

country advocacy brief



China

COMPREHENSIVE SEXUALITY EDUCATION: THE WAY FORWARD

SECTION 1: Introduction

Who are we? We are an amphibolous group in China

At present, the United Nations defined the ages of adolescent as 15 to 24, but the definitions and concept understanding of adolescent in China are much confusing. The definition of youth is different from that of the United Nations, which causes impact on the research and interference of adolescent problems in China. Census of the country defined the ages of youth as 15 to 34. According to the statistics made in the Sixth National Census, there are 425,453,687 adolescents (age 15 to 34 years old), which accounted for 31.92% of the total population of the country.

We have some SRH problems should be dealt with

In terms of Chinese adolescent sexual and reproductive health, there are two trends: one is prevalent, and the other is under age.

Firstly, some prejudice and traditional sexual morality have osmotically dominated adolescents' sexual attitudes and behaviours, and they caused more troubles and problems like unwanted pregnancy, abortion, sexually transmitted diseases and HIV infection.

Secondly, adolescents have premarital sex, abortion, sexually transmitted diseases and HIV infection at a very young age. In recent years, the trend that adolescents have their first sex at a very young age has been very obvious in China. Some reports claimed that the average age of the post-90 adolescents' first sex occurs at the age of 18.6, and some surveys even pointed out that some adolescents have their first sex when they are just 12 years old. Most media in the country reported that the youngest HIV-positive person is just 14, and also think that adolescent students aged 15 to 19 have become the high risk population of HIV infection.²

We need knowledge but we cannot get them

Chinese young people face a severe situation on adolescents' sexual and reproductive health. And what are worse, Chinese adolescents know little about contraception and HIV/AIDS. In terms of gender, the traditional concept of "men is breadwinner while women is housekeeper" made a great effect, thus the younger adolescents hold stereotyped

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Facts of Sexual and Reproductive Health of Chinese Adolescents

October 30, 2012, *CHINA WOMEN'S NEWS* reported: "survey showed that young people in our country know little about contraception (birth control), only 12% of them think that they know much knowledge about contraception. The proportion of taking pill for contraception is just 1.2%, but which reaches high to 27% to 52% in European and American countries."¹

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January 26, 2015, *CHINA YOUTH DAILY* mentioned: data showed that the annual abortions amount to 13 million, and 50% of which are repeated abortion. Among female adolescents who have premarital sex, 20% of them have unwanted pregnancy, and 91% of the unwanted pregnancy will be terminated (stopped) by abortion. Repeated abortion is serious.

November 13, 2015, CCTV program *NES 1+1* made a special interview on the problem of young people infecting with AIDS. The program reported: "In 2014, newly reported HIV infected persons and AIDS patients were 104 thousand, and the numbers in 2008 are 56 thousand, increasing less than a double." However, HIV infected persons and AIDS patients in colleges and universities have quadrupled in the same term. Meanwhile, the numbers of HIV-affected adolescents in 2008 were 482, but increased up to 2552 in 2014. From 2008 to 2015, the male homosexual transmission had risen from 58.5% to 81.6%.

Nationwide survey showed that premarital sex among the unmarried adolescents has risen to 45.32% in some areas⁴.

Accessibility of Chinese Adolescents to sexual and reproductive health

Some surveys reported: only 4.4% of the adolescents in China can comprehensively and correctly understand reproductive health. Although school education can make an active effect on enhancing the adolescents' knowledge about reproductive health, only 17-39% adolescents attend such relevant courses or lectures. About 2/3 of the adolescents showed acceptable attitude towards premarital sex, and 22.4% of them have premarital sex. Meanwhile, the problem of contraception is not optimistic. For the first time, more than half of the adolescents didn't take contraceptive measures. Among those who take measures, 15% take traditional measures like coitus interruptus and rhythm method of contraception. Among women adolescents who have sex, more than 1/5 of them have pregnant experience, and 1/20 have times of pregnant experience. When getting unwanted pregnancy, 86% of the women adolescents choose abortion. And among women adolescents who had pregnant experience, 90.9% of them had abortion experience. The rate of consultant requirement for sexual and reproductive of the adolescents is 39.1%, and the rate of cure requirement is 27.3%, but half of the two requirements are not met. Feeling shy, underestimating the severity of problems and not knowing where and who can rely to consult become main factors that prevent the adolescents getting help. — UNFPA, Institute of Population Research, Peking University, Survey Report on Chinese Adolescent's Sexual and Reproductive Health

and binary ideas, but such personality of the adolescents weakens with their growth³. In terms of sexual rights, few adolescents know about their own rights on sexual and reproductive health.

