

UNESCO'S SERAT METHODOLOGY

COMPREHENSIVE SEXUALITY EDUCATION IN KYRGYZSTAN

Report assessing the alignment of
sexuality education in the school
curriculum with international
standards for comprehensive
sexuality education



Cover photo: UNFPA Kyrgyzstan





Photo: UNFPA Kyrgyzstan

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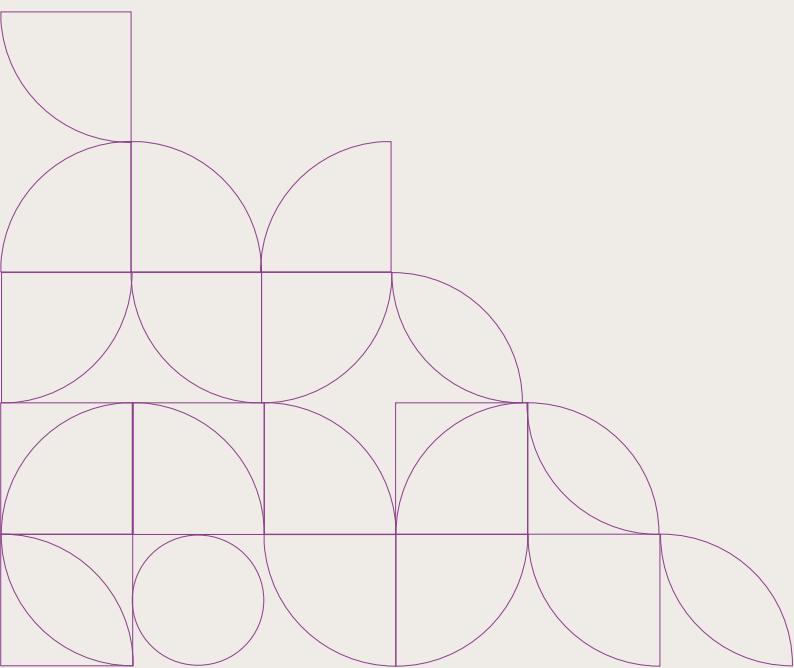
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Abbreviations and acronyms

AIDS	Acquired immunodeficiency syndrome
CSE	Comprehensive sexuality education
HIV	Human immunodeficiency virus
HL	Healthy lifestyle
LGBTQ+	Lesbian, gay, bisexual, transgender, queer and others
MICS	Multiple Indicator Cluster Survey
RHAK	Reproductive Health Alliance Kyrgyzstan
SERAT	Sexuality Education Review and Assessment Tool
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
VET	Vocational education and training
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund



EXECUTIVE SUMMARY



Background

Accessible education that includes comprehensive sexuality education (CSE) programmes that have a positive impact on the health and well-being of young people remains one of the most important aspects of development.

For eight years now, Kyrgyzstan has been developing and using a teacher's manual with guidelines for extracurricular work on a healthy lifestyle for students in grades 6–11 (“Teacher’s Manual”), which is an auxiliary tool for extracurricular lessons. The Teacher’s Manual includes 40 lessons covering a wide range of adolescent health issues, including some topics on sexuality. Although the country’s teachers have developed the practice of using the Manual, new approaches to the issues of morality and sexuality education for adolescents are needed.

There is a need to analyse the Teacher’s Manual in light of international scientific data and recommendations offered by experts from international organizations, since it is the only material that is officially used in Kyrgyzstan’s education system that contains teaching materials on CSE.

Methodology

This report was prepared by experts from the Reproductive Health Alliance Kyrgyzstan with the participation of key specialists from Kyrgyzstan’s education and public health systems based on the Sexuality Education Review and Assessment Tool (SERAT).¹

SERAT is an Excel-based tool that helps to collect data on school-based sexuality education programmes and to use the data as the basis for analysing and discussing programme strengths, weaknesses and areas that need improvement. The tool also helps to assess the relevance of a sexuality education programme in relation to the national context and sexual and reproductive health (SRH) priorities. It makes it possible to assess the relevance of programmes in relation to health and education data, gender and legal policy, as well as to stimulate debate and strengthen advocacy efforts by producing CSE data that is accessible to various audiences.

SERAT covers curriculum objectives and principles, content across four different age groups, teaching methods and conditions, the content of teaching materials, programme development and teacher training.

The main source of material for the development of SERAT was the publication *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*,² which was revised, following its initial publication in 2009, in the course of detailed consultations with experts from all over the world.

The assessment that preceded this report took place from October 2021 to February 2022 in the capital of Kyrgyzstan, Bishkek. Teachers from cities and rural areas (Bokonbaev, Eshperov, Karakol, Tokmok, Jalal-

1. The SERAT tool and reporting template are available at <https://healtheducationresources.unesco.org/library/documents/sexuality-education-review-and-assessment-tool-serat> (accessed on 15 June 2023).

2. United Nations Educational, Scientific and Cultural Organization (UNESCO) and others, *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*, 2nd rev. ed. (Paris, UNESCO, 2018).

Abad, Belovodskaya, Bishkek and the Chuy oblast) participated in interviews, and 17 experts and 9 teachers took part in focus group discussions. The assessment covered the results of focus group discussions and consultations with both the developers of the Teacher's Manual and teachers who use it.

Results

Based on the results of the assessment, it became clear that, in Kyrgyzstan, a country with a sufficiently favourable legal framework, students have rather limited access to information on sexuality education, and younger schoolchildren (ages 5–8) have no access to such education whatsoever.

The Teacher's Manual describes optional extracurricular lessons for secondary, middle and high school students only. The lessons are not taught in a systematic way; therefore, there is no integrated approach to teaching. It is also worth noting that extracurricular lessons are not evaluated and that there are no supporting regulatory documents for such lessons. There is a clear need to develop a new programme as part of the compulsory school curriculum.

Large gaps remain in the broad range of topics covered by the extracurricular healthy lifestyle education programme. It focuses little attention on students' acquisition of responsible sexual behaviours, where the ability to critically analyse social and gender norms and a power imbalance between sexual partners is formed, where skills are acquired to prevent gender inequality and unprotected, unwanted sexual contact. Information alone is not enough to change or support behaviour patterns.

Systemic changes are important in determining the goals and objectives of the programme as well as in strengthening the capacity of teachers and ensuring better interdepartmental collaboration in supporting the health of adolescents.

Recommendations

A comprehensive approach to sexuality education is needed to ensure that Kyrgyzstan's healthy lifestyle programme is seen as a stand-alone curriculum that is an important component of broader initiatives aimed at improving the health and well-being of young people, which can be confirmed both by testing the knowledge and skills of students and in terms of the health outcomes of young people and adolescents.

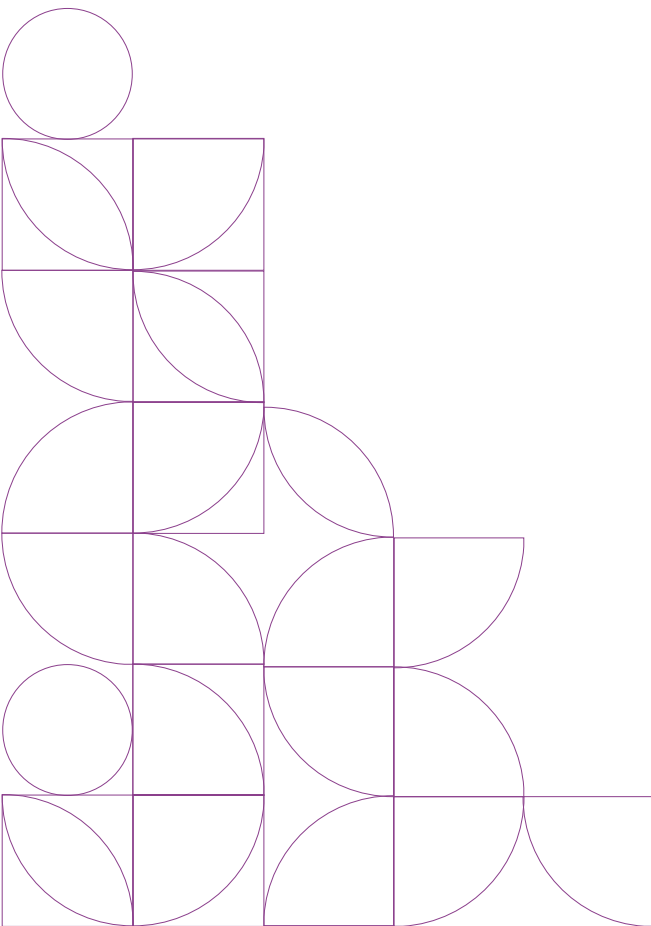
The content of Kyrgyzstan's sexuality education programme should be adapted to contemporary social realities and the needs of adolescents and young people. It should be transformed to focus more on skills for maintaining one's health and engaging in safe behaviour. The publication *International Technical Guidance on Sexuality Education* can be used to determine new topics and indicators for learning outcomes within such a programme.

It is obvious that sexuality education and its effectiveness should be subject to appropriate monitoring and evaluation. The impact of healthy lifestyle lessons on adolescent behavioural outcomes is not currently assessed. It is important to develop and adopt monitoring and evaluation tools at the national level that can provide an adequate picture of the effectiveness of education at the level of each pupil, class, school and overall programme. The experiences of other countries can be used to determine which indicators can be

collected, evaluated and integrated at once into multiple public systems (health, education, finance, social support).

Connections between the education and health systems need to go deeper and complement each other. An interdisciplinary approach should take into account the creation of a supportive environment for those students who require medical or psychological advice, which, in turn, would imply the availability of services for adolescents at health-care institutions close to where they live.

The creation of dialogue platforms, systematic panel discussions and extended training sessions on youth sexuality education (including an online space) could enhance the accessibility and effectiveness of CSE through initiatives by civil society organizations. At the same time, young people should have the opportunity to participate in and influence programme development to ensure that the programme responds to their real needs and aspirations. Mechanisms need to be developed and implemented to ensure the active participation of young people in programme development at the national and school levels.



INTRODUCTION AND OBJECTIVES



There have been several attempts to introduce a sexuality education programme into Kyrgyzstan's secondary school system during the country's 30 years of independence. The first attempt, in 2001, was made by a team of medical specialists and teachers led by Dr. B. M. Shapiro, who, against the backdrop of growing threats from an increase in HIV (human immunodeficiency virus) infections, developed a textbook on healthy lifestyles (HL) aimed at encouraging safe sexual behaviour among students. However, a wave of negative reactions from parents and some parts of the public influenced the decision of Kyrgyzstan's Ministry of Education and Science to abandon the textbook and the introduction of lessons into the curriculum.

