

country advocacy brief



MONGOLIA

COMPREHENSIVE SEXUALITY EDUCATION: EVIDENCE BASED ADVOCACY BRIEF

BACKGROUND INFORMATION

At the end of 2016, the total population of Mongolia, was 3.11 million, out of which 49.2 percent were male and 50.8 percent were female. Every sixth person or 15.7 percent of the population was young people aged 15-24.ⁱ

From the health statistics of adolescents and young adults, adolescents' birth rate in Mongolia was high and it was estimated at 38 births per 1000 adolescents aged 15-19 years old. Moreover, 4,443 girls or 3.6 percent, out of 122,241 adolescent girls aged 15-19 years old, have given birth and 6.6 percent of adolescent girls have had abortion in 2015. 60.4 percent in every 10,000 young people aged 15-24 years old had been infected by syphilis. In 2016, 21.4 percent of all the registered infectious diseases were sexually transmitted infectious diseases, out of which 41.4 percent was syphilis, 29.2 percent was gonorrhea, 29.2 percent was trichomonas and 0.2 percent was HIV/AIDS. 42 percent of STI infected population was young people aged 15-24 - the figures are alarming and it shows that the issue needs to be addressed.ⁱⁱ There are no statistics on use of condoms of men and sexually active young men.

5.6 percent of rural and 3.8 percent of urban young women under 18 years of age have given birth. Although the majority of young women aged 15-24 is aware of contraceptive methods, such as condoms (91 percent), pills (86.1 percent), IUD (74.8 percent), injections (70.2 percent), 81.8 percent do not use those methods.ⁱⁱⁱ

By May 2017, total of 236 cases of HIV/AIDS were registered. 79.8 percent of HIV infected people were men, 78.3 percent out of which is sexual minority (49 percent is gay population, 28.9 percent is bisexuals, 1.3 percent is transgender population and 20.8 percent is heterosexuals) and 12.2 percent is women. 17 uninfected infants were born from 11 HIV infected mothers. In terms of age disaggregation, 20.4 percent of HIV positive people is young people aged 15-24, 40.8 percent is people between 25-35 years old and 38.8 percent is people over 35 years old.^{iv}

Furthermore, 60.4 percent of young people had no information where to access reproductive health services. 36.8 percent of them have obtained information about sexual health from their teachers, 47.1 percent of young people received information from public television programs, while 43.8 percent was informed by their peers and friends.^v

SECTION 1. SITUATIONAL ANALYSIS ON COMPREHENSIVE SEXUALITY EDUCATION IN MONGOLIA

During 1998-1999 academic year, the studies for integration of Health Education classes into the general education schools were commenced. The first health education standards were introduced in 2005 and Health Education classes became one of the compulsory subjects in general education schools. Table 1 shows the overview of Health Education classes conducted in 1998-2016.

Table 1. Health education from 1998 to 2016.

№	Year	Subject name	Class/hour		Percentage of CSE's content
			Class	Hour	
1	1998-2004	Health	1-10	9	11%
2	2004-2013	Health	4-5	35	10-12%
			7-9	35	20-40%
			10-12	35	20-33%
3	2013-2016	Biology	6	35	12%
			7-12	70	7-11%

Knowledge and skills on CSE were included in the Health Education curriculum for 4-12th grade students of general education schools. The content on CSE was adapted in accordance with the age and psychological attributes of the students. The CSE contained subjects, such as teenage developments, reproductive system, conception, pregnancy, contraceptive methods, abortion and its negative impact, sexual abuse and types of sexual abuse, sexual behavior, sexual orientation, gender, STI, HIV/AIDS.



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However, the Core Program for middle education, approved by the decree of the Minister of Education, Culture and Science dated 10 June 2015 and the Core Program for full secondary education that was approved by the decree of the Minister of Education, Culture and Science dated 30 June 2016, Health Education classes were integrated into the Biology and Physical Activity classes. This affected the substance of health Education Classes significantly. For instance, knowledge about human development and reproduction is taught for 1-2 academic hours in 6 to 12 grades and it is taught only from anatomical and physiological aspects in Biology classes. While, in Physical activity classes, students taught about nutrition, hygiene, first aids during exercises, but there the content of CSE is missing in the training module.

By reviewing the both, health education class curriculum and education program, implemented from 1998, it is found that some CSE contents were included in the General Education School programs. However, international benchmarks, guidelines and requirements set by UN agencies were not implemented. Particularly, international benchmarks are not incorporated into the primary education Core Program that is being implemented from 2014, secondary education Core Program implemented since 2015 and the full secondary education Core program implemented from 2016. For example, few contents on human development, relationship, reproductive health are included in the Core Program. This only gives general information about those topics but does not offer essential skills and right attitudes. And there are no contents on gaining individual skills, sexual behaviour, social and cultural aspects of sexual education.