Adolescents are in sexual active phase. With development of mass media and opening of the society, adolescents' attitudes and behaviors have dramatically changed. Meanwhile, it is a common phenomenon in China that adolescents' physical growth have quickened but they have a comparatively late marriage, which made them much urgently need the information on sexual and reproductive health. The adolescents are much fragile in reproductive health, and premature pregnancy, frequent abortion, unsafe sex, sexual violence can cause greater damage to their mental and physical health. Therefore, we must reconsider the current situation and effect of the adolescents' sexual health education. It is urgent to carry out comprehensive sexual health education among the adolescents. Great

importance should be attached to adolescents' sexual and reproductive health, because it is not only the result that the whole international community focuses, but also the requirement of a country's future development, and it is definitely the urgent need of every adolescent.

SECTION 2: Comprehensive Sexuality Education in the National Context

Why we need CSE?

Comprehensive sexual education (CSE) is a new mode of sexual education. It includes insightful connotations (meanings), which advocate correct guidance from family,

Significance of sexual education

At present, people hold three different views and goals towards adolescents' sexual education in our country. The first one is sexual morality oriented, which is based on the traditional Chinese sexual morality, holding that adolescents need not only sexual education, but also morality education, premarital sex isn't advocated. The second is sexual knowledge oriented, and it holds that the sexual education of adolescents should be sexual knowledge education, making students understand themselves. This concept underestimates or even neglects the necessity of sexual morality education. The third one is comprehensive knowledge oriented, emphasizing the importance of sexual knowledge, sexual morality and ways of contraception. Objectively speaking, not all the adolescents are expected to have premarital sex by sexual morality education. Explanations of contraception ways in sexual education can make adolescents informed to take actions in the unexpected occasions.

—Yu Liu, The content and purpose of sexual education in China (in Chinese), Kejiao Zongheng, 2010. 12:

school and the society, and encourage mutual support of the three aspects. The advocacy of this kind of education mode is not only for the prevention of disease, but also for people to understand and enjoy "sex" with a positive attitude. The comprehensive sexual education mainly advocate the following six aspects: the development of human being's body and mind, interpersonal relations, personal skills, sexual behavior, sexual health, society and culture. The contents are: social gender, sexual and reproductive health, rights to have sex, sexual pleasure, sexual violence, interpersonal relations and sexual varieties.

Sexual education in China: a late start

Development of sexual education in China is slow. Therefore, there are problems like low awareness about sexual education, irregular teaching contents, severe shortage of professional teachers and insignificant efficiency.

At present, sex education in China mainly depends on school teaching, but the contents and requirements haven't been incorporated into the curriculums of the schools, and there are shortages of commonly-used teaching materials, quantitative assessment criteria and professional teaching staff⁵. At the family level, some young parents have been aware of the importance of sex education for their children, but they lack the relevant knowledge of sexual health. Under our government's great support and advocacy, there are some newly-established institutions and organizations engaging in the work of sexual health education of the adolescents. These non-governmental organizations enriched the forms and contents of sexual education in China. But the present educational programs mainly focus

on knowledge dissemination of sexual and reproductive health, which result in ignorance of social gender, sex rights, sex varieties and the relevant skills of adolescent sexual health.

In terms of contents, the national administrative education departments have made general requirements that all the schools should offer courses on sexual health, but lacking specific guidance. Therefore, there are no curriculums and commonly-used textbooks on sexual education for the primary and secondary schools, most schools use locally-produced materials as the teaching contents. At present, the channels from which the adolescents get sexual knowledge are irregular, and the textbooks of sexual education are badly needed. *Study of sexual health education of primary and secondary schools in Shenzhen* made a survey on nearly 3000 students and 700 parents, the result showed that the main approaches for students to acquire sexual knowledge are popular magazines, film and television programs, network, school education courses, communication among their peers and other informal ways. Meanwhile, people who have worked in the field of sexual education are biological and moral teachers as well as few doctors in primary and secondary schools. The professional teaching staff for sexual education of adolescents hasn't formed yet,⁶ and it is especially obvious in the less-developed western and rural areas.