In 2008, teachers from vocational education and training agencies (VET agencies) began promoting comprehensive sexuality education, with the support of the United Nations Population Fund (UNFPA) in Kyrgyzstan. A sexuality education textbook was developed, and approaches to ensuring that students had access to elements of sexuality education were actively promoted. In this case, the focus was on safe sexual behaviour, prevention of sexually transmitted infections (STIs) including HIV, and prevention of gender-based and sexual violence. But it should be noted that, due to a change in the key specialists and the reorganization of the management system at VET agencies, the programme was unable to remain active at all levels of vocational education. A working group of experts is currently reviewing the content of the programme, and a new sexuality education programme for vocational training is expected to be introduced shortly.

In 2014, the Ministry of Health and the Ministry of Education and Science, with the support of development partners, developed and approved a teacher's manual with guidelines for extracurricular work on a healthy lifestyle for students in grades 6–11, published in both Kyrgyz and Russian.³ Each grade is provided with 8 to 10 lessons per year (40 hours in total) that cover issues of adolescent moral and sexual education based on their age group. However, the classes – covering knowledge, life skills, precautions and a healthy lifestyle for teenagers – are not part of the compulsory school curriculum. These are extracurricular classes chosen by teachers. But what a teacher chooses often depends on their personal attitude and understanding.

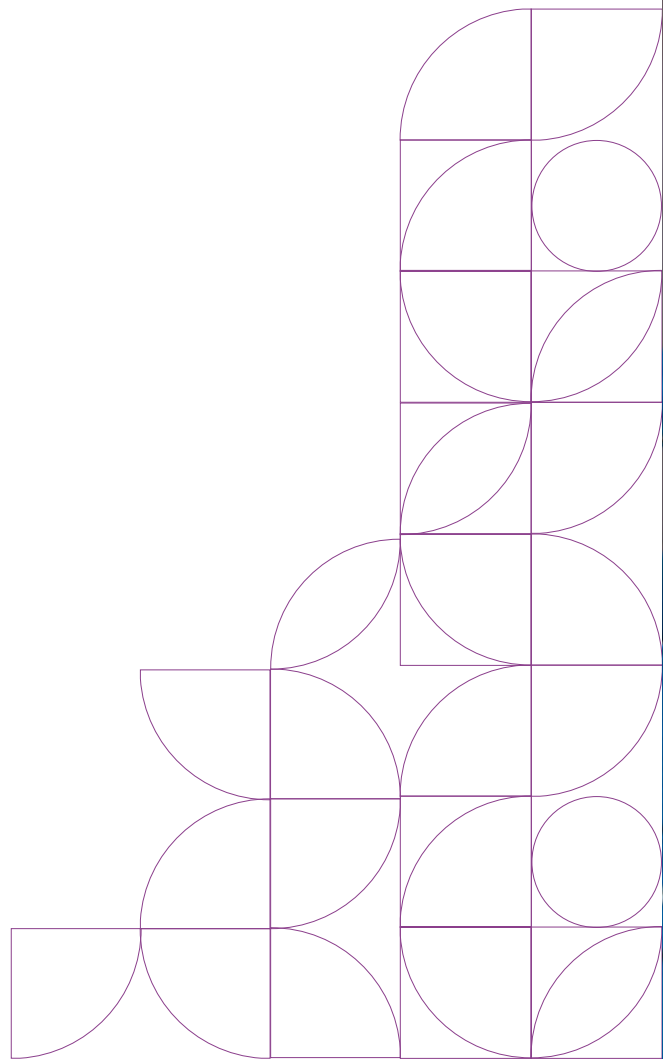
In support of this initiative, the Teacher's Manual itself was published in two languages to ensure that it was available in every school. Unfortunately, however, it is not available to every teacher. In addition, most teachers have had difficulties conducting the lessons covered by the Manual: they need appropriate training and knowledge; they need materials that are of interest to adolescents; and they have to face parental opposition or overcome their own embarrassment.

In 2017–2021, in accordance with orders of the Ministry of Education and Science, in cooperation with UNESCO and within the framework of the UNAIDS regional technical assistance programme and the UNESCO Education and Health Programme, a programme was introduced at the I. Arabaev Kyrgyz State University to train teachers on the methodology for conducting extracurricular lessons on a healthy lifestyle.

In 2020–2021, in response to the COVID-19 pandemic and in order to increase resources for distance learning, at the request of the Ministry of Education and Science, 48 video lessons (24 lessons in Kyrgyz and 24 lessons in Russian) were created for students in grades 6–7 and 8–11. The video lessons provide complete and correct information on all key topics related to healthy lifestyles in an interactive way, and they provide a uniform standard of quality for HL education. They can be used in the classroom (for regular

3. Ministerstvo obrazovaniya i nauki Kyrgyzskoi Respubliki i Kyrgyzskaya akademiya obrazovaniya, *Razrabotki klassnykh chasov po zdorovomu obrazu zhizni dlya uchashchikhsya 6-11 klassov. Metodicheskoe rukovodstvo dlya uchitelei* (Bishkek, ST.art Ltd, 2014).

classes) and for distance learning. The lessons were created in partnership with the popular scientific channel Nauchpok and with the help of the Teacher's Manual. The Ministry of Education and Science has recommended these videos for use in conducting HL classes in schools. The lessons are posted on the national educational portal Sanarip Sabak.



METHODOLOGY



An assessment using SERAT⁴ was conducted in Kyrgyzstan on the initiative and with the support of the UNFPA Country Office in Kyrgyzstan by experts from the Reproductive Health Alliance Kyrgyzstan and with the participation of key experts from the education and public health systems.

Considering the fact that the public education system does not have a compulsory school curriculum on sexuality education, but only elements integrated into extracurricular activities through the development of extracurricular lessons on a healthy lifestyle for students in grades 6–11, the research team evaluated the content of these lessons, accepting and understanding the limitations and challenges of this approach. Both the arguments of the authors of the Teacher’s Manual and the opinions of practising teachers were taken into account. The views of the key stakeholders have been consolidated and presented in this report, but this does not necessarily mean that there is full agreement. This report reflects the opinion of the majority of the stakeholders.

The data presented in the report were obtained using the SERAT tool, which was used for analysing and discussing the programme’s strengths and areas for improvement. The results of the evaluation are displayed in the form of automatically generated charts. The tool also helps to assess the relevance of the sexuality education programme in terms of the national context and SRH priorities. The following research approaches were used to provide qualitative data:

- » a desk review of Kyrgyzstan’s laws and regulations on education, health and youth development
- » an analysis of statistical data and research reports on sexuality education and the health of young people and adolescents over the previous five years
- » a study of online resources available in Kyrgyz and Russian
- » an interview with a representative of the state body responsible for the implementation of sexuality education (Ministry of Education and Science)
- » four interviews with teachers providing HL classes
- » a focus group discussion with the authors of the Teacher’s Manual
- » a focus group discussion with teachers who use the Teacher’s Manual in their work

Information was collected both offline and online. A total of six weeks was spent preparing the report: two weeks for field work, two weeks for analysis and two weeks to write the report.

4. The SERAT tool and reporting template are available at <https://healtheducationresources.unesco.org/library/documents/sexuality-education-review-and-assessment-tool-serat> (accessed on 15 June 2023).

RESULTS



Photo: UNFPA Kazakhstan/Andrey Pachevsky

If introduced in Kyrgyzstan, CSE would help young people protect their health, fulfil their adult potential and avoid HIV infection. To this end, the State must demonstrate political will and an awareness of the relevance of gender-sensitive sexuality education based on a positive perception of human sexual and reproductive development. In addition, there should be opportunities and mechanisms for the promotion of the sexual and reproductive health and rights (SRHR) of young people.

If comprehensive sexuality education were formalized as part of the curriculum in Kyrgyzstan, it would be able to reach the vast majority of adolescents and young people. Unfortunately, sexuality education in Kyrgyzstan is fragmented; only extracurricular HL lessons have official status. However, they are not mandatory, they are not included in the curriculum, and they do not have a system for assessing students' knowledge and skills.

Many recent studies have noted that young people in Kyrgyzstan are unable to obtain accurate and comprehensive information about their health in the education system. This review refers to the results of such studies.

Supporting youth health, including SRH, implies a legal approach where young people have access to information, education and services. The right of young people to receive information and education on SRH issues is enshrined in a number of international agreements ratified by Kyrgyzstan, such as the Convention on the Elimination of All Forms of Discrimination against Women; the Convention on the Rights of the Child; the International Covenant on Economic, Social and Cultural Rights; and the Programme of Action of the International Conference on Population and Development. These rights are also reflected in a number of national laws, primarily in the Law on the Reproductive Rights of Citizens and Guarantees for Their Implementation.⁵

The assessment makes it clear that even with a sufficiently favourable legal framework in the country, students have very limited access to information on sexuality education, while it is not available at all for younger schoolchildren (ages 5–8).

5. Kyrgyzstan, Law on the Reproductive Rights of Citizens and Guarantees for Their Implementation, No. 148 of 4 July 2015. Available at <http://cbd.minjust.gov.kg/act/view/ru-ru/111191> (accessed on 20 December 2022).

