting CSE curriculum. Key informants reiterated this point, emphasizing that multi-stakeholder collaboration is vital for the success of initiatives like CHE. One informant stressed, “...*there is need for collaboration, because not one single entity or ministry can tackle reproductive health, so everybody should be on board, from the policy makers, executives, down to the grassroots level*” (int 1, gov). This is important because policies like CHE curricula are more likely to last when there is buy-in from the population in which they are implemented. This is no different in The Gambia, as this key informant states, “*if the collaboration is there then the mechanism could be worked out such that everybody takes ownership of a thing and then it works*” (int 19, ed).

Key informants overwhelmingly agreed that it is important that MOBSE take the lead on developing and implementing CSE as it is the authority responsible for curriculum development, *“at the national level I think Ministry of Basic and Secondary education should be the first because they should develop the curriculum”* (int 16, gov). These key informants have also suggested a range of government offices and private and public sectors who MOBSE should be collaborating with to ensure that the curriculum is integrated in schools, such as *“community leaders, religious leaders, opinion leaders”* (int 26, ed). Another key informant within the NGO sector gave a comprehensive view including, *“with the civil society organizations, the private sector, NGO’s, the community organizations, all the mothers’ clubs, the village development communities, youth groups and every other stake holder that really matters in the campaign towards sexual and reproductive health education”* (int 30, NGO/CSO). Within government, a key informant suggested MOBSE partner with *“the Ministry of youth and sports, the Ministry of Gender, the Ministry of Education, and even the Ministry of Health”* (int 11, NGO/CSO). These quotes highlight the importance of SRH education starting and being coordinated from the governmental to the local level. They also underscore the necessity of a coordinated, multi-level approach to ensure the success of SRH education.

According to MOBSE staff, multiple consultations occurred with different public and private organisations during the development of the curriculum, *“there are Think Young Women (TYW)... there is a Peer Health Education... now, we also have, of course, we have some other agencies responsible for data, The Gambia Bureau of Statistics and we have also got Women’s Bureau”* (int 12, gov/ed). For government employees, it was important that stakeholders from different areas be consulted during curriculum development, especially because the government does not have all the necessary resources to ensure the apt development and delivery.

“There are also stakeholders, NGOs dealing with reproductive health, they need also to be collaborating with them so that they can complement what they cannot do because I know they’re complementing the government efforts, but government cannot do everything” (int 8 gov).

Although this form of collaboration was understood to be important for developing and implementing the curriculum, that was not what happened in practice. MOBSE’s sentiments on

collaboration were not mirrored by people within those sectors: key informants outside of MOBSE and UNFPA did not feel like they were part of the curriculum creation process. When asked whether MOBSE had reached out to consult with an organization that MOBSE had named as a collaborative partner on the curriculum, an NGO/CSO staff member responded,

“I’m afraid no, because the problem also with our ministry is that they like to work in isolation, that is their problem. So, collaboration among themselves is sometimes very challenging, talk less of them collaborating with CSOs. Because they don’t tend to understand what CSOs are doing” (int 2, NGO/CSO).

This reiterates the top-down approach employed by the ministry that could make it difficult for other stakeholders and community members to feel like they have ownership of the curriculum. It also highlights the disconnect between government/curriculum developers and other bodies, especially NGOs/CSOs. According to key informants in the NGO/CSO sector, there are limited interactions between curriculum developers and other stakeholders who can influence how the curriculum is developed and implemented,

“I think the collaboration is weak. Because they would only involve you maybe when it comes to validation. And I think when you are talking about collaboration, it has to start from there, you include them in the process, so that at least you will have valuable comments added to it and add value before you go to the validation stage. So, I think they need to really improve on their collaboration and partnership, especially with the civil society” (int 7, NGO/CSO).

Educators' and young people's involvement was also thought to be necessary for developing and implementing the curriculum. A key informant highlighted the importance of this involvement and made an essential observation about how what children learn now can impact them in later adulthood.

“I think there should be a sort of committee for the teacher’s union and the students, some of the students can be a representative of their schools. Because some of the time, they feel more comfortable to talk with their peers and most of the time they understand

better if their peers explain to them... They should be involved because the young ones are going to be the grownups tomorrow. So, if they're not involved now, it may be too late for them” (int 14, ed).

The disconnect may influence how the CHE curriculum is taught throughout the community if key stakeholders are not in the design and implementation process. Although MOBSE claimed that there was ownership/collaboration regarding the development of the curriculum, this is not noted by key informants, which highlights again the lack of ownership of the curriculum by key stakeholders. “...*they should make sure that the community has a buy-in. You make people build interest in talking about sexual reproductive health*” (int 5, NGO/CSO). This may make it difficult for people to accept the new curriculum, which could cause it to meet the same fate as POP/FLE.

This analysis highlighted that the creation of the CHE curriculum in The Gambia was not a consultative process, and this had significant implications for how the policy document was developed and how it could be implemented. These implications include the idea that key informants did not feel ownership over the curriculum and that teachers did not feel prepared to teach it. This finding is consistent with other SRH researchers who argue that limited consultation during policy development increases the risk of implemented policies failing and not being accepted by the community in general (Koontz & Newig, 2014). The direct introduction of policies from high-income countries (HICs) to low- and middle-income countries (LMICs) is another form of top-down policy implementation (Imperial, 2021). This means that policies are often replicated without collaboration with local actors, which can compromise the success and longevity of programs. In the case of The Gambia, community members were expected to embrace the CHE curriculum without having a say in its development or implementation. The lack of consultation undermines the sense of ownership among stakeholders and raises concerns about the curriculum's relevance and applicability to local contexts.

Collaborative effort in policy implementation requires stakeholders from different backgrounds to identify community problems, generate solutions, and develop plans for implementing those solutions (Koontz & Newig, 2014). Without this collaboration, the CHE curriculum may be

perceived as an externally imposed initiative, fostering resistance among teachers and students. When educational materials are perceived as disconnected from local realities, they may be viewed with scepticism, and educators may lack the motivation to engage with the curriculum fully.

This disconnection can ultimately jeopardize the program's objectives. If teachers feel ill-prepared and community members do not feel invested in the curriculum, the likelihood of successful implementation diminishes significantly. Research shows that programs lacking local buy-in often fail to achieve their intended outcomes, as stakeholders who do not perceive themselves as part of the decision-making process are less likely to support the initiative (Freire, 1970; Sullivan, 2013). Therefore, the absence of a consultative approach in the development of the CHE curriculum not only shapes its immediate acceptance but also poses a substantial risk of failure, further perpetuating the cycle of ineffective educational policies in The Gambia.

Chapter Reflections

This chapter has examined the historical evolution and current state of SRH education in The Gambia, with a focus on the transition from the POP/FLE program to the development of CSE. Through these transitions, the data reveal complex sociopolitical factors influencing SRH education, including cultural resistance from religious leaders and community members, funding dependencies, and competing ideological interests. Each theme underscores the need for an SRH curriculum that resonates with Gambian society while addressing local and global health priorities. All these themes are underpinned by the wider historical context of the continuing legacy of coloniality (Ndlovu-Gatsheni, 2013; Nyamnjoh, 2012).

The Rise and Fall of POP/FLE

The POP/FLE program was an early structured approach to SRH education in The Gambia, but it ultimately faced discontinuation due to cultural and political resistance. While POP/FLE aimed to educate young people on family planning and reproductive health, some stakeholders viewed it as conflicting with Gambian cultural values, aligning with findings by Bhana (2016), who

argues that foreign health education frameworks often encounter pushback in African contexts when they appear incompatible with local traditions. Similarly, Oinas and Amaral (2020) suggest that CSE programs often struggle when they fail to navigate the moral and cultural geographies of the communities they are implemented in. The program's reliance on international funding further complicated its sustainability; it struggled to continue when external support declined. This reliance on outside funding highlights a central issue for SRH education in The Gambia: donor dependence can lead to fragile programs that may not align with local priorities. Chimbetu (2018) supports this, noting that programs designed without local investment or alignment with indigenous values are often vulnerable to failure when donor interests shift.

The program's removal reflected systemic governance challenges, as the government failed to invest sufficiently in non-core subjects like SRH education. A growing emphasis on academic subjects, such as math, science, and English, has deprioritized holistic approaches to student development (Unterhalter, 2007). This shift neglected the emotional and social dimensions of SRH, creating a gap that remains largely unaddressed. This finding resonates with Miedema et al. (2020), who argue that comprehensive SRH requires systemic support beyond curriculum design, including political will and institutional prioritization. Ultimately, the rise and fall of POP/FLE illustrate how donor dependency and cultural misalignment can undermine the sustainability of SRH programs.

The Development of CSE

Following the discontinuation of POP/FLE, CSE was introduced as the new approach to SRH education, aiming to provide a more holistic view of sexuality. This included critical components such as gender equality, healthy relationships, and individual agency. However, the development and implementation of CSE have faced significant resistance, primarily due to its perceived foreign origins. CSE materials, often developed by international organizations, were critiqued by educators in this study for being disconnected from the sociocultural realities of Gambian communities. This finding builds on Ntarangwi's (2019) argument that African educators frequently feel alienated from curriculum frameworks prioritizing Western ideologies. Similar critiques are found in Le Mat (2017), who highlights the disconnect between international CSE

materials and students' lived experiences in East and West Africa. However, the data here reveals how this alienation manifests in practical implementation challenges, such as teacher reluctance, curriculum rejection, and resistance from local communities.

The findings in this chapter emerge as a call to critically interrogate not only the content of CSE but also its development process. Gambian educators expressed concerns that CSE frameworks inadequately reflect local cultural, religious, and social norms, leading to hesitancy in delivering lessons perceived as incongruent with community values. This finding adds a new dimension to the discourse, illustrating how the lack of meaningful collaboration with local stakeholders can perpetuate cycles of mistrust and hinder program success (Iyer & Aggleton, 2015).

While decolonial anthropologists like Ntarangwi (2019) underscore the problem of external imposition in curriculum design, this chapter demonstrates the critical importance of co-creating educational materials that resonate with local contexts. Gambian educators emphasized that involving teachers, community leaders, and parents in the curriculum development could foster greater acceptance and alignment with local needs. This echoes arguments by Mkwanzani (2021), who asserts that participatory approaches in CSE development improve cultural relevance and sustainability. This points to a new opportunity for reimagining CSE in The Gambia, not as a static import but as a flexible framework tailored to the sociocultural realities of its learners.

The Drivers/Interests Shaping CSE Education

The advancement of CSE in The Gambia is deeply influenced by various stakeholders, each with different agendas. International organizations and funding bodies often steer CSE policies to address global health objectives, such as reducing adolescent pregnancies and increasing sexual health literacy (UNESCO, 2018). However, these top-down approaches can alienate local stakeholders, who may feel their cultural values are underrepresented. These dynamics are consistent with findings by Cornwall and Eade (2017), who argue that externally driven health agendas in African contexts can lead to cultural dissonance and limited buy-in. However, I demonstrate that such resistance is not merely reactionary but actively shapes the implementation

and reception of CSE, transforming SRH education into a contested cultural and political space. This is echoed by Tamale (2011), who argues that resistance in African sexual politics is often a mechanism of cultural preservation and reassertion of local agency.

The perception of CSE as an external import has turned SRH education into a site of cultural tension, where resistance safeguards local identity from perceived Western influences. The literature suggests that addressing this resistance requires a collaborative approach to curriculum development, allowing Gambian stakeholders to play a meaningful role in shaping SRH education to ensure cultural alignment and educational effectiveness (Smith, 2020; Le Mat et al., 2019).

The data reveal that resistance to CSE often stems from its failure to account for the sociocultural complexities of Gambian communities. Teachers, parents, and local leaders expressed concerns that the curriculum prioritizes Western values over indigenous norms, particularly around topics like gender equality and individual agency. These findings build on, but also complicate, the literature. While Smith (2020) emphasizes the need for collaborative curriculum development to foster cultural alignment, this study highlights that collaboration must extend beyond mere inclusion. It requires a rethinking of how local voices are integrated into decision-making processes, not as passive participants but as co-creators with the power to shape the narrative and content of CSE. Scholars like Nyamnjoh (2012) and Mohanty (2003) similarly caution against tokenistic inclusion of local actors in development work, arguing instead for deep epistemic engagement with local knowledges.

This suggests that resistance is not inherently negative, but rather reflects the community's desire to maintain control over what is taught in schools. Resistance can be viewed as an opportunity to design CSE programs that reflect the lived realities of Gambian communities. By addressing these dynamics, the study underscores the need for a model of SRH education that harmonizes global health goals with local cultural priorities, offering a more sustainable and culturally responsive framework for implementation.

Summary

The findings in this chapter form a map detailing the history of SRH education and what it means in The Gambia. Participants felt fondly towards POP/FLE and viewed it as essential to adolescent growth. Although it was removed from school systems almost 20 years ago, there was a sense of admiration for the former curriculum. Several issues derailed the sustainability of POP/FLE, including lack of resources such as funding, backlash from certain parts of the community (particularly religious leaders) on SRH and SRH education, and donor influences. The new curriculum may also face the same problems; this is evidenced most starkly by how the name was changed to remove any mention of sex and sexuality. There is a need for SRH education for young people, and the Ministry of Education is attempting to address this need through CSE/CHE in schools. However, there seems to already be a divide between what the ministry/government views as ideal and what educators and NGO/CSO key informants view as important.

All participants highlighted the benefits of SRH education for young people. However, the development of the curriculum was funded by UNFPA, not the Gambian government, and that could have implications, such as determining who has the final say on SRH and CHE decision-making.

The next chapter will discuss socio-cultural norms that underpin the curriculum. Due to the influential nature of international funding, the need for young people's SRH may have been pushed globally, with a pressure for everyone to implement CSE to be part of a global community. If the curriculum is not set to meet donor standards, it is possible that funders may not fund programs, and it is also possible for donors to lose interest. This opens the possibility of asking other questions, mainly: who can dictate policy on young people's SRH?

Although there is a need for SRH, it is important to note that the current global discourse around this topic, and The Gambia's patriarchal systems, which influence the country's views on gender, could influence the creation and design of the curriculum. This will be discussed further in the following chapter.

Chapter 6: Normative sexuality: understanding the content of the CHE curriculum in The Gambia

Introduction

This chapter critically examines the socio-cultural factors that have shaped the development of the new CHE curriculum in The Gambia, focusing on how these factors impact the curriculum's content and delivery. I address the research objectives: *To analyse and identify the values and perceptions of relevant actors in relation to the SRH curriculum* and: *To identify the factors that facilitate and challenge the provision of the SRH curriculum*. In doing so, I aim to explore the broader socio-cultural contexts that shape the design and implementation of the curriculum and assess their implications for young people's SRH education.

Through a critical analysis of the data collected, I argue that these socio-cultural forces have contributed to the biologisation of SRH and the entrenchment of heteronormative and patriarchal values within the new CHE curriculum. This has resulted in an educational framework that not only fails to address the diversity of sexualities and experiences but also upholds and perpetuates the dominance of patriarchal structures in SRH education. I argue that the consequences of these socio-cultural drivers are far-reaching, affecting not only the content and scope of the curriculum but also how SRH is taught and understood in The Gambia.

The chapter is divided into three sections, each addressing a key aspect of this analysis. The first section critiques the dominant emphasis on biology and anatomy in SRH education, particularly within the CHE curriculum, and explores the limitations of this approach. The second section

maps out how harmful social norms have been replicated in the curriculum, and how this makes it difficult for the curriculum to truly be comprehensive and meet the needs of young people. The final section delves into the influence of patriarchal norms in the development and implementation of SRH education, analysing how these norms continue to shape young people's understanding of their bodies, relationships, and sexual rights.

SRH Education in The Gambia: The Biologisation of SRH

The Implications of Biology as the Basis of SRH Education

After the removal of POP/FLE, young Gambians were left with no formal SRH education or structured content within schools, creating a common consensus by key informants that young people do not know enough SRH. *“I think for a lot of young people I meet even in the urban area are not exposed to a lot of sexual education in the school”* (int 31, NGO/CSO). Currently, science teachers only teach SRH education in general science and biology classes.³³ These educators often have limited or no comprehensive knowledge of SRH education, meaning that they only teach the biological components of SRH education. An example of what is generally taught to young people in The Gambia is highlighted in the excerpt below.

“In Biology we have what we call the human body and when we are teaching the human body, it involves different things that has to do with the human body being it good or bad. In this, we look at the male and the female reproductive systems, we look at those issues that affect their day-to-day or normal functioning which includes the reproductive health. It is a topic that is inclusive in the syllabus for the junior school across the country” (int 15, ed).

³³ General science is taught in junior secondary school, and biology is taught in senior secondary school. Depending on what concentration the student is in (i.e science, commerce, arts), sometimes biology is not a compulsory subject. It is usually compulsory for students in the science concentration, who continue to get general science at senior secondary level. So who has access to what kind of information could also be linked to what class they are in.

While important, this biological focus limits students' understanding of SRH to basic reproductive functions, excluding broader aspects such as sexual decision-making, consent, relationships, and social norms. Furthermore, the structure of the biology curriculum, where SRH topics are taught in a piecemeal manner across different grades, further reduces the opportunity for students to gain a comprehensive understanding of their sexuality. Presently, young people start to learn about the biological aspects of SRH in primary school, which continues through secondary school. SRH education in science classes is meant to start from the primary level in The Gambia, which is grade 1, but that is not often the case because there is still a notion that children may be too young to learn about SRH. The bulk of the teaching on SRH issues usually starts from grade 7 when children are 13 years old,

“Then in grade seven we teach them the different parts and functions of the reproductive system, then grade eight, that’s when we teach them the sexual transmitted disease another sickness that is associated to the reproductive system. Then in grade nine that is when we teach them the transmitted disease, then infections like the cervical cancer. We teach them how to prevent these diseases and how one can contract them. The syllabus is broken down for each level, grade seven is the introductory part and grade eight the learn one part of it, then grade nine is where they complete the whole topic and they are prepared for their examination” (int 15, ed).

The key informant above outlines the content covered by the syllabus, which includes functions and parts of the reproductive organs, infections/diseases associated with sex, and how to prevent those infections. Although these are important topics for young people to understand, the quote is evidence of the heavy emphasis of reproductive education being purely biological. This gives limited space for comprehensive discussions around SRH, and how socio-cultural norms impact and influence young people’s SRH.

As there is no structured curriculum on SRH, the content is taught differently depending on the school, which means that young people can miss out on certain information depending on their school’s curriculum. Another educator highlighted how SRH is taught at their institution. *“In grade eight we will teach about the structure and function of the organ, then in grade nine we go*

and talk deep into the system, how it works” (int 21, ed). Another key informant also said “...the grade nine students, you teach them the human systems in which one of the systems that you have is the reproductive system...” (int 33, ed).

There was limited to no mention of contraceptives by educators regarding what young people were taught, which made me curious to find out whether they were taught about contraceptives at all and in what capacity.

Interviewer: So, do you teach about contraceptives and family planning in school?

Participant 33: No family planning is not there.

Interviewer: Is that a personal choice to not teach contraceptives or does the school tell you to not teach the contraceptive?

Participant 33: it's not part of the curriculum; we follow what we have in the curriculum. (Int 33, ed).

Young people who are taught at this key informant's school will most likely not learn about contraceptives from their school, due to the limited biology/science curriculum. This omission leaves young people with minimal access to essential information about contraception, limiting their ability to make informed choices about their SRH. This means that young people often have to find SRH information sources outside their formal educational institutions.

Teaching SRH in schools has highlighted efforts made by the government and educators to increase SRH knowledge for young people, but what is taught currently is considered insufficient. What is taught is considered not enough both content-wise: “*within the school curriculum, they are teaching it, but not up to that extent, they are just touching the surface*” (int 1, gov), and because of the time that is allotted to teaching these topics: “*so it's a very limited thing then. Because outside of, let's say, the two weeks that they're being taught that out of the year, that's really all the sex education that they have,*” (int 14, ed).

The insufficient teaching of SRH also means that, due to the perceived limited availability of holistic SRH information, young people may potentially miss out on learning about sex, sexuality, and reproduction more holistically. A science teacher explains this further:

“Looking at the syllabus and how it is designed, to me it’s not enough. Merely telling these students about the anatomy and physiology, ‘like this is the structure, this is the function’ and let’s say okay male part and different part that’s also in the structure and the function and telling them about some of the contraceptives alone to me is not enough” (int 21, ed).

When I analysed the new curriculum, I noticed the continual focus on biology. The first theme covered within the CSE manual (Draft CSE Manual UBS and SSS, 2017) and the accompanying teacher’s manual (Comprehensive Health Education Pre-Service Student Manual, 2019) is ‘The Body, Puberty, and Reproduction’. This immediately highlights the emphasis on biology as the key focus of SRH, even within what should be a comprehensive curriculum. While understanding the biological functions of reproduction is undeniably important, such a focus restricts students' ability to grasp the complexities of sexual behaviour, identity, consent, and responsibility. Biology and anatomy-based CSE and SRH education are what I will refer to as the Biologisation of SRH.

The biologisation of SRH education in The Gambia, as exemplified in unit 1.1 of the Draft CSE Manual (UBS and SSS, 2017, pp. 4-7), significantly narrows the discourse around sexuality by prioritizing biological factors while neglecting the broader social and emotional dimensions. I will show that the manual's focus on reproductive organs, fertility, and childbearing illustrates a pervasive tendency to reduce sexuality to mere anatomy and physiology. While understanding the biological functions is essential, this singular emphasis omits critical discussions about decision-making related to sexual activity and parenthood, which are integral to CSE.

The learning outcomes for unit 1.1 of the manual are as follows:

Learning Outcomes: By the end of Upper Basic School learners should be aware of the functions of the reproductive organs, personal hygiene and behaviours that promote a healthy body. (Draft CSE Manual UBS and SSS, 2017, p4). This goal highlights a fundamental limitation in the curriculum—there is little consideration for the socio-cultural implications of sexuality, including issues of consent, agency, and emotional wellbeing. Such omissions reinforce

prevailing social norms that often frame discussions of sexuality in a clinical context, detaching them from the lived experiences of individuals (Kocsis, 2017).

The introduction to the chapter provides a detailed description of the reproductive organs without contextualizing their significance within the framework of relationships, consent, and personal choice:

Introduction

The reproductive organs consist of the internal and external parts of the body that are responsible for sexual activity. The female reproductive organ is responsible for pregnancy and childbearing. The external parts of the female reproductive organ are the breast, labia majora and minor, clitoris, vagina opening. The internal organ consist of vagina, uterus, ovaries and the fallopian tubes.

The male external organ consists of the penis, scrotum and the testes while the internal organ consist of epididymis, vas deferens, seminal vesicles, prostate and cowpers gland. (Draft CSE Manual UBS and SSS, 2017, p. 4).

By presenting the reproductive system in isolation, the curriculum reinforces a narrow, biologized view of sexuality that aligns with traditional cultural narratives, prioritizing reproduction over the social and emotional dimensions of sexual relationships. Rather than offering holistic or contextualised understandings, the curriculum presents the reproductive system as a classificatory list, naming organs without explaining or connecting to lived experience. This act of listing is itself a form of decontextualisation; it deems the body as clinical and renders sexuality as purely anatomical, stripping away the emotional, social, and cultural meanings attached to it. This limited scope aligns with Foucault's (1978) concept of biopower, which suggests that institutional focus on the body as a biological entity can obscure broader sociocultural and emotional aspects of human experiences. As a result, the curriculum misses the opportunity to offer a more holistic framework that addresses the complexities of sexual health and relationships in the Gambian context.

In the curriculum, this is reflected in the way reproductive health is reduced to anatomical lists—naming organs without context or narrative, such as “testes,” “fallopian tubes,” or “uterus,” with headings like “Functions of the Male Reproductive Organs.” This listing is not neutral; it strips sexuality of its emotional and social dimensions, framing the body as something to be observed and controlled. The clinical tone and absence of relational content suggest that the curriculum’s function is less about fostering understanding and more about disciplining young people’s sexuality through omission and abstraction.

While it is challenging to definitively determine the impact of this approach without direct input from students, existing literature suggests potential implications. For example, Allen (2008) argues that biologized approaches to sexuality education often stifle critical discussions and fail to engage young people in meaningful dialogue about their sexual health. This could result in students internalizing the idea that biological knowledge alone suffices for managing their sexual health, neglecting essential skills like negotiation, communication, and emotional literacy. Such a framework risks perpetuating inequalities by marginalizing the voices of students whose lived experiences and cultural values may not align with the curriculum’s focus on reproduction.

In summary, the Draft CSE Manual’s emphasis on biological education not only reflects entrenched cultural norms that prioritize reproduction but also undermines the potential for a more holistic understanding of sexuality that encompasses social, emotional, and relational dimensions.

Comprehensive Health/Sexuality Education as the Perceived Solution for SRH

Key informants have highlighted a need for improving SRH education through the introduction of the new CSE curriculum, “*even high school, up to tertiary level, Comprehensive Sexuality Education is something that is needed. Because it is very wide, it has a whole range of issues*” (int 2, NGO/CSO). According to this key informant, CSE aims to encompass a holistic range of topics, enabling young people to learn about SRH from a broader perspective than just biology. The Gambia hopes to achieve this by developing and implementing a CSE curriculum.

Whilst the CSE curriculum may be viewed as a solution to young people's SRH issues in The Gambia, it is important to note the influence that socio-cultural norms may have on the content and implementation of the curriculum.

The Promotion of Social Norms in SRH Through Parenting and Religion

As discussed above, the Biologisation of SRH does not leave much room for conversations on CSE and SRH outside of biological understandings of the body. The current state of SRH education, as well as the new curriculum, reflects particular social norms in The Gambia, namely familial and religious values, and heteronormativity³⁴. The curriculum (Draft CSE Manual UBS and SSS, 2017) and teacher's manual (Comprehensive Health Education Pre-Service Student Manual, 2019) extensively consider the importance of socio-cultural norms and values about CSE. This is explicitly covered in an entire unit (unit 3) dedicated to society and culture, which I analyse below.

The Patriarchal Influences on Social Norms

As stated above, unit 3 strongly states the importance of community and cultural norms and values. This unit's (Comprehensive Health Education Pre-Service Student Manual, 2019 p.40) learning points are:

- *Society's survival rests on our adherence to norms and values*
 - *Disregard to societal norms and values can lead to some form of sanctions.*
 - *Foreign cultures should not make us neglect our important norms and values of our society.*
 - *No amount of riches shall place you above the societal norms and values.*
 - *People must respect their societal dress codes.*
 - *Dress codes are different from school uniforms.*
 - *Children should obey their school's dress codes/school uniforms.*

³⁴ This means that sex should only be happening between a man and a woman

- *One should always learn from his or her own mistakes.*
- *Those who learn and nurture moral lessons many a times succeed in life.*
- *The best way to teach a moral lesson is through storytelling, (riddles, proverbs, fables etc.)*
- *Self-respect and respect for others is very important for an individual to possess.*
- *Self-respect and respect for others come through positive thoughts about oneself and not through pessimism and negativity.*
- *We should do everything possible not to lose self-respect and respect for others.*

These learning points emphasize the importance of adhering to societal norms and the possible consequences that may arise from disregarding them. In this sense, although they are called ‘learning points’, they dictate what norms young people should follow. Gambian culture is collectivist in nature, meaning that more value is placed on the community than on the individual, as mirrored in these social norms. Unit 3 does not explicitly state the norms and values. Still, as an insider to the community, I can explicitly state that some social norms in this context include not having sex until after marriage, dressing modestly (especially for girls and women), and obeying elders and religious figures. Deviating from those norms is thought to bring shame to the family.

These norms, especially as they pertain to girls and women, can reinforce harmful ideas about sexual abuse, which are contradictory to CSE, as CSE teaches against sexual violence. All the learning points in this chapter emphasise how young people should behave, prioritizing societal norms and values over individual behavioural wants and needs. The curriculum's learning outcomes may inadvertently reinforce harmful stereotypes and expectations surrounding sexuality, especially for girls and women.

For instance, the curriculum's portrayal of self-esteem as contingent upon adhering to societal expectations, such as maintaining virginity, places undue pressure on young girls and perpetuates the notion that their value is tied to their sexual behaviour. These points are further stressed on page 46 of the Comprehensive Health Education Pre-Service Student Manual (2019) which discusses what self-esteem is:

“We get self-esteem when we succeed at our workplace, pass our exams, or have happy marriage and successful children. Things we are less proud of, and that do not make us feel good about ourselves cannot give us self-esteem. Our culture gives us self-esteem because there are things which our culture endorses and so when we fulfil them, we can draw self-esteem from that e.g., when a girl maintains her virginity.”

The teacher’s manual equates young people who do not have sex before marriage as having higher self-esteem than young people who engage in sex before marriage. This means that even though CSE teaches young people how to make decisions on their sexuality for themselves, this is not the case in this context. According to the above excerpt, young people must adhere to social norms and values surrounding sex. This suggests that the curriculum may be a tool for controlling young people, as deviations from the norms outlined in the learning points are viewed as detrimental to society.

The discussion on self-esteem above also has the function of reinforcing gender roles and placing the burden of virginity on women and girls, meaning that it is the role of girls and women to uphold expectations around the societal rules and regulations placed on sex. By stating that cultural endorsements, such as virginity, are sources of self-esteem, the curriculum not only marginalizes individuals who deviate from these expectations but also reinforces patriarchal control over female sexuality. This viewpoint resonates with the critiques from feminist scholars, such as Fine (1988) and Llorens (2021), who argue that educational systems often perpetuate gender biases by framing female sexuality according to male expectations, further entrenching gender inequalities. Although the curriculum is intended to be comprehensive, the emphasis on cultural adherence highlights an inherent bias towards people who deviate from the established norm, which may alienate young people and hinder the effectiveness of SRH education. Here again, girls and women remaining sexually inactive until marriage is at the forefront of what is viewed as obeying social norms and having self-esteem.

The curriculum’s portrayal of self-esteem and cultural adherence also impacts how SRH education is framed and delivered. While CSE seeks to empower young people to make informed decisions about their sexual health, this intent is undermined when societal norms

dictate the terms of what constitutes self-respect and moral behaviour. For example, the emphasis on moral lessons in Unit 3 may legitimize these norms as unquestionable truths rather than inviting critical engagement with them. This creates a tension between the goals of CSE and the cultural framing of the curriculum. It also underscores how SRH education in The Gambia operates as a tool of social control, where deviations from prescribed norms are portrayed as threats to societal harmony.

To develop this further, critical discourse analysis (Fairclough, 2003) offers a useful lens for interrogating how language in the curriculum functions to normalize these societal expectations. For example, phrases like “society’s survival rests on our adherence to norms and values” and “we get self-esteem...when a girl maintains her virginity” illustrate how the curriculum implicitly assigns moral superiority to conformity while stigmatizing deviance. This framing alienates young people who do not align with these norms and undermines the inclusive goals of SRH education by prioritizing cultural preservation over the diverse needs of students.

Right after the mention of virginity, the manual then goes on to state:

“People without self-esteem normally engage into activities that earn them shame, or demoralization. They can also behave in any way they wish not bearing in mind the consequences. Normally people in the society are either disappointed by their spouse or siblings that do not show any self-esteem because they may bring disgrace into their families” (Comprehensive Health Education Pre-Service Student Manual, 2019 page 46).

This passage reflects a deeply moralistic and punitive framing of sexuality, where self-worth is equated with sexual restraint and conformity to societal expectations. By linking lack of self-esteem to shameful behaviour, particularly in the context of virginity, the manual reinforces stigmas around sexual activity, especially for women. It individualises responsibility for sexual behaviour while ignoring broader structural, relational, and cultural factors, thereby perpetuating a discourse of control and shame rather than promoting informed and empowered decision-making.

This moralising discourse around virginity and self-esteem also reflects and reinforces a heteronormative framework. The assumption that sexual ‘disgrace’ arises from behaviours outside traditional heterosexual norms positions women’s sexuality as something to be controlled and regulated in service of family and societal honour. This sets the stage for the curriculum’s deeper entrenchment in heteronormative values, where sexuality is only legitimised within rigid gender binaries and heterosexual relationships, as explored in the following section.

Heteronormativity is the belief that heterosexuality is the norm, and all individuals are expected to conform to traditional gender roles and relationships. It enforces binary gender categories and limits desires and behaviors that are viewed as outside the norm (Dollar, 2016).

Heteronormativity assumes that sexual and romantic relationships should only be between people of the opposite sex. When virginity is mentioned in the curriculum, it is predominantly in the context of a girl or woman having penetrative sex with a boy or man, which is a form of heteronormativity. In this context, the act of penile penetration is framed as what determines whether a girl or a woman is a virgin, not other sexual activity with the same or opposite gender or sex. This focus on virginity is not merely a reflection of personal choices but a social expectation that positions women’s worth about their sexual behaviour which is a form of controlling women. Here, the curriculum acts as a control mechanism, dictating how young people should navigate their identities within a framework of traditional norms (Holland & Ramazanoglu, 2002). Given the content in the curriculum and the prominence of the adherence to social values, the curriculum may not shift major structural factors that hinder the acceptance and delivery of SRH and SRH education, such as culture, religion, and people’s intrinsic belief systems in general.

Another example of heteronormativity and how gender norms manifest within the community can be found in the curriculum. As a Gambian woman, I have observed that women generally have traditional roles and responsibilities that often confine them to the home. They are meant to cook, clean, and care for their homes and families. Everything girls and women do is supposed to prepare them for marriage, and they are meant to be quiet and docile. The excerpt below details the relationship of a young man in love with two young women.

Problems of Relationships:

Sunkaru is a very popular young man who has many admirers both among his male peers and young girls in his village. He is in love with Teneng and Arjuma, who do not see eye to eye because they are jealous of each other. Sunkaru keeps telling each one of them that she is the girl he loves. All of this is trying to please both Teneng and Arjuma, to make them believe and love him more. Teneng who is very jealous does not allow Sunkaru talking to or walking with any other girl. She feels that he cheats on her and so begins shouting and quarrelling with the girls anytime she finds Sunkaru with other girls. Despite his popularity he also faces some hostility from some young men who are jealous of his fame. They are always bent on finding trouble for Sunkaru.

(Role play this scenario and answer the following questions)

- *Who is Sunkaru?*
- *Why is he fond of telling lies to his girlfriends, especially Teneng?*
- *Why are the other young men hostile to Sunkaru?*
- *Why is Teneng always quarrelling with the other girls in the village?*

(Draft CSE Manual UBS and SSS, 2017).

The problem identified by the curriculum developers isn't that the young man (Sunkaru) is unfaithful, but that other young men are jealous of him and his fame. Although the excerpt acknowledges that Sunkaru tells lies, there are no consequences for his actions, as young women continue to vie for his attention. This scenario also portrays Sunkaru's girlfriends as insecure individuals who engage in physical altercations and conflicts with other women, rather than fostering healthier romantic relationships and platonic female companionship. Sunkaru's lies are not explicitly mentioned as something negative in a romantic setting, but rather something that gets him in trouble with other men. The questions that young people are tasked to answer after reading this excerpt reinforce gender norms that underpin the curriculum. The questions focus on why Sunkaru's romantic relationships impact his relationships with other men, not how they could negatively affect his girlfriends, Teneng and Arjuma. This prioritises male desire and acceptance, instead of taking the opportunity to detail how and why this relationship is harmful to all parties involved. This description also reinforces the ways that girls and women do not have their own identity within the curriculum beyond their relationships with men, which

highlights a systematic flaw in the way girls' and women's roles in society are perceived. This aligns with the findings of scholars like Mlambo (2016), who emphasize that narratives in education often privilege male experiences while marginalizing female voices. In essence, the curriculum reflects existing societal values and perpetuates a cycle where young people are conditioned to accept and internalize these norms. This lack of engagement with more progressive, equitable understandings of sexuality education undermines the potential for transformative learning experiences that could challenge entrenched gender roles and promote healthier interpersonal dynamics.

This analysis shows that the curriculum's emphasis on societal norms and values is not merely a reflection of cultural priorities but a mechanism that shapes the potential experiences and outcomes of SRH education. This closer analysis highlights the curriculum's role in perpetuating systemic inequalities and raises questions about how SRH education in The Gambia can move toward a more inclusive and empowering framework.

Religion and SRH Education: What do Christianity and Islam Say?

The two main religions practiced are Islam and Christianity. In both Islam and Christianity, religious leaders play an influential role in shaping perceptions of SRH. They can sometimes promote a particular interpretation of religious teachings that impacts SRH education. This, in turn, leads to ambiguity for young people and elders alike about the permissibility of sex education both in the curriculum and in the community.

“Sometimes also, when you are teaching it, you hear students murmuring saying “hey this is not good, we should not be learning about this.” I had a student tell me talking about sex or topics that has to do with the private part should not be added to the school curriculum because it's haram [impermissible]” (int 15, ed).

This highlights the tension between secular educational frameworks and the influence of religious moral frameworks that categorize such topics as inappropriate. In The Gambia, religious leaders wield significant influence over the delivery and framing of SRH education. As authoritative figures within a patriarchal society, they often shape perceptions of sexual health in

ways that reflect societal norms and values. For instance, male religious leaders commonly frame SRH education as a moral issue, conflating comprehensive approaches with sexual permissiveness. This framing has a profound impact on the accessibility and acceptability of CSE, often stigmatizing open discussions around sexual health and reinforcing abstinence-focused messaging. These dynamics limit the scope of SRH education, particularly for young women, whose voices are further marginalized in decision-making processes about their sexual health.

For this research project, two key informants were interviewed: a Catholic Priest and an Imam. Interviews with these religious leaders provided a deeper understanding of what religious doctrine has to say about SRH education.

Both the Priest and the Imam acknowledge the reality that young people are increasingly exposed to SRH information, irrespective of religious involvement, and therefore see the importance of providing this information within a religious framework.

“Like I said these things are new, because even in the church before they were like untouchables, in the church before you don’t talk about these things. The church felt before that the more you talk about these things people want to experiment but now, we have realized that whether we talk we don’t talk there is experiment so it’s better to tell them so that they know what they are going to face” (int 25, RL).