Since the health education classes launched, systematic trainings were conducted for school teachers. For instance, series of trainings on health education for teachers were conducted with the financial support from the Ministry of Education, Culture and Science, UNFPA, WHO, UN Children's Fund. In addition, the Mongolian National University on Education opened new classes on Biology and Health teachers, Physical Education and health teachers. However, as health education classes are eliminated from the school program from 2013-2014 academic year, trainings of teachers in Mongolian National University on Education has impeded its enrolments.

Within the activities of Lifetime Education Centre (former Informal Education Centre) equivalent modules on life skills developments and health education were developed and trainings on sexual education were organized for illiterate children and youth and adults. For instance, trainings on STI/HIV/AIDS prevention were organized urban and rural areas. While topics on sexual education was included into the five main training modules of the Lifetime Education Centre, there is still a need for improvements of modules on sexual education.

Much effort has been made to provide CSE to children and youth of Mongolia through formal and informal trainings. The participation and

cooperation of governmental, non-governmental and international organisations have played the major role in this effort. To name, WHO, UNFPA, UNESCO, UNICEF, GIZ, Norwegian Lutheran Mission, Global Fund, Millennium Challenge Account, Peace Corps have implemented number of projects and programs. Among those organization the UNFPA has made the biggest contribution. Within the framework of United Nations Development Assistance Framework 1998-2007, projects "Adolescent's Reproductive Health Education", "Youth development and communication" were implemented. Trainings on RH and STI prevention were conducted not only for general education schools, but also for vocational training centres, as well as for universities', who train teachers. Moreover, training booklets, books and training materials for students, teachers and general public were developed and distributed nationwide.

Furthermore, civil society organisations are contributing to the CSE through expansion of the scope of projects and programs implemented. These projects include design and development of training materials on sexual health education and sexual behavioural change and applications of new methodologies. The civil society organisations, who are active in CSE, are Mongolian Red Cross Society, Mongolian Womens` Fund, Mongolian Family Wellbeing Association, Y-PEER National Network, YOUTH LEAD Network, Women for Change, Civic Education Centre, Princess Centre for Protection of Girls and Young Women, Youth and Health Centre, Centre for Children and Adolescents and others.

SECTION II. LAWS, POLICIES AND PROGRAMS RELATED TO COMPREHENSIVE SEXUALITY EDUCATION IN MONGOLIA

Under the international treaties and conventions

In 1961, Mongolia officially became a member of the United Nations and ratified more than 40 international human rights treaties. The articles related to comprehensive sexuality educations are stated in the following international conventions:

- International Covenant on Economic, Social and Cultural Rights (1976)
- International Covenant on Civil and Political Rights (1976)
- Convention on the Elimination of All Forms of Discrimination against Women, CEDAW (1981)
- Convention on the Rights of the Child (1960)
- Convention on the Rights of Persons with Disabilities (2008)

The following table shows regulations in association with CSE within domestic laws, policies and programs.

NATIONAL POLICIES		
State Policy on Population Development (2016-2025)	Providing comprehensive education on reproductive and sexual health to adolescents and young adults, and preventing adolescent girls from unwanted pregnancies, early childbearing and abortion ^{vi}	It is worth to acknowledge that the State policy on population development that will be implemented until 2025 has included issues in relation to CSE in a pretty progressive way. However, it is not appropriate that CSE has been included into the general "health education".
State Policy on Public Health (2001-2015)	• ...preparing adolescents to sexual life... ^{vii} Upgrading formal and informal trainings in order to improve health education of the population ^{viii}	
DOMESTIC LAWS AND LEGISLATIONS		
Law on Education 2002	Enregistering contents such as individual formation & development, family and common values of humankind in all levels of educational programs ^{ix}	There isn't any specific article on the provision of health education, especially CSE, in the Law on Education and the Law on Primary and Secondary Education. However, it is worth to comment that the Law on Primary and Secondary Education has included an article related to the prevention of violence. Unfortunately, Law on Health does not have any particular article regarding the CSE. Again, here, the CSE has been included into the general context of 'health education' in this law.
Law on Primary and Secondary Education 2002	...Building skills on pursuing rules of healthy lifestyle, taking care of personal and family life, preventing from violence and learning self-defense methods... ^x	
Law on health 2011	Activity to provide health education to the population belongs to public health care and service. ^{xi}	