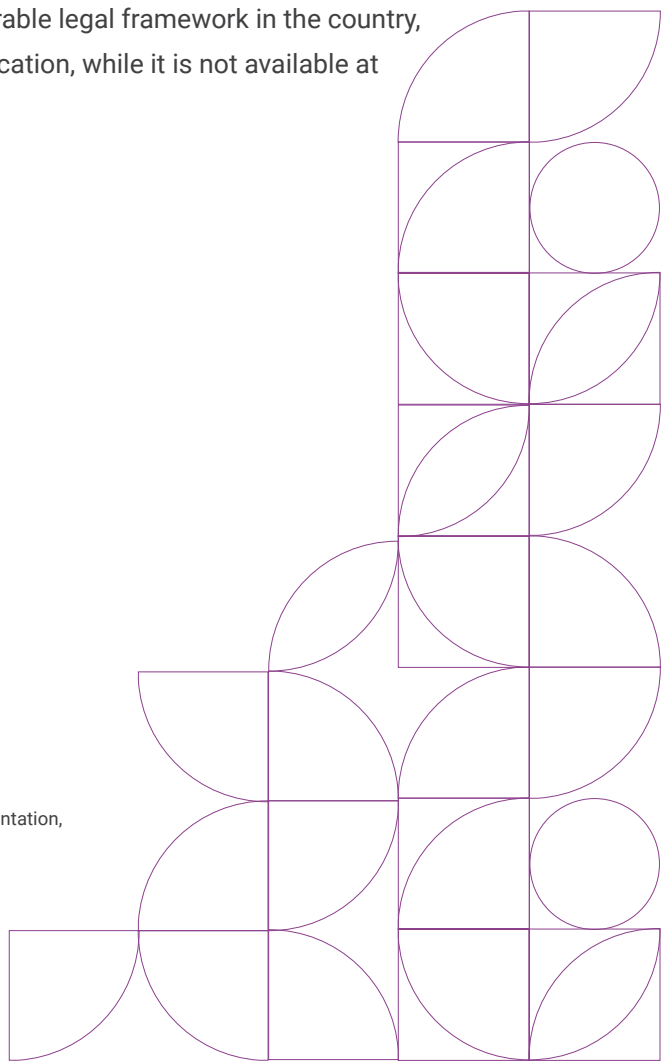
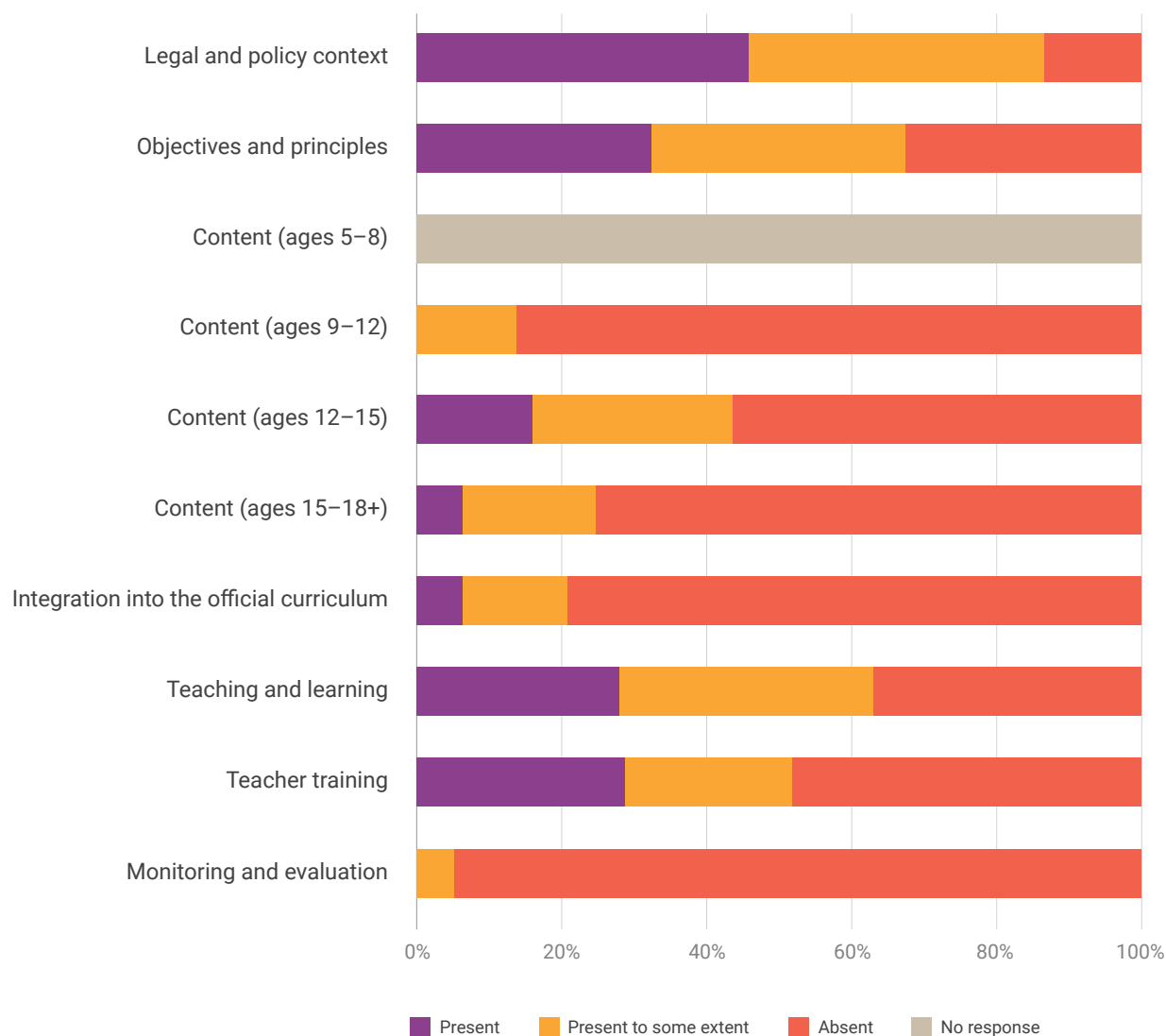


Figure 1. Country summary results



Source: Data collected through the SERAT tool.

Information and education on sexuality should not be limited to the biological aspects of sex and reproduction. They should also cover sociological aspects, with relationships, diversity, sexual orientation, abortion, masturbation, gender, pornography and violence being among the most relevant topics, in addition to more traditional topics such as anatomy and sexual maturity.

The review looked at the topics and learning objectives covered in the HL programme for grades 6–11 through the prism of SRH-related knowledge, attitudes and skills. It is important to note that the programme covers topics quite well, where students discuss issues of friendship, love and family relationships and acquire knowledge about contraception and family planning as well as basic knowledge about issues of sexual development. The topics of HIV and STI prevention provide students with knowledge about transmission and safe behaviour, too; a broad range of topics related to the consumption of alcohol and drugs are considered.

However, the programme places little focus on students' acquisition of responsible sexual behaviours, where the ability to critically analyse social and gender norms and power imbalances between sexual partners is developed, where skills are acquired to prevent gender inequality and unprotected and unwanted sexual contact. Information alone is not sufficient to change or maintain behaviour patterns. Young people should also be given the opportunity to acquire essential life skills and develop positive attitudes and values. Life skills should include, for example, critical thinking, decision-making, negotiation and communication. Instilling positive attitudes and values such as open-mindedness, respect for oneself and others, and a sense of responsibility should also form the basis of sexuality education.

During the focus group discussions, experts noted that the existing Teacher's Manual uses many interactive methods, with as much involvement of students as possible, discussions of scenarios and dilemmas, challenges involved in defining values, role-playing games and debates. However, the content of the programme requires serious revision and additions. This is primarily due to the fact that the cultural and religious context of Kyrgyz society imposes a taboo on information about the body, sexuality, sexual orientation and identity.

Of course, some lessons are no longer relevant, as 10 years has elapsed since the Teacher's Manual was developed. A lot of the information is out of date and needs to be updated, including in accordance with the latest edition of the publication *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*.⁶ It was also noted during the review that in order to improve the content of the programme, it is important to involve young people themselves in the discussion, which was not done when developing lesson materials in 2014. The authors of the Teacher's Manual noted in the course of their focus group discussion that the very publication of the Manual was a big breakthrough in confronting some parts of the population, who were quite active in defending their position.

The Ministry of Education and Science prefers to avoid sensitive topics and not to engage in discussions about sexuality education with the public. It should be noted that educational institutions do not influence the formation of sexual culture among young people. The growing problems of staffing schools with professional teachers and the poor ability of secondary and high school graduates to compete were exacerbated by the stresses that the COVID-19 pandemic put on the education system.

The fact that HL lessons are held as extracurricular classes, at the teacher's discretion, impacts the quality of the educational process. The teacher's decision often depends on their personal attitudes, understanding, competencies and training. In addition, most teachers have had difficulties conducting such lessons: they need materials that can involve adolescents, and they have to face opposition from parents or overcome their own embarrassment. Most teachers (73 per cent, according to 2020 research by the Smart Zharan Association⁷) are confident that CSE will have a positive impact on students; however, they also note that there is high demand for additional CSE training for teachers. To solve this problem in the years 2017–2021, in accordance with orders of the Ministry of Education and Science, in cooperation with UNESCO and within the framework of the UNAIDS Regional Technical Assistance Programme and the UNESCO Education

6. UNESCO and others, *International Technical Guidance on Sexuality Education*.

7. Assotsiatsiya Smart Zharan i Al'yans po reproduktivnomu zdorov'yu, "Dostup podrostkov k obyazatel'nomu polovomu obrazovaniyu v shkolakh Kyrgyzskoi Respubliki", 2019. Available at <https://clck.ru/OrA5G> (accessed on 29 April 2023).

and Health Programme, teacher training on a methodology for conducting extracurricular HL lessons was introduced at the I. Arabaev Kyrgyz State University.⁸

A large-scale effort was undertaken to prepare pedagogical students through a new course on healthy lifestyles. The objective of the course is to provide students with a holistic view of an integrated approach to maintaining and strengthening the health of students, preventing HIV transmission and building their knowledge, skills and attitudes concerning healthy lifestyles and responsible behaviour.

However, the majority of the specialists interviewed during the SERAT assessment stated that there was high demand among practising teachers for HL training, particularly outside the capital. Unfortunately, recent research shows that rural teachers are in practice no longer a source of information for students, and adolescents rarely mention school as a place to gain knowledge about development and SRH issues.⁹

Educational strategies are based on solid evidence, practical experience and statistical data. By improving the data collection process within the educational process and making data comparable with national data on adolescent and youth health and behaviour, we can understand the effectiveness of education and build more effective educational interventions. Currently, within the framework of the HL programme, there is practically no data collection or monitoring. This can be clearly seen in Figure 17, in the “Monitoring and evaluation” section.

It should be noted that the HL programme can provide an excellent methodological basis for making sexuality education part of the compulsory school curriculum. All participants in the review were unanimous in saying that this assessment could serve as a platform for a broader public debate on the development of a national strategy and implementation of a mandatory adolescent sexuality education programme that would respond to the needs of young people and have a real impact on adolescent health practices and behaviour.

Public health data

According to the National Statistical Committee of the Kyrgyz Republic, data on the health status of young people indicate that in the years before the COVID-19 pandemic began in 2020, the overall incidence of various types of infectious and non-communicable diseases among adolescents aged 15–17 had decreased by nearly 50 per cent, to 226 cases per 1,000 people.¹⁰

The number of abortions among adolescents has been steadily increasing in Kyrgyzstan in recent years. According to the Republican Centre for e-Health, part of Kyrgyzstan’s Ministry of Health, adolescents account for 8–10 per cent of the total number of pregnancies and abortions annually. Thus, in 2019, 65 abortions were performed among adolescents aged 14–17; more than 1,400, among adolescents aged 18–19.¹¹ Despite the official data, independent studies conducted by non-governmental organizations claim that these

8. “Videoroliki o zdorov’e, vzaimootnosheniyakh i profilaktike VICH na kyrgyzskom yazyke”. Available on the website of the I. Arabaev Kyrgyz State University (accessed on 20 December 2022).