Now that SRH information can be publicly accessed, religious leaders are engaging with it to maintain their authority over the available information. This indicated that while there has been a shift in attitude within the church, where previously SRH discussions were taboo, there is now a recognition of the need for dialogue around SRH within religious spaces to ensure that this is framed within acceptable religious parameters.

The Priest stated that the Church had now opened itself to SRH discussions and is no longer treating it as a taboo topic,

“In the church we don’t have those taboos anymore, before yes, before you couldn’t speak about those things, even now some of the old priests we don’t have them anymore

here, they've all died or they've gone back home, they wouldn't want you to talk about issues like that but not anymore. People have become much more aware and much open minded now" (int 25, RL).

The Church indicated their acceptance of SRH education by hosting trainings on SRH for its leaders, like priests, who will have to counsel young people, *"Yea, for example now in our training, I mean for priests in our training, yes we have courses specifically for that"* (int 25, RL). This was viewed as beneficial for increasing conversations around SRH and encouraging young people to accept SRH education.

According to the Imam, SRH education for young people is a tradition that dates back to the prophetic times. In this example, the Prophet struggled to explain to a woman how to perform 'ghusl' which is a mandatory purification ritual/bath, performed after menstruation and after ejaculation from sexual activity to perform prayer. This led to one of his wives, Aisha, explaining to the person how this was performed.

"There was this famous example when a lady came to the holy prophet asking about how she could clean herself after her menstrual period and when she asked the Prophet, Aisha (wife of the Prophet) was sitting beside him. So, she asked the prophet that she has had her menstrual period the previous night and she would want to know how to clean herself so that she would purify herself for prayer. The prophet started to explain, but when he completed his explanation, the lady couldn't understand, and he repeated the same thing again and the lady couldn't understand. Aisha told the prophet to stop, and she got up and took the lady to her room and showed her how to clean up. Because on one hand, that was what I told you about the tightrope between trying to educate, the Muslim ummah, both males and females in a manner that is comprehensive but at the same time, bearing in mind that it could be overdone because sense of shame is very important in the Islamic morality. We saw in that example, in which this lady was asking about this thing, and he couldn't tell her and teach her what you were supposed to teach her unless talking about certain body parts and the only person who was qualified to do that was the Prophet. But he could not name that body parts for her and it was interfering with the comprehensiveness he was trying to do until Aisha interfered" (int 36, RL).

This passage is important as it encourages girls and women to have a say in SRH, even though most religious leaders who are making SRH decisions in The Gambia are not girls and/or women. In this quote, Aisha, the wife of the Prophet, can give a more easily understood explanation of an SRH issue (through showing the person what to do) than the Prophet can, even though he is seen as the authority figure over her. Aisha was able to use the language that the Prophet had shied away from, which ultimately enabled her to help the person in need. This passage emphasizes the importance of clarity in language use. Language is not just important in religion, but also extends to SRH education, given that some of the stigma around SRH education has to do with naming sexual and reproductive parts of the body. This also highlights the issues that may stem from having religious figures being mostly male, because male authoritative figures should not be presumed to have more knowledge about the bodies of girls and women. It could be that having more women explaining and teaching SRH for girls and women may increase the amount of information girls and women have access to. This is important because girls and women may be able to relate better to other girls and women teaching them due to their shared experiences of being women.

As SRH education becomes more common, religious institutions are moving to accept the usefulness of discussing SRH. From an Islamic perspective, participants told me that there was nothing wrong with teaching SRH education per se; it depends on how it is taught.

“Interviewer: What do you think about young people learning about sexual and reproductive health?”

Participant 36: No, I have no problem with that as far as Islam is concerned, it’s trying to negotiate between the fact that Islam is explicit in the way we should conduct our daily life beginning with how to bring up your kids” (int 36, RL).

According to the Imam, although young people should be taught about SRH, there is still tension between how to teach SRH comprehensively, while keeping religious values in mind. This key informant emphasises religious (and cultural) values in how young people should be raised, which may lead to the assumption that discussions like SRH should not be as comprehensive (due to the mainstream idea that these conversations about SRH should not be explicit).

However, when we look at the earlier quote about Aisha, it is important to note the value in the comprehensive teaching of SRH and the use of explicit language as a way for young people to gain a necessary understanding of SRH issues.

Like other key informants, the Imam also emphasised the importance of not promoting promiscuity through SRH education. CSE must “*try to negotiate a tightrope between withholding necessary information and overdoing it to the point that it would encourage promiscuity*” (int 36, RL). I was curious about what ‘overdoing it’ would mean in terms of teaching SRH education, as this kind of language felt quite tense. This led me to ask him to elaborate on what was acceptable and what transgressed Islamic limitations.

“Interviewer: Okay and what would you say is basically being overdone?”

Participant 36: Generally, Islam is very explicit in the manner in which treat both males and females. So, the lessons that we learn from, the prophetic traditions tell us that the prophetic tradition in teaching men and women and a couple how to be with each other romantically. We have some prophetic traditions that are even excessively detailed. We have prophetic practices in which some can be very explicit, where sometimes if you are not careful you will be disturbed by that. There is a verse in the Quran that tells us that, Allah is not ashamed of telling the truth, so Islam teaches frankness but at the same time it teaches discretion also. It will teach you all the details but also in a manner that would not compromise your sense of chastity” (int 36, RL).

According to the Imam, it is important to clearly understand what religion says. The Imam emphasizes that Islam promotes honesty, which extends to SRH education. The ‘frankness’ mentioned by the Imam allows one to stipulate that it is important to give honest answers to young people when they ask questions about SRH. The ‘discretion’ may refer to ensuring this is done within the right context. The concern then becomes the interpretation of ‘*being careful not to introduce issues that might corrupt their behaviour*’ (int 36, RL), because this can be interpreted differently depending on the person doing the interpreting and their outlook on SRH issues, which can be conservative or liberal.

Both Christianity and Islam therefore hold space for SRH education, but as discussed in Chapter 5, there is still a significant spread of religious misinterpretation. One of the main struggles NGOs/CSOs that teach SRH face, is tackling the combination of the misinterpretation of Islam and the role of Islam in SRH education by religious leaders with different agendas (see chapter 5), and patriarchy regarding SRH issues.

“We will also make sure that we invite health or health workers, dealing with religious leaders. We want to make sure that we have men doing the presentations for them. Because that inferiority being linked to girls it still exists. so, these are some of these strategies that we employ to make sure that we have good communication strategies. Like you have a way to penetrate these people. In terms of dress code, in terms of language”
(int 30, NGO/CSO).

The quote above highlights some of the tactics and strategies key informants have used to combat religious misinterpretation. Some ways this key informant identified to do this work include engaging with religious leaders publicly and having them be stakeholders in the advocacy work. There are still patriarchal issues that are deeper than religious misunderstandings that make engagement difficult. As seen in the quote above, girls and women are often not viewed as people who can teach men, especially as it relates to religion. This is contradictory to Islam (see: excerpt about Aisha above) and highlights how gender and patriarchy influence social norms around education in The Gambia. The quote above relates to how religious communities exert power in SRH and how this can be countered.

This same key informant, though, does detail how they work around these religious and patriarchal restrictions to achieve the required results.

“Let’s say when we are having a discussion with religious scholars, we make sure that we get the religious leader onboard. And not only getting another positive, progressive religious leader on board, we make sure that the scholar that is going to be part of the presentation is from a particular region that most of these scholars are from. Let’s say for instance when we are discussing with religious leaders in lower river region, we make sure that all the presenters as a religious scholar comes from LRR. So that way the scholars will say that they are a part of them. And in that way religious leaders can be a

bit flexible. Also, what we do is we exercise patience because sometimes it not about retaliation but it's about not understanding the issues. So, what we do is we organize sort of a session that from this session we can have lessons planned. From these sessions, what we can learn from these sessions and in another session, we will try to avoid those things" (int 30, NGO/CSO).

Ultimately, the interaction between religious teachings and SRH education in The Gambia underscores the complexity of introducing comprehensive SRH education in a religiously influenced context. While both Christianity and Islam hold space for SRH education, their interpretations often differ in how it should be approached. As discussed in Chapter 5, religious misinterpretation, patriarchy, and cultural norms remain significant challenges to SRH education. However, as evidenced by the shifting attitudes within the Church and Islamic institutions, there is potential for religious leaders to play a more positive role in framing SRH education in ways that respect both religious values and the need for young people to have access to accurate, comprehensive information. Introducing religious leaders in seemingly non-religious dialogues encourages community members to participate in conversations that would have otherwise been seen as taboo. This also enables facilitators/NGO workers to better understand best practices for increasing community engagement on SRH topics. By engaging with religious leaders in local regions, community members can take ownership of these discussions and activities, thereby limiting the top-down approach to information sharing and making community members feel like stakeholders rather than outsiders. This is a strategy that the government can employ to increase the CHE curriculum's acceptability within communities. This idea will be developed further in chapter 7.

Religion and Abstinence

As mentioned before, the two main religions that Gambians practice are Islam and Christianity, and both these religions emphasise abstinence over any sexual activity before marriage. The socio-cultural norms that uphold abstinence are also evident in how SRH is presented in the curriculum. Within the family planning section in unit 5 of the curriculum (Draft CSE Manual UBS and SSS, 2017, p.39), abstinence is referred to as “*the most advocated contraceptive method that is suitable for school going children*”. This statement highlights the elevated

positioning of abstinence over other methods of birth control such as contraceptive and condom use. The focus on abstinence is, in large part, driven by the belief that teaching young people about sex outside of marriage will cause them to want to have sex, which is not accepted in traditional Islam and Christianity according to key informants.

“He or she [a teacher] might not be willing to tell the kids the facts about using condoms, for example. He will not look at it from the bigger picture, that if I tell this young man or young girl to protect herself using condoms, I am protecting him or her. He may think that I am maybe encouraging young girls to go into sex” (int 2, NGO/CSO).

This means that young people are not given the space to explore sex and sexuality outside of the perceived undesirable consequences that could accompany it.³⁵ Global CSE manuals advocate for sex positive sex education, but that is difficult in a setting like The Gambia where SRH education is primarily viewed as a tool to either stop young people from having sex or encourage them to have the ‘right’ kind of sex (i.e., married sex in heterosexual relationships). There is a belief that *“if we have this word to be broken down to the young ones, let them know how dangerous it is, it could help alleviate a lot of problems that we are facing today”* (int 23, NGO/CSO). In this quote, sex is referred to as ‘this word’, which is described as dangerous, which highlights how taboo sex (the term and the action) is perceived for young unmarried people.

Another key informant refers to sex as something to be avoided when young people are not ‘mature’, *“Well, I think it’s important that the young people are exposed to the disadvantages of being sexually active when they are not yet mature for the outcome and I think also emphasis should be laid on restraint, abstinence and all that”* (int 19, ed). It is possible that maturity is defined by marital status, as another key informant indicates that sex should not be something that unmarried people engage in. *“Let me just add like more to the existing syllabus, like and this time let them go what? A bit deeper and maybe add always indicate that sex is not for unmarried people, it’s good to emphasise on that”* (int 21, ed).

³⁵ In the social context, these consequences include pregnancy out of wedlock; in the religious context, these consequences include the idea of going to hell.

Due to the influence of religion and religious leaders on SRH policy, very little can be changed when it comes to the focus of abstinence in SRH education. For the new curriculum to be widely accepted by stakeholders, it needed to focus heavily on abstinence and therefore adhere to current social norms and values “yes, it has to be. For it to pass? Yes, it has to be abstinence” (int 3, NGO/CSO). This focus on abstinence is even seen in out-of-school SRH education curricula, where parents and community members advise NGOs/CSOs to teach abstinence only. An employee at an NGO explains that although they are prompted to teach abstinence only SRH, it is still important that SRH education is taught with the consideration that people are already sexually active before marriage. This next quote details the strategy that is used to deal with the pressure from parents and community members to teach SRH with a focus on abstinence:

“One of their [parents] main concerns or one of the things they always advocate is for us to include it to promote abstinence. However, we would always tell them we do promote abstinence because that is the best approach to preventing pregnancy and STIs. To help them manage their expectations we tell them we must and will have to encourage other people who are sexually active to use contraceptives because not everybody is a virgin. Then we will highlight why we do that” (int 32, NGO/CSO).

Although abstinence is for all genders, “We all know that our religion does not allow us to have sex without getting married. Both Christianity and Islam don’t allow that and those are the two main religions we have here” (int 21, ed), patriarchal norms heavily emphasise abstinence for girls and women “so that the girl-child doesn’t go out and have sex” (int 15, ed).

The centrality of abstinence-based messaging in SRH education in The Gambia demonstrates the challenges of balancing religious beliefs with comprehensive approaches to sexual health. Religious leaders’ emphasis on abstinence reflects broader societal values but can overshadow the need for CSE to address critical issues like consent, contraception, and agency. This imbalance risks alienating young people from engaging with key aspects of their sexual health, leaving them ill-equipped to make informed decisions. For example, while abstinence might be advocated as a moral ideal, the lack of alternative information can create gaps in knowledge about managing relationships and navigating sexual encounters safely.

While these observations align with studies highlighting the interplay between religious values and SRH education, such as those by Chanley (2021) and Barbara & Kitozo (2021), the literature also emphasizes the importance of finding a middle ground. Hamilton (2007) argues that successful SRH education must integrate religious values into its framework while maintaining the comprehensive scope necessary to equip young people with the necessary skills and knowledge. However, in The Gambia, the dominance of abstinence messaging reveals a missed opportunity to engage religious leaders as allies in promoting nuanced, culturally sensitive SRH education. Doing so could help bridge the gap between religious traditions and the inclusive goals of CSE, fostering a collaborative approach that better serves the needs of Gambian youth.

Outside of abstinence-only education as the primary form of CSE/CHE, participants also had negative views about young people who are perceived to have had sex, especially girls and young women, *“she lost her virginity which is very regrettable”* (int 23, NGO/CSO). The influence of both religion and patriarchy significantly constrains the ability of girls and women to access sexual and reproductive health (SRH) education, particularly from a sex-positive perspective. In many contexts, including The Gambia, religious teachings often reinforce patriarchal norms that prioritize male authority and control over female bodies and sexuality. This dynamic places girls and women in positions of vulnerability where their sexual health needs and rights are overshadowed by narratives that equate knowledge with promiscuity. Patriarchy, combined with religious doctrines, creates a cultural landscape where female sexuality is heavily regulated. Such narratives perpetuate the idea that discussing sex and sexuality openly could lead to immoral behaviour, thereby discouraging comprehensive education that embraces a more nuanced understanding of sexual health.

Religion is sometimes viewed as being in direct opposition to CSE by religious leaders, as CSE does not teach abstinence, but instead teaches topics such as sexuality and sexual orientation, masturbation, and abortion (Wangamati, 2020). I posit that opposition is due to the conflation of cultural issues as religious issues, which often leads to a misinterpretation of societal norms and practices as inherently tied to religious doctrine. This blurring of lines can result in imposing cultural biases under the guise of religious authority, where customs and traditions are framed as spiritual mandates. Due to cultural norms being influenced by religious norms in The Gambia,

very little room is left for holistic discussions on SRH, meaning that more sensitive sociocultural considerations are ignored, especially when it comes to gender norms. For example, FGM is a cultural tradition, although it is often linked to religion in The Gambia (28 Too Many, 2015). This conflating of traditional practice with religion by community members has made it difficult for the practice of FGM to end, as religion is prioritized over the harms of the practice and, therefore, the overall health and well-being of girls and women. Sociological research also notes that this conflation of religion and culture is a wider issue in how CSE is implemented in SSA countries, for example, where there is a struggle to have conversations around abortion and homosexuality due to religious norms (Wekesah, 2019).

In the case of my research, although there is a section on abortion in the preservice manual, discussions around abortion were not brought up by key informants due to how taboo a topic it was and how against the religion of Islam it is perceived to be. The section on abortion defines the term, details the different forms of abortion, and the causes and effects of abortion.

According to the manual, these are the causes and effects of abortion:

Causes of abortion

- *Poverty- Fear for financial difficulty to raise the child*
- *Fear of parents- Fear to what people or parents might think or say*
- *Burden of pregnancy- Fear to the 9 months of pregnancy and to the pain during the labor*
- *At risk pregnancy- due to health problems*
- *Rape.*
- *Unwanted pregnancy*
- *Social stigma of illegitimacy*

Effects of abortion

It is important to be aware of the following effects:

- *Heavy or persistent bleeding.*
- *Infection or sepsis.*
- *Damage to the cervix.*
- *Scarring of the uterine lining.*

- *Perforation of the uterus*
- *Shame*
- *Sense of loneliness or isolation*
- *Loss of self-confidence*
- *Relationship issues*
- *Suicidal thoughts and feelings*
- *Infertility*

(Validated Pre-service Student Manual, 2019 page 69-70).

This section presents abortion through a moralising and stigmatizing lens, framing it primarily as a source of physical harm and emotional distress rather than a complex reproductive health issue. While structural causes such as poverty, rape, and unwanted pregnancy are listed, they are not examined within broader systems of inequality or healthcare access. Instead, the emphasis on shame, isolation, and suicidal feelings positions abortion as an inherently traumatic and immoral act. The absence of any mention of safe abortion practices, legal context, or supportive healthcare services suggests a one-sided, fear-based approach that denies learners access to comprehensive and rights-based information.

The moral tone of the content reflects the broader influence of religious and cultural norms on SRH education in The Gambia, where dominant religious ideologies often frame abortion as sinful or shameful. This framing aligns with conservative interpretations of Islam and Christianity that view women's reproductive choices through a lens of morality and family honour. In this context, abortion is not treated as a healthcare issue, but as a violation of religious and social expectations, reinforcing stigma and silencing alternative, more compassionate understandings. The curriculum's approach risks further marginalising young people, particularly girls, who may seek abortions, leaving them with few tools to navigate these realities safely or without judgment.

The assessment and learning points for this section goes as follows:

Assessment

1. What does your religion say about unwanted pregnancy?

2. Is unwanted pregnancy safe for unmarried teenagers?
3. How do people feel after having an unwanted pregnancy while going to school?
4. Why talk about unwanted pregnancy?
5. Is abortion legal or illegal in your country?
6. According to your religion is abortion permitted or not?
7. Which areas in the world have the most abortions?
8. If you were the parent of a young teenage girl who became pregnant - what advice
9. would you give her?
10. What rights, if any, should the potential father have if he is not married to the
11. girl/woman?

Learning Points

- Communicate with young people on the effects and consequences of
- problems associated with marriage.
- Abortion is illegal
- Child marriages are illegal
- Zero tolerance for child marriages

(Validated Pre-service Student Manual, 2019 page 72).

This assessment section reveals how SRH education is shaped by moral and religious frameworks rather than grounded in rights-based or health-oriented approaches. Many of the questions direct learners to consider unwanted pregnancy and abortion through the lens of religious doctrine and social judgment, e.g., “What does your religion say about unwanted pregnancy?” and “According to your religion, is abortion permitted or not?” This approach invites moral evaluation and reinforces the idea that religious beliefs should dictate personal and societal responses to SRH issues. The emphasis on feelings of shame and disruption caused by unwanted pregnancy, particularly for school-going girls, centres the consequences on social disruption rather than the health, autonomy, or well-being of the pregnant person.

The learning points and assessment structure further reflect a normative framing of SRH, where abortion is declared “illegal” without any discussion of legal nuance or context, and complex

issues like child marriage are folded into broader moral imperatives. The absence of rights-based language and the explicit reliance on religious views as a frame of reference reflect the curriculum's embeddedness in a more conservative value system that upholds social norms. By asking what advice learners would give to a pregnant teenager or questioning the rights of unmarried fathers, the curriculum further frames these issues in terms of personal morality and social disruption rather than encouraging a deeper understanding of agency, consent, and structural inequality.

Heteronormativity in Romantic Relationships

Due to socio-cultural, legal, and religious norms, the only acceptable romantic and sexual relationships in the mainstream Gambian context are between males and females. As discussed in Chapter 4, sexual acts that are deemed to be homosexual, such as oral and anal sex, are banned in The Gambia and carry a prison sentence and fine. Due to these strict views on queer relationships, all romantic and sexual relationships mentioned within the CHE curriculum and throughout stakeholder interviews were heterosexual relationships, with no mention of queer relationships. Even the language used throughout the curriculum is binary (man/boy and woman/girl), leaving little room for the exploration or recognition of multiple genders and sexual orientations.

The preservice student manual for the curriculum (2019 p.26), defines courtship as “*the relationship that is established between a man and a woman prior to their marriage*”, highlighting that this kind of commitment should be reserved for a man and a woman, not for queer couples, which completely erases the queer community and denies them romantic love. A platonic relationship is then defined as, “*a relationship between two individuals without any feelings or sexual desire for each other. In such a relationship, a man and a woman are just friends and do not mix love with friendship*”. In this platonic relationship definition, the curriculum notes that one person is male, and the other is female.

In the preservice student manual for the curriculum (2019), there is only one mention of same-sex relationships, and this is not viewed positively, as the reference is regarding the transmission of STIs.

Mode of transmission

As the word implies STI's are transmitted through unprotected sexual intercourse between men and women, and also between men (homosexual relationships) (Final Validated Preservice Student Manual 2019, p.92).

This denotes homosexuality, especially between men as a risk factor for STIs. This idea that being a queer male increases one's risk factor for contracting an STI also does not consider socio-cultural factors that may lead to these increased risks. These socio-cultural factors may include how SRH is taught, to begin with. For example, discussions on STIs are couched in the context of heterosexual sex (i.e., a man has unprotected sex with a woman and gets an STI or a woman has unprotected sex with a man and gets an STI).

“It's good that you as a school going child you know how to protect yourself in case when you get married how to protect yourself from STIs and the like, because you may be married but your husband might not be faithful. If you think your husband is cheating on you, you might decide to use what? Contraceptives yes or if you know that your husband is let's say have an STI for instance and he comes, you can use contraceptives. So, knowing how to use it will help in their future marriage” (int 21, ed).

This means that because STIs are largely taught about in the context of heterosexual couples, queer people may not have the education on how to protect themselves from STIs, which may have the inadvertent risk of increasing their chances of STIs in sexual relationships. How STIs are discussed also signals the normalisation of men cheating, and women having to accept it.

One of the major risks to having sex that was often mentioned is teenage pregnancy, *“then, young girls will be able to know their sexual and reproductive health... and it will go a long way in helping girls in curbing or mitigating teenage pregnancy in The Gambia.”* (int 2, NGO/CSO). Although there was a valid concern by key informants about teenage pregnancy, one thing

missing from this conversation is that not all girls who are sexually active will get pregnant. The idea that girls are going to get pregnant from sex automatically assumes that all girls are heterosexual and are engaging in sexual activity with boys/people with male reproductive organs. When the focus of SRH education is biological and heteronormative, young people who are queer do not then have the opportunity to learn about what sex is and what it should be for them.

The excerpt below emphasises this disregard for queer relationships, as this key informant explains how feelings of attraction to the opposite gender develop at an early age:

“Remember when you were in primary school when they told you to hold hands with John or Ebrima you will refuse, and Ebrima will say because you think he has a disease or whatever. But when you get to grade seven or eight, you know that it was like unlike poles attract then you are happy for somebody to hold your hand, and you want somebody to hold your hand now. But first know, how you help is to tell your children to know that a boy and a girl can hold hands and that we are differently made to perform different duties so that at the end of the day we will be able to put together and have a child, and this has to take a process” (int 27, ed).

Although this key informant bases sex on attraction, as he begins to further explain, it is seen that sex between two people of the opposite gender is not necessarily perceived as a form of pleasure, but as a way to procreate. Hence leaving queer relationships out of the picture.

Homosexuality is a hotly contested issue in The Gambia, where homosexual acts are criminalized and viewed as both a Western import and impermissible by dominant religious narratives, particularly Islam and Christianity. Scholars such as Amadiume (1997) and Aydin (2019) note that the stigmatization of homosexuality in many African societies is often rooted in colonial legacies that framed same-sex relationships as deviant and foreign (see Chapter 4). This historical context helps explain the absence of discussions about same-sex relationships among key informants, who may fear repercussions or condemnation from both their communities and religious institutions.

The exclusion of LGBTQ+ identities in the CHE curriculum in The Gambia goes beyond mere omission; it serves as an active form of silencing. This silencing not only denies the existence of queer identities but also perpetuates societal power dynamics that define what is considered normal or acceptable. By failing to engage with homosexuality and queerness, the curriculum reflects and reinforces the dominant discourse that views non-heteronormative sexualities as deviant, immoral, and outside the bounds of acceptability. According to Foucault's (1978) notion of "regimes of truth," the absence of queer identities in the curriculum establishes a truth that excludes these identities from the realm of legitimate discourse. This contributes to the broader social marginalization of LGBTQ+ individuals by denying them visibility, recognition, and validation within the educational system.

This act of silencing, as noted by Oduyoye (2003), serves to perpetuate a climate of fear and exclusion, where non-heteronormative sexualities are positioned as something to be hidden or suppressed. In this context, the curriculum's silence on homosexuality not only fails to reflect the realities of many young people's experiences but also enforces the cultural and religious norms that shape those experiences. The absence of queer identities from the curriculum therefore acts as a form of control, whereby those who do not conform to heteronormative expectations are relegated to the margins. This exclusion directly contradicts the goals of international bodies like UNESCO and UNFPA for CSE, which aims to promote inclusivity and respect for all sexual orientations.

Furthermore, when homosexuality is mentioned in the CHE curriculum, it categorizes homosexuality and queerness as deviant, mirroring broader societal norms while upholding heterosexuality and heterosexual relationships as the normative standard. This aligns with research by Reddy (2008), which argues that such representations in educational materials contribute to the systemic oppression of LGBTQ+ individuals, as they are denied the opportunity to see themselves reflected in positive or affirming ways. The lack of acknowledgment of queer identities not only marginalizes these individuals but also perpetuates harmful stereotypes that associate non-heteronormative identities with immorality. This marginalization is not just an oversight but an active force that shapes how students perceive themselves and others, limiting their understanding of sexual diversity and perpetuating harmful stereotypes. The failure to

address queer identities within the curriculum thus undermines the goal of CSE to provide a comprehensive, inclusive, and respectful approach to sexual health education.

By positioning the silencing of queer identities as an active discourse strategy, my analysis highlights how the CHE curriculum not only excludes certain identities but also enforces the dominant power structures that dictate what is considered acceptable sexuality. By failing to address and validate the experiences of queer individuals, the CHE curriculum not only perpetuates stigma but also limits the effectiveness of sexual and reproductive health education in addressing the diverse needs of all young people in The Gambia.

Girls as Guardians of SRH

SRH Education as a Girls' and Women's Issue

Outside of neglecting the role of social norms in SRH education, other issues around SRH also tend to arise. In this section, I will introduce an analysis of the role of patriarchy in the curriculum and community, especially as it relates to girls' and women's safety.

Firstly, the biological focus of the curriculum has significant gender implications regarding who the curriculum centres. This emphasis reinforces existing societal beliefs about gender roles and responsibilities, particularly concerning SRH. Key informants introduced the idea that a formal SRH education curriculum is perceived as more beneficial for girls and women, as they are considered to have the most pressing need for such education. This notion aligns with findings from studies such as those by Swain (2013), which argue that SRH education is often framed around the perceived vulnerabilities of women, particularly with pregnancy and STIs. A male key informant noted that SRH education can be used as a tool *“to control the issue of unwanted pregnancies and sexually transmitted disease”* (int 26, ed). The use of the word "control" is particularly salient here, as it underscores a power dynamic that situates women's bodies and reproductive choices within a framework of societal regulation. This perspective suggests that the primary purpose of SRH education is not only to inform but also to regulate women's bodies and behaviors, reinforcing the notion that women must be taught to manage their sexuality to avoid negative outcomes. This aligns with feminist critiques of sexual health education that

argue such approaches can perpetuate a narrative of control rather than empowerment (Wright, 2010).

Moreover, another male key informant, who was an educator, indicated that SRH education is viewed as a means to delay sexual debut for girls and young women, stating, *“If you know that sex can lead to pregnancy, and you ask yourself ‘am I ready for pregnancy at this age?’ And then obviously you will not go in for sex and so on, which I think we are not giving to our children”* (int 22, ed). This sentiment further emphasizes the control narrative, suggesting that sexual activity is something to be curtailed and managed rather than explored in a healthy and informed manner. It positions education as a mechanism for behavioral regulation rather than a tool for empowering young people to understand their sexuality.

While pregnancy and STIs are issues that affect all genders, the curriculum's focus on those who possess female reproductive organs indicates a gendered understanding of sexual health matters. This perception positions women as inherently more vulnerable and, therefore, more in need of education. Although this focus may appear neutral, it inherently carries implications that perpetuate traditional gender norms, suggesting that women must be more vigilant and responsible for their sexual health due to their biological capacity for reproduction. According to Bhana et al. (2010), this not only reinforces existing power imbalances but also risks stigmatizing those who do not conform to these norms, particularly boys and young men, who may be viewed as less affected by SRH issues.

This perception of SRH education being more relevant for girls and women can be seen in unit 1 of the CSE curriculum, where the content is as follows (Draft CSE Manual UBS and SSS, 2017, p.4):

Content:

- *Female Reproductive Organs*
- *Male Reproductive Organs*
- *Hygiene and behaviour on the Reproductive Organs*
- *Fertility*
- *Childbearing*

- *Menstrual cycle*

Most of the topics listed above that are being covered are specifically geared towards people who are born with female reproductive organs. When a closer look is taken at topics that should be gender neutral, such as hygiene and fertility, I find that there is still a gendered take on these topics. For example, the curriculum (Draft CSE Manual UBS and SSS, 2017, p.7) defines infertility as the “*lack of fertility- (when the woman cannot conceive) is known as infertility*”. This places the onus of pregnancy or one’s inability to get pregnant on the woman, instead of underlining the reality that infertility could be due to either partner.

As noted on page 7 of the curriculum (Draft CSE Manual UBS and SSS, 2017), feminine hygiene is also given much greater emphasis than male hygiene. This section mentions tips on cleanliness and hygiene.

Some of the healthy behaviour a female should do:

- *Use soap and water to wash the genital area and under arms daily especially during menstruation.*
- *Use either a disposable pad or a cotton cloth. For the cotton cloth, always wash with detergent to rinse the stain properly.*
- *Dispose pads frequently and after each use.*
- *When washing the genital part, start from the vagina to the anus to avoid germs from entering the genital area and infecting it.*
- *Wash abnormal fluid that may come from the vagina.*

For the male reproductive organs

- *Wash genital area daily with soap and water.*
- *Wash abnormal fluid.*

Firstly, the list developed for girls is far more extensive than for boys, implying that girls are less hygienic than boys. The emphasis on menstruation in the curriculum, while intended to inform students about bodily functions, often reinforces this stigma by framing menstruation as a physiological issue to be managed, rather than a natural and open topic to be discussed. This treatment reflects societal discomfort with menstruation, especially as a gendered issue, and

reinforces the notion of menstruation as something to be hidden or controlled. This excerpt also highlights how the emphasis on cleanliness pertains to external cleanliness and wellbeing as opposed to internal wellbeing, as the final points refer to simply washing away ‘abnormal fluids’ versus having young people understand their bodies better. Abnormal fluids are also not defined, which makes it difficult to identify, as bodies are different, and therefore what may be abnormal for one person can be normal for someone else.

Douglas's (1966) theory of purity can provide a lens to understand how the curriculum reflects cultural notions about the female body. By presenting menstruation as something to be “managed,” the curriculum mirrors broader social attitudes that view menstruation as unclean, reinforcing a limited perspective that focuses solely on the biological aspects without addressing the emotional and social dimensions. This treatment of menstruation in the curriculum also aligns with feminist critiques, such as those by Fine (1988), who argue that educational systems often perpetuate gender norms and societal expectations. In The Gambia, the curriculum's emphasis on managing menstruation upholds traditional gender roles by presenting it as a biological problem to be solved, thereby ignoring the social and emotional challenges that girls face. This reinforces cultural norms that associate femininity with modesty and self-control, creating an environment where girls are expected to navigate menstruation in isolation, without the necessary support to address its broader implications. This narrow framing of menstruation not only perpetuates the stigma surrounding it but also limits the effectiveness of the curriculum in addressing the needs of young people. This gap reflects a broader trend in the curriculum where critical aspects of young people’s SRH are simplified or silenced altogether.

Although key informants did not explicitly state this, discussions on the necessity for CSE/CHE hinge on the importance of teaching girls about menstruation, pregnancy, and protecting themselves.

“Let’s take a girl child for example, who just started menstruation who does not understand her flow, it can attack her anywhere. A girl child who is seeing her flow but does not have money to afford a sanitary pad what can that girl child do to remedy the situation? So, these are some the things that will educate them because that thing that is coming out of her body is unhealthy; is not needed by the body that’s why it is coming out

of it, so if it's coming out and you don't know how to take care of it, it might affect the child one way or the other" (int 15, ed).

This language of shame and discomfort makes it difficult for girls to view their bodies as natural and normal, potentially influencing their self-esteem and their relationship to their bodies in the long term. This approach, although aimed at educating girls on how to manage menstruation and prevent potential health problems, inadvertently contributes to the perpetuation of societal taboos around menstruation and female bodily functions more generally.

When it comes to menstruation especially, the language often used to describe this process holds negative connotations, such as 'unhealthy' and 'abnormal fluids', and these views are so deeply entrenched that they can be seen even among people trying to address them. The idea that girls' and women's bodies are unhygienic simply because they menstruate is pervasive in homes, communities and schools in The Gambia. It ties back to the notion that SRH education is mainly for girls and women, so they can keep clean during the 'unclean' menstrual phase. This idea is also tied to religion, as girls and women cannot perform rituals such as prayer and fasting when they are menstruating. The inability to perform rituals during this period, though attributed to uncleanness and hygiene, mainly has to do with health reasons and relieving girls and women from religious duty when they may feel unwell. In Islam, any bleeding from any body part will invalidate one's ability to pray, until they purify themselves (Fadl-Farag, 2021).

This emphasis on the 'girl child' being able to take care of herself to avoid humiliation from natural bodily functions like menstruation was emphasised by another key informant. Here, the language used to describe menstruation portrays it as being something dirty and shameful,

"The girl child in particular will just wake up one day and then realise that they are soiled all over and they wouldn't know what it is all about. And then also the shame that surrounds all that this is something that is natural, you know, those are the little things that they should know so that they get prepared for it" (int 19, ed).

Furthermore, the focus on menstruation in SRH education places an undue burden on girls and women to manage and understand their bodies in isolation. While it is crucial for girls to be

educated about menstruation, this focus often sidelines the importance of educating boys and men about SRH issues. As gatekeepers of social norms and often decision-makers in familial contexts, boys and men play a significant role in determining the access and autonomy that girls and women have in navigating their sexual and reproductive health. The lack of inclusion of boys in SRH education, particularly in understanding menstruation and its implications, perpetuates gendered stereotypes and reinforces the idea that menstruation is solely a woman's issue. This also diminishes opportunities for boys and men to challenge existing cultural norms that position them as external to conversations about menstruation and female bodily autonomy.

SRH Education as a Perceived Form of Protection for Girls and Women

While CSE aims to empower girls and women to make informed decisions about their SRH, the realities in SSA often reflect entrenched gender biases that diminish its effectiveness (Browes, 2015; Achen, 2023). Concerning SRH globally, public health research (Robinson et al., 2017) highlights how gendered power inequalities prevent women, particularly those living with HIV/AIDS, from fulfilling their SRH rights due to a lack of agency and decision-making power. Although key informants viewed SRH education as a protective measure against risks like unintended pregnancies and STIs, the current curriculum may not sufficiently address the structural inequalities that underlie these issues, thereby reinforcing rather than challenging existing power dynamics, which I will discuss below.

Sexual violence against women is quite common in communities that are heavily patriarchal, like The Gambia (Cusmano, 2018), because when girls and women are viewed as unequal to boys and men, the harms that are perpetrated against them are not perceived to be significant. The reality of sexual violence as a norm in The Gambia is evident within the curriculum. The excerpt below is from a case study in unit 3 of the teacher's manual under a section titled 'Marriage and its Associated Problems' (Comprehensive Health Education Pre-Service Student Manual, 2019 p.71).

Child marriage:

A fifteen-year-old Adija was forced to get marry to a cousin who is in abroad. Adija is doing well at school and her ambition is to study very hard so as to raise the financial

situation of her family. The mother supports her and usually allows her to go to colleagues for studies. Adija's home is a bit isolated, and the father always tries to get her from school or studies.

Unfortunately for her, there was a day when the father did not go to get her, and she was coming alone. Then there was a mob that attacked her and raped her. She did not get pregnant from the rape but after four months when the cousin came back; her schooling was discontinued and was gotten married. The school authorities try to convince the parents and the husband to allow her to continue her schooling but to no avail. The parents' belief was that the man is going back, and they should have time together.

However, Adija rejects the husband because she said she does not have any love for the man and secondly, he wants to finish her schooling. Then, there was always a fight between them, and she eventually pick up a pregnancy. She was with that pregnancy with a lot of complications including stress and trauma. Adija could not survive during birth (Final Validated Preservice Student Manual, 2019 p.66).

Although the story of Adija is meant to underscore the effects of early and forced child marriage, it casually mentions rape without detailing the necessity of why it was included in the story. The indifferent use of rape as a storyline highlights the prevalence of violence against girls and women and how it is normalized in the Gambian context. Adija goes from the trauma of getting married young, to being raped, to being withdrawn from school, to eventually dying from childbirth. The story also highlights the importance of marriage and her status as a wife, suggesting that it is more significant than an education. Although she initially had parental support in continuing her education, this changed when her husband arrived in the country. It is also important to note that even though just one rape is explicitly mentioned, the case study makes clear that Adija is fifteen years old and does not have love for her husband, which means that she cannot consent to a sexual relationship between them, despite them being married. This also highlights how rape and violence against women is perceived as a normal part of life in the Gambian context.