NATIONAL PROGRAMS		
Reproductive Health Program, phase IV, 2012	Updating sexual and reproductive health issues in the health educational program of secondary school ^{xiii}	The Reproductive Health Program (phase IV) which was completed in 2016 had the objective to update content of the Health Education program of secondary schools. Unfortunately, the Government of Mongolia and Ministry of Education, Culture and Science have abolished Health Education Program in all secondary schools from 2014 academic year. In addition to this, they made a decision to integrate Health Education class curriculum with the Sport and Biology class curriculum. Nonetheless, in the Action Plan of newly formed Government, approved in 2016, Health Education classes are to be included into the school programs. Though, it is not clear how CSE content has been reflected to this document.
National Program for the Promotion of Youth Development, 2006	Improving reproductive health knowledge and education of adolescents and young adults; developing life skills; and building non-risky behavior ^{xiii}	
Action Plan 2016-2020 of the Government of Mongolia	<ul style="list-style-type: none"> • Adding lessons on studying history of own country and providing health education in the secondary school training curriculum^{xiv} • Decreasing spread of transmitted diseases through providing reproductive health education to adolescents and young adults^{xv} 	

SECTION 3: International best practices on CSE

The Global Review on Comprehensive Sexuality Education by UNESCO has studied CSE practices of 48 countries. The review has revealed that CSE is the age-appropriate, compatible to cultural divergence, scientific and educational tool that contributes to the reduction of STIs/HIV/AIDS prevalence and unwanted pregnancies, the increase of awareness about HIV/AIDS, to the refusal from unprotected sexual intercourse, to the increase of usage of condoms and other contraceptives, to the reduction of number of sexual partners, to the delay from the first sexual intercourse and to the prevention from unintended pregnancies. Also the review report has concluded that inclusion of gender and human rights issues into the CSE has improved the quality and accessibility of youth-friendly services. For instance, CSE was launched in western Europe 50 years ago and teenage birth rate is comparatively low in countries e.g. Sweden, Norway and the Netherlands compared to the countries in Central Asia and Eastern Europe. In Argentina, Uruguay, Colombia, Dominican Republic, Cuba, Peru, Mexico the CSE is mandatory subject in the schools, while in Estonia the CSE is taught from ages 7 to 16 as compulsory class. UNAIDS has also demonstrated that age-appropriateness of the CSE is the fast track response to reduce the HIV prevalence among young girls and women. And many other best practices on CSE have been mentioned in the report.^{xvi}

For instance, People's Republic of China has officially introduced CSE from 1988 and it has been continually improved over the years. Besides, multifaceted measures were taken to advocate the implementation of the policy makers' oaths with regards to the CSE, to enable environment for the implementation of CSE and to emphasize importance of youth and adolescents' participation. One of the significant preconditions of the successful implementation of the CSE program, was the facilitation of the meetings among students, teachers and policy makers during inception of the program.^{xvii}

Vietnam has initiated CSE program from 2002 and has updated the program in 2007 by developing the Action Plan in compliance with its national legislation. The Action Plan has been implemented since and it incorporates after school endeavors, as well as school and public collaborations. Also, teachers are provided with comprehensive methodologies and guidelines, while state budget allocates funding to each school to implement CSE program.^{xviii}

Countries around the world are implementing CSE program in wide variety of types, depending on their features. For example, in 23 states of USA the CSE is implemented as compulsory classes, while in 13 states, as optional classes among 5-18 years olds. In Russia, CSE is taught as compulsory subject from 1st to 11th grades. In Japan and South Korea, CSE is taught from primary schools.

CONCLUSIONS

Various interventions of Comprehensive Sexuality Education have been organized by certain stages through formal and non-formal education settings to enhance knowledge, attitude and practices with support and participation governmental and non-governmental organizations and international organizations.

Comparing the content of the National Health Program which was implemented before Health Education classes were eliminated from the general education program to the seven elements of the "Position Paper on Comprehensive Sexuality Education"^{xix} (including youth friendly services), the meaningful youth participation and Rights-based approaches in programming the issues of gender, SRH and HIV, relationships are included widely, while contents of sexual rights and sexual citizenship and pleasure were missed.

For example:

The following contents are being missed under sexual rights and sexual citizenship.