9. The NGOs RHAK and Good Neighbours in the Kyrgyz Republic conducted a study of the level of knowledge, skills and practices on the part of adolescent girls, their teachers and mothers regarding menstruation and menstrual hygiene in pilot villages in the Ton district, in the Issyk-Kul region of Kyrgyzstan, in 2021. See Al’yans po reproduktivnomu zdorov’yu i Gud Neibors v Kyrgyzskoi Respubkli, “Issledovanie urovnya znaniy, navykov i praktik devochek-podrostkov, ikh uchitelei i materei v otnoshenii menstruatsii i menstrual’noi gigieny v pilotnykh selakh Tonskogo raiona Issyk-Kul’skoi oblasti”, 2021.

10. Natsional’nyi statisticheskii komitet Kyrgyzskoi Respubliki, “Kyrgyzstan v tsifrah”, 2021. Available at <http://www.stat.kg/ru/publications/sbornik-kyrgyzstan-v-cifrah/> (accessed on 28 December 2022).

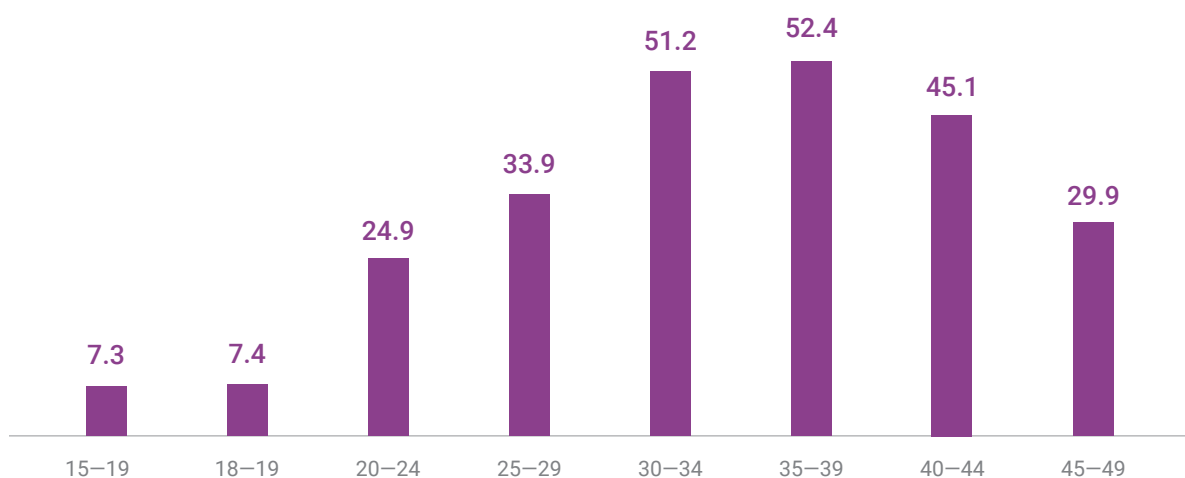
11. Ibid.

figures can be safely tripled since many adolescents prefer to seek the services of medical specialists in private clinics, where statistics, for various reasons, do not reflect the real picture of teenage pregnancies and abortions.

Early motherhood is a social phenomenon that greatly influences girls' subsequent socialization. In Kyrgyzstan, the reasons for early motherhood are religious marriages, bride kidnapping and early onset of adolescent sexual activity, as well as sexual violence against children. Among girls under 20 years of age, the number of pregnancies ending in childbirth is on the rise. In 2018 alone, seven girls under the age of 14 became mothers, as did 545 girls aged 15–17 and 5,661 girls aged 18–19. And the total number of those who gave birth before the age of 19 in 2019 increased by 612 from 2018 (6,825 young women).¹²

Following a decrease in humanitarian supplies of contraception from international donors, the Government of the Kyrgyz Republic committed in 2018 to providing contraceptives to women in need from at-risk groups at the expense of the state budget. Young people and adolescents, however, have not been offered such preferential treatment. According to the Multiple Indicator Cluster Survey (MICS) on children and women, unmet need for contraception was 20 per cent, reaching as high as 29 per cent in some regions. The unmet need for contraception has increased in the whole country and, according to the MICS, reached 33 per cent in 2018.¹³

Figure 2. Contraceptive prevalence rate among married women, by age



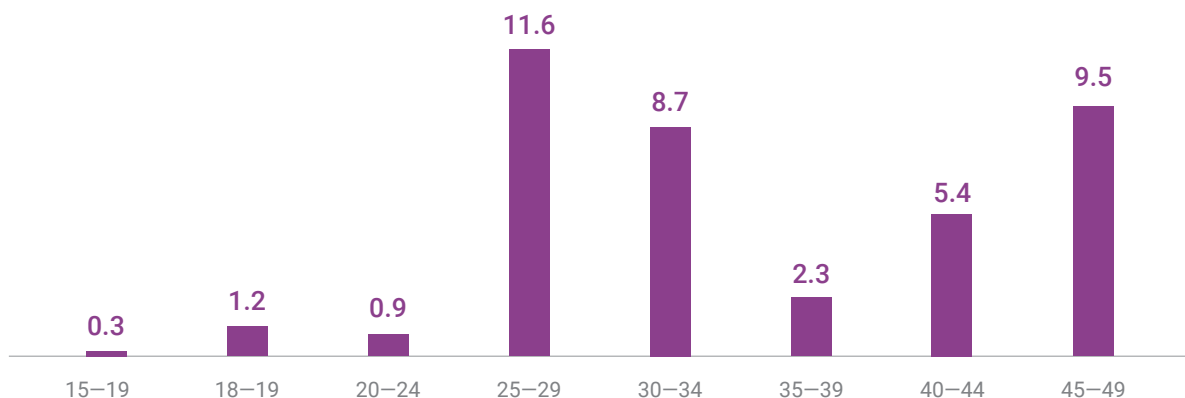
Source: Natsional'nyi statisticheskii komitet Kyrgyzskoi Respubliki i Detskii fond OON (UNICEF), *Klasternoe obsledovanie po mnogim pokazatelyam Kyrgyzskaya Respublika 2018: Statisticheskie snimki osnovnykh rezul'tatov 2018* (Bishkek, 2019).

As Figure 3 shows, unmarried women in the 25–34 age range have the highest contraceptive prevalence rate. This means that women over 25 are more likely to use contraception, whereas the younger generation do not use contraception.

12. Ibid.

13. Natsional'nyi statisticheskii komitet Kyrgyzskoi Respubliki i Detskii fond OON (UNICEF), *Klasternoe obsledovanie po mnogim pokazatelyam Kyrgyzskaya Respublika 2018: Statisticheskie snimki osnovnykh rezul'tatov 2018* (Bishkek, 2019). Available at <https://mics-surveys-prod.s3.amazonaws.com/MICS6/Europe%20and%20Central%20Asia/Kyrgyzstan/2018/Snapshots/Russian.pdf> (accessed on 20 December 2022).

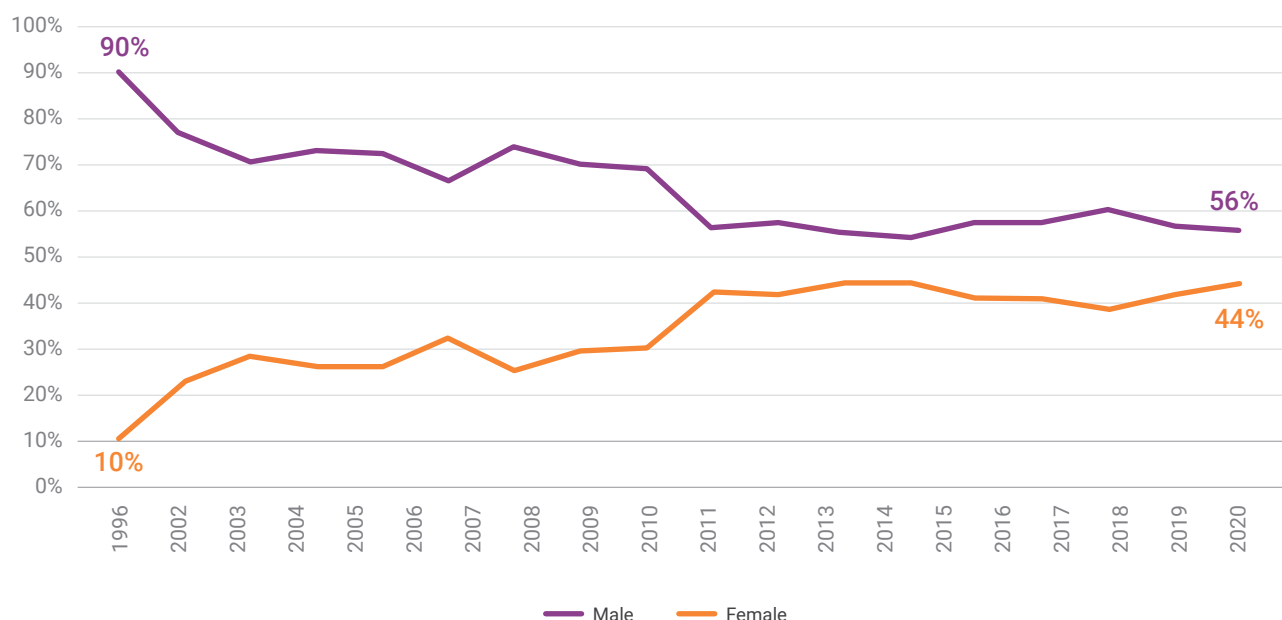
Figure 3. Contraceptive prevalence rate among unmarried women, by age



Source: Natsional'nyi statisticheskii komitet Kyrgyzskoi Respubliki i Detskii fond OON (UNICEF), *Klasternoe obsledovanie po mnogim pokazatelyam Kyrgyzskaya Respublika 2018: Statisticheskie snimki osnovnykh rezul'tatov 2018* (Bishkek, 2019).