The omission of Adija's emotional experience is directly tied to the curriculum's failure to address consent. By treating rape as a background event that merely sets the stage for further discussion on child marriage, the curriculum fails to engage with the trauma or violation inherent in the act of sexual violence. This is not just a gap in the content; it is a broader societal issue. In The Gambia and many other patriarchal societies, the concept of consent is often minimized or disregarded, particularly when it comes to women and girls (Appiah et al., 2024). The failure to discuss consent in relation to Adija's story speaks volumes about how women's autonomy is viewed: their lives, their bodies, and their sexual experiences are often considered outside their control or understanding. Their lives are not theirs. This aligns with findings from feminist scholars who argue that in patriarchal societies, women's voices and desires are marginalized in both public and private spheres (Friedman, 2003).

The absence of discussions around consent in the CHE curriculum highlights not only the normalization of violence against women, including rape, but also a deeper form of silencing that marginalizes women's voices and autonomy. This silence is not incidental; it reflects societal attitudes that regard such violence as an inevitable part of life rather than a violation of rights (Osei & Nartey, 2020). In a context where gendered power dynamics often suppress the agency of women and girls, the failure to address consent directly in the curriculum functions as a mechanism of control, suppressing conversations that could challenge these entrenched norms. By failing to acknowledge consent as an essential component of sexual health education, the curriculum contributes to the silencing of women's experiences and positions in relationships, reinforcing the idea that their bodies and choices are secondary to the desires and entitlements of others (Buchan et al., 2021). This omission aligns with patriarchal structures in Gambian society, where traditional gender roles dictate acceptable behaviors and often normalize violence against women (UN Women, 2018). The lack of emphasis on consent in educational settings can limit discussions that challenge societal norms surrounding masculinity and entitlement. When consent is not framed as a fundamental aspect of healthy relationships, harmful narratives can flourish, marginalizing women's voices and their experiences of violence (Petersen, 2020). It is, therefore, essential for SRH education to incorporate discussions on consent and healthy relationships actively.

Key informants highlighted the importance of CSE/CHE as a form of protection for young people in instances of sexual violence, especially for girls and women, with rates of sexual violence at about 40%, who were assumed to be the only victims of sexual violence. *“There are a lot of children that are going to school, and somebody has abused them, somebody has violated them... if a child is aware, they will not keep quiet, because they know it could be an unwanted pregnancy,”* (int 11, NGO/CSO). Unwanted pregnancy as the only mentioned harm of sexual violence by the key informant also links back to the emphasis on the Biologisation of SRH. Key informants note that by understanding what violence is, young people are better able to know if violence has been meted against them and report if they chose to do so. Although CSE/CHE is meant to be comprehensive, the weight placed on the biological impact of sex permits social norms that allow for sexual violence to remain active because other harms of sexual violence can be ignored as long as pregnancy does not occur. This emphasis on the biological (from the quote above) also exposes how psychological trauma may go unexamined due to the perception that harm from sexual violence is solely physical.

Sexual assault and harassment are mentioned throughout unit 2 of the CSE curriculum and the teacher’s manual. The teacher’s manual also details the factors contributing to sexual harassment and assault, as well as its effects.

Factors Contributing to Sexual Harassment and Assault

In many cases, factors contributing to sexual harassment are rooted in the social structure, workplace environment and nature of work. The following factors can contribute to instances of sexual harassment:

- *Culture of silence*
- *Poverty*
- *Unequal gender power*
- *Lack of self-confidence*
- *Lack of awareness*
- *Stigma attached to sexual harassment.*
- *Improper response to harassment complaints.*
- *Dependency on other co-workers for support and teamwork.*

- *Reliance on supervisors for career success and approval.*
- *Denial*
- *Low self-esteem*

Final Validated Preservice Student Manual, 2019 p.61

Effects of Sexual Harassment and Assault

Sexual harassment can impact negatively on the victim's psychological health, physical well-being, and vocational development. Psychological and physical may include:

- *Depression, anxiety, shock, denial*
- *Anger, fear, frustration, irritability*
- *Unwanted pregnancy*
- *Sexually transmitted Infections*
- *Insecurity*
- *Low self-esteem*
- *Absenteeism*
- *Change in career goals, jobs, educational programs, academic majors, etc.*
- *Drop in academic/work performance.*
- *Reduced coping and problem-solving skills*
- *Reduced decision-making skills.*
- *Dropping out of school*

Final Validated Preservice Student Manual, 2019 p.62

The manual outlines various factors that contribute to the occurrence of sexual violence, emphasizing individual behaviours such as a lack of self-confidence and low self-esteem. For example, the manual's focus on individual behaviors, such as a girl's perceived lack of self-esteem, positions her as somehow responsible for preventing the violence, rather than addressing the harmful behaviors of perpetrators and the social structures that allow such violence to persist (Heise, 2011). This individual focus often neglects the structural and societal factors that contribute to this pervasive issue, such as the perceptions held about girls and women and their lack of support and power in decision-making. This individual-centric narrative can inadvertently perpetuate victim-blaming attitudes, suggesting that survivors bear responsibility for the violence

inflicted upon them (Campbell et al., 2019). By framing sexual violence as an outcome of personal shortcomings rather than as a consequence of systemic gender inequalities, the curriculum fails to challenge the societal conditions that perpetuate this violence.

This approach overlooks how sexual violence is deeply embedded in social and cultural norms that position girls and women as unequal to boys and men. The curriculum's emphasis on individual responsibility ignores how these inequalities shape girls' vulnerability and limit their agency, both in preventing violence and in responding to it. Girls, for example, may internalize messages that they must be “confident” or “strong” to avoid victimization, placing the burden on them to protect themselves without addressing the root causes of violence or the systemic barriers to their safety and well-being. In doing so, the curriculum reinforces a narrative that diverts attention away from the structural inequalities that perpetuate violence, and shifts blame onto the survivors, suggesting that their behaviour or lack of agency is the real cause of the harm they endure.

This narrative is further compounded by a broader culture of silence, where systemic victim-blaming and inadequate support structures make it even more difficult for survivors to speak out. This culture of silence in The Gambia means that young people undergo different forms of violence and are unable to talk about it due to victim-blaming³⁶ and limited avenues for support,

“A lot of young people are silently raped, and they keep quiet, they don’t even know where to head to, who do they contact? If your uncle rapes you, what do you do now? You will not tell your father, you will not tell your mother, you will not tell your brother, you will keep silent about it” (int 23, NGO/CSO).

The curriculum’s failure to include avenues of support for survivors compounds these issues, leaving survivors without clear resources or guidance for recovery. Acknowledging sexual violence’s impact is important, but without a framework for survivor care, the curriculum fails to offer the necessary tools for healing and support (Meyer et al., 2020). Without accessible

³⁶ Victim blaming refers to implying that a person who has received abuse or harm as someone who caused it on themselves. When it comes to sexual violence, girls and women are often blamed for the violence they face due to how they act or dress.

pathways to recovery, survivors may not only struggle to process the trauma but may also feel that their experiences are marginalized or not taken seriously by society. This neglect ultimately perpetuates the cycle of victimization and silencing, preventing a broader conversation about societal responsibility and the need for comprehensive, inclusive interventions (World Health Organization, 2013).

Key informants see the implementation of CSE/CHE as a significant step toward breaking the silence around sexual violence. The goal is to equip young people with the knowledge and skills to recognize and report gender-based violence, as highlighted by one participant: *“yes it’s very important and also let them also understand gender-based violence as it’s part of reproductive health and also understand the mechanism of reporting all those things”* (int 20, ed). This approach emphasizes a preventative and responsive strategy, ensuring that young people are not only educated about sexual violence but are also provided with the mechanisms to act when they experience or witness it. However, it is noteworthy that in many instances, key informants focus predominantly on the potential for pregnancy resulting from sexual violence without discussing the broader mental and emotional consequences that survivors may endure. This gap in understanding reinforces the limited scope of SRH education, where the physical outcomes of sexual violence are prioritized over the psychological trauma it may cause.

When it comes to SRH education, men and boys are often not the primary focus of stakeholders' efforts, despite their crucial role in preventing and addressing sexual violence. Key informants typically frame men's involvement in SRH education in terms of responsibility, but not necessarily in terms of their own need for education. This is evident in the following statement, where men are seen as passive recipients of SRH education, reacting to the violence perpetrated by other men or preparing to deal with the aftermath of violence.

“I guess like since its turning that you will want to also help us as teachers and help our children and sisters. My [male] child might marry a victim [of sexual violence] or also even somebody’s [male] child might marry a victim, or my [female] child might be a victim, so I guess like us working together putting things together for better is something that is good” (int 33, ed).

In this instance, men were viewed as people who inflict violence or have to pay for the violence inflicted by another man. This limited framing of men's roles in SRH perpetuates a gendered dichotomy, where women are the primary victims and men are the secondary actors with some responsibility, but not necessarily with a need for education themselves.

This response led me to ask whether this participant felt that SRH education was just for girls and women, to which they responded:

“Not only, is all. It's everyone's business because not only female. I might not be affected, but a close one might be affected, and financing debt might come from me. So, it's everybody's business. Oh, my son might marry somebody who's already a victim. So, it's also my business in it. Yes. So, it's everybody's” (int 33, ed).

For this key informant, there are hints of benevolent patriarchy that come out of this conversation, where although he would not be against his son marrying a 'victim' of sexual violence, I infer that this key informant means that marrying someone who has been sexually assaulted is a burden on the person who marries them. This burden is also financial, because the man may pay for sexual health services for the woman like STI and pregnancy tests. In countries like The Gambia where abstinence is lauded, it can be easy to slip into victim blaming survivors of violence. It can also be easy to champion men who marry survivors as valiant for marrying women and girls who are not virgins. These views run parallel to the broader tendency to frame SRH issues as women's concerns, perpetuating the idea that men's involvement in SRH education is reactive, not preventative.

Although men are viewed as perpetrators and women as victims, living in a patriarchal society means that girls and women still bear the burden of responsibility to protect themselves from violence. This lends merit to the view by key stakeholders that girls and women (i.e. mothers) are often most affected by SRH concerns. This also leaves little room for men and boys to explore the idea that they could be victims of sexual violence. Even with the perceived idea that girls and women are most affected by SRH issues, they also have less power when it comes to influencing any decision-making on SRH. Only 9% of The Gambia's parliamentary seats are currently held by women (World Bank, 2021). Even with limited decision-making power by

women due to patriarchy, parental roles in SRH education are also gendered as women are still made to bear the brunt of teaching young people about their SRH. There is also the idea by key informants that mothers should be the main parents who teach their children SRH education as seen in the quote below regarding mothers teaching their daughters about menstruation. *“When they go home, mum hardly put the girl child down, ‘you know when you are 14 years you start seeing something coming out, when you start seeing this...’ so many parents don’t do that”* (int 18, ed). What we see in this situation, is SRH education being relegated to people who are most affected, who are also limited in their current ability to make structural changes around it.

Although girls and women are perceived to be most empowered by SRH education to prevent violence, they are also viewed by key informants to be generally shy when it comes to talking about SRH. This has been witnessed at both the teaching and student levels. Although female community members are tasked with the role of teaching SRH in out-of-school settings like homes, there is an interesting phenomenon within schools, where the majority of SRH teachings are done by men. This is reflective of current patriarchal norms, where the idea that girls and women are the ones who need SRH education as they are the ones responsible for not getting pregnant and not getting assaulted, is pervasive.

“We conducted research on gender, and we had focused group discussions, female teachers, male teachers and then we had students, but could you believe that even the students were more open more outspoken than the female teachers, female teachers you ask them a question they’re waiting for each other” (int 22, ed).

Female students have also been reported by key informants, to be shy than their male counterparts in class when SRH issues are being discussed. *“For example, when we start talking about physical development, when we start talking about when the girls start development in the body, the breasts are developing, those kinds of things, some of them giggle, they feel shy to discuss it”* (int 24, ed). This shyness manifests in different ways, including keeping silent during class when they are uncomfortable with matters being discussed. *“We realize that boys will be happy to ask very sensitive and laughable if you like questions. Just to prompt the girls to come around... The boys will be very proud to ask sensitive questions at the top of their voice. In other words, the boys are more open ended than the girls”* (int 34, ed). This gendered shyness is

reinforced by social expectations that girls should be less interested in sex or SRH and that they should know little about these topics. The social pressure for girls to remain silent about sex or sexual development, combined with the fear that speaking openly about such topics may be misconstrued as promiscuous behaviour, often results in silence and discomfort when SRH topics are raised. This dynamic reinforces traditional gender roles and highlights the barriers that young girls face in accessing comprehensive SRH education.

Chapter Reflections

This chapter has unpacked the socio-cultural and religious influences shaping the structure and content of SRH education in The Gambia, highlighting three primary factors that impact curriculum development and its perceived efficacy. The biologisation of SRH, the reinforcement of social norms, and the role of patriarchy all reveal how the curriculum upholds traditional values and hierarchies. By examining these, we gain insight into how these influences not only shape curriculum content but also limit the transformative potential of SRH education to address pressing issues in the Gambian context.

The Biologisation of SRH

My findings reveal that SRH education in The Gambia is heavily centred on biological content, particularly in science classrooms, where teaching often focuses on naming and listing reproductive organs with minimal contextual explanation. Educators described how SRH is reduced to anatomy and disease prevention, with limited space for discussions around consent, relationships, or emotional well-being. This narrow focus lays the foundation for a biologised approach to SRH education, which I argue has broader implications for how young people understand sexuality and power. The focus on biological and anatomical aspects of SRH within the Gambian curriculum emphasizes a reductive view of sexuality. This, I argue, aligns with historical colonial educational models that prioritize conditioned knowledge over critical engagement with sexual health and wellness, especially the engagement with girls and women's health and their bodies. Scholars such as Chege and Askew (2020) suggest that biology-centred SRH education reinforces narrow understandings of sexuality, limiting opportunities for young

people to develop nuanced understandings of consent, agency, and relational dynamics. My research shows that by focusing on anatomy and reproduction, the curriculum reflects entrenched cultural values that prioritize bodily control over emotional and social dimensions of sexuality, leaving young people potentially unable to navigate complex social and sexual issues in real-life contexts. This biologised approach also potentially restricts students' critical engagement with SRH, especially as it marginalizes discussions of gender, power, and social expectations (Browes, 2015). Without addressing the socio-cultural impacts of SRH, this curriculum runs the risk of merely perpetuating existing social norms that overlook the importance of personal agency and safe relationships, ultimately limiting the reach of SRH education in addressing issues like GBV.

The Promotion and Enaction of Social Norms in SRH

The findings illustrate that SRH education in The Gambia is profoundly shaped by cultural and religious values, often positioning SRH within a moralistic framework that prioritizes heteronormativity, chastity, and adherence to established gender roles. This moralistic focus in SRH content reflects broader trends in SSA countries, where SRH often reinforces traditional norms rather than challenging them (Agha et al., 2019). For instance, the curriculum's emphasis on self-esteem being linked to virginity among young women reinforces a gendered morality that can stigmatize young women who deviate from these expectations, aligning with Fine's (1988) critique that such framing in education reinforces a moral code rooted in control rather than empowerment.

Religion plays a crucial role, with key informants noting the influence of religious leaders in framing SRH topics within acceptable cultural bounds, namely only discussing sex and sexuality within a heterosexual marriage. The curriculum's framing aligns with the findings of Wangamati (2020), who contends that religious influences in SRH policy often led to abstinence-focused narratives that can discourage open, comprehensive discussions about sexuality. This dynamic marginalizes voices and identities outside heteronormative standards, suggesting that for SRH education to be truly comprehensive, there must be a shift toward inclusivity and acknowledgment of diverse experiences in Gambian society.

Patriarchy: Girls as Guardians of SRH

Patriarchal norms also manifest strongly within the curriculum, framing girls and women as primary gatekeepers of sexual morality and responsible for upholding family and societal values. This focus positions SRH as a form of control over young women's bodies, as seen in educational materials that prioritize abstinence and virginity for girls as markers of social value. Wright (2010) argues that SRH education often reaffirms gendered expectations that limit young women's autonomy by framing them as responsible for controlling reproductive risks and preserving family honour. In the Gambian context, this is seen in both curriculum content and stakeholder perspectives, which frequently suggest that SRH's purpose is to protect girls from undesirable outcomes such as pregnancy and STIs, rather than equipping all youth with the skills to make informed decisions.

By placing the burden of SRH responsibility disproportionately on girls, the curriculum also overlooks the importance of male engagement in SRH, perpetuating a one-sided narrative that places girls and women in passive roles within patriarchal structures. This aligns with findings from studies in other patriarchal settings (e.g., Achen, 2023), which show that limited SRH education for boys can lead to harmful stereotypes and reinforce the gendered division of sexual responsibility. Addressing this imbalance requires a curriculum that encourages shared responsibility and empowers both boys and girls to make informed SRH decisions.

Summary

While there is both global and local advocacy for CSE, the socio-cultural and religious context in which these programs are introduced cannot be overlooked. These values, often deeply rooted in traditional beliefs, can significantly shape the content, delivery, and accessibility of SRH education. For instance, prevalent negative views on pre-marital sex, which are common in many societies, can result in the sanitization or omission of critical topics such as sexual activity, contraceptive use, and safe sexual practices. These cultural attitudes can shape the way these subjects are approached, making them more difficult to discuss openly or comprehensively.

This chapter also reveals that religious views, particularly those held by the major religions in The Gambia, do not inherently reject SRH teachings but can still influence the manner in which these teachings are framed and communicated. There is a clear need for increased religious sensitization and engagement with religious leaders to create a more inclusive and nuanced approach to SRH education that aligns with religious values but also recognizes the importance of youth health and well-being. This could help bridge the gap between religious beliefs and the need for comprehensive education on sexual and reproductive health.

Furthermore, the continued dominance of patriarchal structures in The Gambia plays a critical role in shaping the SRH education policy and curriculum. The deeply ingrained traditional and cultural views surrounding gender roles, particularly regarding girls and women, shape the messaging in SRH education. These cultural norms often place the onus of responsibility for sexual health and protection on girls and women, while ignoring the need to address the roles of men and boys in promoting equality and reducing gender-based violence. Patriarchy continues to influence how SRH education is framed, often reinforcing gendered stereotypes that hinder the ability to provide a truly inclusive and equitable curriculum. Therefore, it is crucial to critically examine the influence of patriarchal views in both the development and delivery of SRH education policies to ensure that they are comprehensive, gender-sensitive, and responsive to the needs of all young people, regardless of gender.

This gendered framing not only reinforces patriarchal expectations but also contributes to the broader silencing of alternative views, sexualities, and experiences that fall outside dominant norms. By narrowly defining sexual responsibility through a heteronormative and gendered lens, the curriculum marginalizes those who do not conform, such as queer youth, boys who may also experience vulnerability, and girls who resist passive roles. In doing so, SRH education risks becoming a vehicle for social control rather than empowerment, reproducing existing hierarchies of gender, sexuality, and morality rather than challenging them.

The next chapter will explore the role and impact of capacity and resourcing in the successful implementation of CSE/CHE, highlighting the challenges and opportunities that exist in ensuring adequate resources and skilled personnel are available to carry out these critical programs.

Chapter 7: The Influence of Capacity and Resourcing on the Implementation of CHE

Introduction

This chapter addresses the research objectives: *To analyse and identify the values and perceptions of relevant actors in relation to the SRH curriculum*, and: *To identify the factors that facilitate and challenge the provision of the SRH curriculum*. This chapter is divided into two sections.

The first section examines the implementation plans developed by MOBSE, scrutinising how teachers perceive these plans and whether they are perceived as responsive to real classroom needs. The final section presents a broader critique of the government's role in SRH education policy, examining the implications of limited political prioritization and the consequences of continued reliance on donor-driven initiatives.

This chapter explores the on-the-ground realities of teaching SRH education in The Gambia, with a particular focus on the implementation of the CHE curriculum. Building on the previous chapters, which examined the political and sociocultural dynamics influencing SRH education policy, this chapter explores the practical implications of delivering this curriculum in schools. It examines how structural limitations, such as inadequate teacher training, a lack of teaching materials, and weak infrastructural support, pose significant challenges to effective curriculum implementation. Through the voices of key informants, it becomes clear that while policy intentions may be well-meaning, the realities of implementation are deeply constrained by systemic under-resourcing and limited government investment.

The chapter argues that these implementation challenges are not merely logistical but rooted in more profound historical and political legacies, particularly the colonial structuring of The Gambia's education and health systems. The continuing effects of coloniality are evident in the lack of national ownership over SRH policy and the reliance on externally driven models that often fail to account for local realities. By tracing how these structural legacies shape teaching

conditions, the chapter situates current implementation challenges within broader questions of power, sustainability, and equity in education delivery.

The chapter focuses on two key areas of resourcing. First, it analyses human resources, particularly the capacity and preparedness of teachers to deliver the CHE curriculum effectively. It considers whether teachers are adequately trained, supported, and positioned to teach a sensitive and often contested subject like SRH. Second, it evaluates the material resources available in schools, ranging from textbooks and visual aids to digital infrastructure, and assesses the extent to which these resources support or hinder effective delivery of the curriculum. These two dimensions are critical to understanding whether the curriculum, as envisioned by policymakers and international donors, can be translated into meaningful classroom experiences for Gambian students.

The Implementation of Policies in The Gambia

Curricula are a form of policy (as noted in Chapter 2) and reflect what is prioritised within the community. Therefore, it is essential to examine how policies developed in The Gambia, particularly those related to gender, health, and education, have been perceived and implemented. In Chapter 4, I discussed how a significant number of current laws implemented in The Gambia have been imported from colonialism, specifically old British rule. Due to this, Gambian nationals often express apprehension about whether policies and laws developed represent the local context. As highlighted by a key informant who works at an NGO, “*there is no participation [in developing policy] because if you want me to take ownership of whatever that you're doing, I have to be part of the process not you considering me as an afterthought*” (int 5, NGO/CSO). It is more difficult to implement laws when communities and implementers do not feel like those laws belong to them. When it comes to culturally sensitive topics like SRH, the idea that it is influenced internationally makes it difficult to be readily accepted by the community, this was originally discussed in Chapter 5.

The Gambia is home to policies designed to protect young people, particularly girls and young women. However, the problem is that policies are not given what is needed to succeed: resources. Examples of policies for young people include The 2005 Children's Act, laws banning child marriage (UNFPA, 2015) and FGM (UNFPA, 2016), access to free education at the primary school level, and initiatives such as a hotline to report sexual violence (UNFPA, 2021). These policies have been driven by community buy-in, as well as international backing. FGM is an SRH and GBV issue, and CSE education is believed to help curb the practice. The FGM ban for example, passed through collaborative efforts, *"just like how they fought the female genital mutilation. It was a multi sectoral collaboration, both nationally and internationally"* (int 34, ed), but due to limited involvement by the government to ensure its implementation, Gambia is still home to high cases of FGM, with little repercussion for people who continue the practice. Research states that CSE implementation is heavily affected by a lack of political will, and that CSE coordinated at the government level is more likely to ensure the successful implementation of the curriculum (Panchaud et al., 2018; Chavula et al., 2022). However, in The Gambia, there is insufficient collaboration at the local level regarding the development and possible implementation of CHE.

As noted by a key informant who works at an NGO, the banning of FGM is still viewed as a non-Gambian concept. She recounted that *"one of the things they told us was 'we are tired of the young women with their jeans standing in front of women old enough to be their mum and telling them that FGM is wrong. These western educated women'"* (int 31 NGO/CSO). This sentiment reveals a perception that these younger women, often representatives of NGOs, are not as cultured or traditional (due to their attire and anti-FGM stance) as the older women they engage with, leading to their treatment as outsiders within their communities. Such dynamics reflect deeply entrenched patriarchal norms, where the voices of younger women advocating for change are often marginalized or dismissed, reinforcing the idea that their perspectives lack legitimacy. Through conversations, I have also come to understand that there is a prevalent belief that the former president implemented the ban on FGM and is, therefore, not recognized by the current administration. The government's silence and the understanding that most anti-FGM campaigns are externally funded contribute to the perception that policies driven by international bodies are not genuinely applicable to the Gambian context. This poses significant challenges for SRH

education, particularly as the curriculum development has been supported by international donors, suggesting a disconnect between local realities and global agendas, as detailed in Chapter 5.

The notion of community buy-in becomes critical here, raising questions about whose voices are genuinely included in these conversations. This aligns with the discourse framing CSE as a ‘Western’ imposition, where resisting such narratives becomes a means for individuals to assert cultural identity in the face of perceived external threats, as discussed in Chapters 2 and 5. Consequently, CSE appears to have evolved into a battleground for competing values, illustrating the complexities of balancing cultural preservation with evolving global standards and expectations. These perceptions of foreignness surrounding anti-FGM and SRH initiatives point to a deeper issue in policy implementation: a disconnect between policy content and community legitimacy. While policies may exist on paper, their implementation is undermined when they are seen as externally imposed or disconnected from local sociocultural realities. As the data indicate, this disconnect can lead to resistance, limited uptake, and ineffective delivery, particularly when communities feel excluded from the policy formation process and lack ownership.

In addition to curriculum-specific concerns, key informants also pointed to broader challenges in policy implementation across the SRH and gender landscape. While this chapter focuses on implementing the CHE curriculum, several informants highlighted that the barriers to CHE are part of a broader pattern in The Gambia, where progressive laws and policies on SRH, education, and gender exist but are poorly implemented. This broader lens is useful for understanding how systemic failures affecting SRH delivery, including the CHE curriculum, are rooted in recurring governance gaps. As one NGO key informant explained,

“We have the laws, we have let’s say the women’s amendment act which promotes access to comprehensive sexuality education, which promotes access to health, which promotes access to information... But when it comes to the implementation of these policies, that is where the problems come to play,” (int 30, NGO/CSO).

This perspective suggests that the challenge is not always the absence or inadequacy of policy frameworks, but the political will, infrastructure, and cultural sensitivity required to carry them out effectively. In the case of CHE, this lack of implementation has tangible consequences, including inconsistent delivery, limited teacher preparedness, and low community engagement, all of which weaken the curriculum's impact. This mirrors broader implementation failures that key informants argue have plagued other SRH and gender-related policies, reinforcing the need for deeper structural reforms beyond policy formulation.

Another key informant echoed this sentiment, *“I think generally, our political willingness and commitment does not have only stop at issues of policy, but issue of enforcement and investment”* (int 6, NGO/CSO). According to key informants, lack of policy implementation can be linked to the lack of ownership of laws and policy on SRH:

“So that’s why most of the times like they have the problem of embracing it, so if parents are also involved in the process of developing some of these issues of sexual and reproductive health you will see that they will also have that idea of what sexual and reproductive health is” (int 26, ed).

The lack of coordination mentioned above has resulted in fragmented efforts among stakeholders in The Gambia, where actors, including NGOs, CSOs, and government ministries, often work in silos to meet ambitious national CHE/CSE targets. Without formalized collaboration and clear leadership from the government, there is limited incentive for stakeholders to invest long-term in SRH education. This disconnect undermines both the acceptance and sustainability of policy implementation. Research indicates that stakeholder buy-in and intersectoral coordination are crucial for ensuring the successful rollout and institutionalization of CSE programs (UNESCO, 2018; Keogh et al., 2018). In contexts where government leadership is weak or inconsistent, as has been documented in several sub-Saharan African countries, implementation suffers from poor monitoring, lack of accountability, and confusion over which actors are responsible for delivering and overseeing the curriculum (Chavula et al., 2022; Ochieng et al., 2022). In The Gambia, the absence of a clear coordination framework has similarly hindered progress, potentially stalling the implementation of CHE within schools. As a result, many young people

remain without access to structured SRH education, exacerbating existing inequalities in knowledge and access to health services (Haberland & Rogow, 2015).

Government Leadership and Prioritisation in SRH Education

A recurring concern raised by key informants is the lack of clear government leadership and prioritization in the implementation of Comprehensive Health Education (CHE) in The Gambia. Although many participants agreed that the government, particularly through the Ministry of Basic and Secondary Education (MOBSE), should lead CHE efforts, they also emphasized that SRH education remains a low political priority. This lack of prioritization manifests in multiple ways: (1) limited government involvement in the development of the curriculum; (2) inadequate funding and resource allocation; (3) unclear leadership and poor coordination among stakeholders; and (4) minimal efforts to institutionalize CHE across the school system. As this chapter will show, these gaps significantly undermine the potential for successful and sustainable implementation. One key informant reflected on this dynamic, describing SRH education as an afterthought in national policymaking: *“and there is no participation [by government] ...And too often, sexual and reproductive health matters or issues are considered as afterthought in the government policies... So, it is difficult for you to make gains if they’re just add on”* (int 5, NGO/CSO).

This marginalization of SRH education aligns with broader trends observed in other LMICs, where externally funded programs often struggle with sustainability due to limited government buy-in (Chavula et al., 2022; Cornish et al., 2014). As discussed in Chapter 5, programs developed and funded by external actors may lack deep-rooted legitimacy in national systems, leading to a weak sense of ownership among local stakeholders. In The Gambia, this is evidenced by the absence of clear leadership and investment in SRH education at the national level.

Key informants highlighted that this reflects a broader crisis in the education sector, where government priorities are oriented toward visible participation metrics—such as enrolment and completion rates—rather than the substance of what students learn. One participant observed:

“For government, it's just about people going to school and graduating. Whether they graduate with good content or not, nobody really cares. In The Gambia somebody will finish grade 12, he cannot even construct one simple sentence with a comma or even write their correct names. So, they are not investing in education,” (int 9, NGO/CSO).

This quote highlights how SRH education is deprioritized not in isolation but as part of a broader pattern of neglect. The focus on educational milestones, such as graduation, reveals a governance approach that rewards bureaucratic performance indicators over learning outcomes. In such a system, SRH education, which already suffers from political and cultural sensitivities, is particularly vulnerable to neglect. It is seen as a non-core subject and, therefore, more dispensable. The failure to meaningfully integrate SRH content into national educational frameworks reflects this marginalization: it is not only underfunded but is also viewed as supplementary rather than essential to students' holistic development. Without deliberate political will and investment, SRH education will remain peripheral in both policy and practice.

This overall lack of prioritisation extends into SRH education. According to a key informant *“I feel if the Ministry of Education really thinks that this [SRH education] is a need, they begin to talk to central government or the Ministry of Finance to say, ‘can you augment our budget’”* (int 25, RL/ed). For this key informant who is an educator, the lack of prioritisation is apparent because MOBSE is not doing enough to ensure that SRH education is being financed and resourced. Although MOBSE is allocated 12.8% of the overall national budget (the highest for any ministry) according to the Government of The Gambia’s Budget Appropriation report (2022), educators like this key informant feel that not enough of this goes towards SRH education.

How Does Lack of Funding and Limited Government Priority Influence Decisions?

Lack of funding by the government can impact multiple decisions around SRH education, but in this specific context, key informants highlighted two major issues. Firstly, one of the implications of the lack of prioritisation of SRH education by the government is that there may

not be enough teachers who can teach the new curriculum. *“I can decide to employ an FLE [family life education] teacher and put FLE in the timetable but who will raise the money? We need the money”* (int 25, ed/RL). Even when educators are trained and willing to teach the curriculum, financial constraints mean that many schools cannot afford to hire specialized teachers. Instead, SRH education is often relegated to general educators who may lack the expertise or motivation to teach the subject comprehensively. This issue is exacerbated by poor teacher compensation, which negatively impacts overall motivation.

“If you pay people something that they cannot use to buy some things for themselves they will not be motivated... what happens in the Gambia, in lots of the government schools you will have like forty something students in the class to one teacher that is one thing to be addressed because the attention would not necessarily be there” (int 32, NGO/CSO).

According to the World Bank (2021), in 2015, 10.3 percent of Gambians lived below the international extreme poverty line on less than 1.9 USD or less than 100 Gambian Dalasi (D) a day. About 48.6% of the population live under the national poverty line of D50 or 1 USD a day. Prior to a salary increase, government teachers had a starting salary of D19,613 per annum (Bobb, 2022). In July 2022, the Gambian parliament approved 30% across the board salary increases for all government staff (Bobb, 2022). Although there are no official cost-of-living statistics for The Gambia, anecdotal conversations with my participants and my Gambian colleagues, estimate that the average rent (a one-bedroom apartment costs about D2000 per month) and food costs (50kg bag of rice used to feed a family for a month is D1250) surpass the starting salary of educators. As noted by key informants, these factors greatly influence how motivated teachers will be in teaching a topic that they are not getting paid enough for.

Secondly, when SRH education is not prioritised, there is a greater risk that the curriculum will not be sustained or fully integrated into the school system over time. Since SRH education was not perceived to be government priority by key informants, there is a belief that there has been no major push for government to invest in SRH education. This was understood by informants to have potential repercussions for the CHE program because international organisations could one day cease to continue funding it. This may cause problems with longevity of programs in the

future, because as global priorities shift, funding patterns are also shifting, which will impact programs like CHE.

“We ask government to contribute, I mean, because, of course, we are having less and less resources every year. I think last month, we were just informed that the UK government is going to reduce funding to the UNFPA. It was not a political decision, as they say but it was because of COVID and scaling down on support,” (int 11, NGO/CSO).

As discussed in Chapter 2, LMICs like The Gambia often struggle with the sustainability of projects that are funded externally. When donor priorities shift, projects frequently collapse due to a lack of government ownership and continued financial support. *“And then sustainability also should be looked into. Because when the donors are gone and then you see that everything is going to be wholly and solely on the shoulders of the government, that also needs to be looked into”* (int 4, NGO/CSO). When funders/funding goes, the project often goes along with them meaning there is no sustainability, which often leads to incomplete projects. This highlights the broader challenges of dependency on foreign aid, particularly in SRH education. Historically, colonial-era governance structures reinforced reliance on external actors for development initiatives, and this legacy continues to shape contemporary policy approaches as discussed in Chapters 4 and 5. Governments in LMICs, including The Gambia, often fail to fully integrate donor-driven programs into national strategies, which results in program instability, meaning that interventions like CHE may be at risk of discontinuation due to shifting donor priorities.

How Does Capacity and Resourcing Influence How CHE is Taught?

Training Needs for Teachers who will Teach CHE

Key informants across all sectors agreed that teachers must be trained to teach the CHE curriculum; however, details on when these trainings would occur and how they should be conducted had not been decided upon by MOBSE. The lack of structured and timely training was seen as a key barrier to successful implementation. Without proper training, teachers may struggle to understand or explain essential SRH concepts, lack confidence in delivering sensitive content, and risk perpetuating misinformation. As one key informant highlighted, *“You go to the*

classroom and teach, you talk to the child about a condom you want to draw a condom on the blackboard, he [the teacher] doesn't even know how they look like. You talk about other family planning contents it's the same thing" (int 13, gov). This underscores the potential for inaccurate or incomplete teaching, discomfort in delivering SRH material, and ultimately, a failure to meet the goals of the CHE curriculum. Without targeted training, teachers may avoid core topics altogether, thereby reinforcing stigma and leaving students without the critical knowledge and skills they need.

A key informant highlighted another possible major challenge for the implementation of the curriculum due to the lack of teacher training:

"MOBSE did not mention plans of training and preparing these teachers for these programs. They only talked about launching the program and also having international standards and going through processes. But they've not met some locally. How are they going to bring it into local context? How are they preparing the TOTs (training of trainers), do they even have plans with TOTs?" (Int 3, NGO/CSO).

This concern about contextualisation was echoed by another educator who noted the absence of structured in-service training for teachers already working in the field, *"There should be an in-service training, in-service training should be done, workshops, training and the like"* (Int 20, ed). These insights suggest that while the introduction of the CHE curriculum may align with international best practices, its implementation risks failure without adequate preparation of those tasked with teaching it. Teacher trainings were therefore considered essential not only for delivering content accurately but also for adapting international interventions to local contexts.

Lack of training and financial resources has been shown to hinder curriculum implementation globally. In sub-Saharan Africa, educators frequently face challenges related to inadequate training for CSE delivery (Helleve et al., 2009) and often revert to pre-existing modes of instruction when they return to unsupportive environments (Sidze et al., 2017; Vanwesenbeeck et al., 2016). Without intentional investment in training, teachers are likely to feel unequipped or disempowered, which in turn affects both their teaching and students' learning outcomes.

Furthermore, the imposition of a ‘Western’ educational framework in post-colonial contexts has historically constrained educators, limiting their ability to draw from indigenous knowledge and communal learning practices. This disconnect is evident in the ways teachers perceive externally imposed curricula, such as SRH education, as culturally misaligned and disconnected from the lived experiences of learners. This reflects a broader issue of authority in educational settings: educators are positioned more as passive transmitters of foreign knowledge rather than custodians of culturally relevant practices (Assie-Lumumba, 2012; Olayemi & DeBoer, 2021). As outlined in Chapter 4, colonialism disrupted traditional pedagogies, replacing them with Western norms that continue to inform how education, including SRH, is shaped and delivered. Without meaningful engagement with teachers and communities in the curriculum process, implementation efforts risk reproducing historical patterns of marginalisation and failing to meet the needs of young people.

At the time of writing this thesis, there have been no trainings and no official word on whether or not trainings will be available for teachers regarding the CHE curriculum. This lack of teacher training has meant that teachers were perceived to lack the capacity to teach the CSE/CHE curriculum and SRH education in general.

“They lack the capacity, if they lack the training. You go through the Gambia college, you have a certificate in education or higher teacher certificate in education, but you are not concentrating on sexual reproductive health. So even if you are a science teacher, you may find it difficult to teach that subject” (int 5, NGO/CSO).

This key informant reiterated the understanding that knowing the sciences does not mean that one can teach SRH comprehensively or CHE. The absence of dedicated training has significant implications: it limits teachers’ confidence, reduces the likelihood that sensitive topics will be taught effectively or at all, and increases the risk of misinformation. Without adequate training, the curriculum is likely to be interpreted narrowly, often through a moralistic or biological lens, rather than facilitating holistic, rights-based, and culturally sensitive SRH education. This gap not only undermines the goals of the curriculum but also reinforces existing silences and stigmas around sexuality in schools.

MOBSE have recognised the importance of training teachers at the college level and have started an initiative to ensure that the CSE/CHE curriculum is being instilled within the Gambia College.