China's adolescent sexual education has developed for 40 years, but its efficiency is not ideal. The adolescents' sexual and reproductive problems are not clearly solved but tend to be more severe. Sep 26, 2012, China Youth Sexual Health Education Seminar was held in Beijing, its survey reports showed that the initial stage of 40% of Chinese' sexual education is from 13 to 16 years old, and 18% of young people said that they hadn't accepted any kind of formal sexual education till then. Among the first five approaches of getting knowledge about sex, the proportion of internet was 50%, books 48%, magazines 32%, friends 25%, schools 20%. The survey also showed that 48% of the Chinese adolescents aged from 15 to 24 have had sex relations, and only 49% of them used condoms for the first time⁷. In addition, the differences and imbalance between development of cities and urban areas caused the imbalance between school sexuality education, the implementation of adolescents' sexual education in cities are widespread, but rare in small towns and countryside⁸.

SECTION 3: Comprehensive Sexuality Education According to International Standards and Where Does the Country Stand

Policy should be issued to guarantee the provision of CSE

In 1975, the *Ministry of Education and the Ministry of Health jointly issued some comments on further strengthening of health education for middle school students*, which pointed

out “great importance should be attached to adolescent physical health education, including development and changes of the reproductive system and other physiological phenomena”, and it is the beginning of the formal policies and regulations to set the contents of sexual education. Then, in 1978, the Ministry of Education issued *physical health program (Draft)* for the full-time ten year secondary school students. In 1979, the *Ministry of education and the Ministry of Health jointly issued the Provisional Regulations on the Health Tasks of Primary and Secondary Schools* to strengthen adolescence education. In 1981, the State Board of Education announced the opening of *population education* in high schools, making students understand sexual physiological knowledge and demographic knowledge. In 1984, the Ministry of Education, the Ministry of Health and the National Family Planning Commission jointly issued a *notice on improving and strengthening the education of middle school students' physical health knowledge*. August 24, 1988, the former State Education Commission and the National Family Planning Commission jointly issued a *notice on the development of adolescent education in secondary schools*. In 1996, the State Education Commission issued a *notice on further development of population and adolescent education in ordinary secondary schools*. In 2001, the thirteenth regulation in Population and Family Planning Law of PRC clearly pointed out that schools should carry out health education, adolescent education or sexual health education in proper ways according to the characteristics of the students. In December 2008, the Ministry of Education issued *Primary and Secondary Health Education Guidelines*, which pointed out that primary and secondary schools should arrange courses for 6-7 hours per semester to carry out health education.

Gaps in current sexual education curriculum

Due to the influence of the deep-rooted traditional culture, sexual health education in China has not been able to accept more new concepts and ideas about “sex”, therefore methods and modes of sexual health education are not mature enough. Comprehensive sex education in this country is still at the initial stage.

From the seven aspects of social gender, sexual and reproductive health, sexual rights, sexual pleasure, sexual violence, interpersonal relationships and sexual diversity, some relevant laws and regulations on “sexual and reproductive health and rights” have been formulated to protect young people. But at present we still lack special laws and regulations on adolescent sexual and reproductive health rights, and the absence and lag of special policies make a direct impact on the accessibilities of information and service of sexual and reproductive health. In the aspect of social culture and interpersonal relationship, the traditional cultural and moral values place a lot of restrictions and limitations on adolescents’ sex. Any kind of sex expression of the adolescents can be regarded as shabby. Therefore, adolescents in China are facing with the contradiction between the demand for sexual and reproductive health services and the rare services afforded to them. In sexual violence, since the traditional Chinese culture has emphasized the purity of women, there are few