The number of people infected with HIV is growing every year, and sexual transmission has become more prevalent (accounting for more than 70 per cent of new infections in 2019). Of the total number of people registered with HIV, children under 14 years old account for 7.5 per cent of cases; young people from 15 to 24 years old, 12 per cent. Taking into account those who are not officially registered, experts do not rule out the possibility that the number of people infected with HIV/AIDS in Kyrgyzstan may be many times higher than the official data indicate.¹⁴

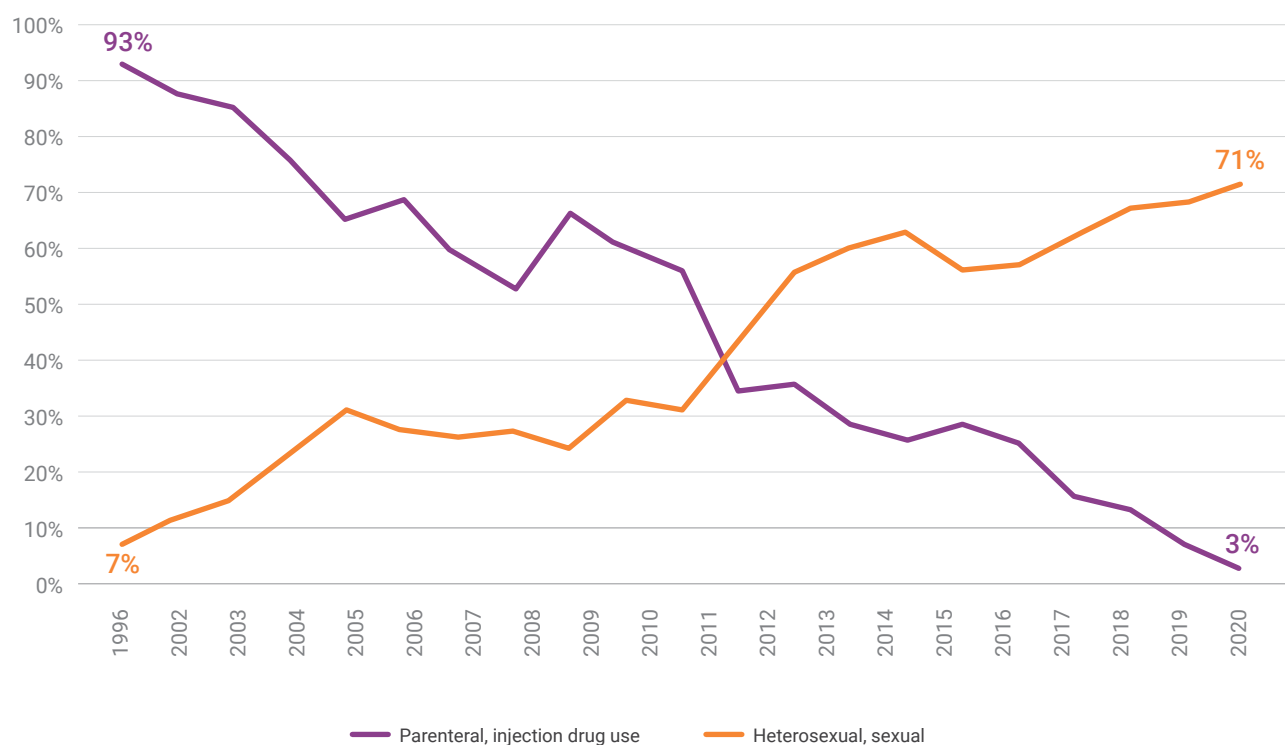
Figure 4. Percentage of HIV infections registered, by sex, 1996–2020



Source: Respublikanskiy tsentr po kontrolyu za gemokontaktnymi virusnymi gepatitami i virusom immunodefitsita cheloveka Ministerstva zdравookhraneniya Kyrgyzskoi Respubliki, "Situatsiya po VICH-infektsii v Kyrgyzskoi Respubliki na 01.01.21", 1 yanvarya 2021. Available at <https://aidscenter.kg/wp-content/uploads/2021/05/Situatsiya-po-VICH-na-01.01.2021-1.pdf> (accessed on 29 April 2023).

14. Respublikanskiy tsentr po kontrolyu za gemokontaktnymi virusnymi gepatitami i virusom immunodefitsita cheloveka Ministerstva zdравookhraneniya Kyrgyzskoi Respubliki, "Situatsiya po VICH-infektsii v Kyrgyzskoi Respubliki na 01.01.21", 1 yanvarya 2021. Available at <https://aidscenter.kg/wp-content/uploads/2021/05/Situatsiya-po-VICH-na-01.01.2021-1.pdf> (accessed on 29 April 2023).

Figure 5. Percentage of HIV infections registered, by means of transmission, 1996–2020



Source: Respublikanskiy tsentr po kontrolyu za gemokontaktnymi virusnymi gepatitami i virusom immunodefitsita cheloveka Ministerstva zdavookhraneniya Kyrgyzskoi Respubliki, "Situatsiya po VICH-infektsii v Kyrgyzskoi Respubliki na 01.01.21", 1 yanvarya 2021. Available at <https://aidscenter.kg/wp-content/uploads/2021/05/Situatsiya-po-VICH-na-01.01.2021-1.pdf> (accessed on 29 April 2023).

The fact that adolescents are at risk of contracting STIs is confirmed by national statistics: cases of gonorrhoea, syphilis and trichomoniasis in adolescents under 17 years old are registered every year. And according to the Multiple Indicators Cluster Survey, only 1 out of every 20 sexually active young people aged 15 to 19 uses condoms consistently.¹⁵ Many people do not want to use a condom for various reasons (trust in their partner, decreased sensitivity, erectile problems, etc.). In addition, there is little awareness among young people of how STIs are transmitted.¹⁶

In the rapidly changing socioeconomic context of the COVID-19 pandemic, youth-friendly services have either ceased to exist altogether, due to the reorganization of primary health-care facilities; they are being offered in the general stream with the adult population; or they are failing to fully meet the needs of young people. In some cases, during the lockdown period, it was physically impossible for adolescents and young people to get to health-care facilities.¹⁷

15. Natsional'nyi statisticheskii komitet Kyrgyzskoi Respubliki i Detskii fond OON (UNICEF), *Klasternoe obsledovanie po mnogim pokazatelyam Kyrgyzskaya Respublika 2018*.

16. Ibid.

17. Nurajym Syrgak kyzy, Chollon Nurgalieva i El'nura Kazakbaeva, *Otchet po rezul'tatam vliyaniya COVID-19 na molodezh' v Kyrgyzstane* (Bishkek, UNFPA i UNICEF, 2020). Available at http://www.donors.kg/images/docs/reports_and_studies/Report_on_the_results_of_a_survey_on_the_impact_of_COVID_19_on_youth_ru.pdf (accessed on 28 December 2022).

Research on the impact of COVID-19 on young people addressed both young people in general and key populations: young people living with HIV/AIDS, people with disabilities, children of migrants, children from remote areas, as well as the LGBTQ+ community. The study found that the level of awareness of existing health services among key populations is on average 5–7 per cent lower compared with young people in general; key populations are less aware of how to access SRH and sexuality education (23.2 per cent). A significant difference has been observed in terms of awareness of how to access medical services related to COVID-19 and education during the pandemic: the level of awareness among key populations is 12–16 per cent lower than among the general group. Compared with the general group, respondents among people with disabilities, members of the LGBTQ+ community and people living with HIV were more likely to say that their lives had worsened because of the pandemic.¹⁸

Data for key populations show that 18.2 per cent were more likely to hear about domestic violence during lockdowns in their community. The majority said that peers who had experienced domestic violence did not seek help (14.6 per cent) or that only a few of them did (37.5 per cent). Half of the respondents said they knew where to go if they or someone else were subjected to violence at home, although this figure is slightly lower than that of the general group. Only 10.2 per cent of members of key populations said they would seek help themselves if they suffered domestic violence. The authors of the study recommended conducting an additional study with more representatives of key populations.¹⁹

There are no State support programmes or benefits for vulnerable groups of young people. Young people and adolescents from key populations – people living with HIV, people with disabilities, sex workers, LGBTQ+ individuals – still face significant legal, institutional and cultural barriers to accessing SRHR services and commodities. The lack of privacy and confidentiality as well as the need to pay for services continue to be major barriers to accessing health services for many young people.

The physical accessibility of health facilities for young people living with disabilities remains paramount, as facilities need to be equipped with suitable ramps, lifts and other equipment.²⁰

Experts insist that even with political will and appropriate efforts on the part of the leaders of health-care organizations and health professionals themselves, health-care institutions find themselves in the following situation. First, the tradition of classifying sexuality education and behaviour as “purely medical issues” completely shifts the responsibility for providing knowledge and skills concerning youth health protection onto medical professionals. Second, “sexual and reproductive health” as a medical term loses its social meaning without the involvement of the family and the education system.

18. Ibid.

19. Ibid.

20. UNICEF, “Situation Analysis: Children and Adolescents with Disabilities in Kyrgyzstan”, 2021. Available at <https://www.unicef.org/kyrgyzstan/reports/situation-analysis-children-and-adolescents-disabilities-kyrgyzstan> (accessed on 21 December 2022).

Education system data

Kyrgyzstan has maintained a high level of access to primary and general secondary education for many years, and the country has a fairly developed network of educational institutions for general and vocational education. However, the Ministry of Education and Science estimates that there is a shortage of about 600 schools and a shortage of teachers in rural schools.²¹ At the beginning of the 2018/2019 academic year, there were 2,270 daytime general education schools in the republic,²² which was 61 more than at the beginning of the 2014/2015 academic year.²³

According to the National Statistical Committee of the Kyrgyz Republic, the number of children enrolled in preschool institutions increased from 173,600 in 2016 to 196,000 in 2020, or by 13 per cent. A similar trend was observed in both urban and rural areas.²⁴ According to UNICEF, the net school attendance rate in Kyrgyzstan among upper secondary school students (grades 10–11) was 59 per cent for boys and 56 per cent for girls. About 6 per cent of school-age children do not attend school. The quality of education is poor: more than 50 per cent of students in Kyrgyzstan do not reach a basic level in reading, mathematics and science.²⁵ This raises concerns about their ability to “perform basic tasks that will enable them to participate effectively and efficiently in society”.²⁶ Low levels of functional literacy lead to high levels of migration, unemployment and vulnerability among young people, including susceptibility to criminal behaviour and violent extremism.

Sexuality education – when formalized and included in the curriculum – can reach the vast majority of children and young people. Families are unprepared for or uncomfortable with questions about sexuality education. Therefore, parents delegate this function to teachers and the educational system. One might ask why many studies conducted in recent years have noted that young people are unable to receive accurate and comprehensive information about their health through the education system. Several factors, inside and outside the system, create constraints. The first factor is the fragmentation of the programme (the Teacher’s Manual) in the education system and the failure of teachers to convey important information in an accessible way. A lack of linguistic capacity (the absence of a culture of talking about SRH, especially in Kyrgyz) on issues of sexual development and the artificial tabooing of the topic by external players (for instance, religious leaders) are also barriers preventing educators from introducing and initiating educational programmes. Another important factor is pressure from opponents of sexuality education in society.²⁷

According to experts from the Ministry of Education of the Kyrgyz Republic, thanks to the introduction of extracurricular HL lessons in 2014, an improvement has been noted in students’ knowledge of HIV prevention, which can also be attributed to other interventions by international and non-governmental organizations. According to a 2019 study conducted by RHAK and the Smart Zharan Association, more

21. Radio Azattyk, “Minobrazovaniya: V Kyrgyzstane ne khvataet okolo 600 shkol”, 5 sentyabrya 2018. Available at <https://rus.azattyk.org/a/29473066.html> (accessed on 3 March 2024).