“We have started doing that. With this project we engaged the Gambia College because we know they are the ones to meet our students at the schools and anything that we are doing it should be reciprocal because they are the ones coming back. So, what we did is look at the life skill unit at the college and help their teachers, we developed a manual for them and have their lecturers trained on that. As time goes on the expectation is for them to integrate it into their teachings” (int 28, gov).

Gambia College is one of the tertiary education institutions in The Gambia, and it houses a School of Education. Gambian teachers often receive their teaching certifications from the School of Education. Gambia College is *“where these teachers are prepared to go into the field”* (int 3, NGO/CSO).

While this initiative signals a potential shift toward institutionalising SRH education through formal teacher training, its success remains dependent on a long-term commitment, adequate resource allocation, and integration into national teacher education standards. Without clear implementation timelines, continuous oversight, and alignment with broader policy goals, such efforts may remain tokenistic. Moreover, integrating CSE into pre-service training, while necessary, does not address the urgent need for in-service training for teachers already in the field, many of whom lack both the resources and pedagogical tools to deliver SRH education effectively. Thus, while the engagement with Gambia College is a positive step, it must be part of a more comprehensive and sustained approach to curriculum implementation.

Key informants have emphasised the importance of teacher training for the CHE curriculum and the need for qualified trainers.

“We must also try to get people who know instead of just getting just anybody to come up and start teaching in schools because I believe there are some teachers who need to be taught properly as well and given intense trainings” (int 32, NGO/CSO).

This means that human resources (teachers) also require other human resources (CSE experts) to fully grasp the curriculum, as teachers themselves need to be trained first. As stated in Chapter 5, The Gambia reportedly does not have CSE experts, which is why an international consultant developed the curriculum. This reliance on external expertise creates a dependency cycle, where national education systems remain reliant on foreign actors for technical guidance and curriculum design. In the absence of local experts, the ability to contextualise SRH content and ensure it aligns with local cultural, social, and linguistic realities is significantly compromised. As a result, not only does this affect the quality and relevance of the content, but it also affects the sustainability of the program, since ongoing support, review, and adaptation of the curriculum will remain externally driven.

This difficulty in developing local CSE expertise is part of a broader legacy of colonialism, as discussed in Chapter 4. The colonial state prioritised extractive economic structures over investments in public health and education systems, leaving post-independence governments with limited infrastructure and capacity to develop homegrown knowledge systems. Education and health sectors were historically underfunded, and this has had long-term consequences on the development of national expertise and institutional leadership in areas like SRH. The current lack of investment in teacher education and local CSE experts can therefore be seen as a continuation of these historical injustices, where post-colonial states are left to operate within structurally under-resourced systems while being expected to meet global education and health standards.

A key informant offers a solution to this situation by suggesting that nurses and health workers teach the curriculum, as this may address some of the socio-cultural difficulties surrounding the language used to discuss sex and the content of the curriculum: *“It is possible MOBSE can take in health workers as teachers who would be teaching in the schools when it comes to comprehensive health education”* (int 9, NGO/CSO). Although this may seem like a viable solution at first glance, a more critical lens reveals that this approach risks reinforcing the ongoing biologisation of SRH education. Framing SRH as primarily a health issue, rather than a broader socio-emotional and rights-based concern, may inadvertently limit discussions to anatomy, disease prevention, and reproduction areas that health workers are typically trained in,

while excluding deeper explorations of consent, gender power dynamics, or emotional well-being.

This concern is compounded by the fact that, as Hardman (2011) points out, many teachers across Sub-Saharan Africa receive limited or no training in participatory or transformative pedagogy. In this context, bringing in health professionals without pedagogical training may further entrench a didactic, clinical approach to SRH, where knowledge is delivered as static information rather than explored through critical, dialogic engagement. Rather than bridging the gap in SRH education, this solution may sideline holistic, culturally relevant, and rights-based approaches in favour of a narrow, medicalised understanding of sexual and reproductive health.

Only 65% of teachers in primary education received training in 2017, according to the World Bank. When teachers do have access to training, it is outdated and Eurocentric, as detailed above (Krzykawka and Sur, 2020; Chang'ach, 2016). This problem is evident across the SSA. According to the results of the Ugandan National Assessment of Progress in Education (NAPE), only about 60% of Ugandan primary teachers can be rated proficient in numeracy (UNEB, 2015). Over 33% of primary school teachers in Uganda were unable to pass an English proficiency test, and only about 40% demonstrated proficient writing skills. The lack of access to good quality training for teachers contributes to the limited reading and comprehension skills for young people (Bashir et al., 2018).

If MOBSE does not have the capacity to conduct teacher trainings, then it is also possible that they may not have the material resources required by the CHE curriculum to provide teachers who are able to adequately teach the new CHE curriculum. Examining the possibility of teacher training for teaching the CHE curriculum is crucial in identifying teachers as human resources and how their capacity can be increased as resource persons. The next section will now look at the availability of material resources to teach CHE.

The Role of Material Resources in Teaching CHE

The Gambia suffered significant setbacks in the health and education sectors due to colonialism and the poverty ensuing from colonialism. These setbacks can be seen in the lack of resourcing in these sectors, especially within schools. Poverty is known to be a determinant of poor health, but also a determinant of education quality (Ahlberg and Kulane, 2015). The chronic underfunding of education in post-colonial states, including The Gambia, is directly tied to structural adjustment programs and donor-driven education policies that have historically prioritized efficiency over equitable resource allocation (Altinyelken, 2010). This has resulted in persistent disparities in access to educational materials, including those necessary for teaching CHE.

The resources that educators have access to can determine the organisational ability of schools and teachers, and whether they can use and teach the curriculum as intended. This means that even when educators get the necessary training to understand and teach the curriculum, it does not mean that they will be equipped to teach it at the required level, because they may not have all the materials needed. In conjunction with the need for an investment in human resources like teacher trainings, key informants have also highlighted the need for the availability of material resources for educators so that the CHE curriculum may be properly implemented within schools.

The draft CSE curriculum lists the necessary resources for teaching the curriculum material; these range from actual textbooks, audio-visual aids to community engagements, it presents a holistic approach to teaching CSE/CHE. The resources in the draft curriculum are as follows:

- *“Teaching and Learning Resources: Posters, textbooks, charts, pictures, journals, work cards, flash cards depicting societal norms and values*
- *Audio/Radios to listen on the importance of social norms and values.*
- *Video clips/Films on norms and values of our society.*
- *Opinion leaders (Alkalolu, Seyfolu, Imams, Priest/Priestess, Judiciary, NCAC personnel, NCCE Members and the Police) to talk on the importance of societal norms and values,*
- *Decision making Assertiveness.*

- *Universal Declaration of Human Rights (UDHR) on issues relevant to comprehensive sexuality education.*
- *Video & films clips on human rights perspective for reproductive health and well-being.*
- *Images on human rights for reproductive health and well-being through posters.*
- *Textbooks booklets and journals on human rights reproductive health and wellbeing.*
- *Domestic/Customary Law of the Gambia.*” (Draft CSE Manual, UBS and SSS, 2017).

The curriculum, therefore, expects a certain level of resourcing in the form of books, audiovisual resources, and policy to be successfully taught to young people. However, as I will show, there is a gap between what is expected by the curriculum in terms of resources needed for teaching and the reality that schools and teachers face regarding the provision of resources to teach the curriculum.

According to key informants, some of the main challenges encountered in teaching SRH education at any capacity, include the lack of resources. Books are highlighted as the initial resource necessary for teaching CHE/CSE by MOBSE,

“I’m talking about in the school you know, textbooks are very important. We had a tradition of textbooks during the POP/FLE time. So now that we have changed a bit to the international global comprehensive health, education or comprehensive sexuality education, we also need books... this is something MOBSE is taking up” (int 12, gov).

While books and other standardised content are a necessary resource, there is a history of their lack of availability in schools for all subjects. This is also the case with SRH related subject matters, *“normally, it’s just the textbooks they’ll have. Where there is no textbook then sometimes, they’ll just take whatever is in biology or science and that’s what they are going to teach, but I think there is need for enough resources”* (int 22, ed). Ideally, MOBSE provides learning materials like textbooks to public schools for students, as all material should be standardised according to MOBSE’s requirements. Due to the lack of availability of textbooks in most classes, key informants fear that CHE textbooks that should accompany the curriculum may also be scant if MOBSE and the government do not provide the required financial resources to

buy them. An example of this previously happening can be seen in the quote below, where a key informant describes encountering the issue of the lack of resources as a student in a POP/FLE class.

“When I was in school, when I was in the education field there was no enough resources. I don’t know of now but then there were no enough resources, and then we were only using one book from grade 4 down to grade 6. We were only using 1 book and then the textbooks were not enough to give the students and others stuff so then the resources were not enough to cover but I don’t know of now probably maybe the ministry has done something to improve the system” (int 26, ed).

Books are seen by key informants as a major aid in ensuring the comprehensiveness of the delivery of the CHE curriculum. As evidenced in the quote above, there has been a limited availability of books, which has implications on whether students are able to access the material being taught. Without books and other resources, the burden is then placed on educators to teach with limited resources. As seen in the previous section, teachers already do not have the capacity to teach SRH education/CHE due to their lack of training.

The lack of resource availability was more common in public schools, where all resources and funding come through the Gambian government. As key informants have noted, *“that is where the issue of inequality comes in, in terms of access”* (int 30, NGO/CSO). This inequity in resourcing extends beyond books to other learning materials, particularly digital and visual aids, which are essential for effective CHE delivery. In The Gambia, secondary school education is not free; however, public schools are generally more affordable than private schools. This is because the government subsidises school fees and provides the necessary institutional resources required for the school to operate. However, as noted earlier, the government, MOBSE specifically, struggles when it comes to allocating learning materials and resources. This means that most public schools have limited access to the books MOBSE can provide. In contrast, private schools, which are not reliant on government funding, have greater access to technological tools and educational services. Due to this disparity, key informants believe that private schools will fare better in delivering the CHE curriculum than public schools: *“for the*

private schools there will be enough [materials] but for the public schools I don't think so" (int. 20, ed).

These material disparities are not simply logistical; they are symptomatic of enduring postcolonial inequalities. The prioritisation of elite, fee-paying institutions over public education systems reflects colonial-era patterns, where access to high-quality education was reserved for the privileged few. As Rodney (1972) and Assie-Lumumba (2012) argue, colonial education systems were designed to produce administrative elites rather than support mass education or build national capacity. The resulting infrastructure has left newly independent nations like The Gambia with underfunded public sectors, including education, and a dependency on external donors for educational reform. The lack of investment in public school resources thus mirrors broader postcolonial legacies of underdevelopment and marginalisation, disproportionately affecting students who rely on public education for access to SRH and other critical content. This legacy continues to shape which students get access to comprehensive, rights-based education, and which are left behind.

Private schools are viewed to have the resources to include visual aids in their teachings, while public schools do not, *"unfortunately our classrooms are not equipped with a television or projector, you know, so that we are able to really, you know, demonstrate or play some of these videos... it's only with a few private schools that some of these facilities will be available but these facilities are needed"* (int 13, gov). With access to technology, educators are better able to highlight to young people the issues of SRH discussed in class, *"in the school that I teach, [name], we have a smart board where you can connect your laptop and play a video and the students watch"* (int 15, ed). Although private schools are thought to fare better in relation to the availability of resources by key informants, not all private schools have access to all the resources necessary for teaching CSE/CHE, *"it's only with a few private schools that some of these facilities [labs] will be available but these facilities are needed. Some of these students will really have to see some of these things and really understand them better,"* (int 13, ed). This is because not all private schools have access to the same amount of funding. A private international school, for example, may have more resources than a regular private school, because in The Gambia private international schools often host children of ministers and

international delegates. This, therefore, means that more is invested into the teaching and learning process at that international school than would be at a regular private school. This highlights the inequity in resourcing across all schools, which can make it difficult to implement the CHE curriculum in a standardised format across the country.

Visual aids such as pictures and diagrams, plays, and video recordings were discussed as important resources to teach the curriculum, *“with just the theoretical part of it, we will continue going around the same circle”* (int 13, gov). Visual aids are thought to ground the theoretical part of teaching to actual practice. In CHE, providing visual aids is understood to allow students the opportunity to have a practical understanding of what is being taught. Visual aids are viewed by key informants as an important way for young people to learn about CHE. This will allow young people to have access to education that is not only limited to textbooks, as explained by this key informant, *“I think we should make the learning easy, interactive and for now, I cannot think of any way better than having apps in our mobiles, use technology, so that children would access you know, the information, the content”* (int 12, gov).

Some teachers placed emphasis on having visuals that illustrate developmental stages, so that young people can understand what is going on during puberty, *“we can show them the reality, and if we can have photographs of children from the age when they were teenagers, you know young boys and girls and when they are developing so that we can explain it to them, it can be more”* (int 24, ed). Another key informant also agrees with this *“and the practical part of it, where we cannot get these items practically available. perhaps you know, videos also will serve as a substitute,”* (int 32, NGO/CSO).

Key informants who are educators also discuss how access to visual aids assists them through the teaching process as they present materials to students, making content that would otherwise be abstract, more accessible.

“Like some of them we do explain to them how the sperm travels for instance inside the fallopian tube so I think maybe the projectors, if you have projector I project the video on the wall let them see themselves, for instance like pregnant some of them think that if you have sex in a safe period you might not be pregnant, unprotected sex, not knowing that

some of the sperm can be trapped by the villus inside the fallopian tube so if they see all those things that will prevent them this from teenage pregnancy” (int 21, ed).

Within the Gambian context where discussions around SRH are limited, having visual demonstrations may be a way to reduce the stigma around the unknown, and increase conversations on SRH. For some teachers, visual aids are an important tool, especially when teaching topics that are not otherwise demonstrable, such as conception and pregnancy. While this is important, visual aids can also be used to reinforce norms like abstinence. The quote above highlights the abstinence-only teaching of SRH education. This key informant believes that if young people have a better understanding of pregnancy, then they will avoid any kind of sexual activity that could possibly lead to it. Here again, sex is viewed negatively for young, unmarried people, and not as something that could have a positive outcome.

Key informants posit that technology like visual aids can supplement teaching, and UNFPA is currently developing electronic resources for SRH.

“One of the things that we're also currently working on, is developing an app called Suma-Tyme³⁷ [translation: my time]. Yeah, so Suma-Tyme, basically my time, so it's more like a space, like a safe space for the individual that's using the app. So basically, we're developing that, we're using the UNFPA health tool to be able to provide sexual reproductive health information to adolescents and young people and that includes some level of service mapping, where once the app is ready, or based on the location that you are, you will be able to find out what services are available in the nearest facilities” (int 11, NGO/CSO).

This is another example of MOBSE and the government outsourcing CHE and SRH education to international funders. This kind of outsourcing means that MOBSE may not have to provide resources required for the teaching of CHE.

As noted in the previous section, teachers may not be fully qualified to teach CHE. For teachers who do not have the qualifications, outsourcing the teaching to YouTube videos and other forms

³⁷ This is a mobile app that has been developed to teach young people SRH

of technology may be beneficial in ensuring that young people are taught CHE, as this key informant elaborated on.

“So, basically, I think the most important challenge that we need to take, we need to take the bull by the horns is to digitalize the materials, you know, when it is in the mobile phone. You know, people spend more time with mobile phones when you know than books now. So, I think for the efforts, most people don't read books now... so to address that, there is need for the country to digitalize the content of the materials, so that children would have interactive sessions, you know, they can give them assignments” (int 12, gov).

Outside of visual aids, digital technology can also be crucial in teaching SRH. Through digitising textbooks and other resources, students will be able to get accurate information from the internet according to the government. For MOBSE staff, technology can be a tool to increase the resources being used to teach CSE/CHE. This may also limit the role of MOBSE in providing resources for teachers and schools. MOBSE is already struggling to provide books, so with the idea of using technology, the key informant above suggests that young people will be using their own phones to access CHE. This also means that problems around inequality in education may rise, as not every young person has access to cell phones and internet³⁸.

While the need to digitise materials is important, it does not take into consideration structural problems that make access to digital information difficult, such as the lack of internet and electricity for the general population. This key informant works for a funded NGO but highlights how even having access to money from funding cannot remedy these structural problems.

“It can be hard to be fully comprehensive without the right material, like when we’re doing the out of school activities, we will be going with our dongle which not a lot of people or schools in the Gambia would have... There are certain things you need, like access to internet to be able to show them examples (int 32, NGO/CSO).

³⁸ Accessibility to phones and internet has been discussed in chapter 3, where I detailed my data collection procedures, and how not everyone in The Gambia can afford to be digitally connected.

This also means that even if schools are funded and provided with visual aids and technology, they may not be as useful as reported by key informants, or in use at all, due to a lack of internet and electricity,

“But talking about the videos, you go to our schools, how many of them even have electricity? to even talk about putting a TV screen in the classroom. So, again, you haven't, we have a long way to go if we even want to do some of those things. That's the electricity, talk less of putting a TV in a classroom. So, I'm not sure how many schools will even go and find a TV. Not even one, they wouldn't find a TV,” (int 33, NGO/CSO).

Here, a significant disconnect exists between the resource suggestions outlined in the curriculum and the lived realities of those tasked with implementing them. The socio-economic conditions of Gambians, especially those in rural and under-resourced areas, were not adequately considered by the curriculum's developers. This reflects a common issue in donor-driven education initiatives across sub-Saharan Africa, where program design often overlooks infrastructural limitations, assuming a baseline of access to electricity, internet, or digital devices that does not reflect the majority experience (Pinto, 2019; Tabulawa, 2003).

The reliance on donor-funded digital initiatives, such as UNFPA's Suma-Tyme app, further highlights the government's outsourcing of SRH education to international partners rather than investing in sustainable, locally driven solutions. While digital tools may have the potential to enhance CHE delivery, they cannot substitute for foundational material resources such as textbooks, in-service teacher training, and basic infrastructural development (Hardman, 2011; Altinyelken, 2010). Moreover, the digital divide in The Gambia replicates colonial legacies of uneven development, where access to quality education is stratified along lines of class, geography, and institutional affiliation (Tikly, 2004). Ultimately, the failure to adequately provide material resources, particularly in public schools, reinforces existing educational inequalities and undermines the effectiveness of the CHE curriculum. Without addressing the structural barriers to equitable implementation, such as infrastructure and funding, the curriculum risks becoming aspirational rather than transformative.

Disability Access to CHE

One of the consequences of the inadequacy of resourcing in CHE is its impact on people with disabilities. Most of the discussion around resources has been framed in a way that does not accommodate young people with disabilities. Discussions about resources have primarily focused on books and visual aids, but the only significant push for disability-friendly content has come from UNFPA. This reflects broader systemic exclusion in education policy and practice, where disability rights and accommodations are often considered as an afterthought rather than as integral to curriculum design and implementation.

As noted earlier, girls and women face a higher risk of sexual violence, and for people with disabilities, this is compounded. According to a key informant, girls and women with disabilities: *“face discrimination to [accessing] service as young women, and as young girls are very vulnerable when it comes to SRH”* (int 30, NGO/CSO). This highlights the intersectionality of disability and gender, where disabled women and girls experience compounded barriers due to both societal stigma and structural inadequacies in service provision (Meekosha and Dowse, 2007).

A key issue is the exclusion of students with disabilities who are not taught SRH education in schools *“SRH just isn't available as a lesson taught at our schools. And anything to do with sex is often considered a taboo to talk about... honestly it all has to do with accessibility and trained persons who teach and promote SRH just need to know that”* (int 35, NGO/CSO & ed). This highlights how socio-cultural factors like SRH stigma, and structural factors like resourcing especially impact vulnerable populations like people with disabilities regarding SRH. It is not known whether the new curriculum will be taught in schools for people with disabilities. This will have significant implications, as a lack of access to the CHE curriculum will continue to enforce the marginalisation of people with disabilities. Research has shown that when disability intersects with other marginalized identities, such as gender and class, access to SRH information becomes even more restricted (Groce et al., 2013). It is also concerning that there is no clarity on whether the new CHE curriculum will be implemented in schools for students with disabilities. The lack of inclusion would only reinforce patterns of marginalization and deny

young people with disabilities their right to SRH education, which is crucial for informed decision-making and bodily autonomy.

UNFPA identified the need for accessibility of SRH materials and is trying to bridge the gap through the Suma-Tyme app being developed. Through consultations with young people with disabilities, they have been able to come up with ways to make the app more accessible for everyone who wants to use it,

“We try to also make a disability friendly because one of the things we have seen as one of the people that have been, I mean one of the things is to ensure we have sign language... there are a lot of people that are deaf and hard of hearing. They don't understand sign language, how do we ensure that there is closed captioning. So, you know, talking to people that you have new ideas, we also having a TTS [text to speech] to ensure that the visually impaired are not left behind. So, there will be text to speech” (int 11, NGO/CSO).

While this represents a positive step, digital interventions alone cannot replace the need for structural reforms in formal education systems.

One of the key informants of this study is a person with a disability, who also teaches at a school for children with disabilities. During the interview, she highlighted the importance of CSE/CHE when it is accessible, *“yeah if the information is made accessible and taught accurately, I have no doubt it will have a positive impact”* (int 35, NGO/CSO & ed). For people with disabilities, accessibility takes many forms. *“Audio or braille text for the blind and visuals for the Deaf for example... most deaf youth have problems with written English. So, a translation of the book in Sign language format would be great”* (int 35, NGO/CSO & ed). This key informant also highlights the fact that MOBSE houses a special needs department, who should be collaborating with the CHE curriculum department to ensure that the educational needs of young people with disabilities are met.

“Most deaf women I have worked with don't know much about SRH. There are barriers to access to the information both at family and societal level. Most of them just do not discuss these issues with anyone unless they trust the person absolutely. They tend to go the hospital but then again there are communication barriers between them and health

care workers. At school I feel more emphasis is put on how not to be pregnant, how it is bad to follow boys etc... So, I would like say that more professionally trained teachers or sex educators are needed in order to teach quality lessons on SRH” (int 35, NGO/CSO & ed).

There is a SRH knowledge gap for people with disabilities, as there are barriers to information access on all levels. The excerpt above is an example of how SRH education that focuses more on pregnancy, or biologised SRH education, is not comprehensive. It also highlights the importance of holistic SRH education, especially for young people with disabilities, which is often forgotten or ignored in this context.

Communication barriers can also make it more difficult to disclose sexual violence, *“especially in cases where they are accompanied to the clinics and hospitals by their abuser”* (int 35, NGO/CSO & ed). This highlights the key informant’s perspective that MOBSE and the government consider the needs of students with disabilities when implementing the CSE/CHE curriculum, as students with disabilities are at an increased need for SRH education and are often the most marginalized. Without intentional policy interventions, students with disabilities will continue to be left behind in SRH education, further entrenching existing inequalities.

The Implementation of CHE

CHE as a Standalone Class or as an Integrated Curriculum

Key informants acknowledge that curriculum implementation issues, such as educator capacity and the availability of material resources, can influence how CSE is taught to young people. Outside of educator capacity and the availability of resources, curriculum implementation also means examining whether the curriculum should be integrated into other classes or taught as a standalone subject.

To understand why it is relevant to analyse the implementation of the CHE curriculum in terms of integrating the curriculum or keeping it as a standalone, it is important to look back at POP/FLE. Before POP/FLE was removed entirely from schools, the government attempted to integrate its manual into other classes. This meant that instead of having POP/FLE as its own

subject, its content was separated and incorporated: “*integrated other subjects... like in science, in home management, and things like that*” (int 12, gov). This was seen as a way to limit the resources spent on POP/FLE, and as noted in Chapter 5, the lack of funding was one of the reasons that led to the elimination of POP/FLE in schools. The integration did not prevent the eventual discontinuation of POP/FLE, raising concerns about whether a similar fate awaits CHE if it follows the same path.

Almost twenty years later, discussions have begun about how this new CHE curriculum will be implemented. Government officials and MOBSE staff agree that CHE should be integrated into other classes the way POP/FLE was. According to MOBSE staff, integrating the CSE/CHE curriculum in other subjects will increase the likelihood of the curriculum's longevity.

“We thought about it and we said to integrate it into the career subjects and that is where we started. We can integrate it in the science, maths, biology or English; we integrate it in those subjects and then develop manuals to accompany those things... what happened when we had it stand alone as POP/FLE, it did not work and these are issues” (int 28, gov).

Interestingly, this key informant is hopeful that the integration of the curriculum might prevent it from meeting the same fate as POP/FLE, even though the integration of POP/FLE did not save POP/FLE. The integration of the curriculum is also supported by the draft curriculum itself, which states that the manual “*is primarily intended to reinforce teaching and learning of the CSE themes that have already been integrated into the various subjects of the Upper Basic school curriculum*” (Draft CSE Manual UBS and SSS, 2017). Throughout my interviews, there was no mention of a formal plan for integrating the manual into other subjects. Key informants outside of the ministry did not even realise that the initial POP/FLE curriculum was integrated, “*some teachers say they’ve not seen the curriculum. Like majority did not see it. How SRH was integrated in the subjects. It’s like this mathematics, teachers don’t even understand*” (int 9, NGO/CSO). This highlights the lack of collaboration and cohesion between MOBSE and other key stakeholder bodies regarding SRH education overall.

A teacher who agrees with integrating the curriculum in other classes acknowledged that it can be done within science classes, as young people will have to learn biology and anatomy regardless.

“The topics are kind of like interrelated so sometimes you are talking about the nervous system; you make mention of okay what makes erections? It’s because of nerve is there, so somebody will ask you what’s erection? What’s impotency? You are actually talking about the nervous system you talking about nerves being present in the penis for example, what is making it to erect? Okay blood vessels popping, or you are talking about circulation you actually make the reference to it so students because when you talk about reproduction most of the times, students are interested in those kinds of topics” (int 18, ed).

This argument though, furthers the idea that CHE should be mainly biological, with little consideration for the socio-cultural implications around sex and sexuality.

Key informants overwhelmingly agreed that the CHE curriculum should be taught as a stand-alone subject. Although science classes are already teaching components of SRH, teachers argue that they will be overwhelmed if the new curriculum is to be integrated within existing classes, *“if you add it to the science also it may create another problem for science teachers you know adding to the program is always a headache to the teachers”* (int 24, ed). According to a science teacher, *“science already is loaded, I will say like since yesterday evening I was staying up trying to revise the whole syllabus it took a while, so then let it be on its own as it used to be with POP/FLE I think that one will be more effective”* (int 21, ed). Educators already have limited incentives to teach their current load due to issues like poor salaries for teachers. There is the possibility that adding CHE to their already full syllabus will lead to the curriculum not being taught as comprehensively as it should be.

Key informants who argue for the curriculum to standalone, argue that the CSE/CHE curriculum will meet the same fate as POP/FLE if it is integrated within different classes, *“It should be a standalone and the teacher really be provided what he needs to be able to really teach the subject, instead of embedding it into something else. You embed it into something else, it dies a natural death”* (int 14, ed). When taught as a standalone topic, key informants believe that

teachers who are uncomfortable with the topic will not be forced to teach it when they do not want to, because there will be specific teachers assigned to CHE, *“once you have it embedded as part of another subject, because the teacher is not comfortable teaching a particular chapter in a syllabus, he avoids it and that is exactly it with all the subjects”* (int 14, gov).

Key informants posit that teachers assigned to the CHE curriculum will be better trained to teach the specific course as it will be their speciality. Teachers will also be able to go into detail about SRH issues when it is being taught as a standalone class,

“For example, I am teaching the menstrual cycle bring in the life skills aspect I can come with a scenario and say “Mariama had her first menstrual cycle she didn’t know what to do and so on and so forth. So, you are Mariama’s friend, how will you help Mariama or what would you explain to Mariama?” and so on. So, these are the kind of things that will make the children to think, they will be able to make the decisions and so on, if it is incorporated into the biology obviously the teacher will not go to the extent of talking about those things” (int 22, ed).

CHE as a standalone subject offers a greater opportunity for a more nuanced and context-sensitive approach to SRH education. Teachers specializing in CHE will be equipped to create interactive and participatory learning environments that engage students beyond rote memorization of biological facts. A dedicated curriculum allows educators to explore the socio-cultural dimensions of SRH, such as consent, gender norms, and healthy relationships, which are often overlooked when SRH is embedded within broader subjects like biology or science.

CHE as an Examinable Subject

Outside of how CHE is implemented, key informants have also argued about whether CHE should be an examinable subject. For key informants, an examinable curriculum means that young people will be formally tested on their knowledge of SRH. An examinable curriculum may also mean that young people will take CHE more seriously, as teachers have argued in previous sections that young people do not prioritise SRH, *“it is a curriculum that’s also driven towards the exams, so if it’s not examinable it’s not taken seriously. It’s the teachers themselves that will not take it seriously, just focus on those that are examinable. That was the problem*

[with POP/FLE]” (int 10, gov/ed). Key informants posit that making CHE examinable will guarantee that it will be viewed as essential by teachers, students, and the government.

Having CHE as an examinable subject can manifest in different ways. The curriculum can be examined at a school-wide level, and it can also be examined on national and regional levels through the West African Senior School Certificate Examinations (WASSCE) exams. According to key informants, at the school-wide level, students should be tested on CHE. *“How do you make this subject such that students take it seriously? It should be an examinable subject, where it is not examinable at the level of WAEC but maybe within the school system, this should be examinable”* (int 13, gov). This level of examination may not have a lasting impact on young people, as they will still be able to move forward to the next grade even if they do not pass a CHE exam. At the WASSCE level, an examinable CHE curriculum should influence whether students can go to the next grade, *“if you intend to make it a standalone subject in the school and it is not propelled to take you to the next class and it is not in your WASSCE, students, teachers and parents will not take it importantly”* (int 27, gov/ed). In this case, the key informant believes that young people are more likely to take CHE seriously if it will affect their future academic progression. It is important to reiterate that the WASSCE exams administered by WAEC were developed by the British to further instil Western and pre-colonial ways of learning. These examinations reflect a colonial legacy that continues to prioritize rote memorization and standardised testing over critical thinking, contextual learning, and the application of knowledge in real-life situations (Parker & Jerrim, 2015; Tikly, 2004). As a result, examinability may ensure formal recognition of CHE, but it also risks reinforcing a surface-level engagement with content that is tailored more toward passing exams than fostering meaningful, reflective understandings of SRH. Scholars such as Mkumbo (2012) and Le Mat (2017) argue that SRH education is most effective when it enables young people to critically engage with such topics as gender, power, and consent—areas often sidelined in assessment-driven education models. Embedding CHE within exam-oriented frameworks, such as WAEC, may, therefore, dilute its transformative potential, aligning it more closely with existing systems of academic performance than with the broader goals of empowering young people to make informed decisions about their health and well-being.

Whether the curriculum is examinable or not though, does not take into consideration whether the topic at hand will teach young people comprehensive SRH. It also does not determine who decides what material should be examinable and what material is not. This leads to the possibility that examinable material may focus on issues that have already been normalised in society, like abstinence and a prohibition of premarital sex, rather than holistic SRH education. Additionally, examinability does not address structural issues such as the lack of teacher training or the availability of educational materials. The government must ensure that the implementation of CHE is not just focused on whether it is examinable, but also on the quality and inclusivity of the curriculum.

Chapter Reflections

This chapter has critically explored the implementation of the CHE curriculum in The Gambia, focusing on how teacher capacity, government engagement, and resourcing limitations intersect to shape its roll-out. The findings reveal how systemic neglect, rooted in weak policy prioritization, colonial legacies, and socio-economic disparities, has undermined the possibility of delivering a contextually relevant and sustainable SRH education. These findings align with broader concerns in SSA, where CSE initiatives frequently face policy fragmentation, inadequate local investment, and limited contextual adaptation (Chavula et al., 2022; Vanwesenbeeck et al., 2016).

The Implementation of Policies in The Gambia

Although key informants noted the presence of progressive policies on paper, they repeatedly emphasized the disconnect between policy development and implementation. This reflects a familiar pattern across many LMICs, where governments adopt international commitments without allocating the domestic resources or political will necessary for sustainable action (Sidze et al., 2017; Eba & Lim, 2017). The perception that the CHE curriculum, like other SRH-related policies, was externally imposed led to limited community ownership and undermined its legitimacy in the eyes of stakeholders. As Chapter 5 also noted, this dynamic is further

complicated by political shifts and cultural resistance, making SRH education vulnerable to shifting priorities and fragmented roll-out.

Participants described government involvement in CHE as limited to policy formalization, with little follow-through in terms of implementation planning or coordination. In this context, the lack of clear leadership, particularly from MOBSE, contributed to confusion among stakeholders about their roles and responsibilities. This absence of accountability is compounded by the lack of government-led communication and training, contributing to stakeholder disillusionment and a stalled implementation process. As Eyakuze (2021) observes, meaningful CSE implementation requires both top-down commitment and bottom-up engagement, a balance The Gambia has yet to achieve.

One of the most pressing issues identified is the lack of adequate teacher training to deliver the CHE curriculum. While efforts are underway to incorporate SRH modules at The Gambia College, these initiatives remain nascent and insufficient to meet national needs. Existing teachers, particularly those already in the field, have not been systematically trained on the CHE content, leaving many ill-equipped to engage with the sensitive, complex issues that SRH education entails.

This finding is consistent with regional patterns: across SSA, educators frequently report feeling underprepared to deliver SRH content, especially when such content challenges dominant cultural or religious norms (Helleve et al., 2009; Chandra-Mouli et al., 2018). Moreover, the lack of in-service training and ongoing support means that teachers often fall back on traditional, didactic methods or avoid the curriculum altogether, further marginalizing SRH topics in the classroom.

The perceived lack of CSE expertise within The Gambia exacerbates this issue. As one informant noted, reliance on international consultants to develop the curriculum without building local capacity limits the sustainability and cultural relevance of CHE delivery. This reflects a broader postcolonial critique: externally produced interventions that do not meaningfully engage

with or invest in local knowledge systems reproduce dependencies and erode educational sovereignty (Tamale, 2020; Olayemi & DeBoer, 2021).

How does Capacity and Resourcing Influence how CHE is Taught?

Material resourcing also emerged as a significant barrier to the effective implementation of CHE. The findings show a stark divide between public and private schools in terms of access to basic teaching aids, technology, and infrastructural support. Public schools, which rely on government provisions, were described as lacking even the most essential resources, such as electricity or textbooks. This undermines the feasibility of delivering a participatory, engaging SRH curriculum as envisioned in policy documents.

These disparities reflect and reinforce broader inequalities in the Gambian education system, where wealth and geography shape access to quality education. As Tamale (2011) and Macleod et al. (2015) argue, CSE programs often fail to account for the socio-economic conditions in which learners live, thereby entrenching existing exclusions. Moreover, these conditions disproportionately affect marginalized populations, including students with disabilities and those in rural areas, whose needs remain unaddressed in current CHE planning. The lack of inclusive resources and teaching strategies further limits the curriculum's reach and effectiveness, raising questions about equity and justice in SRH education.

The overreliance on digital tools such as mobile apps, while innovative, risks bypassing these structural issues. As demonstrated by the gap between curriculum recommendations and on-the-ground realities, technological interventions cannot substitute for sustained investment in human and material infrastructure (Wangamati, 2020). Without such investment, CHE risks becoming aspirational rhetoric rather than a transformative educational tool.

Across the findings, one theme remains constant: the question of ownership. Without clear leadership from MOBSE and inclusive mechanisms for stakeholder engagement, CHE risks being treated as an add-on initiative rather than a core component of national education. The assumption that NGOs or international donors will continue to drive implementation creates a

fragmented and unsustainable system that further marginalizes local actors, particularly teachers. As Assié-Lumumba (2012) argues, reclaiming the cultural and pedagogical autonomy of African educators is essential for any truly transformative educational reform.

Summary

This chapter has highlighted how gaps in teacher capacity, insufficient material resources, and weak policy leadership collectively pose major barriers to the effective implementation of the CHE curriculum in The Gambia. Despite progressive policy frameworks and international support, the lack of government prioritization and limited local ownership have stalled meaningful progress. Key informants emphasized that while policies exist, they often fail to translate into actionable strategies on the ground, revealing a deep disjuncture between policy commitments and implementation.

The lack of systematic and widespread teacher training, especially for those already in the field, emerged as a critical issue. Without targeted training and ongoing support, educators remain ill-equipped to deliver sensitive and complex SRH content. This gap reinforces broader postcolonial critiques that highlight the dangers of externally driven reforms that fail to invest in sustainable local capacity-building. Additionally, the absence of SRH experts within the national context further undermines the long-term viability of the CHE program.

Material resource disparities between public and private schools further entrench educational inequality. With limited access to electricity, teaching materials, and digital tools, public schools face considerable challenges in delivering the curriculum. These constraints are not merely logistical; they reflect deeper historical patterns of underinvestment and marginalization, rooted in colonial educational legacies that continue to shape the present. The reliance on digital interventions, while promising, does little to address these foundational inequalities.

Ultimately, the implementation of CHE in The Gambia cannot succeed without clearer government leadership, equitable resource allocation, and meaningful engagement with educators as both implementers and knowledge-holders. The findings from this chapter

emphasize the need to shift from fragmented, externally driven initiatives to a more coordinated and locally grounded approach that recognizes SRH education as a critical, long-term investment in the well-being of all young people.

Chapter 8: Discussion and Conclusion

Introduction

This thesis critically examined the creation, design, and drivers of the new SRH education curriculum for young people in The Gambia. The findings from my study highlight how SRH education, as currently designed and implemented, reflects certain systemic limitations, cultural beliefs, and educator perspectives that may impact its potential effectiveness. My study emphasizes the need for a more integrated approach to SRH education in The Gambia, one that extends beyond the traditional focus on biological content to include the social and emotional dimensions. SRH-related issues and SRH education in general have long been considered taboo in Gambian culture due to religious and colonial influences. My analysis demonstrates the complexities involved in delivering SRH education in a way that accounts for and navigates the socio-cultural and religious norms of The Gambia, revealing the tensions between comprehensiveness and cultural acceptability. Drawing on my empirical findings and lived experience as an SRH and gender specialist and researcher, I propose an innovative, decolonial approach to CHE, which I elaborate in the section ‘A Decolonial Praxis for SRH Education’ below. This model is informed by the principles of critical pedagogy, as conceptualized by Paulo Freire (1970), and encourages critical reflection and active participation from both learners and educators.