- International treaties and conventions, policies and laws
- Ability to use civil rights and freedom to express sexuality, protect one's health, sexuality and body integrity
- Sexuality is integral part of human's life
- Everybody has sexual rights whether sexually active or not
- All types of unmutual sexual activity imply to all forms of violence
- Outcomes and impact in youth SRH issues when youth are participated

In terms of pleasure the below contents are being missed:

- Positive attitude towards sexuality
- No force should be acted in any sexual activity
- Many ways to enjoy sexual pleasure
- Differences between males and females
- Openness, introducing many other sexual pleasure ways rather than sexual intercourse, promotion of safe sex
- Learn to communicate and discuss openly about sexuality and sexual pleasure

It is crucial to include lessons on sensitize and influence young people to motivate them to participate in decision and policy making, to deliver their voices and become leaders in this area, because in order to contribute to the country's development, establishments of health schools and to combat HIV/AIDS, individual's contribution and public participation are not sufficient at the moment.

Also, youth-friendly services were not mentioned in the former Health Education content and it is important to include detailed explanations and directions to whom and where to approach in case of any problem might occur.

Recommendations:

1. There is a need to provide and promote comprehensive health education for young people to reduce vulnerability to disease and its incidence and unwanted pregnancy, abortion and violence.
2. Though, the provision of comprehensive sexuality education is clearly set out in some government policies, it is essential to ensure coherence and continuity of the implementation of government policies, legislation and national programs.
3. Provision of knowledge and education on gender and prevention from violence is not set out in relevant gender and violence legislation and laws as a part of CSE. Therefore, it is crucial to legislate those matters to comply with the international standards on CSE.
4. As the content and methodology of Health Education classes are very specific compared to other subjects, there is a need to separate the Health education subject rather than to integrate to other classes.
5. Teachers, trainers and facilitators, who provide CSE, need to be trained through professional organizations and pedagogical universities and institutes.
6. There is a crucial need to monitor the implementation of current legislation and laws on CSE and sexual and reproductive health issues to be more effective.
7. As the knowledge of sexual and reproductive health and access to services is a fundamental human right, it is necessary to roll out CSE lessons as a stand-alone subject in formal educational settings, as well as ensure continuous update of the training materials, quality of trainings and their efficiency.
8. To adapt international best practices to Mongolia – specific situations, develop and apply training manuals and materials that are appropriate to age, psychological features and needs of the young people
9. To create and shape youth and adolescents' sexual and reproductive health services approach based on their rights and voluntary initiatives.
10. To promote youth and adolescent-friendly communities and organizations.

images/0018/001884/188495e.pdf

^{xviii} UNESCO, Levers of Success Case studies of national sexuality education programmes, 2010, <http://unesdoc.unesco.org/images/0018/001884/188495e.pdf>

^{xxx} A position paper on comprehensive sexuality education (including youth friendly services), meaningful youth participation and rights-based approaches in programming, 2012, http://arrow.org.my/wp-content/uploads/2015/04/ProgramProgram-for-Young-People_Position-Paper_2012.pdf

About MONFEMNET National Network

MONFEMNET National Network (MONFEMNET) is a non-partisan, non profit, non-governmental organisation with a mission to serve as a strong driving force for the development of a national, broad-based, democratic, sustainable and transformative movement for women's human rights, gender equality, substantive democracy and social justice. We focus on policy advocacy and participatory, rights-based training aimed at building a grassroots movement and promoting institutional reform.

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ENDNOTES

ⁱ Mongolian Statistical Office, 2016, <http://www.1212.mn/>

ⁱⁱ Ministry of Health, 2016.

ⁱⁱⁱ Social Indicator Survey, 2013.

^{iv} HIV/STI surveillance department, National center for communicable disease, May 2017.

^v Social Indicator Survey, 2013.

^{vi} Objective 4.1.4, Chapter 4, State policy on human development, 2016

^{vii} Objective 4.1.3, Chapter 4, State policy of public health, 2001.

^{viii} Objective 4.2.1, Chapter 4, State policy of public health, 2001.

^{ix} Article 10.3, Law on education, 2016.

^x Article 6.1.4, Law on primary and secondary education, 2016.

^{xi} Article 13.2, Law on health, 2011.

^{xii} Objective 4.6.3, Chapter 4, Fourth installment of the reproductive health program, 2012.

^{xiii} Objective 3.14, Chapter 3, National program for the promotion of youth development, 2006.

^{xiv} Objective 3.2.11, Chapter 3, Action plan 2016-2020 of the government of Mongolia, 2016.

^{xv} Objective 3.4.11, Chapter 3, Action plan 2016-2020 of the government of Mongolia, 2016.

^{xvi} UNESCO, Global review on Comprehensive sexuality education, 2016, <http://unesdoc.unesco.org/images/0024/002431/243106e.pdf>.

^{xvii} UNESCO, Levers of Success Case studies of national sexuality education programmes, 2010, <http://unesdoc.unesco.org/>.