22. Natsional’nyi statisticheskii komitet Kyrgyzskoi Respubliki, *Kyrgyzstan v tsifrah. Staticheskii sbornik* (Bishkek, 2016), p. 91.

23. *Ibid.*, p. 286.

24. Natsional’nyi statisticheskii komitet Kyrgyzskoi Respubliki, *Kyrgyzstan v tsifrah. Staticheskii sbornik* (Bishkek, 2021), p. 90.

25. UNICEF Kyrgyzstan, “Education”. Available at <https://www.unicef.org/kyrgyzstan/education> (accessed on 3 March 2024).

26. *Ibid.*

27. G. Ibraeva i drugie, *Landshaft SRZ: Chto delat’? I kto vinovat? (Izuchenie bar’erov v predostavlenii i poluchenii družhestvennykh molodezhi uslug po okhrane reproduktivnogo zdorov’ya)* (Bishkek, Al’yans po reproduktivnomu zdorov’yu, 2015).

than 70 per cent of students were able to correctly identify the ways in which HIV is transmitted.²⁸ However, significant gaps were identified on the topics of responsible sexual behaviour, unwanted pregnancies and the use of contraceptives. Both students and teachers noted these gaps. There is a clear correlation between these knowledge gaps and high rates of teenage pregnancy, abortion and sexual violence. Some topics are covered in the Teacher's Manual but do not provide the necessary knowledge. For example, both students (48 per cent) and teachers (69 per cent) who took part in the assessment noted that the topic of STI prevention was addressed during extracurricular lessons; however, only 4 per cent of students were able to name at least three STIs.

The connections between the education and health systems need to be strengthened so that they complement each other. Studies show that the SRH issues that students know the least about are contraception, unwanted pregnancy and men's health.

The demand for information among students is high. For example, adolescents who were interviewed said their greatest need was for more information on gender equality, puberty and STI prevention. It is important to emphasize that boys are more interested in learning about puberty (37 per cent of boys versus 31 per cent of girls). In turn, girls prioritize issues of gender equality. Some 31 per cent of students from Kyrgyz-speaking classes said they needed information on puberty, and 41 per cent of students from Russian-speaking classes noted gender equality issues.

Within the family, the parents usually cover only the basic issues of adolescent sexual development, and it is important to understand that parents themselves lack competence on many issues of SRH, interpersonal relationships, and the adaptation and socialization of adolescents. Also, recent events in the country show that the family is often a source of violence and abuse.²⁹ The extent of violence against women and girls in isolation within families has yet to be assessed, and the consequences will have a long-lasting impact. According to official data, violence increased by 65 per cent in the three-month period from January to March 2020 compared with the same period of 2019.³⁰ CSE can be a powerful tool for combating violence, abuse and discrimination against children and adolescents. If it is comprehensive, the results and benefits go far beyond the school and education system.

More and more young people and adolescents are being educated in madrasas, in parallel with secondary school or ignoring it altogether. Faith-based organizations and communities are actively involved in informing young people and adolescents. According to the State Commission on Religious Affairs, there were 114 religious educational institutions in Kyrgyzstan at the beginning of 2018, including 9 institutes, 1 university and 104 madrasas, or training centres. A total of 107 organizations are registered with the Spiritual Administration of Muslims of Kyrgyzstan as Islamic educational institutions, and 92 of them are currently operating.³¹ According to religious leaders, the sphere of SRH, as one of the fundamental aspects of human life, deserves special attention in Islam, as it is integral to the upbringing and reproduction of Muslims. In

28. Assotsiatsiya Smart Zharan i Al'yans po reproduktivnomu zdorov'yu, "Dostup podrostkov k obyazatel'nomu polovomu obrazovaniyu v shkolakh Kyrgyzskoi Respubliki".

29. In 2021, there were several cases of bride kidnapping that resulted in the murder of the victim. See Nadira Mukhamejan and Aidana Zhakypbekova, "Bride kidnapping in Kyrgyzstan: a reflection of conservative values?", Central Asia Program, 13 January 2022. Available at <https://centralasiaprogram.org/bride-kidnapping-kyrgyzstan-reflection-conservative-values> (accessed on 21 December 2022).

30. Dar'ya Podol'skaya, "Faktov semejnogo nasiliya v Kyrgyzstane stalo na 65 protsentov bol'she", 24.kg, 22 aprelya 2020. Available at https://24.kg/obschestvo/150800_faktov_semejnogo_nasiliya_vkyrgyzstane_stalo_na65protsentov_bolshe/ (accessed on 3 March 2024).

31. Radio Azattyk, "Kolichestvo medrese ugrozhaet kachestvu obrazovaniya?", 29 marta 2018. Available at <https://rus.azattyk.org/a/kyrgyzstan-religion-bulan-madrasah/29132424.html> (accessed on 3 March 2024).

Kyrgyzstan, Islam claims to be the main institution designed to shape the awareness, knowledge and beliefs of the faithful in the field of SRH; therefore, it often opposes CSE-related educational initiatives inside and outside schools, encouraging resistance on the part of faithful parents.

It is already evident that part of young people's lives, including issues of sexual and reproductive behaviour and culture, have moved into the virtual realm. Communication, learning, and political and social events are more likely to take place and be discussed on the Internet. Online communities with their own values and attitudes are being formed, and young people often find their opinions as influential as those of their friends, family members and professionals. These communities are already competing with one another for every user.

In Kyrgyzstan, young people have increased access to the Internet due to the rapid development of mobile communication technologies. According to the State Communications Agency in Kyrgyzstan, as of the end of 2015 about 79 per cent of the population of Kyrgyzstan had access to the Internet.³² This enabled schoolchildren and students to study online during the pandemic in 2020–2021.

However, 13 per cent of male students from rural areas noted that their lack of access to technology prevented them from continuing their studies during lockdowns; 10.7 per cent of female students from urban areas from the same reference group responded in a similar way. Urban students (3.6 per cent) had fewer problems accessing technology.

The main source of information on SRHR for young people is the Internet (40.6 per cent). Hotlines are the least popular source of information (3.3 per cent). An analysis of a report on the impact of COVID-19 showed that young men are more likely to receive information from online sources (45.1 per cent) and discussions on social networks (18.9 per cent), while young women use a large number of information channels and consult doctors more often (18.5 per cent of young women receive information from a family doctor and 13.2 per cent from a gynaecologist).³³

Legal and policy context

According to Article 13 of the 2015 Law on the Reproductive Rights of Citizens and Guarantees for Their Implementation, the Ministry of Education and Science of the Kyrgyz Republic is the authorized body responsible for sexuality education. Paragraph 2 of the article states that “[e]ducational organizations are responsible for ensuring that minors have access to information and sexuality education”.

Extracurricular lessons that discuss healthy lifestyles are not mandatory. The Ministry has published a scattered and uncoordinated series of orders and plans on the prevention of violence against children, gender education and HIV prevention. Not all these documents are interrelated, however, nor do they integrate the HL programme. Measures themselves can also be of a one-time, non-systematic nature; therefore, during the analysis, the research team could not answer the following question with certainty: “Does the education sector have regulations, strategic documents and/or ministerial structures in certain sections related to promoting a response to HIV, reducing teenage pregnancy and preventing sexual violence?”

32. Gosudarstvennoe agenstvo svyazi pri pravitel'stve Kyrgyzskoi Respubliki, *Otchet o deyatel'nosti za 2015 god* (Bishkek, 2015), p. 55.

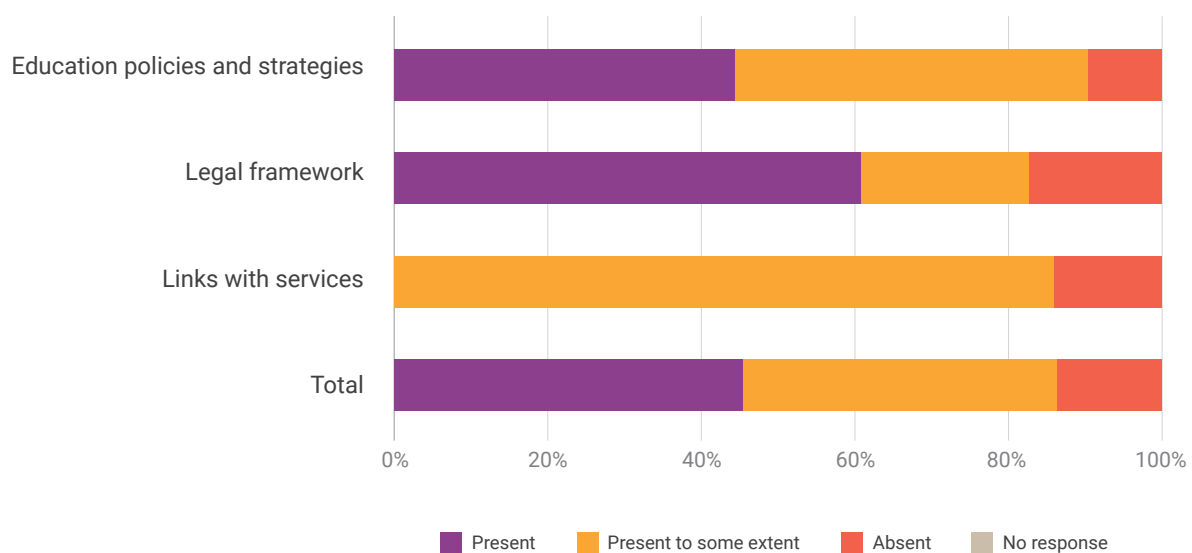
33. Syrgak kyzy, Nurgalieva i Kazakbaeva, *Otchet po rezul'tatam vliyaniya COVID-19 na molodezh' v Kyrgyzstane*.

The analysis of Kyrgyz legislation for this report revealed no rigid or discriminatory barriers to the provision of information and education in the field of SRH for adolescents. The concept of “sexuality education” is legally defined as follows: “it is knowledge that provides reliable and scientifically based information on reproductive health issues and develops skills related to decision-making, communication and reducing the risk of diseases of the reproductive system”.³⁴ So far, the laws of Kyrgyzstan have not defined concepts such as “sexual rights”, “sexuality”, “sexual orientation”, “sexual life”, “adolescent”, “gender-based violence” or “discrimination”. Shortcomings in the legislation of Kyrgyzstan may lead to varying interpretations or a lack of response to various precedents in the field of sexuality education. There are conflicting norms in the laws, making it difficult to apply them, especially in multisectoral interaction (the health-care sector, law enforcement, education, the family, etc.) and in the formation of regulatory legal acts at the ministerial and departmental levels.

The analysis of legislation took place during the period known as the inventory of laws, when laws were amended and supplemented and could undergo significant changes; the new versions of the laws were submitted for public debate at the end of January 2022.