The objectives of this research project were:

- To critically explore how SRH education has been developed within the social and political context of The Gambia.
- To analyse and identify the values and perceptions of relevant actors in relation to the development and design of the SRH curriculum.
- To identify the factors that facilitate and challenge the provision and implementation of the SRH curriculum.

As outlined in Chapter 2, CSE and SRH education have been shown to positively impact the lives of young people, and recent global interest in these topics has echoed this importance. The

Gambia has also recognized this value, which led to the development of a new national CSE curriculum for schools. This curriculum has yet to be implemented, mainly due to delays from the COVID-19 pandemic. Although public health research has extensively discussed the importance of implementing effective CSE, there is a limited understanding of the socio-cultural, political, and religious issues that influence the design, development, and implementation of CSE. The findings from my interviews with key informants (presented in Chapters 5-7) have explored these influences in the context of SRH education in general and the CSE curriculum in The Gambia specifically.

I utilized post-colonial feminist theory and Black-feminist theory to conceptualize and facilitate an understanding of how the Gambian CHE curriculum has been developed (and possibly taught), in a heavily patriarchal, low-income, post-colonial context. The ability to recognize reality as layered, using a critical realist methodology, facilitated a greater understanding of how social norms around culture, politics, and religion may influence CSE development and implementation in this context. This research aimed to examine the social and political context in which SRH education has been developed, in conjunction with the values and perceptions of stakeholders who influence its development and implementation. I also sought to identify the factors that could facilitate or challenge the implementation of the CHE curriculum. I deliberately refer to the curriculum as CHE, rather than CSE, because this renaming reflects the influence and authority of socio-cultural and religious factors in shaping what is considered acceptable language and content in SRH education in The Gambia.

Building on the findings from Chapters 5 to 7, this discussion chapter first provides a postcolonial interrogation of CHE in this context, analysing how colonial legacies and socio-political factors have shaped its development. It then outlines my emerging vision for a decolonial praxis in SRH education, an approach grounded in my empirical data and professional experience. Finally, I reflect on the overall contributions of this PhD, summarizing its key insights, limitations, and implications for future research and practice.

A Postcolonial Interrogation of the Development of the CHE

Framework

Throughout the results chapters, I have demonstrated that the development of the CHE curriculum in The Gambia has relied heavily on international donors and external consultants, with limited local involvement from NGOs, students, parents, religious leaders, and other stakeholders. This reveals that those who are poised to benefit most from the curriculum have had little power in the decision-making process. Local stakeholders at the curriculum delivery level did not feel adequately engaged throughout the curriculum design process, resulting in confusion about how the curriculum would serve the community. This lack of local ownership underscores the top-down approach of the CHE curriculum development process, which may ultimately hinder its successful implementation (Brock, 2005; Swartz, 2010).

The funding for developing The Gambia's CHE curriculum came from international bodies, rather than the Gambian government. As described in Chapter 4, colonialism served as an extractive economic endeavour for colonial powers. The primary objective of countries like Britain was to exploit the resources of colonized nations, such as The Gambia, and policies were developed accordingly (Rodney, 1972; Illich, 1997; Becker, 2020). Today, there remains a deep reliance on aid for colonized countries like The Gambia from their former colonial masters and other international institutions. Critical sectors, such as health and education, depend on this aid, which often imposes indirect forms of governance and influence. As a result, issues deemed urgent in HICs are the ones most likely to receive funding in LMICs, irrespective of local priorities, knowledge systems, or implementation capacity (Storeng & Béhague, 2014; Pallas et al., 2015).

The curriculum's heavy reliance on international standards reflects an external imposition that can alienate both educators and students. As with previous FGM policies imposed by external actors, donor-driven and externally designed policies in SRH are often perceived as disconnected from Gambian cultural values. This fuels resistance and limits curriculum and policy buy-in. The discourse around CSE as a Western imposition reveals a broader tension between safeguarding local identity and adopting global frameworks. In this context, SRH education becomes a

battleground for cultural preservation versus perceived foreign intrusion. Such disconnects underscore the need for an SRH curriculum that meaningfully incorporates both local values and the realities of contemporary sexual health challenges; a balance that has been shown to improve outcomes (Mcharo et al., 2021; Amanu et al., 2023).

While colonialism has significantly shaped the types of SRH policies developed, my findings reveal that the process of policy development in The Gambia is also heavily influenced by present-day structural and institutional limitations, particularly the lack of meaningful community consultation. The CHE curriculum was developed without integrating the perspectives of those responsible for its implementation or those it is meant to serve. Key informants, including educators, reported feeling disconnected from the curriculum and unprepared to deliver it effectively. This disconnect suggests a policy-making process that is externally driven and misaligned with local expectations and capacities (Brock-Utne, 2000; Tikly, 2004).

A significant finding from my critical review (Chapter 2) is the increasing standardization of SRH curricula in accordance with global health benchmarks, which often fails to resonate with the realities of local contexts. International frameworks, such as those promoted by UNESCO, are frequently implemented in LMICs with little regard for indigenous knowledge systems and socio-cultural values (Kirby, 2007; UNESCO, 2009). This form of standardization reflects what Mignolo (2011) terms ‘epistemic extractivism’, the imposition of Western frameworks in African contexts that erase or sideline local practices. In The Gambia, the curriculum was developed by an international consultant, with limited local input. The absence of a locally driven knowledge process diminishes the potential for community ownership and weakens the prospects for successful implementation (Olayemi & DeBoer, 2021).

This dynamic reflects broader patterns in African education systems, where colonial influences have historically shifted pedagogical frameworks from community-based models to rigid, Western-centric approaches. Educators in The Gambia are frequently positioned as passive transmitters of imported content, rather than facilitators of contextually grounded learning. Informants described challenges in adapting curriculum materials to students’ lived experiences,

particularly when those materials conflicted with teachers' values or the perceived beliefs of their communities. These findings echo Assie-Lumumba's (2012) argument that colonial education models displaced educators' roles as cultural custodians, replacing them with top-down systems of standardized knowledge transmission.

The discrepancies between what the government has said and what other stakeholders reported regarding the CHE curriculum underscore a lack of alignment and clarity around how the curriculum will be implemented. As policy researchers have demonstrated, a gap often exists between planned policy outputs and actual implementation (Ansell et al., 2017). A key way to bridge this gap is through collaborative engagement between critical actors, including government ministries, international funders, school administrators, and educators. My findings suggest that such collaborative policymaking and implementation processes have yet to take root in The Gambia, which further contributes to a disconnect that weakens local investment in the curriculum.

The findings from Chapters 5 and 6 underscore the pervasive influence of colonial legacies on the structure of SRH education, with Western-centric models shaping both content and pedagogical approaches. As discussed by Bhana (2016) and Chavula (2018), this alignment with colonial educational frameworks often marginalizes indigenous values and reduces teachers' agency. In The Gambia, educators are not viewed as knowledge architects but are instead situated as passive transmitters of externally developed, contextually removed SRH content. This structural rigidity, rooted in the historical shift from communal learning to hierarchical knowledge transmission, creates a disconnect between curriculum goals and the lived experiences of both students and educators.

This study has shown that although global ideas from HICs do influence policy decisions, the legacy of colonialism and the ongoing dependence on international funding place the CHE curriculum in a precarious position. Without local ownership or meaningful government investment, the curriculum risks being viewed as externally imposed. Informants voiced concern that communities may see the CHE curriculum as a donor-driven formality rather than a

meaningful educational intervention, ultimately undermining its legitimacy and effectiveness (Chimbiri, 2010; Bajaj, 2011).

Despite these limitations, my findings also point to forms of agency and subversion. While global discourses on CSE have shaped the policy landscape in The Gambia, cultural and religious norms have countered these efforts in powerful ways. A clear example is the renaming of the curriculum from CSE to CHE, a strategic move aimed at making it more palatable to local audiences. While this rebranding helped increase its acceptability, it also constrained the curriculum's scope by aligning it more closely with restrictive moral and cultural norms (Wekesah et al., 2021; Tamale, 2008). This tension highlights the dual pressures at play: on one hand, externally driven standards grounded in rights-based, comprehensive sexuality education; on the other, localized adaptations that ensure cultural fit but risk diluting transformative potential. My findings challenge the assumption that global CSE frameworks inevitably override local cultural norms (Shiffman et al., 2018; Vanwesenbeeck et al., 2016; Santelli et al., 2017). Instead, they demonstrate how socio-cultural forces in The Gambia actively shape the curriculum, at times eclipsing global standards altogether (Kagama & Irungu, 2019; Miedema et al., 2011).

Ultimately, my use of this post-colonial lens illustrates a complex interplay between structural constraints and localized resistance. While colonial legacies and donor dependencies continue to shape the contours of curriculum development, cultural actors in The Gambia have not been entirely passive. Instead, they have exercised agency, albeit constrained, by reshaping the curriculum in ways that reflect local norms, values, and politics. This dialectic between constraint and agency offers critical insight into the challenges and possibilities of implementing culturally resonant, sustainable SRH education in postcolonial contexts (Tamale, 2020; Bangura, 2000).

Patriarchal and Religious Influences on the Content of the CHE Curriculum

As demonstrated in Chapters 4 and 6, the content of the CHE curriculum is shaped by entrenched patriarchal and religious norms that are deeply rooted in The Gambia's colonial and postcolonial

history. These influences are visible both in how SRH content is framed and in who is positioned as its primary target. My findings illustrate how the curriculum is gendered in its focus, reinforcing a view of girls and women as the primary subjects in need of SRH education, both to protect themselves and to uphold moral standards. This emphasis mirrors broader public health discourses in SSA, where women are often framed as passive recipients of protection, rather than as agents of their own sexual and reproductive autonomy (MacPherson et al., 2014; Wigle et al., 2022; Yamey, 1999).

However, my findings contribute a novel insight to this literature by highlighting how the focus on girls and women is justified not only by assumptions of biological vulnerability but also by perceived susceptibility to GBV. In the Gambian context, this framing serves a dual function: it casts girls and women as both the victims and potential preventers of SRH harms. Key informants described how this protective framing was embedded in the CHE curriculum and reiterated in classroom practices, particularly in excerpts that emphasized abstinence, risk-avoidance, and sexual restraint for girls. In doing so, the curriculum not only reflects patriarchal norms but actively reproduces them. As Le Mat et al. (2019) argue, SRH programs often replicate the gendered norms of the communities in which they are implemented, thereby reinforcing the very inequalities they aim to challenge.

This emphasis on risk and moral discipline ultimately places the burden of prevention on girls and women, asking them to manage the structural harms of patriarchy such as GBV, unwanted pregnancy, and social stigma through individual behaviour change. This framing is especially visible in CHE content that normalizes sexual harassment and abuse, portraying these experiences as everyday occurrences that girls must learn to navigate, rather than as structural problems that require systemic change.

The Gambia's cultural and social norms emerge as critical factors shaping SRH education, particularly in regard to gender and sexuality. As discussed in Chapters 6 and 7, SRH curriculum content is heavily influenced by traditional expectations around morality, marriage, and gender roles, with the curriculum emphasizing risk prevention over empowerment, particularly for young women. The curriculum also prioritizes abstinence and virginity as markers of female

virtue, with far less emphasis on male responsibility. This approach aligns with the moralistic and heteronormative frameworks common in SSA contexts, as noted by Ntarangwi (2019). The emphasis on abstinence and virginity as markers of self-worth reflects a gendered control narrative, where female sexuality is closely monitored while male responsibilities are less emphasized.

My findings support existing literature (Leekuan 2022; Khalesi et al., 2022), highlighting the idea that SRH is often framed as a form of protection for girls and women. This “protection” is predicated on the idea that patriarchal structures are immovable, thus requiring girls to internalize and navigate social risk. This framing overlooks more empowering approaches that center on pleasure, agency, and critical engagement with power. These ‘protections’ are viewed as deterrents, and the result is a sex-negative pedagogy that discourages girls from expressing sexuality outside of marriage and often blames them for the consequences of sexual activity (Zaw et al., 2013; Fine & McClelland, 2006). Notably, no content in the curriculum offers an affirmative framing of female sexuality or sexual well-being, reinforcing the silence around sexual pleasure and rights.

In my research, girls and women were viewed as the guardians of SRH (as they are the ones tasked to informally teach and receive SRH education), while holding limited power and influence over SRH decision-making. They were simultaneously given the responsibility to solve SRH problems while also being positioned as the people who cause the SRH problems. Several informants pointed to mothers as key actors who are expected to provide SRH education at home. Yet, these same women are often ill-equipped to do so, given their lack of access to accurate SRH information. The lack of SRH research in SSA has meant that no studies have examined the positionality of the perceived power of girls and women in SRH education. In relation to SRH globally, public health research (Robinson et al., 2017) has detailed how gendered power inequalities prevent women with HIV/AIDS from fulfilling their SRH rights due to a lack of agency and decision-making power. When girls and women have more agency, they are understood as better able to make decisions about their SRH.

The curriculum's biological emphasis, centred on pregnancy, menstruation, and STI prevention, further reinforces this gendered dynamic. In sidelining emotional, social, and ethical dimensions of sexuality, it reinforces patriarchal norms that associate female bodies with danger, impurity, and regulation (Woolman, 2001). This approach aligns with findings by Browes (2015) and Achen (2023), who observed that despite the availability of SRH education in SSA, its gender equity and human rights components have been viewed as weak. These studies have found that, although teachers and students discussed the importance of gender equality in SRH education, the realities observed in the classroom differed (Browes, 2015; Achen, 2023). This reinforces existing power imbalances, as young women are often positioned as responsible for upholding moral standards, particularly around sexuality, rather than as individuals with agency over their health choices.

Religious leaders emerged as powerful stakeholders in my data, influencing both policy design and community uptake of SRH education. Many informants highlighted that curriculum developers underestimated the influence of religious actors, despite their known role in opposing the earlier POP/FLE curriculum. This is consistent with the other research literature (Chanley, 2021; Barbara and Kitozo, 2021) as studies have shown that globally, faith leaders are recognized as a key stakeholder group when it comes to SRH issues and are viewed as people who can enact community changes, and religious leaders yield significant influence over what SRH education is taught. In my study, religious leaders often conflated SRH education with sexual immorality, citing concerns about sex outside of (heterosexual) marriage. They also had the potential to harm or promote the implementation of SRH education. Hamilton (2007) posits that it is essential for SRH education policy to strike a balance that considers the importance of CSE while acknowledging the role of religious values in promoting abstinence. In a country like the Gambia, finding this middle ground is vital for ensuring the longevity of SRH education programs. Data from my study led me to argue that curriculum developers did not give enough consideration to the role religion may play in SRH education. This is important, especially given that key informants consistently hypothesized the role religious leaders had played in the death of the earlier and much praised POP/FLE curriculum and articulated their fears that these actors could negatively influence the CHE curriculum too.

My research has also demonstrated a conflating of cultural issues as religious issues in The Gambia, especially in relation to SRH education and the stigmas surrounding it³⁹. Due to the focus on biology in SRH education in The Gambia, very little room is left for holistic discussions on SRH, meaning that more sensitive socio-cultural considerations are ignored, especially when it comes to gender norms. For example, FGM is a cultural tradition, although it is often linked to religion in The Gambia (28 Too Many, 2015). This conflating of traditional practice with religion by community members has made it difficult for the practice of FGM to end as religion is prioritized over the harms of the practice. Other research notes that this conflation of religion and culture is a wider issue in how CSE is implemented in SSA countries, as there is a struggle to have conversations around abortion and homosexuality due to religious norms (Wekesah, 2019). In my research, discussions around abortion were not even brought up due to how taboo of a topic it was and how against the religion of Islam it is perceived to be. The Gambia has a high religious population (approximately 90% Muslim and 8% Christian), which complicates what is taught in CSE. Imported colonial ideas as well as interpretations of religious texts also influence the dominance of heteronormativity in the curriculum. The CHE curriculum, like the mainstream Gambian community, paint homosexuality and queerness as deviant, while upholding heterosexuality and heterosexual relationships. Within the CHE curriculum, homosexuality is only referred to when mentioning STIs. This idea of homosexuality leading to higher rates of STIs is a myth, with research (Everett, 2013) finding that STI risk to be higher for bisexual women, regardless of the sex and gender of their partners, while lesbian women reported lower rates of STIs.

Outside of homosexuality and abortions, Islam and Christianity tend to teach about abstinence until marriage, which has also been highlighted in my research, as key informants often spoke about sex only in relation to marriage. Religion is sometimes viewed as a direct opposition to CSE, which teaches topics such as sexuality and sexual orientation, masturbation, and abortion (Wangamati, 2020). While CSE may seem to be in contradiction with religions like Islam and Christianity due to the taboos around discussing sex, I show that there is nuance to this. My research found that one of the ways to gain CSE acceptance within communities is to have the

³⁹ Culture is knowledge within a community that has been passed down through generations, while religion is a belief system, which therefore makes them different.

backing of religious leaders. In its quest for CHE implementation, The Gambia has been attempting to make strides with religious leaders in developing a curriculum that is viewed as socio-culturally and religiously suitable for young people. Research elsewhere in SSA also shows the intricate relationship between religion and CSE, because parents want their children to learn about CSE, especially when it is taught according to religious beliefs and values (Bweyale and Sekaye, 2023). Religious beliefs and values differ according to the context in which a person practices, which again highlights the need for CSE to be context-specific.

The (Un)availability of Resources and Their Potential Impact on the Implementation of the CHE Curriculum

Chapter 4 brought to light the role of colonialism in the exploitation of resources and the issues of debt and structural adjustment programs that have left lasting legacies and have put countries like The Gambia in weak positions to fund and implement their own agendas. This exploitation of resources left the education and health sectors severely underfunded. This inability to fund their own agendas has put externally funded plans in precarious positions regarding implementation and program longevity. In Chapter 7 of my research, I found that the lack of resources for educators could influence how the CHE curriculum is implemented and how long the program itself may last. Due to the lack of government resources and priority, the curriculum had not been given the practical resources needed for implementation, which, I argue, could set it up to fail before it has even properly started.

As shown in Chapter 7, The Gambia is home to many laws and policies on gender, education, and now SRH. I highlighted how those laws and policies have been developed, and how, if they are not implemented and appropriately integrated into society, the CHE curriculum may meet the same fate as many of those laws. At national level, the government has not funded the development of the CHE curriculum, which means that they have very little involvement or buy-in when it comes to CHE. Research around implementation consistently highlights that CSE implementation is negatively affected by lack of political will, and that CSE that is coordinated at the government level is more likely to ensure the successful implementation of the curriculum (Panchaud et al., 2018; Chavula et al., 2022).

I argue that there is not enough collaboration happening at local level with the development and possible implementation of CHE in The Gambia. This means that what the government says is happening or has happened is not the actual reality. This lack of coordination has meant that stakeholders in The Gambia have had to work individually in order to reach lofty national CHE/CSE goals. This is also a common phenomenon in other SSA countries where there is limited to no government backing for CSE. This lack of coordination has led to the poor monitoring and evaluation of CSE, and confusion about who is responsible for CSE leadership and implementation (Chavula et al., 2022). A major implication for the lack of coordination of the CHE implementation in The Gambia is the potential complete failure of the curriculum to be implemented and integrated within the school system. This means that young people may not be able to learn about SRH at all.

My research has found that the lack of capacity of educators to teach the CHE curriculum is influential in how curricula are taught and received. Lack of teacher training and financial resources have been shown to cause difficulty in curriculum implementation both in my study and globally. Throughout SSA, educators face challenges around inadequate training for CSE delivery (Helleve et al. 2009) with many returning to pre-training mode when they go back to unsupportive teaching environments following their teacher trainings (Sidze et al. 2017; Vanwesenbeeck et al. 2016). This has major implications for teaching the CHE curriculum, because if teachers are not adequately resourced, then young people will not receive the comprehensive SRH education they need.

The limitations in educator training and resource allocation, highlighted in Chapter 7, pose significant obstacles to effective CHE implementation. Many educators reported a lack of preparedness to deliver SRH content, which is compounded by inadequate instructional materials and disparities between public and private schools. Helleve et al. (2009) detailed that this scarcity affects teaching quality and contributes to teachers' reluctance to fully engage with SRH topics. In The Gambia, such resourcing issues reinforce educational inequities, limiting the reach of SRH content and the effectiveness of its delivery.

My research has also shown that external factors such as opposition from parents, religious leaders and community members, and the lack of government prioritization of CSE also led to difficulties for educators to teach CSE optimally. Similar to my research, Mcharo et al (2021) found that the lack of adequate teaching may lead young people to find other sources of SRH information outside of schools, and young people often referred to peers and media as their preferred sources of sources of SRH information, with schools coming in third place. The lack of material capacity and resourcing has also influenced how CHE is taught in SSA, where material and infrastructural challenges in schools have been found to negatively impact the implementation and delivery of CSE (Smith and Harrison 2013). A study by Shibuya et al (2023) highlighted that teachers are positively motivated to teach CSE, what is missing is the resources that should be applied to the teaching.

In conclusion, this thesis illustrates the complex interplay of factors that contribute to the delivery of SRH education in The Gambia, where historical influences, cultural norms, and educator limitations intersect to create a challenging environment. Effective CHE delivery requires a multifaceted approach that respects local norms, empowers educators, and ensures adequate resourcing. By integrating these components, SRH education in The Gambia can evolve into a culturally relevant and transformative force, supporting youth in making informed, healthy decisions.

To move beyond the limitations outlined above, a transformative shift in how SRH education is conceptualized and implemented is necessary. One that not only acknowledges but actively dismantles the colonial, patriarchal, and externally driven structures that continue to shape it. This requires reimagining SRH education as a context-specific, participatory, and justice-oriented practice rooted in the lived realities of young people and those who teach them. In the next section, I draw from both my doctoral research and my professional practice to outline a decolonial praxis for SRH education. In this section, I aim to provide a hopeful, yet grounded, vision for what SRH education in The Gambia, and across SSA, could become.

A Decolonial Praxis for SRH Education

I am rewriting this section approximately a year after defending my thesis. During this time, I have gained additional real-world experience working in SRH and reproductive justice in LMICs and communities of colour, and with girls and women. This provided a real-life opportunity to apply my research in the real world, while inspiring me to envision what a decolonized SRH curriculum could look like. This section will detail these experiences and express my hopes for the future of SRH education in The Gambia and SSA in general.

Reflecting on My Research: Community Involvement and Participatory Approaches in Curriculum Development and Implementation

Decolonial praxis in education is a direct challenge to the dominant Western Eurocentric ways of knowledge development (Freeborn, 2024). Decolonial praxis offers a promising framework for rethinking and transforming SRH education in sub-Saharan Africa. By challenging the structural dominance of colonialism, decolonial praxis seeks to re-center and prioritize indigenous ways of knowing. It also promotes educational approaches that are contextually relevant for local communities and works to eradicate ongoing systems of colonial violence by revealing approaches and actions that perpetuate colonization (Mignolo, 2011; Quijano, 2007; Freeborn, 2024). Ngũgĩ wa Thiong'o (1986) highlights the role of education in both perpetuating and challenging colonial domination, arguing for the need to decolonize the mind by reclaiming indigenous languages and knowledge. In SRH education, this could mean integrating indigenous concepts of sexual and reproductive health, which are often rooted in communal values, spirituality, and holistic understandings of well-being (Oyeronke, 1997; Tamale, 2011).

My PhD journey has profoundly shaped my understanding of the structural and cultural challenges facing SRH education in The Gambia. Through engaging with curriculum developers, teachers, policymakers, and young people, I became increasingly aware of how SRH curricula are often disconnected from the socio-cultural realities of the communities they aim to serve. The findings from my thesis highlighted the limited participation of local actors, particularly

educators and young people, in curriculum design and delivery, leading to a sense of alienation, limited ownership, and poor implementation. These insights became foundational in how I now approach curriculum development in my professional practice.

Following my defence, I began working in both The Gambia and the United States in roles that enabled me to apply this research in practice. In the U.S., I serve as the Research, Evidence, and Learning Manager at a national reproductive justice nonprofit, working primarily with Muslim communities of colour. These include first- and second-generation immigrants from countries with colonial legacies. In this role, I conduct research to explore the specific needs of Muslim women, girls, queer, and gender-nonconforming individuals, many of whom face stigma, isolation, or limited access to SRH services. One of my key studies focused on the burden of sexual violence within these communities.

A major takeaway from my thesis that continues to shape my professional work is the critical importance of integrating community voices into curriculum development. The PhD process taught me not only about the politics of curriculum creation but also about the ways exclusion, gatekeeping, and epistemic violence manifest in educational systems. As a result, I now prioritize participatory research methods and co-design strategies that center the lived realities of community members. These approaches are essential to decolonial praxis because they reject the hierarchical, expert-driven models of curriculum development that are a legacy of colonial education systems. Instead, they foreground collective knowledge-making, cultural relevance, and community ownership (Dei, 1996; Chilisa, 2012).

From a feminist and decolonial perspective, this shift is also about addressing power—who decides what is taught, whose knowledge is deemed valid, and who is centred in the educational process. Informed by my thesis, I have come to see SRH education not merely as a tool for information delivery, but as a site of political struggle where gendered, colonial, and religious power dynamics are contested. Engaging with feminist Islamic legal theorists such as Dr. Asifa Quraishi-Landes, Dr. Sa'diyya Shaikh, and Dr. Zahra Ayubi has further deepened my understanding of how white Christian supremacy has shaped dominant narratives on sexuality and reproductive rights, even within Muslim-majority contexts.

As part of my work, I also facilitate training sessions where participants engage critically with SRH materials. These moments often serve as opportunities to challenge assumptions about Islam and SRH. Contemporary Islamic scholarship on these issues, for example, often emphasizes individual agency and consultation with healthcare providers, while rejecting state-imposed restrictions (Joseph, 2003; Ayubi, 2019). These insights help participants feel more empowered to make informed decisions without carrying the burden of religious guilt.

In November 2023, I returned to The Gambia as a curriculum consultant for UNFPA. Drawing directly from my thesis findings and my personal commitment to decolonial praxis, I developed an out-of-school CSE manual for young people that consciously avoided reproducing colonial-heteropatriarchal frameworks. This was an opportunity to test, in practice, what a participatory and transformative SRH curriculum might look like. I conducted interviews with young people, government officials, UNFPA staff, and community workers to better understand their expectations, concerns, and ideas for curriculum content. My goal was to create a curriculum that was grounded in community voices and not simply reflective of donor priorities or externally imposed models.

However, my experience also confirmed what many of my informants described during my doctoral research: SRH education is often not prioritized in practice. For instance, although I had been contracted to conduct a 10-day training of trainers, I arrived in The Gambia to find that no logistical arrangements had been made. The training was reduced to three days due to a staff retreat, which the same agency had scheduled. This mirrored what I had uncovered in my thesis, where bureaucratic inertia and donor-driven timelines sidelined the consistent, sustained engagement needed for meaningful curriculum implementation.

Despite these challenges, I ensured the curriculum I designed included rights-based content on abortion, gender, sexuality (including homosexuality), sexual pleasure, and power dynamics. In line with my findings and ethical commitments, I refused UNFPA's request to remove the section on homosexuality. I knew from personal experience and my doctoral research that this topic would be controversial, but also that young people were eager for more honest and inclusive discussions.

During the limited training period, I gathered feedback from young people on how to improve the content and what additional topics they would like to see covered. They expressed a strong interest in exploring themes around homosexuality, queerness, contraception, orgasms, and pleasure more deeply, topics that were only superficially addressed in the in-school CSE curriculum. While they acknowledged the influence of religion on their sexual health decisions, they emphasized the importance of discussing these topics. Additionally, they mentioned using a local drug called "taba," which women insert into their vaginal canals for female sexual sensation and satisfaction. This was interesting, as female sexual pleasure was rarely discussed, and when it was mentioned in this context, it was in relation to using harmful drugs to achieve that pleasure. The young people also expressed a limited understanding of sexual anatomy and repeatedly highlighted their lack of information as harmful. The fact that these topics came up organically despite widespread sexual silence reinforces the urgent need to center conversations on female pleasure in SRH education.

Decolonial praxis must move beyond critique to action. My experiences during and after the PhD taught me that patriarchal norms continue to shape what is possible in SRH education, especially for girls and women. Curricula often focus on chastity, purity, and risk, rather than on rights, agency, or pleasure (Bhana, 2016; Matlala & Makhubele, 2021). This not only reproduces gender inequality but also silences topics young people need to understand. For example, the framing of female sexuality solely in terms of risk and morality reinforces stigma, inhibits open discussion, and impedes access to care.

The participatory model I employed in developing the out-of-school curriculum serves as a counterpoint to these silences. It reflects the kind of inclusive, community-driven approach that should have been central to the development of The Gambia's national CSE curriculum. Had community members, including educators, youth, and parents, been meaningfully involved from the outset, the CHE curriculum might have achieved greater buy-in, cultural resonance, and transformative potential.

Reflections and Recommendations on the Possibilities for Creating Decolonial SRH Curricula

The pursuit of decolonial praxis in SRH education holds the potential to create more equitable and culturally relevant educational practices. By challenging the dominance of Western epistemologies and valuing Indigenous knowledge systems, it is possible to develop SRH curricula that are more aligned with the lived experiences and cultural contexts of young people in The Gambia (Mignolo, 2011; Quijano, 2007). Decolonial feminist perspectives, which emphasize the intersection of gender, race, and colonial history, offer a critical lens through which to address the structural inequalities and power imbalances perpetuated by colonial education systems.

One of my major reasons for undertaking this PhD was to identify and understand the limitations of SRH education in The Gambia through the lens of key stakeholders working in this topic area. I wanted to identify ways in which the health and education sectors could be strengthened to further develop education on SRH. Through this research, I was able to understand that what hindered the development of the health and education sectors were structural problems that could be traced back to colonialism and patriarchy. These structural issues impacted resourcing and decision-making on what policies the government deemed important enough to be funded. Throughout the results chapters, I have shown that the curriculum may fail before it has even started due to a lack of funds and a lack of prioritization. Although there are limitations in allocations, there are still actions that can be taken to positively influence SRH education in The Gambia.

Decolonial praxis in SRH education recognizes that Western-centric models often marginalize the voices and experiences of women and non-binary individuals, especially those from Indigenous and marginalized communities. By centring these voices, we can develop curricula that provide accurate and comprehensive information and empower individuals to make informed decisions about their bodies and lives. This involves creating spaces for dialogue and reflection, where young people can critically engage with the material and relate it to their own experiences.

The success of a decolonial SRH curriculum depends on the support of governments, educational institutions, and communities. Political will is crucial for driving the necessary policy changes and securing resources. However, my research indicates that political will on SRH in The Gambia is limited. There are also resource constraints for implementing CHE due to The Gambia's status as a LMIC and the general lack of prioritization of SRH. Ideally, the Gambian government would provide the financial resources to ensure the curriculum's success, involving developing infrastructure and training programs that integrate Indigenous knowledge and encouraging participatory methods of teaching. Although the government should lead this endeavour, the success of the SRH curriculum will require a concerted effort from other stakeholders like young people, religious leaders, NGOs, and local communities.

Understanding that a complete overhaul of colonial teaching methods will not be immediately possible, collaborative efforts can still advance the development of SRH curricula. These collaborations between local and international partners must be rooted in respect for Indigenous ways of life. Local educators, scholars, and researchers should spearhead curriculum development to ensure it reflects the community's values and needs. By prioritizing the voices of those historically marginalized by colonial systems, a decolonial feminist approach ensures that curricula are informative and transformative.

Implementing decolonial praxis is not without its challenges. The persistence of colonial legacies, the influence of global power dynamics, and the complexities of integrating diverse knowledge systems all pose significant obstacles. Additionally, entrenched patriarchal structures often resist change that empowers women and challenges gender norms. It is crucial to approach these challenges with a critical and reflective mindset, acknowledging both the opportunities and limitations of decolonial praxis (Tamale, 2011; Chilisa, 2012). This requires ongoing dialogue and reflection among all stakeholders, fostering a collective commitment to dismantling oppressive systems.

In a world where decolonial praxis has been implemented, curricula in sub-Saharan Africa (SSA) would not be influenced by colonialism or shaped by Western powers and external funders. As stated in chapters 4 and 7, The Gambia's curriculum is based on WAEC standards developed by the British. This presents significant challenges to implementing a decolonial SRH curriculum,

as these systems may resist or be slow to adopt changes that challenge the status quo. These systems also prioritize learning to pass exams rather than implementing that knowledge in one's daily life.

Decolonial praxis offers a transformative framework for rethinking and reshaping SRH education in SSA. This challenges and critiques the colonial legacies that have shaped educational practices while promoting the integration of Indigenous knowledge systems. Creating SRH curricula more aligned with local communities' cultural values and realities is possible. While creating decolonial SRH curricula in SSA faces significant challenges, opportunities exist for meaningful change through community involvement, hybrid approaches, and strong political support. The key is to develop curricula that are contextually relevant, empower communities, and challenge the colonial legacies that continue to shape education.

Research Conclusions

The aim of this thesis was to gain a critical understanding of SRH education policy implementation in The Gambia; namely, how socio-cultural factors, including colonial legacies, patriarchy, religion, and resource constraints, have (and will) influence the development and implementation of The Gambia's CSE curriculum. This study employed qualitative data collection methods, primarily through semi-structured interviews with key informants, and a content analysis of the curriculum and other policy documents, which were crucial in gaining stakeholder understandings of how SRH is perceived in The Gambia, particularly concerning CSE.

This research has established how external forces like colonialism, patriarchy, culture, and religion influence the knowledge that young people are privy to, according to the perceptions of adults who interact with young people. Key informants in this study worked in SRH and SRH education in some capacity, either as curriculum developers, service providers, or future curriculum implementers. Informants from this study have highlighted the need for an SRH education curriculum in The Gambia. Still, the key findings from this study have shown that sociocultural factors like religion, patriarchy, and the government's inability to invest in SRH,

may hinder how the curriculum will be implemented. The Gambia's history of colonialism has greatly influenced its health and education sectors, in that these sectors have been underfunded from the colonial era into the current day⁴⁰. Most key informants have interpreted this lack of funding as the government not making CHE and SRH a high-priority issue. This has major implications for implementation, as the question becomes: what happens to CHE when international funding runs out? Will the government take the opportunity to fund educators and resources to support the implementation of the CHE curriculum? Will the CHE curriculum be given the resources necessary to be taught truly comprehensively? The findings from this study posit otherwise, as no efforts have been made to ensure the sound implementation and longevity of the curriculum.

Once the curriculum is implemented, values around sexual purity for girls and women, and the gendered perceptions held about SRH, may also play a significant role in how the messages of the curriculum will be translated and disseminated to the public. Although CSE is considered culturally transformative, it can reinforce cultural norms and traditions if the curriculum's development is rooted in those norms. The way that these norms are imposed and the lack of buy-in by stakeholders reinforce cultural and gender-based norms that leave women and girls vulnerable, but at the same time, responsible. As shown in my research, traditional gender norms have been upheld within the curriculum and by key stakeholders. The norms that have been entrenched within society make girls and women victims and villains in SRH. They are not afforded the necessary protection from patriarchal violence like GBV and FGM, and are also not taught about their SRH, but are expected to teach and provide guidance to young people on SRH-related issues.

In conclusion, this research advocates for a transformative SRH education model and praxis in The Gambia that incorporates decolonial, feminist, and intersectional frameworks. Such a model would go beyond the biological focus of current SRH curricula, to include socio-emotional dimensions, local knowledge, and a deeper understanding of gender and power dynamics. Political will, adequate resources, and active community involvement are crucial to the success

⁴⁰ This has been architected by Western forces like the World Bank and the IMF who prioritise debt repayment over growing health and education sectors

of such a model. Through this collaborative, inclusive approach, SRH education in The Gambia has the potential to evolve into a tool for social change, empowering young people to make informed, healthy decisions about their bodies, relationships, and futures.

One of the central contributions of this study lies in its use of postcolonial, feminist, and intersectional theoretical frameworks to analyse SRH curriculum development. By bringing these perspectives to the fore, the research contributes to ongoing debates about how educational content can either replicate or challenge systemic oppression (Tamale, 2008; Assie-Lumumba, 2012). This interdisciplinary lens, drawing from public health, education, sociology, and gender studies, enabled a more holistic analysis of how local and global power dynamics intersect in curriculum development (Demharter et al., 2017). In doing so, the research builds on prior work that critiques standardized, intervention-based, and biomedical models of SRH education (Morris, 1991; Mignolo, 2011).

Another key strength of this thesis is its qualitative and context-sensitive methodology, which fills a significant gap in the existing literature on SRH education in The Gambia. Prior studies have largely employed quantitative methods and often lacked nuanced exploration of religion, culture, and lived experience (Grant et al., 2020; Lowe et al., 2021; Grant et al., 2022). By focusing on the perspectives of stakeholders integral to SRH delivery, this study generates insights deeply grounded in the local sociocultural context. In particular, it highlights the significant influence of Islamic values on SRH education and the internal diversity within religious perspectives (Dune et al., 2021). Notably, the research challenges the tendency to treat religion as a monolithic force by recognizing varied interpretations and their implications for SRH.

However, the study is not without limitations. Due to COVID-19 and logistical constraints, the research did not include direct interviews with young people or reach rural regions of The Gambia. Although the two urban regions studied are populous and my key informants had worked across the country, future studies should broaden participant demographics to include youth and rural voices. Moreover, while this thesis contributed to underexplored analyses of Islam and SRH, its limited engagement with Christian denominations, beyond a single Catholic

leader, restricts generalizability across religious lines. Additionally, the researcher's positionality as a public health advocate offered both strengths and blind spots: while this background opened access and deepened insight, it occasionally complicated efforts to maintain a purely analytical stance.