“When obsessed by adolescent problems, we carry out youth education; when AIDS comes, we carry out AIDS prevention and sexual health education; when young girls get pregnancy and abortions occur, we carry out reproductive health education; when thinking the adolescents are incapable of dealing with love and sex, we carry out trainings in life skills; when regarding sex as a kind of love, we carry out love education..... ”

—Prof. Zhenlei Xu, Peking University

public researches on sexual violence. The present studies indicated that victims of sexual violence are often unable to protect themselves, and its reason is that the development of personal life skills of the prevention of reproductive tract infection and accidental pregnancy is hampered by sexual violence. Female adolescents who have suffered sexual violence are often unable to distinguish sex and love. Their self-esteem may be reduced by the harm of sexual violence, which made them unable to restrain their behaviors, and to consider multiple sexual partners’ hurt. In sexual varieties and sexual pleasure, our traditional culture has emphasized propriety and sense of shame, and especially emphasized the “consequence” in the past sexual education of the adolescents, the purpose of which is to make the adolescents fear to have sex when thinking the “consequence”. At present, there are few researches on social gender and sexual varieties of the adolescents, but homosexual rate has increasingly risen. Due to influence of the traditional ideas, little topics and contents of sex identification and sexual preference was made in the past sexual education.

SECTION 4: Recommendations to Governments

- to carry out comprehensive sex education is an inevitable trend to meet international requirements and national situation. Based on a national level, laws and regulations, specific guidelines of comprehensive adolescent health education should be improved, and meanwhile the introduction of relevant policies is needed to ensure its enforcement.
- establish an educational system mainly based on school education, with participation of families and the society. Encourage and support the non-governmental organizations' participation in comprehensive sex education. Carry out relevant training for teachers to form a high-quality teacher staff for sexual health education. Explore various ways and modes that can be easily accepted by the adolescents. Establish and improve relevant school rules for carrying out comprehensive sex education, and put their incorporation into the performance evaluation of schools and teachers to improve the quality and effectiveness of education.
- combined with social and cultural diversities, advocate multidisciplinary integration to enhance the cultural sensitivity of the education system. Construct and improve the content and curriculum of sex education that can satisfy the characteristics of different youth groups in China. Carry out targeted and individualized education and services.
- in addition to helping adolescents to establish a positive attitude towards sexual and reproductive health, training of "life skills" should be increased. Give correct guidance to young people to establish a self-disciplined and healthy lifestyle and behavior.
- develop the positive force of the network and other new media to expand the audience, and innovate education methods.
- for adolescents outside school and the floating adolescents, resources like communities, social organizations and community hospitals should be integrated to construct multi-dimensional education service systems, and then increase the participation of social workers, that is, to train the social workers to be sex education teachers in reserve. Organize trainings, education and other activities for parents and peers for adolescents outside school and the floating adolescents, and the performance of these activities will be included in the assessment of the community's neighborhood committee.
- emphasize the important roles of social support in carrying out comprehensive sexual education for the adolescents. Train the parents in relevant knowledge and communication skills of sex and reproductive health. Guide the adolescents to develop good interpersonal relations. Great importance should be attached to peer effect, encourage the participation of communities, religious group, community hospitals, non-government organizations, relevant social groups and other departments to afford full-dimensional sexual education and services for the adolescents, which aims to give the adolescents a good social environment for their healthy growth.

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ABOUT THE ADVOCACY BRIEF

This Advocacy Brief was developed by Yunnan Health and Development Research Association (YHDRA) of China. The publication has been produced as part of the regional strategising meeting, “Integrating Sexual and Reproductive Health and Rights within the Post-2015 Sustainable Development Agenda.” This project is being implemented in China in partnership with the Asian-Pacific Resource and Research Centre for Women (ARROW). Electronic copies are available at <http://www.yhdra.org/> and www.arrow.org.my.

This advocacy brief has been published with support from ARROW.

ABOUT YHDRA

In order to advancing the implementation of the Programme of Action (PoA) committed in the International Conference on Population and Development (ICPD), the overall goals of the YHDRA is to explore and conduct researches and advocacies with an emphasis on increasing our understanding of SRH of ethnic minorities in Western China, to improve abilities of health and education systems in SRH while enhancing international collaboration and exchange, and finally to achieve SRH for all.

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