The most vulnerable area covered in this section is the issue of interaction between health care and education, including the lack of medical services for adolescents in the country. Most public schools do not have a school doctor or nurse, and health services do not have up-to-date guidelines and regulations for working with adolescents. Doctors are guided by outdated regulations, with some instructions dating back to 1993.

Figure 6. Legal and policy context



Source: Data collected through the SERAT tool.

34. Kyrgyzstan, Law on the Reproductive Rights of Citizens and Guarantees for Their Implementation, No. 148 of 4 July 2015.

Objectives and principles

In 2014, the Ministry of Education of the Kyrgyz Republic approved (and amended in 2017) the State Educational Standard for General School Education of the Kyrgyz Republic.³⁵ One of the goals of the standard (“readiness of the individual for civic and professional activities that ensure personal and social well-being in a diverse changing world”) provides for the building of key competencies among school students.

Table 1. Key competencies of school students

Informational	<ul style="list-style-type: none">• A willingness to use information for planning and implementing activities, to draw reasoned conclusions• Enables an individual to make informed decisions based on meaningful information
Socio-communicative	<ul style="list-style-type: none">• A willingness to correlate one’s aspirations with the interests of other people and social groups, to defend one’s point of view in a civilized manner based on recognition of the diversity of positions and respect for the values (religious, ethnic, professional, personal, etc.) of other people• A willingness to receive the necessary information in dialogue and present it orally and in writing to resolve personal, social and professional problems• Enables an individual to use the resources of other people and social institutions for solving problems
Self-organization and problem-solving	<ul style="list-style-type: none">• A willingness to detect contradictions in information or in educational and/or life situations and to resolve them using a variety of methods, independently or in cooperation with others, as well as to make decisions about further actions

Source: Kyrgyzstan, Order of the Ministry of Education and Science of the Kyrgyz Republic on Approval of the Concept for Educating Schoolchildren and Youth in the Kyrgyz Republic until 2020, No. 545/1 of 22 July 2014.

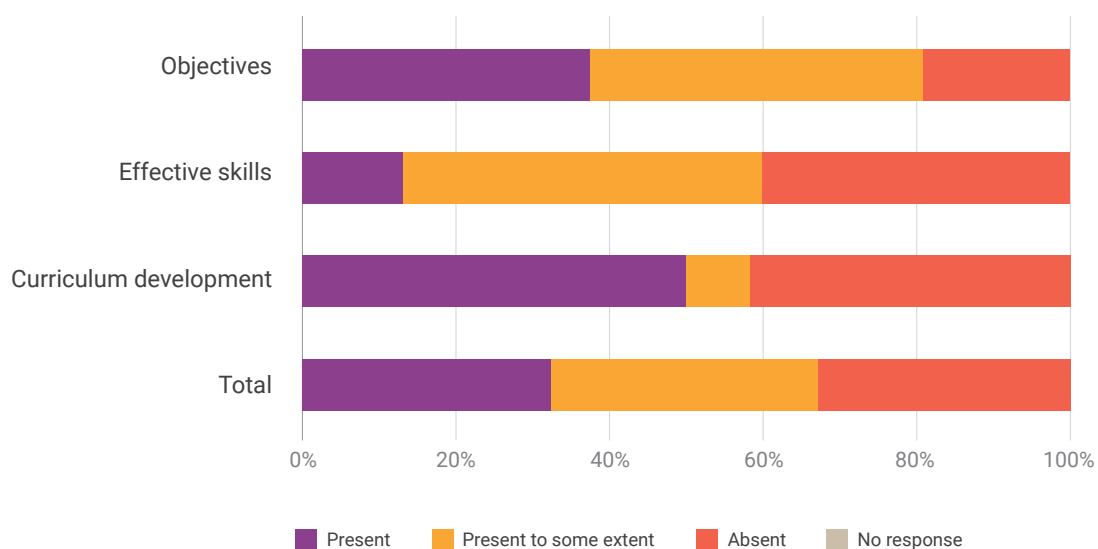
35. Kyrgyzstan, Order of the Ministry of Education and Science of the Kyrgyz Republic on Approval of the Concept for Educating Schoolchildren and Youth in the Kyrgyz Republic until 2020, No. 545/1 of 22 July 2014. Available at <https://psihdocs.ru/koncepciya-vospitaniya-shkolenikov-i-uchashejsya-molodeji-kirg.html> (accessed on 21 December 2022).



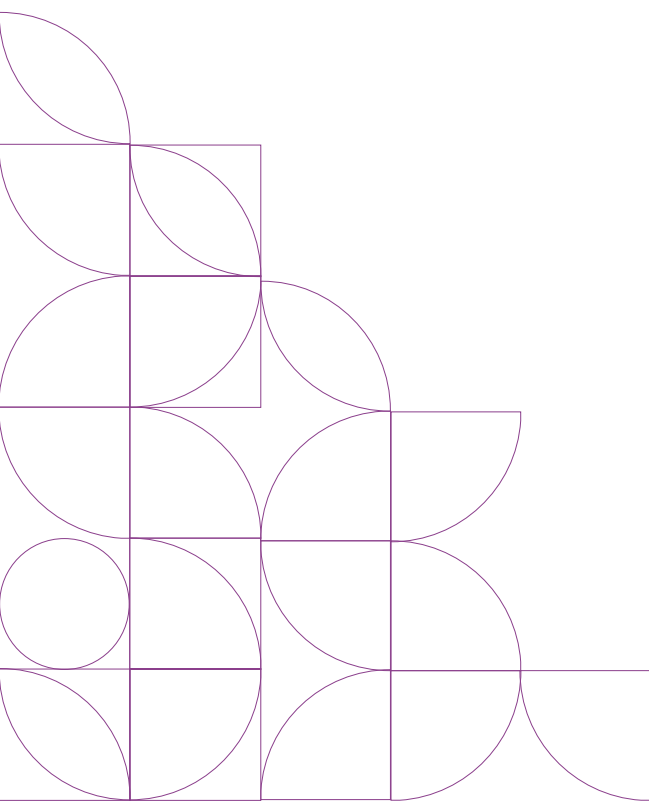
The educational area for the building of such competencies is called health culture, which is considered within the framework of physical education and health and safety lessons. However, extracurricular lessons that reflect the HL programme were not included in the State Educational Standard for General School Education as a tool for the development of competencies among school students.

The Teacher’s Manual that was evaluated is not included in the State Educational Standard; the Manual does not provide a description of the objectives and principles. It should be noted that each lesson in the Teacher’s Manual has well-described tasks and objectives, and they were considered in the evaluation.

Figure 7. Objectives and principles



Source: Data collected through the SERAT tool.

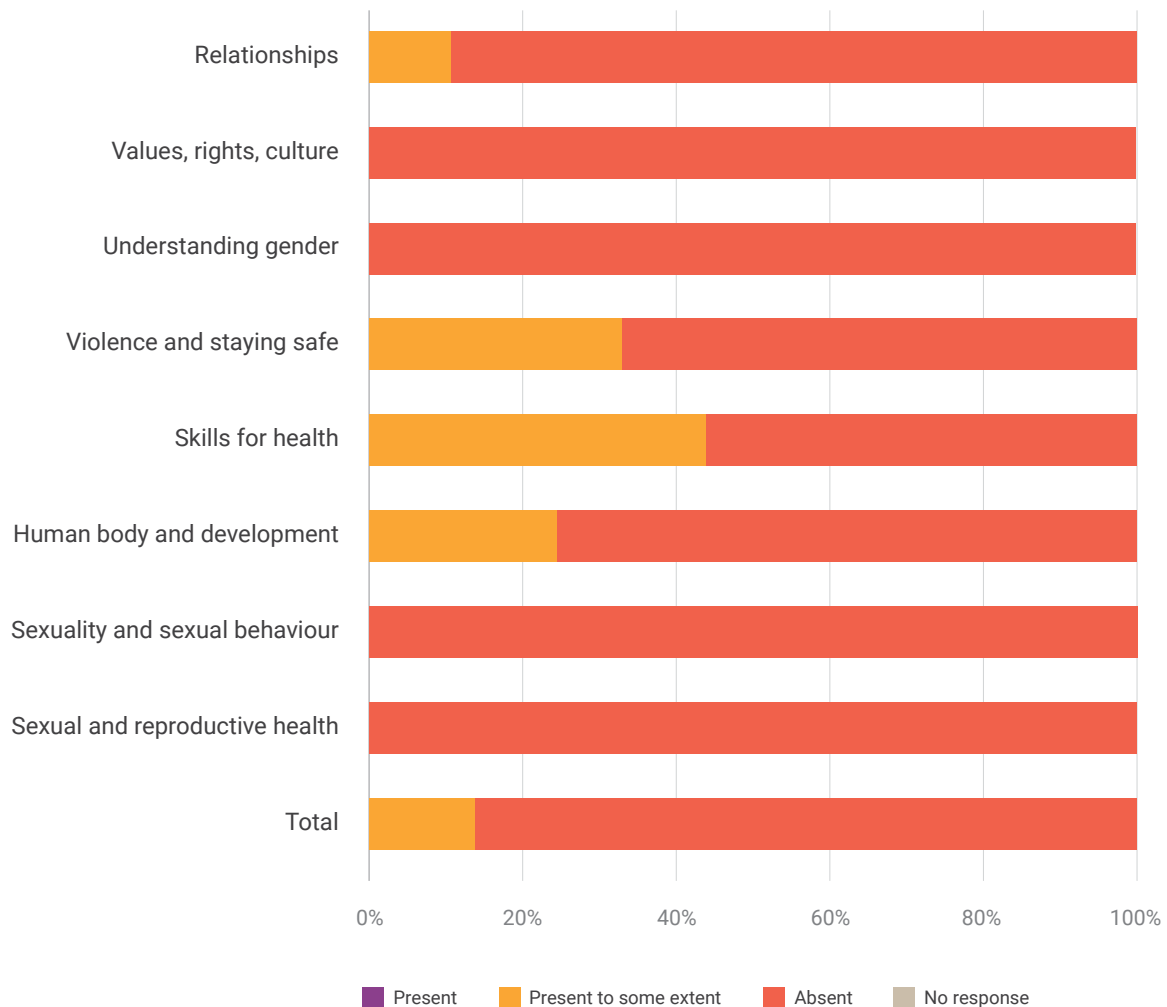


Programme content

Content (ages 5–8)

The Teacher’s Manual does not cover education for this age group .

Figure 8. Content by key concept (ages 9–12)



Source: Data collected through the SERAT tool.

It should be noted that extracurricular HL lessons are conducted based on the Teacher’s Manual, starting in the sixth grade; information covers adolescents from 11 to 12 years old.