This thesis has also been a reflective journey that has shaped my thinking and practice. As detailed above, my post-defence work in reproductive justice, both in the U.S. and The Gambia, has allowed me to apply decolonial feminist praxis beyond academia. For example, my development of an out-of-school CSE curriculum with UNFPA drew directly from my thesis findings, particularly the need to resist heteropatriarchal silences around topics like homosexuality, abortion, and female pleasure. While institutional resistance persisted, especially regarding curriculum content, my experience reaffirmed the importance of grounding SRH education in community-based, participatory frameworks that center marginalized voices and lived realities (Chilisa, 2012; Dei, 1996). These reflections not only validate the study's findings but also demonstrate its practical utility in shaping context-specific, culturally resonant interventions.

The research also raises critical questions for future research. While it offered stakeholder perspectives on curriculum development, further research should prioritize the voices of young people, both as recipients and co-creators of SRH education. Additional studies could explore how patriarchal norms directly impact women and girls' roles as educators and learners in SRH, and how community-level resistance could be transformed into strategic engagement. Finally, more empirical research is needed to understand the implications of resourcing on implementation: What types of training, materials, and institutional support are necessary for educators to deliver a truly transformative SRH curriculum in low-resource settings?

In summary, this research highlights the need for a paradigm shift in SRH education in The Gambia, one that rejects colonial, biomedical, and top-down models in favour of decolonial, feminist, and community-driven approaches. Implementation cannot succeed without a strong political will, local ownership, and sustained resources. If these conditions are met, SRH

education can become a site of empowerment, enabling young people to navigate their sexual and reproductive lives with dignity, agency, and care.

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Appendices

A selection of appendices supports this document.

- Appendix 1 is my table of study characteristics for the critical review
- Appendix 2 is my research protocol, participant information sheets and consent forms
- Appendix 3 contains the letters of support from:
 - The Gambia's Ministry of Basic and Secondary Education
 - Marina International School
 - Kotu Junior Secondary School
 - Kotu Senior Secondary School
- Appendix 4 contains the ethics application and initial and final ethical approval from The Gambia's Scientific Coordinating Committee.
- Appendix 5 is the signed transcriber confidentiality agreement form

Appendix 1: Critical Review Studies

Theme	Paper Title	Focus of paper/research	Paper	Country	Method	Geographic Location of Primary	Study Participants
Evaluation of effectiveness: ex. curbing risky sexual behavior	1 Curriculum-based sexual and reproductive health education: revealing its relevance for risky sexual behaviors among secondary school students in Heanania, Tanzania	SRH education, even if the curriculum is not comprehensive, can still curb risky sexual behavior	Njassa et al 2024	Tanzania	Qualitative	Tanzania	young people
	2 School-based sexual health education interventions to prevent STI/HIV in sub-Saharan Africa: a systematic review and meta-analysis	Evaluation of school-based SRH education interventions- assess effectiveness in reducing STIs and promoting condom use	Sani et al 2016	SSA Region	Quantitative	UK	young people
	3 Evaluation of a sexual and reproductive health education programme: students' knowledge, attitude and behaviour in Brigianga municipality, Northern Ghana	SRH education can lead to positive behavior change, especially for female students aged 18-20	Graghen et al 2015	Northern Ghana	Quantitative	Netherlands	young people
	4 Evaluation of a school based comprehensive sexuality education program among very young adolescents in rural Uganda	Greater SRH knowledge in schools that received sexuality education as an intervention vs schools without sexuality education	Kemigisha et al 2019	Uganda	Mixed Methods	Belgium	young people
	5 The comparison of comprehensive sexuality education knowledge and attitudes in CSE-exposed and CSE-naïve non-formal settings in Lagos state, Nigeria	Students in CSE-exposed schools had higher SRHR knowledge. Educator training for CSE improved educational knowledge and teaching modalities of instructors- CSE should be integrated in non-formal educational settings to improve SRHR	Adelikan et al 2024	Nigeria	Mixed Methods	Nigeria	young people
	6 Evaluating knowledge gains from structured sexual and reproductive health education among in-school adolescents in southeast Nigeria	Female adolescents were more likely to have good SRH knowledge compared to males in schools that had SRH interventions vs schools with non-SRH interventions	Agu et al 2025	Nigeria	Quantitative	Nigeria	young people
	7 Findings of an evaluation of community and school-based reproductive health and HIV prevention programs in Kenya	Community-based sexuality education intervention had a significant impact on knowledge and behavior	Njue et al 2015	Rural Kenya	Quantitative	Australia	young people
	8 Exposure to comprehensive sexuality education in schools in South Africa: the implications on the uptake of HIV testing services among HIV positive adolescent girls	CSE can play an important role in reducing HIV-related behaviors and factors that affect those behaviors like self-efficacy	George et al 2024	South Africa	Quantitative	Sweden	young people
	9 Assessing the impact of an educational intervention program on sexual abstinence based on the Health Belief Model amongst adolescent girls in Northern Ghana, a cluster randomised control trial	Education as an intervention significantly improved abstinence and increased knowledge on pregnancy prevention	Yakubu et al 2019	Northern Ghana	Quantitative	Iran	young people
	10 Effectiveness of curriculum-based sexual and reproductive health education on healthy sexual behaviors among year one students at Addis Ababa university: a quasi-experimental study	First year university students studied to assess efficacy of SRH education as an intervention- intervention group had more SRH knowledge than control group	Sidamo et al 2023	Ethiopia	Quantitative	Ethiopia	young people
	11 Comprehensive sexuality education linked to sexual and reproductive health services reduces early and unintended pregnancies among in-school adolescent girls in Zambia	Linking CSE to SRH services can help reduce early and unintended pregnancies for adolescents	Mbiwe et al 2023	Zambia	Quantitative	Zambia	young people
Evaluation of curriculum material: ex. gender, sexuality, abstinence, comprehensiveness, intersectionality or lack of	12 A comparative analysis between the religious and comprehensive sexuality education policies in South African schools	Conflicting intersection of religion, gender and sexuality in regards to policy development and implementation- some schools privilege the implementation of one policy over another	Ulini, 2023	South Africa	Qualitative (comparative document analysis)	South Africa	policy
	13 Challenges of Including Sex Education in the Life Orientation Programme Offered by Schools: The Case of Hlabisa, North West Province, South Africa	Shallow curriculum and limited qualified teachers to teach SRH- young people are interested in learning more on sexuality education	Mhuri and Bechake, 2019	South Africa	Qualitative	Tanzania	young people and educators
	14 Encountering gender: resisting a neo-liberal political rationality for sexuality education as an HIV prevention strategy	Sexuality education is political- not neutral enough in addressing gender inequality or promote youth empowerment in relation to gendered identities- sexuality education cannot solely be responsible for the complexity of lived lives	Gecain, 2017	South Africa	Qualitative	Canada	policy
	15 Imagining a curriculum beyond compulsory heterosexuality in South African education	Need for curriculum to recognize the intersectionality of learners and having an LGBTQ inclusive curriculum	Francis and Kuhl, 2022	South Africa	Qualitative	South Africa	policy
	16 LGBTQ+ Youth Negotiating Access to Sexual Health Education and Resources in a Rural South African University	Silencing of LGBTQ+ youth and issues in schools in regards to sexual health issues- limited sexual health education that is comprehensive enough to be LGBTQ+ friendly	Mayeza, 2022	South Africa	Qualitative	South Africa	policy
	17 Teaching comprehensive sexuality education using a parent co-created with adolescents	Gap between what studies suggest and what is implemented in practice- disjuncture between curriculum and implementation	Koch, 2023	South Africa	Qualitative	South Africa	young people
	18 Trends and Challenges in Comprehensive Sex Education (CSE) Research in Sub-Saharan Africa: a Narrative Review	CSE in SSA needs: stakeholder engagement to determine priorities and strategies, diverse delivery of pathways for CSE programs, active engagement of both boys and girls to challenge gender norms	Achen et al 2023	SSA Region	Mixed Review	Belgium	policy
	19 "Girls need to behave like girls you know": the complexities of applying a gender justice goal within sexuality education in South African schools	Sexuality education upholds normative gender roles and male power, even when the goal is gender justice	Ngibaza et al, 2016	South Africa	Qualitative	South Africa	young people and educators
	20 Advancing sexual and reproductive health outcomes in rural schools with the use of a sexuality education enhancement model: learners' perspectives	School based sexuality education can be less effective in rural areas- environmental factors can influence educational effectiveness	Adelola and Mahandaz-Mudrosi 2022	South Africa	Qualitative	South Africa	young people
	21 Methodology and baseline results from the evaluation of a sexuality education activity in Mpumalanga and KwaZulu-Natal, South Africa	Even with sexuality education, female learners are still at risk of HIV and unintended pregnancies- household level food insecurity and being with an HIV positive person are associated with sexual and pregnancy experience	Speizer et al 2018	South Africa	Quantitative	USA	young people
	22 Comprehensive sexuality education is 'not for us': rethinking 'cultural relevance' through Young Tanzanians' identifications with/against intervention knowledge	Questions on CSE remain on how to represent culture and differences without reinforcing inequalities- participants viewed CSE intervention as 'other' viewing it as unrealistic, dangerous, or self-stigmatised for not being able to use that information	Coultais et al 2020	Tanzania	Qualitative	UK	young people
Method of material delivery: m-Health/ in-person	23 Lessons learned from the implementation of a school-based sexual health education program for adolescent girls in Cape Town, South Africa	Community engagement and acceptability of programs not alone to ensure program uptake- considerations for security concerns, competing priorities, unfamiliarity with after-school programming	Pile et al 2023	South Africa	Mixed Methods	South Africa	young people
	24 Assessing comprehensive sexuality education programs in the Democratic Republic of the Congo: adolescents' and teachers' knowledge, attitudes and practices towards contraception	Curriculum was insufficient and teachers lacked exposure- students had to find other sources of information- need for knowledge improvement and teacher training	Mpunga-Mulendi et al 2020	Democratic Republic of Congo	Qualitative	Democratic Republic of Congo	young people
	25 "not just the consequences, but also the pleasurable sex": a review of the content of comprehensive sexuality education for early adolescents in Rwanda	Explored CSE content for adolescents and how they align with sexuality education standards- all recommended CSE areas were addressed in curriculum, but to variable extent- most fell under SRH, human body and development, values rights and sexuality, understanding gender- little mention of pleasure and sex positivity in	Mbarushimana et al 2023	Rwanda	Qualitative	South Africa	young people
	26 Effectiveness of a mobile phone application to increase access to sexual and reproductive health information, goods, and services among university students in Uganda: a randomized controlled trial	Mobile phone applications can increase SRH information among sexually active university students	Nawamanya et al 2020	Uganda	Quantitative	Sweden	young people
	27 The effectiveness and characteristics of mHealth interventions to increase adolescent's use of Sexual and Reproductive Health services in Sub-Saharan Africa: A systematic review	mHealth interventions can be tailored to increase access to SRH information for behavior change	Onakwagha et al 2022	SSA Region	Mixed Review	UK	young people
	28 Exploring the use of digital educational tools for sexual and reproductive health in sub-Saharan Africa: a systematic review	Digital educational tools have potential to improve SRH education for adolescents in SSA- important to bridge digital divide for increased accessibility and information delivery	Alhassan et al 2025	SSA Region	Quantitative systematic review	USA	community
	29 An mHealth HIV prevention programme for youth: lessons learned from the lowiRx.mobi programme in South Africa	mHealth can reach more difficult to reach populations and increased health information and changed behavior among users	Vlaser et al 2020	South Africa	Mixed Methods	South Africa	community
	30 Assessing the reach and effectiveness of mHealth: evidence from a reproductive health program for adolescent girls in Ghana	mHealth interventions can reach across socio-demographics, being able to reach target adolescent populations who may be of higher risk of poor SRH outcomes- effective in increasing knowledge across all strata	Rocicki and Fink 2017	Ghana	Quantitative	USA	young people
	31 The effectiveness of an m-Health intervention on the sexual and reproductive health of in-school adolescents: a cluster randomized controlled trial in Nigeria	Durative significance in increased SRH knowledge due to mHealth intervention for in-school adolescents	Akande et al 2024	Nigeria	Quantitative	Nigeria	young people

Appendix 2: Research Protocol

Policy v Reality: The challenges of introducing a new Comprehensive Sexuality Education curriculum in The Gambia

Background

Despite the fact that young people are disproportionately affected by Sexual and Reproductive Health (SRH) challenges, there is a dearth of research providing critical insight into these issues and how they are shaped in low- and middle-income countries (LMIC), such as The Gambia. Sexually transmitted infections (STIs) are regarded as a major public health problem, contributing significantly to the global burden of disease (CDC, 2017). Girls and women are less likely than their male counterparts to know whether or not they have an STI infection and untreated STIs can lead to serious long-term reproductive health consequences, such as infertility and negative maternal-foetal health outcomes (WHO, 2018; CDC, 2017). Boys and men also face significant SRH burdens and have a variety of unmet SRH needs. These include a reported lack of knowledge and awareness about condom use and contraception as well as the prevention and treatment of HIV and other STIs (UNFPA and IPPF, 2017). The WHO (2018) reported that there were over two million young people worldwide living with HIV in 2012 and there are approximately 375 million new curable STI cases globally, with people aged between 15-24 accounting for over 50% of all new STI cases (WHO, 2018). The global burden of STI's is much higher in LMICs compared with high-income countries, due to the lack of quality services for diagnosis and treatment (WHO, 2018). For instance, 70% of the global population of people living with HIV live on the African continent, with young people disproportionately affected (Kharsany and Karim, 2016).

The United Nations (1981) defines young people as between the ages of 10 to 24 years old, and adolescents are defined as between the ages of 10 to 19 years old. This time period is a critical phase of life when decisions are made around choices about sex and sexuality, marriage and fertility, meaning that young people face great challenges in meeting their SRH needs (Cortez et. al, 2014). Yet, adolescence is often characterised by inexperience, lack of knowledge and resources, combined with increased sensitivity (Patton et. al, 2016). During adolescence, young people acquire the social, physical, emotional, cognitive and economic resources required to thrive in adulthood. (Patton et. al, 2016). Although it can be a difficult time for young people, adolescence can also be an opportunity for sustained health and wellbeing (Kleinert, 2007). Health improvements from interventions targeting this age group are reported to have a positive impact on the lives of young people into adulthood, including removing economic

barriers, decreasing child marriages and reducing gender inequality (Wamoyi et al., 2014). Focusing on the SRH of young people is understood as key to tackling health issues as young people move into adulthood, and possibly parenthood, to influence the next generation.

Due to the scope of the issues around young peoples' SRH, many sub-Saharan African (SSA) governments and international organizations such as the World Health Organisation (WHO) and the United Nations Populations Fund (UNFPA) have made distinct efforts to address young people's SRH needs (Mturi and Hennink, 2005). This has included increasing access to services such as STI testing, information provision, and counselling (Mturi and Hennink, 2005). The Global Strategy for Women's, Children's and Adolescent's Health for 2016-2030 published by Every Woman Every Child, in conjunction with the United Nations, by 2030, hopes to achieve "a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies" (2016 p.6). This includes improving access to SRH services and rights for young people, eliminating harmful and discriminatory practices against girls and women and ensuring that young people have access to free, equitable and quality primary and secondary education. These policies are therefore a visible response to solving the problem of SRH for young people.

Governments and Non-governmental organisations (NGOs) working in SSA recommend education as one of the key drivers to addressing young peoples' SRH in SSA. Policies developed around this issue include introducing, or modifying and reintroducing, sexuality education in schools (Mturi and Hennink, 2005). The introduction of SRH in education systems thus reflects an understanding from adolescent health research that education can have a positive impact on young people's sexual and reproductive health (UNFPA, 2016).

While FGM and child marriage have been banned in The Gambia since 2015 and 2016 respectively, the prevalence of FGM in The Gambia remains at 75% and this rate varies among ethnic groups (DHS, 2013). Additionally, 30% of children in the country are married by age 18, of which 9% are married by age 15 (Girls Not Brides, 2017). Although these SRH issues mostly impact girls and women, the inclusion of boys and men in SRH education can influence patterns of violence and gender equality, for instance, by decreasing intimate partner abuse (Marcell and Ellen, 2012). In response to SRH issues of young people in LMI countries like The Gambia, policy makers are pushing to increase a focus on education as a tool to enable positive SRH by redesigning and re-implementing comprehensive sexuality education curricula.

In the 2004-2015 Education Policy for The Gambia, The Department of State for Education suggested the need to re-implement the Population and Family Life Education (POP/FLE) programme, which was previously disbanded in 2003. This was to be reintroduced with the assistance of the United Nations Population Fund (UNFPA) as a key education component for the SRH of young people in The Gambia. The education policy document explains that over 66% of The Gambia's population are aged 15-24 and are the most vulnerable age group in relation to the rest of the population (MoBSE, 2015 p.111). According to Ministry of Basic and Secondary Education (MoBSE), young peoples' vulnerability makes it important that this group of people are aware of their health. Especially their SRH, which is why it is necessary to bring back POP/FLE within school programmes with the help of UNFPA (Department of State for Education, 2004 p.30). This demonstrates the Gambian government's commitment to tackling issues around SRH in young people. The process of implementing the new comprehensive sexuality education (CSE) curriculum, known locally as the comprehensive health education (CHE) curriculum, began during the 2019 school year. The curriculum proposes to equip children and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, especially in the context of their emotional and social development (Draft CSE Manual for Lower Basic Schools, 2017). Although the uptake of the curriculum has been slow, the initiative to reintroduce SRH education in The Gambia reflects a growing trend in awareness around SRH issues in The Gambia and the work being done in this area. While it is acknowledged that it is important this curriculum is being re-implemented, little is known about how this curriculum will work or be experienced in context.

There is a growing body of research that has examined interventions around SRH in the context of young people in SSA. This research has mainly focused on the outcomes and effectiveness of these interventions, as opposed to the wider contexts surrounding their implementation (Chandra-Mouli et al, 2015). In contrast other scholars have highlighted the importance of understanding the way in which context (socio-cultural, political, historical economic, religious etc) can shape the effectiveness of SRH interventions, including how they are designed, delivered and experienced. (UNESCO, 2009; Kirby, 2007). The fact that the existing research in this area largely focuses on effectiveness and outcomes of SRH interventions means there remains a void in understanding how these interventions are put into practice and experienced. This impacts those designing and delivering these programmes (i.e. policy makers and educators), and those who are the targets of these programs (i.e. young people) (Jerrim and De Vries, 2015).

Educational research in the social sciences has pointed out that constructing or designing an SRH education program relies on creating a comprehensive curriculum (Kirby, 2007). Kennedy's work on the sociological aspects of curriculum research continues to be relevant even within contexts outside of high-income countries (Kennedy, 2005). This research shows that there are broader issues at play beyond simply thinking about whether a curriculum or education itself is successful in leading to behavior change. Social science researchers continue to explore the understanding that experiences with curricula extend beyond the classroom (Kennedy, 2005). Kennedy's research also highlights how little is currently known about young people's 'real world' knowledge of SRH in The Gambia and whether this is reflected in any way in the CSE curriculum.

It is known that access to education and information around SRH is currently a problem for young people in The Gambia (DHS, 2013), and that The Gambia is introducing a new curriculum, but there are still certain gaps to be filled. For example, little is known about how this curriculum will play out in everyday educational settings. To have a better perspective of CSE in The Gambia, it is important to understand its design, how it is going to be implemented and experienced and whether it actually reflects the reality of what is going on with young people. This research will explore these ideas using an ethnographic methodology consisting of qualitative methods including: interviews with key informants, focus group discussions with young people, participant observations of the CSE and content analysis of SRH and CSE policy documents in The Gambia.

Research Aim and Objectives

Research aim(s):

To explore the design, delivery and experiences of Sexual and Reproductive Health (SRH) education for young people in The Gambia

Objectives

- 1) To explore the design of the comprehensive sexuality education (CSE) curriculum for public and private schools in The Gambia
- 2) To examine how CSE is delivered in schools and to understand educators' experiences of delivering CSE
- 3) To examine young peoples' understanding, experiences and practices related to SRH and CSE

- 4) To understand how reflective the CSE curriculum is of the actual SRH practices of young people.

Methodology

The project will take an ethnographic methodological approach to better understand the education young people receive around SRH in The Gambia, and how this education is delivered and experienced by young people. The ethnographic study will involve multiple forms of data collection. The study will use a combination of semi-structured interviews with key informants, focus group discussions with young people, classroom observations and analysis of relevant curriculum documents. Ethnography aims to understand phenomena in their social context and is the study of peoples' accounts, actions and interactions as they emerge in everyday settings (Hammersley & Atkinson, 2007). It uses a combination of methods, usually qualitative forms of observation, in-depth and informal interviewing, and documentary analysis (Hammersley & Atkinson, 2007). Ethnography is the ideal methodology for this study because it will provide rich insights into the structures and wider contexts that influence young people's SRH education. Young people, educators and key stakeholders around SRH education will be participants in this study.

This study will involve:

- a) Classroom observations of SRH education in two schools: one public and one private school. (Objectives 2, 3 and 4)
- b) ~8 focus group discussions with 6-8 young people per group who are in school and are currently being taught SRH, to understand their experiences and practices around SRH. (Objectives 3 and 4)
- c) Content analysis of current SRH curriculum documents that will give a better perspective of what is being taught to young people. (Objective 1)
- d) ~15 semi-structured key informant interviews with educators delivering the SRH curriculum and key stakeholders (NGO's, UN agency staff, school principals, and government officials, Ministry of Basic and Secondary Education, Ministry of Health, The National Youth Council etc.) to better understand the broader political and socio-cultural context of SRH education in The Gambia. (Objectives 1 and 2)

Taken together, these methods will provide insights into what it is like to receive SRH education, how this education is delivered and understood from the perspective of those responsible for developing and delivering SRH education.

Setting

The project will be conducted in the Kanifing Municipal Council and Greater Banjul Area regions of The Gambia, also known as Western Region 1. These regions are urban areas of The Gambia and are closely situated to each other. Implementation of the new SRH curriculum has already started in this region. The researcher also has existing connections to a range of networks needed to do this study within these regions, due to her previous experiences of working there.

The study has the support of Kotu Junior & Secondary School, and Marina International High School, who will be acting as local collaborators. The methodology and methods have been planned in discussion with the above-mentioned schools and the research will be conducted in both schools. Each school teaches SRH education in The Gambia but they have different curricula and approaches to CSE. In addition, there are significant differences in their respective mission statements, type of teaching staff and they attract students from different backgrounds. The researcher has selected these two schools because they will provide contrast into understanding the ways in which SRH education is delivered and experienced in two different types of school settings. This will yield valuable information on how SRH is designed, taught and received in The Gambia across different settings.

Kotu Junior & Senior Secondary School:

This is an Islamic public school that caters for Junior secondary level students (age 11 – 14 years) and senior secondary level students (age 15 – 19 years). Male and female students are taught separately and female students are to wear a hijab. SRH is taught during mandatory biology lessons and in general science classes. Kotu’s mission statement is “*to provide an educational environment with sound moral and religious values geared towards transforming youths into useful and productive members of society*” (Kotu Senior Secondary School, 2020).

Marina International High School

This is a costly private school that follows the British education system and caters for students aged 11 – 19 years. In this setting, SRH is taught in Personal, Social, and Health Education (PSHE) and biology classes. Marina tends to enrol students who are wealthier, and come from families with different religious backgrounds. These schools also hire a different set of teachers, and have very different missions. Marina's mission is *“to provide a broad-based, high quality education, through the delivery of an international curriculum in an environment of cultural diversity. The school endeavors to inculcate values of tolerance, independence and social responsibility in a wholesome atmosphere characterized by a commitment to excellence.”* (Marina International School, 2020). Male and female students are taught together here.

Sample

Participant Observations

Within Kotu, one class will be selected within the junior secondary level (11-14) and one from the senior secondary level (15-19) for both male and female classes, in which the researcher will observe SRH education sessions for two school terms. The researcher will also be selecting two classes from Marina, one from a lower form (forms 1-3 or year 7-9, aged 11-14) and a higher form (forms 4-7 or year 10-13, aged 14-19). The researcher will then recruit students from these classes to take part in focus group discussions about their SRH and the education they receive. The researcher will also have the ability to interview educators and other key stakeholders who work within school settings.

Focus Group Discussions

Approximately eight focus groups (four in each school setting) will be held with 6-8 young people per group in the aforementioned schools who are in SRH education classes. All focus group participants will be recruited from classrooms where ethnographic observations will be taking place. Participants for the focus group discussions will be selected purposively. This means that the researcher will be selecting individuals who have received SRH education and are willing to discuss these experiences. The researcher will also sample students by gender. With

purposive sampling, the researcher is able to maximize efficiency and resources while ensuring that the data collected is rich and informative (Palinkas et al, 2015). Students in the same class will be in the same focus groups, but focus group selection will be based on gender and class participation. At the beginning of the term, the researcher will announce to the students that she will be conducting focus group interviews. She will hand out Participant Information Sheets (PIS) to the students with her contact information so they will be able to contact her if they have any questions or want to participate. There will be two focus group discussions per class, one for boys and one for girls.

Key Stakeholder Interviews

~15 semi-structured interviews will be conducted with key stakeholders such as teachers, NGOs, government officials and other key stakeholders who are involved in SRH educational policy, delivery or development. Participants will initially be recruited purposively, meaning the researcher will first start by selecting stakeholders who best fit the criteria (Palinkas, 2015). From there participants will continue to be recruited through snowball sampling. Snowball sampling is a sampling technique where research participants recruit other participants for the study (Cohen and Arieli, 2011).

These figures have been selected to ensure that there will be enough data for a robust analysis and to also ensure the feasibility of the study, which will gather data for approximately nine months. These figures are also sufficient to provide sufficient data to allow for publications in peer-reviewed journals.

Eligibility Criteria

Participant Observations

Inclusion Criteria

- Young people aged 11-19 who are currently in one of the schools being observed and are taking a module on SRH
- Can communicate in English or Wolof

- Written consent is provided for them to be observed

Exclusion Criteria

- Young people receiving SRH only outside of the school context
- Cannot communicate in English or Wolof
- Written consent is not provided

Focus Group Discussions

Inclusion Criteria

- Young people aged 11-19 who are currently in one of the schools being observed and are taking a module on SRH
- Can communicate in English or Wolof
- Written consent is provided for both observation and FGD participation

Exclusion Criteria

- Young people receiving SRH only outside of school
- Cannot communicate in English
- Written consent is not provided for both observation and FGD participation

Key Stakeholder Interviews

Inclusion Criteria

- Educators who teach SRH education OR Stakeholders who work in the area of SRH and SRH education in The Gambia
- Can communicate in English or Wolof
- Written consent is provided

Exclusion Criteria

- Stakeholders who do not work in the area of SRH and SRH education in The Gambia
- Cannot communicate in English or Wolof

- Written consent is not provided

Recruitment

Participant Observations

Kotu Junior & Senior Secondary and Marina International have agreed to provide the researcher access to conduct observations of SRH education classes to their premises, and to allow the researcher to recruit students and educators for the purposes of FGDs and interviews respectively. The schools agreed to let the researcher recruit and conduct the project on their premises and will work with the researcher to help decide which classes the researcher will attend as an observer. Once these classes have been identified, the researcher will discuss with the teacher of each class the aims of the study and have them play the role of an intermediary between the researcher and the students by introducing the researcher to the classroom. The researcher will come during class time to briefly outline the project to the students in the class to be observed. The researcher will then give students copies of the PIS with the opportunity to ask questions about the research. From there, students will have one week to decide on whether or not they are willing to take part in the study. For students who do not want to participate, the researcher will omit their responses and any interactions etc. from her observation notes. For students who are willing to participate, the researcher will share consent forms for the students and PIS and consent forms for their parents to read and sign. If they do agree to take part in the study, then they will need to give the researcher consent forms signed by them and a parent.

Focus Group Discussions

Once access to the schools have been established and the observational data collection has commenced, the researcher will then be able to begin other components of the study. In order to recruit students for focus group discussions, the researcher will brief the students on what the research is about, before the start of one of the classes to be observed, and hand them the PIS, directing them to the section, which discusses their participation in the focus group. Only students who have consented to the observational part of the study will be eligible to participate in the focus group discussions. If the students are willing to participate, the researcher will share consent forms for the students and PIS and consent forms for their parents to read and sign.

Participants and parents will be given a week to decide on whether or not they want to take part in the study. If they do agree to take part in the study, then they will need to give the researcher consent forms signed by them and a parent. The researcher will then arrange and time and place for the focus group discussions which are convenient for the students within each class taking part.

Key Stakeholder Interviews

Teachers who teach SRH education and other relevant school employees, such as counsellors and principals will be approached by the researcher to ask them whether they would be interested in taking part in the study. The researcher will give a brief presentation about the study during staff meetings, and from there will get contact details of interested potential participants. The researcher will give them a PIS and will take participants preferred contact details and will agree to contact them at least 48 hours later, giving them time to read the information sheet and make a decision about whether they would like to participate. If they are still willing to participate after this time, the researcher will agree a time for the interview and consent would be taken face-to-face and through signed consent forms prior to the interview commencing.

In regards to the recruitment of key stakeholders for the key informant interviews, purposive sampling techniques will be used to identify participants, followed by snowball sampling from initial participants. Participants will be policy makers (Ministry of Education), NGOs who work in SRH education, UN agencies such as UNFPA and UNESCO, and other relevant parties. The researcher will go the offices of these organizations to speak with key contacts in order to explain what the research is about. From there, the key contact will disseminate information about the study, such as PIS, as a way to contact the researcher via telephone or email. The researcher also intends to attend events, such as conferences, where key stakeholders are likely to be present in order to recruit participants. If stakeholders are interested, the researcher will then take their contact details and send them an email with the information sheet attached, and, if they indicate that they are willing to take part, would arrange the interview as outlined in the process above.

Methods

The following methods will be used, as part of the ethnographic methodology: non-participant observations, key stakeholder interviews, and focus group discussions. In ethnography, the process of data collection and the interpretation of the data is iterative and ongoing. Field notes will be used to document emergent themes throughout the field work, and to continually re-assess the focus of inquiry. At the end of the data collection period, these notes will be used to develop broad themes of the research, as well as acting as a contextual framework for interpreting the interviews and FGDs.

Non-participant observations of SRH education classes

The researcher will conduct non-participant observations in conjunction with interviews and focus group discussions. This will be a major portion of the research: non-participant observations will take place during SRH education classes which will take place weekly for 12 weeks total during term time. Non-participant observations are important because they depict influences and behaviours that the researcher may miss from just conducting FGDs and interviews (Hammersley and Atkinson, 2007). Observations also mean that the researcher will have the opportunity to see SRH education in action and to understand how it is delivered, how students react to it, and how it is received and discussed in class. The non-participatory role of the researcher means that she will be there solely to observe and will not interrupt or take an active role in these classes, unless it is for the purposes of her own clarification. Observations will be written up in the form of ethnographic field notes by hand at the time, and then these will be written up in full in an electronic document as soon as possible after the observation. Informal conversations (known as ethnographic interviews) with educators and students may be used and written into the field notes immediately following each meeting, to clarify any points raised by the observations. This data will be used to gain insight into what and how young people are taught SRH and how they respond to those teachings.

(Links to RO1 and RO3)

Key Stakeholder Interviews

Key informants such as relevant stakeholders and educators will be asked to take part in one semi-structured qualitative interview each. A semi-structured interview format will be used to

explore design, delivery and experiences of SRH education as it pertains to young people, such as how curricula are designed and delivered through school contexts and whether these curricula are relevant to young people. This style of interview is relevant because it enables the researcher to explore perceptions and opinions of respondents when it comes to sensitive and complex issues. It enables enough flexibility to ask interviewees more follow-up questions and to better clarify answers (Ritchie et al, 2013). Semi-structured interviews are also an appropriate method to employ in fields that have been under-explored (Ritchie et al, 2013). Within the ethnographic context, this type of interviewing also allows for better insight into individual experiences and how they are placed within wider socio-cultural contexts. Interviews will be arranged at a time and place which is convenient to and most comfortable for the participant, this may be their place of work for example. The interviews will last between 45 minutes to an hour. All interviews will be conducted by the researcher. An estimated total of 15 interviews will be conducted.

(Links to RO1 and RO2)

Focus Group Discussions

Young people in schools will be recruited to take part in focus group discussions that seek to examine their current SRH practices, and interlinked experiences and understanding of the CSE curriculum. Using focus groups, rather than one-to-one interviews, may encourage participation of individuals who may otherwise be reluctant to talk about a sensitive topic such as sexual and reproductive health and behaviour. According to Cleland et al (2001) FGDs are relevant for obtaining data particularly on social norms and cultural expectations on issues such as SRH. FGDs within a younger cohort like this age group can provide insight into the language, values and dominant discourses used (Cleland et al., 2001), and group interaction and discussion among participants aid the researcher in making visible frames of reference, meanings and normative influences (Finch and Lewis, 2003). As detailed earlier, young people in the classes being observed will be invited to take part in the FGDs. There will be 6-8 participants per FGD with a plan to conduct 8 FGDs in total with 2 FGDs per class. These FGDs will be separated by gender, meaning that each FGD will be just boys or just girls in each group. As participants of the FGDs will be in the same class, they will also be within the same age range which will help in ensuring

they are comfortable during the process of data collection. The FGDs will be facilitated by the researcher (Ms. Haddijatou Ceesay). The researcher has previously worked and conducted research with adolescents in The Gambia.

(Links to RO3 and RO4)

Content Analysis

The current SRH curricula and the updated comprehensive sexuality education curriculum will be analysed. These documents will be analysed to examine how relevant these policy documents are when it comes to the everyday SRH practices of young people. The use of documentary analysis is a common method in ethnographic studies known as ethnographic content analysis (Altheide and Schneider, 2013). Analysing these documents can add a more nuanced layer of detail to insights which may contrast with observed or reported accounts of events or were initially missed.

(Links to RO1)

Data Analysis

In an ethnographic methodology, the process of data collection and interpretation of the data is iterative and ongoing. Reflexive notes will be made following each interview and focus group to document emerging themes and to continually assess the focus of the inquiry. After seeking consent from the participant, all interviews and focus groups will be audio recorded and transcribed verbatim by the researcher. Field notes will be typed up in full and all data will be anonymised. The data (transcripts, field notes and policy documents) will be analysed thematically (Braun & Clarke, 2006), to identify and explain common patterns and accounts across the data, as well as understanding what structures these accounts. The software programme, NVIVO, will also be utilised to help with the management of the research data throughout the study.

Ethical and Regulatory Issues

Informed Consent

Participant Observations

Given the sensitive nature of the topic and the age of some of the participants, it is important to safeguard participants' rights to informed consent, anonymity, confidentiality and to stress their right to refuse to answer or to withdraw from the study at any time. For the purpose of this study, we have followed the recommendations of the World Health Organisation (WHO 2018) for conducting research with adolescents in low- and middle-income countries. The research follows the local legal definitions of adults and children to determine who should provide informed consent. Since according to the Gambia laws, anyone under 18 years is considered a child, we identify adolescents who are between 11-17 years as minors or children. Adolescents of 18 years and older are considered as adults and therefore have the right to participate in research autonomously. For adolescents between 11-17 years old, consent will be sought from them as well as from their guardian. They will be included in the participant observations and FGDs only when both agree and sign the consent document.

The facilitators within the schools, such as principals and guidance counsellors, will inform SRH teachers about the intended research. The SRH teachers, as well as the researcher, will talk to the students to let them know what the research project is about. The researcher will go through the PIS which will detail the nature of the study and their possible involvement during the participant observation portion of the study. The students will also be given copies of the PIS for themselves and their guardians to be looked over at least a week before the study commences. This way they will have the opportunity to raise any comments with the researcher. Participants under 18 years would also need signed consent forms from their parent or guardian. The PIS for parents or guardians will include the contact details of the researcher to provide an opportunity for the guardians to speak to the researcher if they want to. Once parents or guardians sign the consent form, they will give it to the students who will give it back to the researcher. The researcher has experience conducting research with young people in The Gambia and this is how consent was obtained from guardians or parents in her previous research. Participants who satisfy the eligibility criteria (adolescents between 11-19 years) who have obtained signed consent from their guardians if under 18 years, and who are willing to participate will then be given a verbal reminder of the nature of the project and what is required of them. The researcher will collect the signed forms from each student during the initial classroom lesson. Acknowledging that consent is an ongoing process rather than one off event, the researcher will ask students who have

provided written consent for the observations to verbally restate consent in each subsequent class she observes. Practically, it would also disrupt class time to ask each week for new written consent, so it is more feasible to obtain verbal consent after the first episode of written consent. In the occasion that a new student joins the class, then written consent will be taken from that person if they were willing to participate. If a student or their guardian does not provide consent to be observed, then the researcher will not take notes of anything that student says or does during observations. This will be made known to the students during the researcher's first introduction to the class, on the PIS and will be restated by the researcher at the start of each class she observes. Once the researcher is satisfied that potential participants fully understand the study and their involvement, they will be asked to provide written consent by signing two copies of the consent form – one for the researcher and the other for the participant's own records.

Focus Group Discussions

Students who have consented to be observed will also be given copies of a PIS relating to the focus groups. This process will be done as follows: once the participant observations have commenced, the researcher will start identifying participants to be involved in the FGDs. These FGDs will be separated by gender, and the researcher will select participants based on the number of students who contact her and are interested in taking part in the FGDs. Ideally, the researcher would like to have 6-8 students in each FGD, so the first 6-8 students who have shown interest and have received parental consent, will take part in the FGDs. There will be two focus group discussions in each class. The researcher will also explain the section of the participant information sheet detailing the FGDs. Potential participants will have the opportunity to ask questions and raise any comments or concerns they have with the researcher. Participants under 18 years would also need signed consent forms from their parent or guardian. The students will be given copies of the PIS for themselves and their guardians to be looked over and will be given one week to decide if they would like to participate. This way they will have the opportunity to raise any questions or concerns with the researcher. The PIS for parents or guardians will include the contact details of the researcher to provide an opportunity for the guardians to speak to the researcher if they want to. Once parents or guardians sign the consent form, they will give it to the students who will give it back to the researcher. The researcher has experience conducting research with young people in The Gambia, and in her previous work, this

is how consent was obtained from guardians or parents in this research. Participants who satisfy the eligibility criteria (adolescents between 11-19 years) who have obtained signed consent from their guardians if under 18 years, and who are willing to participate will then be given a verbal reminder of the nature of the project and what is required of them. The researcher will then take written consent from each student taking part in the focus group discussion prior to these groups commencing. Potential participants will have one week prior to the start of the FGDs to decide if they want to participate in the study and to bring back signed consent forms from their parents or guardians.

The participant information sheets and consent forms for both the participant observations and FGDs have been pre-tested with three adolescents and two experts in The Gambia who work with adolescents in this context to assess the forms for ease of reading and comprehensibility. The forms must be considered simple and understandable. However, if any participant does not fully understand the details of the forms the researcher will provide explanations and check for understanding before consent is taken. If there are participants or guardians who are illiterate or do not fully understand what is written, the information within the PIS and consent forms will be read to them and explained. The researchers will include them only when they are convinced they fully understand and are willing to participate. No data collection will occur without the signing of the consent forms by the participant and for young people under 18, signed consent of the guardian will also be required. Once the researcher is satisfied that potential participants fully understand the study and their involvement, they will be asked to provide written consent by signing two copies of the consent form – one for the researcher and the other for the participant's own records.

Key Stakeholder Interviews

For key stakeholder interviews, potential participants will be approached by the researcher in person who will explain the nature of the study and their possible involvement. They will be given a participant information sheet, which the researcher will then further expand upon. A minimum period of 48 hours will elapse before data collection begins in order to allow participants to reflect on the requirements of the project and their involvement. Participants who are willing to participate will then be given a verbal reminder of the nature of the project and

what is required of them. An opportunity will be given to ask questions about the project. Once the researcher is satisfied that potential participants fully understand the study and their involvement, they will be asked to provide written consent by signing two copies of the consent form – one for the researcher and the other for the participant's own records.

Confidentiality

The researcher will preserve the confidentiality of participants taking part in the study and will abide by the General Data Protection Regulation (GDPR) of 2018. Interview transcripts, field notes and policy documents will be anonymised. This will involve replacing the names of each participant with a pseudonym; the school sites will not be named and will be replaced with a general description, such as 'a private school in the Greater Banjul Area of The Gambia'.

Additional ethical considerations exist in trying to protect anonymity and confidentiality in a focus group setting, as participants reveal information to each other as well as to the researcher. It is unrealistic to offer full safeguards from the researcher and reassurances on behalf of other members of the group due to the focus group set up. Participants will be made aware of this before giving informed consent. In addition, the consent forms state, *"I understand that confidentiality cannot be guaranteed for information which I may disclose in the focus group."* Groups will be asked to agree to respect each other's privacy before discussions begin, then reminded again before they leave. Where possible, techniques that distance the discussion from an 'I' focus will be used. Further, participants will be asked to choose a pseudonym for the duration of the FGDs to improve anonymity.

Confidentiality will only be broken on the researchers' end if a young person reports abuse or harm, and this will clearly be stated on the PIS. The researcher will follow the WHO's guidance on working with adolescents (WHO, 2018). This states that where there is any doubt our primary concern will be the best interests of the adolescent. It also clarifies that "when the law is silent on a matter, or when adhering to the law could yield negative outcomes for an adolescent, the researcher should always act in the best interests of the adolescent." In practice this will mean supporting the adolescent to take the issue forward. The adolescents will be 11+ years old, and if we identify any issue of violence or harm, we will consult with the concerned adolescent (11 years and older) to discuss the best way forward. In these instances, one of the options to take

would be to reach out to the school counsellor and see who the adolescent can be referred to and whether or not the school is connected to organisations that work with young people. The researcher has solid ties to organisations within The Gambia who work with adolescents and will liaise with the young person and relevant organisations if any such instances arise.

Data security

The research will follow City's guidelines for processing personal data and comply with the GDPR concerning the handling processing and storage of the study data. For the duration of the FGDs, participants will be asked to choose a pseudonym to improve anonymity. Personal data (e.g. participants' names and contact details), consent forms, and original audio recordings (before they are deleted) will be held in a locked filing cabinet during the study and/or password-protected university computers. Audio files will be stored in an encrypted form. One copy of the data will be kept on a password-protected USB which will be kept in a zipped compartment in a handbag during the researcher's time in The Gambia. A second copy will be in a password-protected folder on the researcher's encrypted laptop. The original recordings will be deleted from the memory card as soon as the transfer between the audio device and laptop is complete. While in The Gambia, audio files and consent forms will be kept securely with the researcher, Ms. Haddijatou Ceesay, in a locked cupboard.

Research data for this project will be registered with the SHS SIRO as an information asset; details of its location on City's IT infrastructure, research data owner, who has access to the research data and the retention period will be specified.

All hard copy records of consent forms will be scanned, and a copy uploaded on the researcher's personal City, University of London drive once she has returned from The Gambia. Hard copies will be destroyed securely as per City regulations, once the scanned copy has been saved to the drive. Digital data will also be stored on a personal drive. Personal data in the form of consent forms will be stored securely for 10 years and destroyed after this time has elapsed. Digital copies of the data (audio files, contact details of participants, and non-anonymised data such as study codes) will be deleted at the end of the study, in accordance with the University's

guidelines on the retention and storage of data. The anonymised data such as transcripts and field notes will be kept for 10 years too.

The audio files will be transcribed as soon as possible following the interviews and FGDs by the researcher. The Researcher will anonymise each transcript as soon as possible and, once this is complete, the audio file and non-anonymised transcript will be deleted electronically/shredded (if any paper copies). Each anonymised transcription will be assigned a code. A key with the codes linking the anonymised data back to participant's original details will be maintained and kept in a separate secure encrypted electronic file. This will be destroyed at the end of the study. Only the researcher will have access to the secure (encrypted) electronic file which links personal data to each code.

Field notes will be written by the researcher during and after observations interviews into a field notebook, these observations will be anonymised as they are written up (i.e. there will not be any non-anonymised copies). The researcher's reflections and initial thoughts for analysis will also be written into the field notebook. The researcher will type up the anonymised field notes into electronic files, which will be stored in a secure electronic server. A key with the codes linking the anonymised data back to participant's original details will be maintained and kept on a separate secure encrypted electronic file. This will be destroyed at the end of the study. If the interviewee indicates during the consent process that they do not wish for their data to be made available for re-use, then the data pertaining to that participant will not be made available for further research.

Potential distress to participants

Throughout the study, the researcher will always act in the best interest of the adolescents. It is possible that this study may uncover issues that are concerning, for example, bullying and harassment. According to the WHO 2018 guidance, in the unlikely event that a specific case needs to be disclosed, we will follow the WHO's guidance on working with adolescents (WHO, 2018). This states that where there is any doubt our primary concern will be the best interests of the adolescent. It also clarifies that "when the law is silent on a matter, or when adhering to the law could yield negative outcomes for an adolescent, the researcher should always act in the best interests of the adolescent." In practice this will mean supporting the adolescent to take the issue

forward. The adolescents will be 11+ years old, and if we identify any issue of violence or harm, we will consult with the concerned adolescent (11 years and older) to discuss the best way forward. Options are: (a) encourage the adolescent to make voluntary disclosure about their circumstance to their parent, guardian or caregiver, which would hopefully translate to familial support; (b) report concerns anonymously to the head of the school, who will take action according to agreed protocols and policies in their standard practice documents (each school has its own mechanisms); (c) involve a third party outside the family to consult with the adolescent. For minor adolescents, the researcher may choose not to disclose the issue to the guardian if they believe this will not be in the best interest of the adolescent and against the adolescent's wishes.

In managing disclosures, the researchers are aware that some accounts may be considered objectionable or even illegal in the UK context but may be legal and even normalised in the Gambian context. At the same time, there is a lack of a national child protection strategy and child protection policy, with significant gaps in provision, accountability and protocols to support young people at all levels. These gaps can make it difficult to persuade young people to disclose and need to be balanced against the young person's own decision-making and autonomy about the best course of action for them, in their specific circumstances.

If individual issues are highlighted and the participant needs support, the researchers will encourage the participant to contact the relevant person (counsellor) at the school. If other support services are available, the researcher will also distribute details of those services to the young people and stakeholders. The researcher has worked in The Gambia on youth and women's empowerment including violence among women, FGM and adolescent SRH. Think Young Women, the Ministry of Health and Social Welfare or the National Youth Council are appropriate local organizations to approach in this instance. The local or national organisation will work with the adolescent to offer support, consult about possible solutions, and agree decisions on reporting, mindful of possible negative repercussions for the adolescent. Provision for this, and the identification of a named support individual within the organisation will be agreed with the organisation's head prior to the start of data collection.

There are no risks to taking part in this study, but some of the issues we will discuss might make the participants feel uncomfortable. It will be clearly explained to participants that if they do not wish to answer any questions, they do not have to do so and are free to withdraw at any time, without having to give a reason. Questions for the focus group discussions will be designed to be as open as possible so the participants can discuss what they are comfortable with. If the researchers feel any participant is visibly disturbed (such as is crying), they will pause the discussion and speak to the participant privately to check if they wish to continue or would prefer to leave the FGD or interview.

The researcher has identified an experienced local expert, Ms Ndey Ngoneh Jeng, a lawyer, who has extensive experience of working in the Gambia and will be their contact and advisor if there are concerns regarding disclosures. In case of: adverse events, breaches of confidentiality and/or inappropriate disclosure of personal data under GDPR, safeguarding issues relating to adolescents under 18 years, and incidents that affect the personal safety of a participant or researcher, will be reported to the MRC Ethics Committee. These events will be reported immediately (within 5 days for adverse events). In case of breaches of confidentiality and disclosure of personal data under GDPR, these will also be reported immediately to City's Information Assurance Team. These procedures will also be explained to the local expert, Ms Ndey Ngoneh Jeng, who will inform City if she is made aware of any such incidents.

Potential distress to the researcher

There is the possibility that sensitive and emotional cases will be discussed during interviews, which may have the potential to cause discomfort and distress to the researcher. She is fully aware of this possibility. It is important to note that the researcher has significant experience working in SRH in The Gambia, especially with violence against women cases such as FGM and child marriage. She is therefore well prepared for, and experienced in, the kind of material that may be discussed during the research process. However, if the researcher felt that she needed support as a result of the research, she would also be able to seek support from her research supervisors, Dr Jessie Cooper, and Dr Susan Bradley if necessary. While in The Gambia, she will reach out to a counselling service who she will have access to if she needs counselling.

Safety of the researcher

It is possible for key informant interviews to be conducted in a private location of the participant's choice, in this instance, and in accordance with City University's lone working policy, the researcher will take a mobile phone with her, leave the address of where she will be visiting with one of her colleagues, and set a time limit. If she has not returned within this time or has not made phone contact with the colleague to say she has left the interview safely, then the colleague is to ring her and, if no response, to retrieve the address and contact the police.

The researcher's local contact will be Mariama Fanneh. The contact's phone number is

██████████

Study Duration

This is a 3-year, full time research project. Key milestones are:

Jan 2020 – receive letters of support from The Gambia Ministry of Basic and Secondary Education and Marina International School and Kotu Junior and Senior Secondary School in The Gambia

Feb 2020 - application for ethical approval to the SCC-MRCG and LSHTM Ethics Board, The Gambia

May-September 2020 – conduct content analysis and begin key informant interviews. Liaise with school principals and teachers to set up classroom observation schedules.

September 2020- March 2021 – classroom observations, focus group discussions and key informant interviews, with on-going data analysis

Jan 2022 - submission of thesis

Publication Policy

The study results will be written up as part of the researcher's doctoral thesis. The study results will also be available for publication in peer-reviewed academic journals. For those who request it, a lay summary of the research findings will be made available at the end of the study.

Example of Consent Form and Participant Information Sheet

PARTICIPANT INFORMATION SHEET - adolescents

Title of Study: Young People's Sexual and Reproductive Health (SRH) Education in The Gambia: An Ethnographic Study (Focus Group Discussions)

Name of principal investigator: Ms. Haddijatou Ceesay, City, University of London, UK

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

We are interested in exploring the design, delivery and experiences of Sexual and Reproductive Health (SRH) education for young people in The Gambia. We know that young people are taught about SRH through the comprehensive sexuality education (CSE) or comprehensive health education (CHE) curriculum, but we do not know what is taught and how relevant it is to young people. This study is looking to find out about how CSE/CHE is developed and delivered in schools, and your experiences of this education.

Why have I been invited?

We will be talking to young people aged between 11 and 19 years. You have been invited to take part because you are between the ages of 11 and 19 years old and are receiving CSE/CHE in school. Your experiences are important to us. To take part you must be willing and able to participate in English and/or Wolof and to provide informed, written consent.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign a consent form for each part of the project. If you decide to take part you are still

free to not answer some questions or withdraw at any time, without giving a reason, and you will not be penalised or disadvantaged in any way.

What will happen if I take part?

Involvement of the study will be over a period of 12 weeks during which the researcher will spend time in your classroom observing your CSE/CHE lessons. She will take notes from these observations. If you are willing, you may also be asked to take part in a focus group about your experiences of CSE/CHE. If you decide to take part in the focus group, you will be asked to come to one focus group with 6-8 young people and one researcher. The focus group will last for about 90 minutes and will take place in school. We will ask you to agree to the focus group being audio taped and to choose a different name to use during the discussion. You will also be asked to complete an anonymous short form to tell us some details about yourself (e.g. your age, gender etc. but not your name).

The researcher will ask some questions, but there are no right or wrong answers - we just want to find out what everyone thinks.

After the focus groups the audio tapes will be typed up and only the name you chose will appear in the transcripts. The researcher will transcribe the interviews and will comply with data protection. Some of the data will be transferred to the UK and we have safeguards in place to ensure that the data are processed to the same standards as within European Economic Area (EEA). This just means that the researcher will make sure your data is being protected.

What do I have to do?

With participant observations, all that is required is to allow the researcher to take notes during your class time.

For the focus groups, the researcher will tell you the time and place where the focus group will happen. You will be asked to participate in the discussion. This involves joining in, sharing your ideas

with the other participants and listening to what they have to say. You will also be asked to respect the confidentiality of all members of the focus group. Some refreshments will be provided.

What are the possible disadvantages and risks of taking part?

There are no physical risks to taking part in this study, but some of the issues discussed might make you feel uncomfortable. Please remember that if you do not wish to answer any questions you do not have to do so, and you are free to stop the interview or withdraw at any time, without having to give a reason.

In the focus groups you will be talking with other young people. We will ask everyone to respect each other's privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion. Please remember that other participants in the group may repeat what was said so we can only guarantee confidentiality from the research team members.

What are the possible benefits of taking part?

There is a lot of focus on the SRH of adolescents, but your voices are not always included. This study will give you the opportunity to raise your concerns and suggest ways that things could be improved. This may generate new knowledge and understanding which can be used to tailor CSE/CHE to better suit adolescents' needs.

What will happen when the research study stops?

The data we collect will be analysed by the researcher (Haddijatou Ceesay) to identify common themes and new ideas on CSE/CHE in The Gambia. All data will be kept on a password-protected computer in City, University of London.

Will my taking part in the study be kept confidential?

Only named members of the research team in The Gambia and the UK (the researcher and her supervisors) will have access to the audio recordings. During the focus groups you will be asked

to use a different name and you will only be referred to by this name during the discussion. No names will be used during focus group discussions, and the participant observations will not be audio recorded. The researcher will be making notes during observations, but those notes will not contain names. Participants will be identified through numbers randomly assigned by the researcher. The audio recordings will be transcribed by the researcher and then will be destroyed. Your real name will not be recorded with the information you give us, so no one will know it is from you. Your real name will only appear on the signed consent form, stored separately from the data collected.

The answers you provide and the data I collect will only be used for the purposes of this study. All answers will be handled confidentially and any information we gather will be stored under a different name. I will not use your name in any reports and your name will not be shared with any other people.

If any issues of violence or harm are disclosed in any part of the study, I will report these anonymously to the school so they can try to resolve them. We will not tell them or anyone else what you tell us unless we think someone might be hurt. If so, we will talk to you first about the best thing to do.

What should I do if I want to take part?

If you want to take part, please tell Haddijatou Ceesay, who will explain the research to you and ask you to sign a consent form. You will be asked to sign different consent forms for the observations and focus groups. Your parents will also be asked to sign a consent form if you are aged 11-17.

What will happen to results of the research study?

Findings from this study will be used to: make recommendations on adolescent SRH; and to write academic articles. They will also be shared with others interested in adolescent health at national,

regional and international forums. Anonymity will be maintained whenever research participants are quoted.

Please give your contact details to Haddijatou Ceesay or email her if you would like to receive the policy brief or a copy of any publications.

What will happen if I do not want to carry on with the study?

You are free to withdraw from this study at any time, without giving a reason. If you don't want to take part or change your mind, just tell the researcher.

Who has reviewed the study?

This study has been reviewed and approved by The Gambia Government/MRCG Joint Ethics committee.

Further information and contact details

If you have any questions about the research please contact

Local researcher:

Ms. Haddijatou Ceesay

Email: [REDACTED]

Tel: +220 7114544/ +44 (0)74 9291 7145

Research Supervisor:

Dr Jessie Cooper

Email: [REDACTED]

Tel: [REDACTED]

Data Protection Privacy Notice: What are my rights under the data protection legislation?

City, University of London is the sponsor and the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.

Your right to access, change or move your information are limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/>).

City will use your name and contact details to contact you about the research study as necessary. If you wish to receive the results of the study, your contact details will also be kept for this purpose. The only people at City who will have access to your identifiable information will be Ms. Haddijatou Ceesay. City will keep identifiable information about you from this study for 10 years after the study has finished.

You can find out more about how City handles data by visiting <https://www.city.ac.uk/about/governance/legal>. If you are concerned about how we have processed your personal data, you can contact the Information Commissioner's Office (IOC) <https://ico.org.uk/>.

What if I have concerns about how my personal data will be used after I have participated in the research?

In the first instance you should raise any concerns with the research team, but if you are dissatisfied with the response, you may contact the Information Compliance Team at dataprotection@city.ac.uk or phone 0207 040 4000, who will liaise with City's Data Protection Officer Dr William Jordan to answer your query.

If you are dissatisfied with City's response you may also complain to the Information Commissioner's Office at www.ico.org.uk

What if there is a problem?

If you have any problem with the research or want to make a complaint, please contact:

Ms. Ndey Ngoneh Jeng,
Constitutional Review Commission
Kotu, The Gambia

Email: [REDACTED]

Tel: [REDACTED]

If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you need to phone + 44 (0)20 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: Sexual and reproductive health (SRH) of adolescents in the Gambia – an exploratory study.

You could also write to the Secretary at:

Anna Ramberg
Research Integrity Manager
Research & Enterprise
City, University of London
Northampton Square
London
EC1V 0HB

Email: [REDACTED]

City holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Thank you for taking the time to read.

CONSENT FORM – adolescent 18+ (Focus Group Discussion)

Title of Study: Sexual and reproductive (SRH) of adolescents in the Gambia – an exploratory study

Please initial/mark each box

1	I confirm that I have had the project explained to me, and I have understood the participant information sheet, which I may keep for my records.	
	I have had the opportunity to ask questions and my questions have been answered.	
	I understand this will involve that I:	
	• take part in a focus group	
	• allow the focus group to be audiotaped	
2	This information will be held by City as data controller and processed for the following purpose(s): Public Task: The legal basis for processing your personal data will be that this research is a task in the public interest, that is City, University of London considers the lawful basis for processing personal data to fall under Article 6(1)(e) of GDPR (public task) as the processing of research participant data is necessary for learning and teaching purposes and all research with human participants by staff and students has to be scrutinised and approved by one of City's Research Ethics Committees.	
3	I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.	
	I understand that confidentiality cannot be guaranteed for information which I may disclose in the focus group.	
4	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.	
5	I agree to City recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR).	
6.	I agree to the arrangements for data storage, archiving, sharing.	
7	I agree to the use of anonymised quotes in publication.	

8	I agree to take part in the above study.	

Name of Participant Signature Date

Name of Witness (if required) Signature Date

Name of Researcher Signature Date

When completed, 1 copy for participant; 1 copy for researcher file.

Appendix 3: Approval Letters



REPUBLIC OF THE GAMBIA

Ministry of Basic and Secondary Education
Willy Thorpe Place Building
Banjul, The Gambia

ME 387/427/01 TEMP (M)

January 13, 2020

Haddijatou Ceesay

PHD Candidate

City, University of London School of Health
Sciences

**RE: PERMISSION TO CONDUCT A RESEARCH STUDY WITHIN BASIC
AND SECONDARY SCHOOLS IN THE WESTERN REGION (KMC)**

With reference to your letter of January 9, 2020 on the above captioned subject, Pleased be informed that approval has been granted for you to undertake your research in Said Schools in Regional Education Directorate 1.

By a copy of this letter, the Regional Director is hereby duly informed.

Wish you a successful research.

MINISTRY OF BASIC &
SECONDARY EDUCATION

Momodou Bah

FOR: Permanent Secretary

Cc: RED 1

File

R/File

Email: info@edugambia.gm | Website: www.edugambia.gm | Tel: +220 4225234



KOTU JUNIOR SECONDARY SCHOOL
Established 1992

PMB 345 SERREKUNDA
K.S.M.D The Gambia
West Africa
Date: 17th January 2020
Tel: (+220) 3706819

Ref: KJSS/07/(16)

Dear Haddijatou Ceesay,

**RE: APPROVAL TO CONDUCT RESEARCH IN KOTU JUNIOR
SECONDARY SCHOOL**

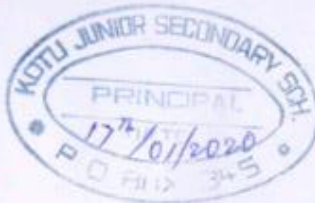
I am pleased to inform you that, an approval has been given for you to conduct the research titled: "Young people's Sexual and Reproductive Health Education" in the above-mentioned school.

It is to be understood that, informed consent of all our students in the school is guaranteed. You are allowed to observe all the 8 number of classes for the duration of 24 weeks.

We wish you a successful research conduct and a pleasant interaction with the school throughout the entire duration of your stay with us.

Yours sincerely,

Mr. Lamin Touray
Vice principal





MUNAZAMAT AL-DAWA AL-ISLAMIA

KOTU SENIOR SECONDARY SCHOOL

Kotu West Layout, Kotu P.O.BOX 2190, Serrekunda, K.S.M.D., The Gambia
TEL : (220) 4463372, +2209934026 E-Mail: enquiries@kotussschool.info

16th January 2020

Approval Letter

Dear Haddijatou Ceesay,

We write to inform you that your request to be permitted to conduct research, titled Young People's Sexual and Reproductive Health Education in The Gambia Policy versus Reality in our school is approved. We allow you to conduct the research in our School. We have also agreed with you certain study procedures.

Kotu Senior secondary school therefore understands that you Haddijatou Ceesay will receive consent for all participants and their parents if they're under 18 years. All research with students will take place on-school grounds. You will be allowed to observe up to 12 classes for a duration of 12 weeks. Any data collected by you will be kept confidential and will be stored in a locked filing cabinet. You have agreed to provide a copy of the aggregate results from your study.

Thank you, all best wishes,

[Redacted Signature]

Lamin A.K.Sanyang

Principal

CC: Ethics Board





Marina International School

P.O. Box 717
BANJUL
The Gambia

Telephone: (220) 4497178

Fax: (220) 4497280

E-mail: headhighschool@mis.edu.gm

Website: www.mis.edu.gm

FARIMANG SINGHATEH ROAD
BAKAU NEW TOWN

31st January 2020

Dear Haddijatou Ceesay

CC: Ethics Board -

The purpose of this letter is to inform you that I give Haddijatou Ceesay permission to conduct the research titled Young People's Sexual and Reproductive Health Education in The Gambia: Policy versus Reality at Marina International School. Certain study procedures have been agreed to with the researcher.

Marina International School understands that Haddijatou Ceesay will receive consent for all participants and their parents if they're under 18. All research with students will take place on school grounds. Haddijatou Ceesay will be allowed to observe 12 number of classes maximum for a duration of 12-24 weeks. Any data collected by Haddijatou Ceesay will be kept confidential and will be stored in a locked filing cabinet. Haddijatou Ceesay has agreed to provide a copy of the aggregate results from her study.

Yours truly

William Arthur
Headmaster



Appendix 4: Ethics approval from The Gambia’s Scientific Coordinating Committee and Ethics Application

Dr Anna Roca

Acting Chair, Scientific Coordinating Committee

Yours sincerely

Protocol / Proposal	PhD Protocol FINAL-2	16/03/2020	1
Information Sheet	PIS Consent and Assent Form Parents and Adolescents Under 18 OBS	16/03/2020	1
Information Sheet	PIS Consent and Assent Form Parents and Adolescents Under 18 FGD	16/03/2020	1
Information Sheet	PIS and Consent Form KII	16/03/2020	1
Information Sheet	PIS and Consent Form Adolescents 18+ OBS	16/03/2020	1
Information Sheet	PIS and Consent Form Adolescents 18+ FGD	16/03/2020	1
Covering Letter	MRC-LSHTM Ethics Cover Letter- Ceasey	06/03/2020	1
Local Approval	Haddjatu Ceasey approval letter City	05/03/2020	1
Local Approval	Official Approval Letter from MOBSE	05/03/2020	1
Advertisements	Permission letter MOBSE	11/02/2020	1
Advertisements	Katu SS School Request Letter	11/02/2020	1
Advertisements	Katu JS School Request Letter	11/02/2020	1
Advertisements	Marina High School Request Letter	11/02/2020	1
Other	citCompletionReport844093	11/02/2020	1
Local Approval	All approval letters	10/02/2020	1
Investigator CV	H.Ceasey Resumer-Final	10/02/2020	1
Protocol / Proposal	PhD Study Tools	06/02/2020	1 (Study Tools)

Documents submitted for review are:

I am please to approve your proposed study which will be forwarded to the Ethics Committee for further consideration at their next meeting on 26 March 2020.

Confirmation of favourable SCC opinion

Thank you for responding to the SCC's request for further information on the above research and submitting revised documentation.

The further information has been considered by the Chair.

Project ID/Ethics ref: 18063

Study Title: Young People's Sexual and Reproductive Health Education in The Gambia: An Ethnographic Study

Dear Ms Ceasey

20 March 2020

Ms Haddjatu Ceasey
City, University of London, UK

Scientific Coordinating Committee



Ethics application

LSHTM Ethics Application & CARE Form

Project Information

Staff members/students based at:

- ☐ LSHTM
☒ MRC Gambia@LSHTM
☐ MRC Uganda@LSHTM

1. Full project title

Young People's Sexual and Reproductive Health Education in The Gambia: An Ethnographic Study

1a. Study Acronym:

SRH Education in The Gambia

1b. Is this an ancillary study

- ☐ Yes
☒ No

1d. Basic project information is routinely communicated on the MRCG website and internally. Do you require project information to be withheld?

- ☐ Yes
☒ No

2. Is this Project in fulfillment of a degree?

- ☒ Yes ☐ No

2a. Degree registered for

PhD

2b. Have you completed upgrading?

- ☐ Yes
☒ No

2b If you have not yet completed upgrading, please state when upgrading is likely to take place, as well, detail why you are submitting to the ethics committee at this stage.

Upgrading is to take place within the next 4-6 weeks. I am submitting my ethics application now in order to start data collection shortly after the upgrade process.

2f(deg). Is this an original submission, or are you responding to a request for clarification from the LSHTM ethics committee?

- ☐ Original submission
- ☒ Responding to request for clarification

2f(i- Please upload a covering letter responding to the committee's request for clarification (please use the same format as that deg) shown in the template cover letter available under Help-Templates). Please upload all amended documents in the relevant section of the form.

Type	Document Name	File Name	Version Date	Version	Size
Covering Letter	MRC-LSHTM Ethics Cover Letter- Ceesay	MRC-LSHTM Ethics Cover Letter- Ceesay.docx	06/03/2020	1	103.5 KB

Applicant Details

3g. Who will present the proposal at SCC? (include email addresses for non LSHTM staff)

Haddijatou Ceesay

Student Details

3a. Student details

Title	First Name	Surname
Ms	Haddijatou	Ceesay
Telephone		
Email		

3c. Supervisor's name.

Dr Jessie Cooper

3c (i). Supervisor's email address (if more than one, please only provide the email address of your main supervisor)

Email

3 c(ii). Supervisor's institution

☐ LSHTM

☐ MRC Gambia or Uganda

☒ Other

3c (iii). If Other, please provide the name of your supervisor's institution

City, University of London

Please also provide a telephone number for your supervisor

+44 (0)20 7040 0882

3d. Please provide the name of the LSHTM member of staff who will be your contact during the project.

Haddijatou Ceesay

Please provide the email address of your LSHTM contact

3e. Supervisor status

Confirmed

Project Type

Note: Completing the filter will enable and disable sections of the form so you may not see all questions.

Theme:

Disease Control and Elimination

4. Does the research involve primary data collection, analysis of data/samples that have already been collected, or a mix of both?

- ☒ Primary
- ☐ Previously collected data/samples
- ☐ Mixed

4a. Is this research project classed as interventional or observational?

- ☐ Interventional
- ☒ Observational

4a(ii). Select type of project:

Project involving qualitative methods only (e.g. Interviews)

4c. Does the project involve extraction of data from patient records (e.g. medical, social care, service user records)? (This refers to primary data collection from records and does not include data that was previously collected and is now being used in a secondary analysis).

- ☐ Yes
- ☒ No

6. Is this project being undertaken by Chariot Innovations or by the Rapid Support Team?

- ☐ Yes
- ☒ No

Samples

6a. Does this research project involve the collection, or use of previously collected, human tissue samples e.g urine, stool, blood etc? (Please select yes even if the samples are not considered relevant material under the Human Tissue Act)

- ☐ Yes
- ☒ No

6b. Will this project involve living animals (either laboratory, livestock or wild animals) AND/OR biological material that has been obtained from animals in the experiments planned?

- ☐ Yes
- ☒ No

Fast-Track

7a. will this project be conducted in conjunction with NHS staff, premises or any other connection to the NHS?

- ☐ Yes
☒ No

7b. Is this application for fast-track? Note: MSc applications are not currently available for fast-track

- ☐ Yes
☒ No

Vulnerable Groups

8(i). Does this research project involve vulnerable groups? Vulnerable groups include: children, individuals with mental disability or learning difficulties, pregnant women, prisoners etc (see information icon for full description).

- ☒ Yes
☐ No

8(ii). Please tick the group(s) below

- ☒ Children
☐ Individuals with mental disability or learning difficulties
☐ Pregnant women
☐ Prisoners
☐ Unconscious or severely ill
☐ Foetuses and neonates
☐ Staff or students of LSHTM
☐ Economically disadvantaged communities
☐ Other

Security Sensitive Research Material

9. Does this research involve access to and/or storage of security sensitive research material? Please note that while some data is considered sensitive, such as HIV status, it is not necessarily considered security sensitive. If you are using data that could be considered sensitive, but not security sensitive please answer no to whether your research involves access to and/or storage of security sensitive research material. Please see information icon for what is considered security sensitive material.

- ☐ Yes
☒ No

Geography

10. List the countries where the research project is to be conducted (For example: if you are conducting a secondary data analysis for your project and you will be based in the UK, select UK regardless of where the original data has come from):

Gambia

Please be aware that all primary health research conducted in the UK requires a sponsor. Please contact the RGIO at RGIO@lshtm.ac.uk for more information on sponsorship.

Outline

Note: Please do not copy and paste directly from the protocol. Applications where large portions of text have been copied and pasted directly from the protocol, and therefore do not properly answer the question, will be invalidated

12. Give an outline of the proposed project, including background to the proposal. Include information from any systematic reviews that have been conducted. Sufficient detail must be given to allow the Committee to make an informed decision without reference to other documents.

Research aim:

To explore the design, delivery and experiences of Sexual and Reproductive Health (SRH) education for young people in The Gambia

The Gambia is introducing a new comprehensive health education (CHE) curriculum, which replaces the Population and Family Life Education (POP/FLE) programme which was disbanded in 2003. This was to be reintroduced with the assistance of the United Nations Population Fund (UNFPA) as a key education component for the SRH of young people in The Gambia. The process of implemented the new comprehensive health education curriculum, began during the 2019 school year. The curriculum proposes to equip children and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, especially in the context of their emotional and social development (Draft CSE Manual for Lower Basic Schools, unpublished, 2017). While it is acknowledged that it is important that this curriculum is being re-implemented within school systems, little is known about how this curriculum will work or be experienced in context.

There is a growing body of research that has examined interventions around SRH in the context of young people in SSA. This research has mainly focused on the outcomes and effectiveness of these interventions, as opposed to the wider contexts surrounding their implementation (Chandra-Mouli et al, 2015). Social science scholars have highlighted the importance of understanding the way in which context (socio-cultural, political, historical economic, religious etc) can shape the effectiveness of SRH interventions, including how they are designed, delivered and experienced. (UNESCO, 2009; Kirby, 2007). The fact that the existing research in this area largely focuses on effectiveness and outcomes of SRH interventions means there remains a void in understanding how these interventions are put into practice and experienced.

It is known that access to education and information around SRH is currently a problem for young people in The Gambia (DHS, 2013), and that The Gambia is introducing a new curriculum, but little is known about how this curriculum will play out in everyday educational settings. To have a better perspective of CHE in The Gambia, it is important to understand its design, how it is going to be implemented and experienced and whether it reflects the reality of what is going on with young people. This research will explore these ideas using an ethnographic methodology consisting of qualitative methods including: interviews with key informants, focus group discussions with young people, participant observations of the CHE and content analysis of SRH and CHE policy documents in The Gambia.

Methodology:

The following methods will be used, as part of the ethnographic methodology: non-participant observations of classes delivering the new CHE curriculum, Focus group discussions with students being educated with this curriculum, key stakeholder interviews with educators and policy makers and content analysis of curriculum documents. The data (fieldnotes from observations, interview and focus group transcriptions) will be analysed to develop broad themes of the research, as well as acting as a contextual framework for interpreting the interviews and FGDs.

Ethical issues: It is important to safeguard participants' rights to informed consent, anonymity, confidentiality and to stress their right to refuse to answer or to withdraw from the study at any time. For the purpose of this study, we have followed the recommendations of the World Health Organisation (WHO 2018) for conducting research with adolescents in low- and middle-income countries. The researcher will also preserve the confidentiality of participants taking part in the study and will abide by the General Data Protection Regulation (GDPR) of 2018. There are no risks to taking part in this study, but some of the issues we will discuss might make the participants feel uncomfortable. It will be clearly explained to participants that if they do not wish to answer any questions, they do not have to do so and are free to withdraw at any time, without having to give a reason. Questions for the focus group discussions will be designed to be as open as possible so the participants can discuss what they are comfortable with. If the researchers feel any participant is visibly disturbed (such as is crying), they will pause the discussion and speak to the participant privately to check if they wish to continue or would prefer to leave the FGD or interview.

References:

Chandra-Mouli, V., Lane, C., & Wong, S. (2015). What does not work in adolescent sexual and reproductive health: A review of evidence on interventions commonly accepted as best practices. Global Kirby, Douglas B., Ph.D. Laris, B.A., M.P.H. Roller, Lori A., M.S.W., M.P.H. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40(3), 206-217. doi:10.1016/j.jadohealth.2006.11.143
Ministry of Basic and Secondary Education. Draft CSE Manual for Lower Basic Schools. (2017). Unpublished manuscript.
The Gambia Bureau of Statistics, - GBOS, & ICF International. (2013). Demographic and health survey. Banjul, The Gambia: GBOS and ICF International. Retrieved from <https://dhsprogram.com/pubs/pdf/FR289/FR289.pdf>
UNESCO. (2009). International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators. Paris: UNESCO.

- 12a. Upload the study protocol (compulsory for staff and doctoral students), including data collection forms, questionnaires and topic guides. Please upload each document separately, ensuring that the date and version number of each document is correct.

Type	Document Name	File Name	Version Date	Version	Size
Protocol / Proposal	PhD Study Tools	PhD Study Tools.docx	06/02/2020	1 (Study Tools)	33.7 KB
Protocol / Proposal	PhD Protocol FINAL-2	PhD Protocol FINAL-2.docx	16/03/2020	1	57.1 KB

13. State the intended value of the project, detailing why the topic is of interest or relevance. If this project or a similar one has been done before what is the value of repeating it? Give details of overviews and/or information on the Cochrane database. This area is of increasing importance – please ensure you give a full response.

Despite the fact that young people are disproportionately affected by Sexual and Reproductive Health (SRH) challenges, there is a dearth of research providing critical insight into these issues and how they are shaped in low- and middle-income countries (LMIC), such as The Gambia. Sexually transmitted infections (STIs) are regarded as a major public health problem, contributing significantly to the global burden of disease (CDC, 2017). Girls and women are less likely than their male counterparts to know whether or not they have an STI infection and untreated STIs can lead to serious long-term reproductive health consequences, such as infertility and negative maternal-foetal health outcomes (WHO, 2018; CDC, 2017). Boys and men also face significant SRH burdens and have a variety of unmet SRH needs. These include a reported lack of knowledge and awareness about condom use and contraception as well as the prevention and treatment of HIV and other STIs (UNFPA and IPPF, 2017). The WHO (2018) reported that there were over two million young people worldwide living with HIV in 2012 and there are approximately 375 million new curable STI cases globally, with people aged between 15-24 accounting for over 50% of all new STI cases (WHO, 2018). The global burden of STI's is much higher in LMICs compared with high-income countries, due to the lack of quality services for diagnosis and treatment (WHO, 2018). For instance, 70% of the global population of people living with HIV live on the African continent, with young people disproportionately affected (Kharsany and Karim, 2016). Due to the scope of the issues around young peoples' SRH, many sub-Saharan African (SSA) governments and international organizations such as the World Health Organisation (WHO) and the United Nations Populations Fund (UNFPA) have made distinct efforts to address young people's SRH needs (Mturi and Hennink, 2005). This has included increasing access to services such as STI testing, information provision, and counselling (Mturi and Hennink, 2005).

While FGM and child marriage have been banned in The Gambia since 2015 and 2016 respectively, the prevalence of FGM in The Gambia remains at 75% and this rate varies among ethnic groups (DHS, 2013). Additionally, 30% of children in the country are married by age 18, of which 9% are married by age 15 (Girls Not Brides, 2017). Although these SRH issues mostly impact girls and women, the inclusion of boys and men in SRH education can influence patterns of violence and gender equality, for instance, by decreasing intimate partner abuse (Marcell and Ellen, 2012). In response to SRH issues of young people in LMI countries like The Gambia, policy makers are pushing to increase a focus on education as a tool to enable positive SRH by redesigning and re-implementing a comprehensive sexuality education curriculum. In the 2004-2015 Education Policy for The Gambia, The Department of State for Education suggested the need to re-implement the Population and Family Life Education (POP/FLE) programme, which was previously disbanded in 2003. This was to be reintroduced with the assistance of the United Nations Population Fund (UNFPA) as a key education component for the SRH of young people in The Gambia. The education policy document explains that over 66% of The Gambia's population are aged 15-24 and are the most vulnerable age group in relation to the rest of the population (MoBSE, 2015 p.111). This demonstrates the Gambian government's commitment to tackling issues around SRH in young people. The process of implemented the new comprehensive health education (CHE) curriculum, began during the 2019 school year. The curriculum proposes to equip children and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, especially in the context of their emotional and social development (Draft CSE Manual for Lower Basic Schools, unpublished, 2017). Although the uptake of the curriculum has been slow, the initiative to reintroduce SRH education in The Gambia reflects a growing trend in awareness around SRH issues in The Gambia and the work being done in this area. While it is acknowledged that it is important that this curriculum is being re-implemented within school systems, little is known about how this curriculum will work or be experienced in context.

There is a growing body of research that has examined interventions around SRH in the context of young people in SSA. This research has mainly focused on the outcomes and effectiveness of these interventions, as opposed to the wider contexts surrounding their implementation (Chandra-Mouli et al, 2015). Scholars have highlighted the importance of understanding the way in which context (socio-cultural, political, historical economic, religious etc) can shape the effectiveness of SRH interventions, including how they are designed, delivered and experienced. (UNESCO, 2009; Kirby, 2007). The fact that the existing research in this area largely focuses on effectiveness and outcomes of SRH interventions means there remains a void in understanding how these interventions are put into practice and experienced. This impacts those designing and delivering these programmes (i.e. policy makers and educators), and those who are the targets of these programs (i.e. young people) (Jerrim and De Vries, 2015).

Educational research in the social sciences has also pointed out that constructing or designing an SRH education program relies on creating a comprehensive curriculum (Kirby, 2007). Kennedy's work on the sociological aspects of curriculum research continues to be relevant even within contexts outside of high-income countries (Kennedy, 2005). This research shows that there are broader issues at play beyond simply thinking about whether a curriculum or education itself is successful in leading to behaviour change. Social science researchers continue to explore the understanding that experiences with curriculums extend beyond the classroom (Kennedy, 2005). Kennedy's research also highlights how little is currently known about young people's 'real world' knowledge of SRH in The Gambia and whether this is reflected in any way in the CSE curriculum.

It is known that access to education and information around SRH is currently a problem for young people in The Gambia (DHS, 2013), and that The Gambia is introducing a new curriculum, but there are still certain gaps to be filled. For example, little is known about how this curriculum will play out in everyday educational settings. To have a better perspective of CHE in The Gambia, it is important to understand its design, how it is going to be implemented and experienced and whether it actually reflects the reality of what is going on with young people. This research will explore these ideas using an ethnographic methodology consisting of qualitative methods including: interviews with key informants, focus group discussions with young people, participant observations of the CHE and content analysis of SRH and CHE policy documents in The Gambia.

References:

- Bhuiya, I., Ubaidur, R., Chowdhury, A. H., Rahman, L., Haque, N., Adamchak, S. E., . . . Khan, M. E. (2004). Improving adolescent reproductive health in Bangladesh. (). Dhaka: Population Council.
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- Kharsany, A. B. M., & Karim, Q. A. (2016). HIV infection and AIDS in sub-Saharan Africa: Current status, challenges and opportunities. *The Open AIDS Journal*, 10(1), 34-48. doi:10.2174/1874613601610010034
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- World Health Organization. (2018). *Adolescents: Health risks and solutions*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>

15. Overall aim of project

To explore the design, delivery and experiences of Sexual and Reproductive Health (SRH) education for young people in The Gambia

16. Specific objectives of project

- To explore the design of the comprehensive health education (CHE) curriculum for public and private schools in The Gambia
- To examine how CHE is delivered in schools and to understand educators' experiences of delivering CHE
- To examine young peoples' understanding, experiences and practices related to SRH and CHE
- To understand how reflective the CHE curriculum is of the actual SRH practices of young people.

Methods

Note: Please do not copy and paste directly from the protocol. Applications where large portions of text have been copied and pasted directly from the protocol, and therefore do not properly answer the question, will be invalidated

18. Specify the procedures/methodology to be conducted during the project. Please include outcome measures and plans for data management and analysis. For literature reviews, include details on search strategy, search terms, inclusion and exclusion criteria.

This research project will follow an ethnographic methodological approach. It will combine participant observations, semi structured interviews, focus group discussions and content analysis from relevant policy documents. Ethnography is the ideal methodology for this study because it will provide rich insights into the structures and wider contexts that influence young people's SRH education and their experiences of this. Young people, educators and key stakeholders around SRH education will be participants in this study. Field notes from participant observations will be used to document emergent themes throughout the field work, and to continually re-assess the focus of inquiry. At the end of the data collection period, these notes will be used to develop broad themes of the research, as well as acting as a contextual framework for interpreting the interviews and FGDs.

Participant Observations

The researcher will observe classes in the following schools. Within Kotu, one class will be selected within the junior secondary level (11-14) and one from the senior secondary level (15-19) for both male and female classes, in which the researcher will observe SRH education sessions for two school terms. The researcher will also be selecting two classes from Marina, one from a lower form (forms 1-3 or year 7-9, aged 11-14) and a higher form (forms 4-7 or year 10-13, aged 14-19).

Focus Group Discussions

Approximately eight focus groups (four in each school setting) will be held with 6-8 young people per group in the aforementioned schools who are in SRH education classes. All focus group participants will be selected from classrooms where ethnographic observations will be taking place. Participants for the focus group discussions will be selected purposively. This means that the researcher will be selecting individuals who have received SRH education and are willing to discuss these experiences. The researcher will also sample students by gender. Students in the same class will be in the same focus groups, but focus group selection will be based on gender and class participation.

Key Stakeholder Interviews

~15 semi-structured interviews will be conducted with key stakeholders such as teachers, NGOs, government officials and other key stakeholders who are involved in SRH educational policy, delivery or development.

The researcher will anonymise all transcripts and field notes in order to protect the anonymity and confidentiality of participants. The audio files will be transcribed as soon as possible following the interviews and FGDs by the researcher. The Researcher will anonymise each transcript as soon as possible and, once this is complete, the audio file and non-anonymised transcript will be deleted electronically/shredded (if any paper copies). Each anonymised transcription will be assigned a code. A key with the codes linking the anonymised data back to participant's original details will be maintained and kept in a separate secure encrypted electronic file. This will be destroyed at the end of the study. Only the researcher will have access to the secure (encrypted) electronic file which links personal data to each code.

Data will be analysed thematically and managed using NVivo. The researcher will develop a coding frame through analysing some of the early data collected. From there, the researcher will adapt the coding frame accordingly, looking for common patterns and accounts within the data, as well as aiming to understand what structures these accounts.

Only the researcher will have access to the data. All data will be securely stored in digital format in line with City, University of London data storage protocols. Research data (consent forms) will be retained for 10 years and then will be destroyed as per City protocols. The anonymised fieldnotes and transcripts will be retained indefinitely.

20. Please specify the total number of participants to be recruited into the research project.

Participant Observations: 4 classes x ~30 students per class= ~120 students to be observed
Focus Group Discussions: 8 focus groups with 6-8 students per group= 64 students maximum
Key Stakeholder Interviews: 15 interviews

20a. Please provide the scientific justification for the sample size. Please include justification for the age, gender, source and method of recruiting participants for the research project.

While there is no set definition for an ideal number for participant observations, the researcher and her supervisors purport that observing 4 classes over a certain period of time will enable the researcher to collect a rich and manageable data set. The researcher will observe these classes for two terms, between 12-24 weeks starting in September 2020. The researcher will be observing 4 classes with different age groups, 2 of which will be older adolescents (14-19) and 2 of which will be younger (11-14). There will be 2 focus groups per class and students will be separated according to gender. The researcher believes that students will speak more freely if they're separated according to gender. A sample size of 8 focus groups with 6-8 participants is considered an optimal size for data collection (Kreuger, 2002).

For KIs, a purposive sample, using snowball sampling techniques, will be used to identify participants such as policymakers (example in the Ministry of Health and the Ministry of Education), health care professionals who provide SRH services, and NGOs working with adolescents. The researcher and her supervisors have decided on a sample size of 15 participants to ensure that sufficient relevant data is collected.

Reference:

Kreuger, R. (2002). Designing and Conducting Focus Group Interviews, University of Minnesota.

22. Who is responsible for the statistical design and analysis of the study?

- ☒ Internal Statistician
☐ External Statistician
☐ Other

23. Proposed start date of the project

04/05/2020

24. Proposed end date of the project

01/03/2021

Risks and Discomforts

29. Give details of all clinical and non-clinical procedure(s) that will be received by participants as part of the research protocol. Non-clinical procedure(s) can include seeking consent, interviews, non-clinical observations and use of questionnaires. Clinical procedure(s) can include uses of medicinal products or devices, other medical treatments or assessments, mental health interventions, imaging investigations and taking samples of human biological material. Include procedures which might be received as routine clinical care outside of the research.

Participants will be asked to give their explicit consent before they can be involved in the study. For participants under 18, their parents or caregivers will also be asked to sign consent forms in order to their children to proceed. Key stakeholders will be interviews by the researcher, and students will be observed by the researcher, and some of them will also take part in focus group discussions.

29a. Please provide details of who will conduct the procedure, the average time taken per procedure (minutes, hours or days) and where it will take place.

The researcher, Haddijatou Ceesay, will conduct all parts of the research project. Participants will be asked to give their explicit consent before they can be involved in the study. For participants under 18, their parents or caregivers will also be asked to sign consent forms in order for their children to proceed. Key stakeholders will be interviewed by the researcher, and students will be observed by the researcher, and some of them will also take part in focus group discussions.

29b. State the potential discomfort, distress or hazards that research participants may be exposed to (these may be physical, biological and/or psychological) as a result of all procedure(s).

Throughout the study, the researcher will always act in the best interest of the adolescents. It is possible that this study may uncover issues that are concerning, for example, bullying and harassment. According to the WHO 2018 guidance, in the unlikely event that a specific case needs to be disclosed, we will follow the WHO's guidance on working with adolescents (WHO, 2018). This states that where there is any doubt our primary concern will be the best interests of the adolescent. It also clarifies that "when the law is silent on a matter, or when adhering to the law could yield negative outcomes for an adolescent, the researcher should always act in the best interests of the adolescent." In practice this will mean supporting the adolescent to take the issue forward. The adolescents will be 11+ years old, and if we identify any issue of violence or harm, we will consult with the concerned adolescent (11 years and older) to discuss the best way forward. Options are: (a) encourage the adolescent to make voluntary disclosure about their circumstance to their parent, guardian or caregiver, which would hopefully translate to familial support; (b) report concerns anonymously to the head of the school, who will take action according to agreed protocols and policies in their standard practice documents (each school has its own mechanisms); (c) involve a third party outside the family to consult with the adolescent. For minor adolescents, the researcher may choose not to disclose the issue to the guardian if they believe this will not be in the best interest of the adolescent and against the adolescent's wishes.

In managing disclosures, the researchers are aware that some accounts may be considered objectionable or even illegal in the UK context but may be legal and even normalised in the Gambian context. At the same time, there is a lack of a national child protection strategy and child protection policy, with significant gaps in provision, accountability and protocols to support young people at all levels. These gaps can make it difficult to persuade young people to disclose and need to be balanced against the young person's own decision-making and autonomy about the best course of action for them, in their specific circumstances.

If individual issues are highlighted and the participant needs support, the researchers will encourage the participant to contact the relevant person (counsellor) at the school. If other support services are available, the researcher will also distribute details of those services to the young people and stakeholders. The researcher has worked in The Gambia on youth and women's empowerment including violence among women, FGM and adolescent SRH. Think Young Women, the Ministry of Health and Social Welfare or the National Youth Council are appropriate local organizations to approach in this instance. The local or national organisation will work with the adolescent to offer support, consult about possible solutions, and agree decisions on reporting, mindful of possible negative repercussions for the adolescent. Provision for this, and the identification of a named support individual within the organisation will be agreed with the organisation's head prior to the start of data collection.

There are no risks to taking part in this study, but some of the issues we will discuss might make the participants feel uncomfortable. It will be clearly explained to participants that if they do not wish to answer any questions, they do not have to do so and are free to withdraw at any time, without having to give a reason. Questions for the focus group discussions will be designed to be as open as possible so the participants can discuss what they are comfortable with. If the researchers feel any participant is visibly disturbed (such as is crying), they will pause the discussion and speak to the participant privately to check if they wish to continue or would prefer to leave the FGD or interview.

29c. What precautions are being taken to control and modify these? Include information on hazardous substances that will be used or produced, and the steps being taken to reduce risks.

Procedures listed below will be followed to ensure adolescents, especially 11-17 years old minors, do not feel pressured to take part in the study and feel free to withdraw from the research without any prejudice to themselves at any time. For minors, PIS will also be given to their guardians.

The researcher has identified an experienced local expert, Ms Jama Jack, Head of Communication at MRC The Gambia, who has extensive experience of working in the Gambia and will be their contact and advisor if there are concerns regarding disclosures. In case of: adverse events, breaches of confidentiality and/or inappropriate disclosure of personal data under GDPR, safeguarding issues relating to adolescents under 18 years, and incidents that affect the personal safety of a participant or researcher, will be reported to the MRC Ethics Committee. These events will be reported immediately (within 5 days for adverse events). In case of breaches of confidentiality and disclosure of personal data under GDPR, these will also be reported immediately to City's Information Assurance Team. These procedures will also be explained to the local expert, Ms Jama Jack, who will inform City if she is made aware of any such incidents.

The PIS and consent documents provide relevant information about the study, including the potential risks and benefits. They also explain the participants' privacy rights and limitations and the researchers' disclosure obligations. The PIS and consent forms are written in simple, easy to understand English. The official language in the Gambia is English. However, if there are participants or guardians who are illiterate, the information within these documents will be read and explained to them. If they agree to participate, a witnessed X will be used as a signature. The researchers will not include participants in the interviews or FGDs unless they are fully convinced that participants understand the PIS and consent forms.

There are no risks to taking part in this study, but some of the issues we will discuss might make the participants feel uncomfortable. It will be clearly explained to participants that if they do not wish to answer any questions, they do not have to do so and are free to withdraw at any time, without having to give a reason. Questions for the focus group discussions will be designed to be as open as possible so the participants can discuss what they are comfortable with. If the researchers feel any participant is visibly disturbed (such as is crying), they will pause the discussion and speak to the participant privately to check if they wish to continue or would prefer to leave the FGD or interview.

Experience

30. State the personal experience of the applicant and of senior collaborators in the research project in the field concerned, and their contribution to this project. Indicate any previous work done related to the project topic including student and/or professional work, or publications

I have significant research experience in SRH as a student and professional. In my master's dissertation, I conducted a primary qualitative study to explore the perceptions of wellbeing among young women who have undergone FGM in The Gambia. I am also working on another study examining older adolescents sexual and reproductive health in The Gambia. For this study, I will be conducting and analysing data from focus group discussions with adolescents. I have worked with non-profit organizations in The Gambia, such as Safe Hands for Girls on ending harmful traditional practices against girls and women such as FGM and child marriage.
I am the only researcher in this study, meaning that I will be collecting and analysing the data myself.

30a. Upload the CVs for all main investigators working on the project. For MSc students, please upload your CV only.

Type	Document Name	File Name	Version Date	Version	Size
Investigator CV	H.Ceesay Resume-Final	H.Ceesay Resume-Final.docx	10/02/2020	1	20.3 KB

30e. Have the main investigators undertaken any Research Ethics/Human Subjects Protection training (either online or face to face)?

☒ Yes

☐ No

30e(i). Please upload a copy of the certificate(s) (if available)

Type	Document Name	File Name	Version Date	Version	Size
Other	citiCompletionReport8844093	citiCompletionReport8844093.pdf	11/02/2020	1	409.4 KB

Informed Consent - Primary

If any photographs are to be taken, whether for teaching or research purposes, ensure that the participant's consent to their use has been given in line with the provisions in British Medical Journal, 1998, 316, 1009-1011.

32. Who will be responsible for taking consent and what training/experience do they have?

The researcher (Ms. Haddijatou Ceesay) will be responsible for taking consent. She has worked on numerous research projects before where she has taken consent. She has also undergone ethics training through Loyola University, Chicago where she was able to gain practical skills on how to take consent while putting participant needs ahead of the research.

32a. Will you be obtaining written consent?

☒ Yes

☐ No

32a(i). State the manner in which consent will be obtained (how and from whom). Where appropriate, state how the information and consent form will be translated into local languages.

Participant Observations

The facilitators within the schools, such as principals and guidance counsellors, will inform SRH teachers about the intended research. The SRH teachers, as well as the researcher, will talk to the students to let them know what the research project is about. The researcher will go through the PIS which will detail the nature of the study and their possible involvement during the participant observation portion of the study. The students will also be given copies of the PIS for themselves and their guardians to be looked over at least a week before the study commences. This way they will have the opportunity to raise any comments with the researcher. Participants under 18 years would also need signed consent forms from their parent or guardian. The PIS for parents or guardians will include the contact details of the researcher to provide an opportunity for the guardians to speak to the researcher if they want to. Once parents or guardians sign the consent form, they will give it to the students who will give it back to the researcher. Once the researcher is satisfied that potential participants fully understand the study and their involvement, they will be asked to provide written consent by signing two copies of the consent form – one for the researcher and the other for the participant's own records.

Focus Group Discussions

Once the participant observations have commenced, the researcher will start identifying participants to be involved in the FGDs. These FGDs will be separated by gender, and the researcher will select participants based on the number of students who contact her and are interested in taking part in the FGDs. Ideally, the researcher would like to have 6-8 students in each FGD, so the first 6-8 students who have shown interest and have received parental consent, will take part in the FGDs. There will be two focus group discussions in each class. The researcher will also explain the section of the participant information sheet detailing the FGDs. Potential participants will have the opportunity to ask questions and raise any comments or concerns they have with the researcher. Participants under 18 years would also need signed consent forms from their parent or guardian. The students will be given copies of the PIS for themselves and their guardians to be looked over and will be given one week to decide if they would like to participate. This way they will have the opportunity to raise any questions or concerns with the researcher. The PIS for parents or guardians will include the contact details of the researcher to provide an opportunity for the guardians to speak to the researcher if they want to. Once parents or guardians sign the consent form, they will give it to the students who will give it back to the researcher. Once the researcher is satisfied that potential participants fully understand the study and their involvement, they will be asked to provide written consent by signing two copies of the consent form – one for the researcher and the other for the participant's own records.

Key Stakeholder Interviews

For key stakeholder interviews, potential participants will be approached by the researcher in person who will explain the nature of the study and their possible involvement. They will be given a participant information sheet, which the researcher will then further expand on. A period of 48 hours minimum will elapse before data collection begins in order to allow participants to reflect on the requirements of the project and their involvement. Participants who are willing to participate will then be given a verbal reminder of the nature of the project and what is required of them. An opportunity will be given to ask questions about the project. Once the researcher is satisfied that potential participants fully understand the study and their involvement, they will be asked to provide witnessed, written consent by signing two copies of the consent form – one for the research team and the other for the participant's own records.

32b. Do you expect any of your potential participants to be illiterate?

☒ Yes

☐ No

32b(i). How will you obtain consent from this population? Upload your SOP if available. (Guidance on obtaining consent form illiterate populations can be found in LSHTM SOP-005).

The participant information sheets and consent forms for both the participant observations and FGDs have been pre-tested with three adolescents and two experts who work with adolescents in this context to assess the forms for ease of reading and comprehensibility. The forms must be considered simple and understandable. However, if any participant does not fully understand the details of the forms the researcher will provide explanations and check for understanding before consent is taken. If there are participants or guardians who are illiterate or do not fully understand what is written, the information within the PIS and consent forms will be read to them and explained. The researchers will include them only when they are convinced they fully understand and are willing to participate. No data collection will occur without signing the consent forms by the participant and for young people under 18, signed consent of the guardian will also be required. The researcher will take witnessed oral consent from illiterate guardians. The witness will be agreed upon by the researcher and the guardian.

32c. State the manner in which consent will be obtained from participants recruited from vulnerable groups (i.e. additional measures being put in place for these subjects?).

Participant Observations

Given the sensitive nature of the topic and the age of some of the participants, it is important to safeguard participants' rights to informed consent, anonymity, confidentiality and to stress their right to refuse to answer or to withdraw from the study at any time. For the purpose of this study, we have followed the recommendations of the World Health Organisation (WHO 2018) for conducting research with adolescents in low- and middle-income countries. The research follows the local legal definitions of adults and children to determine who can provide informed consent. Since according to the Gambia laws, anyone under 18 years is considered a child, we identify adolescents who are between 11-17 years as minors or children. For adolescents 18 years and older, they are considered as adults and therefore have the right to participate in research autonomously. For adolescents between 11-17 years old, consent will be sought from them as well as from their guardian. They will be included in the participant observations and FGDs only when both agree and sign the consent document.

The facilitators within the principals and guidance counsellors, will inform SRH teachers about the intended research. The SRH teachers, as well as the researcher, will talk to the students to let them know what the research project is about. The researcher will go through the participant information sheet which will detail the nature of the study and their possible involvement during the participant observation portion of the study. The students will also be given copies of the PIS for themselves and their guardians to be looked over at least a week before the study commences. This way they will have the opportunity to raise any comments with the researcher. Participants under 18 years would also need signed consent forms from their parent or guardian. The PIS for parents or guardians will include the contact details of the researcher to provide an opportunity for the guardians to speak to the researcher if they want to. Once parents or guardians sign the consent form, they will give it to the students who will give it back to the researcher. Participants who satisfy the eligibility criteria (adolescents between 11-19 years) who have obtained signed consent from their guardians if under 18 years, and who are willing to participate will then be given a verbal reminder of the nature of the project and what is required of them. The researcher will then take written consent from each student during the initial classroom lesson and ask them to verbally restate consent at each subsequent meeting.

Focus Group Discussions

Similar to participant observations, students who take part in focus group discussions will also receive copies of the participant information sheet. Once the participant observations have commenced, the researcher will start identifying participants to be involved in the FGDs. These FGDs will be separated by gender, and the researcher will select participants based on the number of students who contact her and her interested in taking part in the FGDs. Ideally, the researcher would like to have 6-8 students in each FGD, so the first 6-8 students who have shown interest and have received parental consent, will take part in the FGDs. Potential participants will have the opportunity to ask questions and raise any comments or concerns they have with the researcher. Participants under 18 years would also need signed consent forms from their parent or guardian. The students will also be given copies of the PIS for themselves and their guardians to be looked over at least a week before the study commences. This way they will have the opportunity to raise any comments with the researcher. The PIS for parents or guardians will include the contact details of the researcher to provide an opportunity for the guardians to speak to the researcher if they want to. Once parents or guardians sign the consent form, they will give it to the students who will give it back to the researcher. The researcher will then take written consent from each student taking part in the focus group discussion. Potential participants will have one week prior to the start of the FGDs to decide if they want to participate in the study and to bring back signed consent forms from their parents or guardians.

Reference:

World Health Organization, (2018). Guidance on ethical considerations in planning and reviewing research studies on sexual and reproductive health in adolescents

32d. Will assent from child participants be sought?

☒ Yes

☐ No

32f. Please upload the information sheet(s) and consent form(s). Please upload each document separately, ensuring that the date and version number of each document is correct.

Type	Document Name	File Name	Version Date	Version	Size
Information Sheet	PIS and Consent Form Adolescents 18+ FGD	PIS and Consent Form Adolescents 18+ FGD.docx	16/03/2020	1	98.9 KB
Information Sheet	PIS and Consent Form Adolescents 18+ OBS	PIS and Consent Form Adolescents 18+ OBS.docx	16/03/2020	1	98.8 KB
Information Sheet	PIS and Consent Form KII	PIS and Consent Form KII.docx	16/03/2020	1	99.2 KB
Information Sheet	PIS Consent and Assent Form Parents and Adolescents Under 18 FGD	PIS Consent and Assent Form Parents and Adolescents Under 18 FGD.docx	16/03/2020	1	100.4 KB
Information Sheet	PIS Consent and Assent Form Parents and Adolescents Under 18 OBS	PIS Consent and Assent Form Parents and Adolescents Under 18 OBS.docx	16/03/2020	1	100.5 KB

32g. Upload recruitment procedures (eg advertisements, emails, posters). Please upload each document separately, ensuring that the date and version number of each document is correct.

Type	Document Name	File Name	Version Date	Version	Size
Advertisements	Marina High School Request Letter	Marina High School Request Letter.docx	11/02/2020	1	94.5 KB
Advertisements	Kotu JS School Request Letter	Kotu JS School Request Letter.docx	11/02/2020	1	94.9 KB
Advertisements	Kotu SS School Request Letter	Kotu SS School Request Letter.docx	11/02/2020	1	95.9 KB
Advertisements	Permission letter MOBSE	Permission letter MOBSE.docx	11/02/2020	1	93.3 KB

Payments

37. Will payments be made to participants? These should usually not be for more than travelling expenses and/or loss of earnings and must not represent an inducement to take part.

- ☐ Yes
☒ No

Confidentiality & Data

Who will be primarily responsible for data management, database design and archiving ?

- ☐ MRC Data Management
☒ Non-MRC Data Management

39. Specify how confidentiality will be maintained with respect to the data collected. When small numbers are involved, indicate how possible identification of individuals will be avoided. Where data will be anonymised, specify how this will be done.

The researcher will preserve the confidentiality of participants taking part in the study and will abide by the General Data Protection Regulation (GDPR) of 2018. Interview transcripts, field notes and policy documents will be anonymised. This will involve replacing the names of each participant with a pseudonym; the school sites will not be named and will be replaced with a general description, such as 'a private school in the Greater Banjul Area of The Gambia'. Additional ethical considerations exist in trying to protect anonymity and confidentiality in a focus group setting, as participants reveal information to each other as well as to the researcher. It is unrealistic to offer full safeguards from the researcher and reassurances on behalf of other members of the group due to the focus group set up. Participants will be made aware of this in the PIS before giving informed consent. In addition, the consent forms state, "I understand that confidentiality cannot be guaranteed for information which I may disclose in the focus group." Groups will be asked to agree to respect each other's privacy before discussions begin, then reminded again before they leave; it will be reiterated to students at the start of the focus groups that confidentiality cannot be guaranteed in this setting. Where possible, techniques that distance the discussion from an 'I' focus will be used. Further, participants will be asked to choose a pseudonym for the duration of the FGDs to improve anonymity.

40. State how your data will be stored and what will be done with it at the end of the project.

Personal data (e.g. participants' names and contact details), consent forms, and original audio recordings (before they are deleted) will be held in a locked filing cabinet during the study and/or password-protected university computers. Audio files will be stored in an encrypted form. One copy of the data will be kept on a password-protected USB which will be kept in a locked cabinet during the researcher's time in The Gambia. A second copy will be in a password-protected folder on the researcher's encrypted laptop. The original recordings will be deleted from the memory card as soon as the transfer between the audio device and laptop is complete. While in The Gambia, audio files and consent forms will be kept securely with the researcher, Ms. Haddijatou Ceesay, in a locked cupboard.

Research data for this project will be registered with the SHS SIRO as an information asset; details of its location on City's IT infrastructure, research data owner, who has access to the research data and the retention period will be specified.

All hard copy records of consent forms will be scanned, and a copy uploaded on the researcher's personal City, University of London drive once she has returned from The Gambia. Hard copies will be destroyed securely as per City regulations, once the scanned copy has been saved to the drive. Digital data will also be stored on a personal drive. Personal data in the form of consent forms will be stored securely for 10 years and destroyed after this time has elapsed. Digital copies of the data (audio files, contact details of participants, and non-anonymised data such as study codes) will be deleted at the end of the study, in accordance with the University's guidelines on the retention and storage of data. The anonymised data such as transcripts and field notes will be kept indefinitely.

The audio files will be transcribed as soon as possible following the interviews and FGDs by the researcher. The Researcher will anonymise each transcript as soon as possible and, once this is complete, the audio file and non-anonymised transcript will be deleted electronically/shredded (if any paper copies). Each anonymised transcription will be assigned a code. A key with the codes linking the anonymised data back to participant's original details will be maintained and kept in a separate secure encrypted electronic file. This will be destroyed at the end of the study. Only the researcher will have access to the secure (encrypted) electronic file which links personal data to each code.

Field notes will be written by the researcher during and after observations interviews into a field notebook, these observations will be anonymised as they are written up (i.e. there will not be any non-anonymised copies). The researcher's reflections and initial thoughts for analysis will also be written into the field notebook. The researcher will type up the anonymised field notes into electronic files, which will be stored in a secure electronic server. A key with the codes linking the anonymised data back to participant's original details will be maintained and kept on a separate secure encrypted electronic file. This will be destroyed at the end of the study. If the interviewee indicates during the consent process that they do not wish for their data to be made available for re-use, then the data pertaining to that participant will not be made available for further research.

Will the project require data to be taken out of The Gambia ?

☒ Yes

☐ No

41. Are there plans to share the data, or add the data to a repository in the future?

- ☐ Yes
☒ No

If no, please be aware of the following:

An increasing number of journals are now requiring a commitment to making the database on which a paper is based open access prior to accepting the paper(s) for publication. Explicit consent should be obtained from participants regarding the possible use of their anonymised data in the public domain via a data repository.

Funding

46. Do you have external funding for this project?

- ☐ Yes
☒ No

46b. How will the project go ahead without funds?

The researcher is the recipient of a City, University of London School of Health Sciences Doctoral Studentship, which will enable her to carry out this PhD. The bursary will be used to fund as much of the fieldwork costs as possible within The Gambia. In addition, the researcher is Gambian and is able to stay with family throughout the duration of the fieldwork.

46c. Are you in receipt of any funding from the United States? Or will you be collaborating with (or with individuals from) a US Institution/organisation?

- ☐ Yes
☒ No

47. Has the project been sent out for peer/independent scientific review (please select yes if the project is being sent to the SCC)?

- ☒ Yes
☐ No

47b. If yes, who has provided peer/independent scientific review of the project?

The SCC

49. Does the Chief Investigator or any other investigator/collaborator have any direct personal involvement (e.g. financial, share holding, personal relationship etc.) in the organisations sponsoring or funding the research that may give rise to a possible conflict of interest?

- ☐ Yes
☒ No

50. Will individual researchers receive any personal payment over and above normal salary, or any other benefits or incentives, for taking part in this research?

☐ Yes

☒ No

Local Approval

66. For all countries listed in Q9, please provide details of the arrangements being made to obtain local ethical and/or regulatory approval. Please electronically append copies of local approval letter(s) where this has already been obtained. Where you believe local approval is not required, please explain why not and describe any less formal permissions, invitations or support you are being given for this work. Upload local permission letters as applicable. (Where the research is to take place overseas, ethical approval must be obtained in the country(s) concerned. Approval from the LSHTM Committee is dependent on local approval having been received. You MUST NOT start your project until all relevant approvals are in place.)

The researcher has attached letters of approval from The Gambia's Ministry of Basic and Secondary Education (MoBSE) and the schools that she will be conducted her research in. Marina International School and Kotu Junior and Secondary School

Type	Document Name	File Name	Version Date	Version	Size
Local Approval	All approval letters	All approval letters.pdf	10/02/2020	1	1.3 MB
Local Approval	Official Approval Letter from MOBSE	MOBSE LETTER.png	05/03/2020	1	1.2 MB

66a. Where the research is taking place in the UK, please list other UK Committees (including other LSHTM ethics committees) from which approval is being, or has been, sought.

I have received a letter of sponsorship from City, University of London

Type	Document Name	File Name	Version Date	Version	Size
Local Approval	Haddijatou Ceesay approval letter City	Haddijatou Ceesay approval letter City.pdf	05/03/2020	1	37.7 KB

Signature Instructions

The form should be completed and finalised prior to signing or requesting signatures. Students should ensure that the Supervisor signs prior to the Course Director/Project Module Organiser. For external supervisors, please ensure that they have registered for an account prior to requesting the signature.

Signature - Applicant

Student Declaration

- ☒ I have read and understood, and agree to abide by the LSHTM Good Research Practice policy as well as all applicable Standard Operating Procedures, including on informed consent

- ☒ I undertake to abide by all regulations, guidelines and standards of good practice, including but not limited to the Data Protection Act 2018, GDPR, and the Declaration of Helsinki
- ☒ I undertake to abide by all local rules/laws for non-UK research
- ☒ I agree to conduct my project on the basis set out in this form, and to consult staff (initially, my Supervisor) if making any subsequent changes
- ☒ I agree to inform the ethics committee of any changes made to this form, and will not implement any changes until approval from the ethics committee has been received
- ☒ I undertake to adhere to all conditions set out by review bodies in giving approval and will not start the project until all required approvals are in place
- ☒ I agree to comply with the relevant safety requirements, and will submit a separate request for LSHTM travel insurance where relevant
- ☒ I agree to inform the Faculty Safety Officer and/or the Off-Site Safety Advisor (as required) if there are any changes to the risk assessment
- ☒ I confirm that there are no conflicts of interest that preclude my participation in the project

Signed: This form was signed by Ms Haddijatou Ceesay [REDACTED] on 16/03/2020 5:49 PM

Signature - Supervisor

Supervisor signature

I declare that:

- I agree that the information submitted in this application is a reasonable summary of the proposed project.
- I agree that this form correctly indicates whether or not ethics approval will be required.
- I agree that this form contains adequate information for the ethics committee to form an opinion of the proposed project.
- I agree that all required supporting documentation is attached to this application.
- (For MSc projects only) I agree that responses in the Risk Assessment section address the main risks connected with a project of this nature
- I have reviewed the risk of the project, including travel, and agree that it is an acceptable risk to the student
- I confirm that there are no conflicts of interest that preclude my role as supervisor for this project
- I have read and understood, and agree to abide by the LSHTM Good Research Practice policy

Signed: This form was signed by Dr Jessie Cooper [REDACTED] on 16/03/2020 6:09 PM

Signature - Other

Note:

The form will automatically submit upon receipt of all required signatures.

After submission, you will receive a confirmation email with further details.

If you have not received a confirmation email within 5 working days please email ethics@lshtm.ac.uk (staff) or MSceethics@lshtm.ac.uk (students) to check the status of your submission.





Scientific Coordinating Committee (SCC)

Ms Haddijatou Ceesay

City University of London

10 May 2021

Dear Ms Ceesay

Study Title: Young People's Sexual and Reproductive Health Education in The Gambia: An Ethnographic Study

Project ID/Ethics ref: 18063

Thank you for submitting your application which was considered by the SCC at its meeting held on 3 May 2021.

Confirmation of favourable SCC opinion

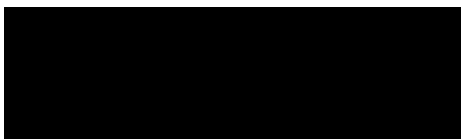
The SCC is pleased to approve the proposed amendment which will be forwarded to the Ethics Committee for further consideration at their next meeting on 27 May 2021.

Documents submitted for review are:

Document Type	File Name	Date	Version
Other	Transcriber confidentiality agreement	30/03/2021	1
Other	PhD Protocol COVID Version	01/04/2021	2
Other	PIS and Consent Form KII-V3-PHD- track changes	28/04/2021	3
Other	PIS and Consent Form Key Informants OBS	28/04/2021	1

With best wishes

Yours sincerely



Professor Umberto D'Alessandro

Chair, Scientific Coordinating Committee

Appendix 5: Signed transcriber confidentiality agreement form

V1 09022021



'Policy v Reality: The challenges of introducing a new Comprehensive Sexuality Education curriculum in The Gambia'

Haddijatou Ceesay

As a transcriber of this research, I understand that I will be hearing recordings of confidential interviews. The information on these recordings has been revealed by interviewees who agreed to participate in this research on the condition that their interviews would remain strictly confidential. I understand that I have a responsibility to honour this confidentiality agreement.

I agree not to share any information on these recordings, about any party, with anyone except the Researcher named above. Any violation of this and the terms detailed below would constitute a serious breach of ethical standards and I confirm that I will adhere to the agreement in full.

I, JAMA JACK agree to:

1. Keep all the research information shared with me confidential by not discussing or sharing the content of the interviews in any form or format (e.g. WAV files, CDs, transcripts) with anyone other than the Researcher.
2. Keep all research information in any form or format (e.g. WAV files, CDs, transcripts) secure while it is in my possession.
3. Keep all research information in any form or format (e.g. WAV files, CDs, transcripts) in a password protected computer.
4. Return all research information in any form or format (e.g. WAV files, CDs, transcripts) to the Researcher when I have completed the transcription tasks.
5. After consulting with the Researcher, erase or destroy all research information in any form or format regarding this research project that is not returnable to the Researcher (e.g. CDs, information stored on my computer hard drive).

Transcriber:

JAMA JACK
(print name)

(signature)

01/06/2021
(date)

Researcher:

HADDIJATOU CEESAY
(print name)

(signature)

1/06/2021
(date)

V1 09022021

1