In the Manual, the sixth-grade lessons focus on healthy nutrition, hygiene and smoking prevention. The Manual suggests that teachers discuss with students the concepts of “health”, “a healthy lifestyle”, “a daily regimen” and “positive self-perception”. During the lessons, students can discuss and reflect on their own practices that support or harm their health and consider how their surroundings can put pressure on them and influence their habits.

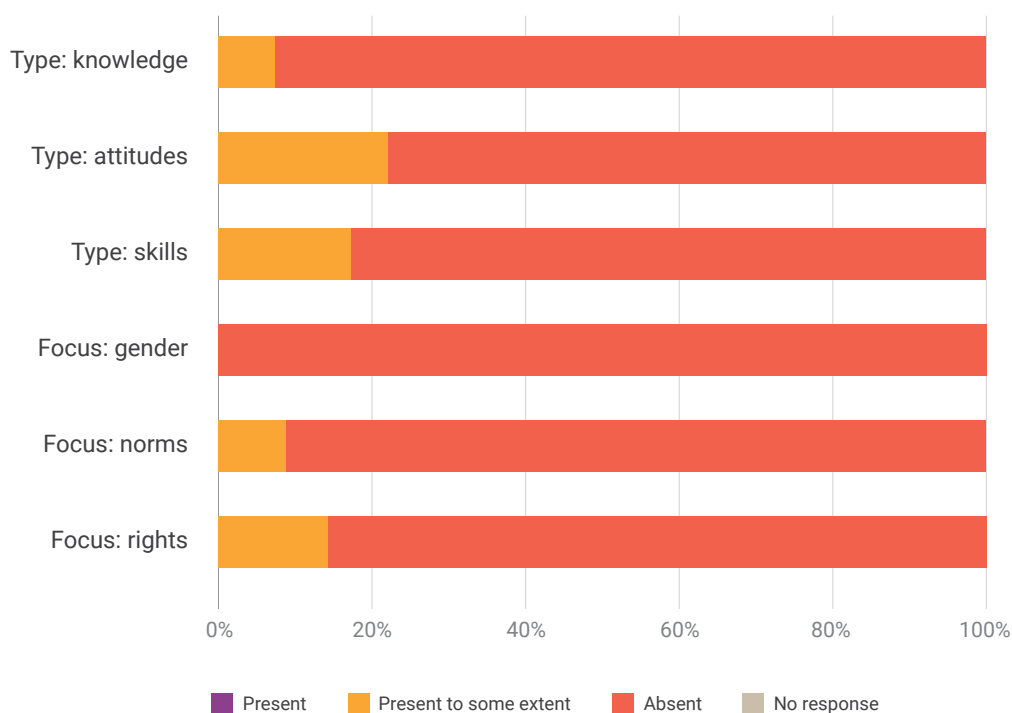
The content of the lessons described above is very different from the categories suggested in the SERAT

tool. During the focus group discussions, all participants agreed that the lessons in the Teacher’s Manual could be provided to younger students (grades 3–5). It is important to include cultural issues and legal aspects of health and gender relations in lessons for sixth-graders, which are better addressed in the Manual’s lessons for high school students. It would be advisable to supplement the materials for sixth-graders with lessons on the sexual development of boys and girls, since it is at this age (ages 8–10) that adolescents begin to concentrate on detailed information about their body, to think about what is considered the norm and the idea of their compliance with the norm. It is also at this age that an interest in adult sexuality appears, which they see on TV, on the Internet or observe in their family.

It is important to consider that some girls start menstruating during this period (ages 11–13) and thus should have basic knowledge and skills concerning menstrual hygiene. Such knowledge and skills are not covered in the Manual’s lessons for sixth-graders and are only partially considered in the lessons for eighth-grade students.

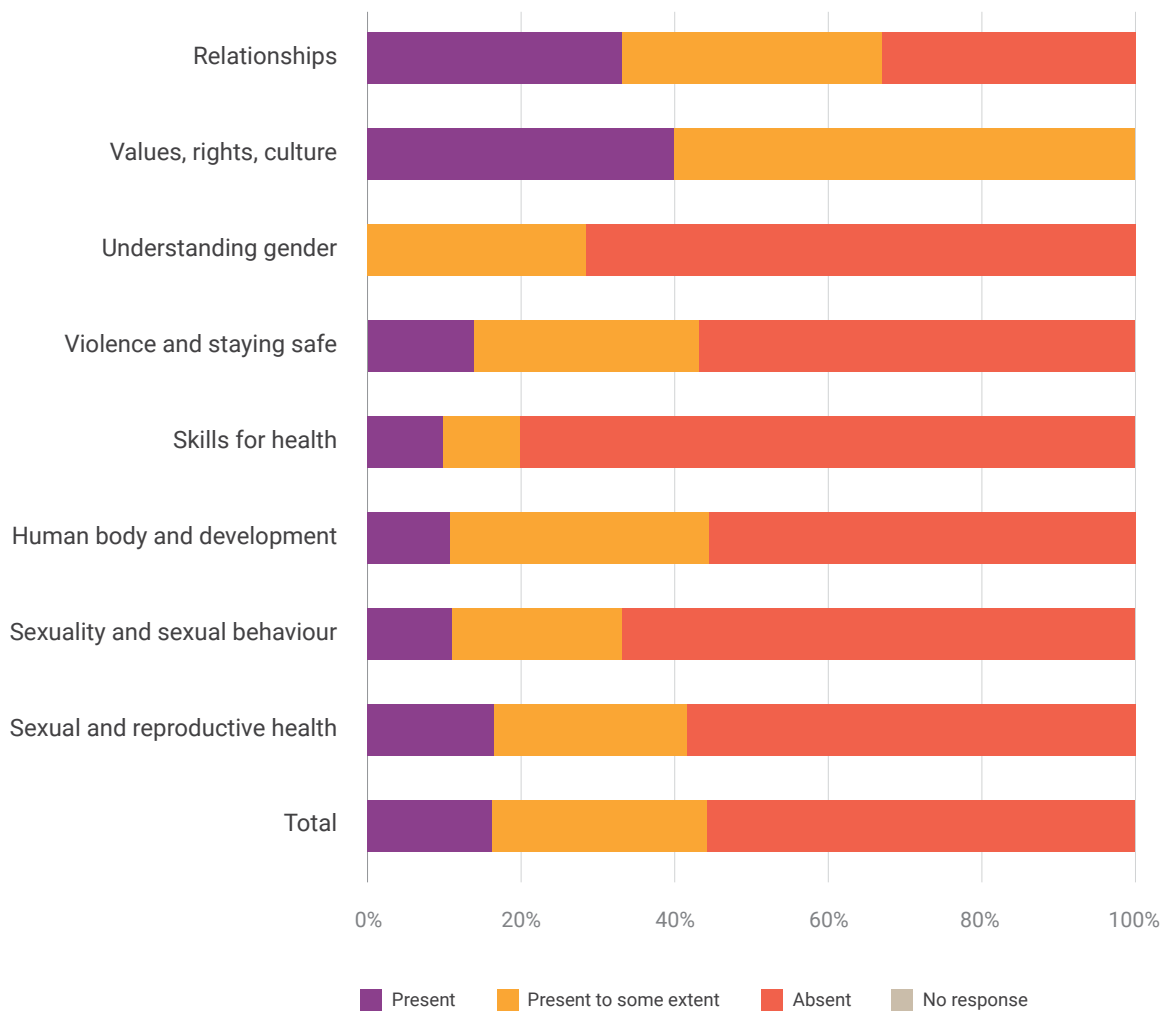
Overall, the topics covered for this age group received the lowest score for any age group, as they do not reflect gender issues at all.

Figure 9. Content by type and focus of learning (ages 9–12)



Source: Data collected through the SERAT tool.

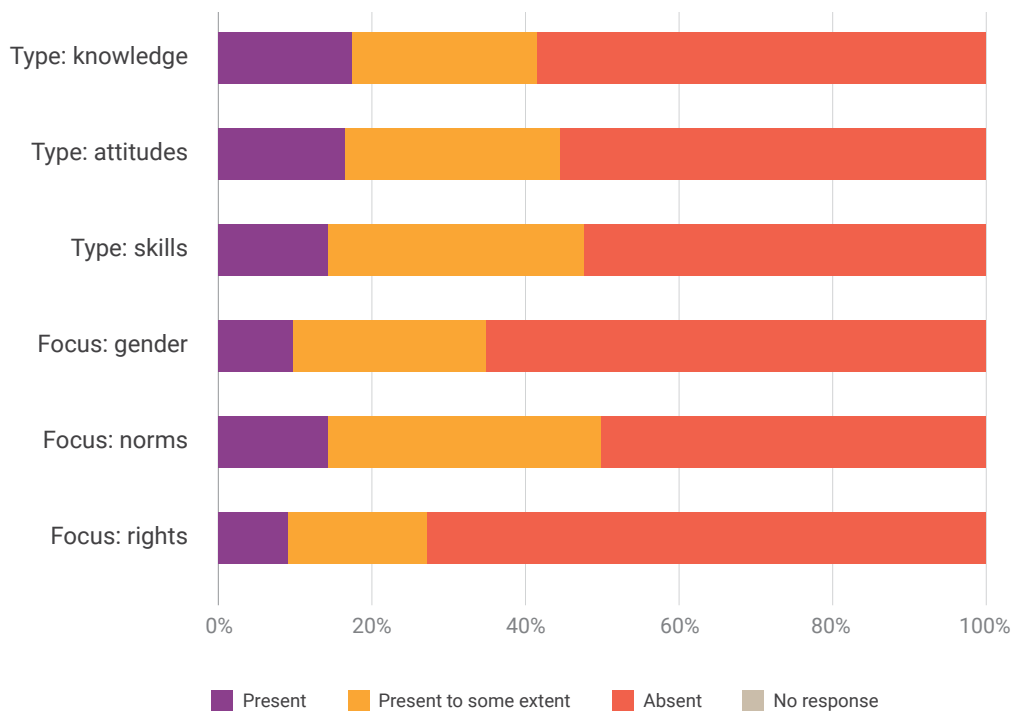
Figure 10. Content by key concept (ages 12–15)



Source: Data collected through the SERAT tool.

For this age group, which covers students in grades 7–9, the HL programme provides a lot of useful and important information on hygiene, peer and gender relationships, reproductive health and prevention of the use of psychoactive substances. It is important that, when adolescents are highly emotional and need support, the HL programme offers them a large number of lessons where they can share their emotions and discuss real stories. A wide range of lesson topics correspond in many ways to the needs of young people. Consideration is given to certain social phenomena in Kyrgyz society – bride kidnapping, early marriage, suicide – and their causes. The lessons offered in the programme allow teachers to conduct extensive discussions with students and help them find answers to questions from their own life situations.

Figure 11. Content by type and focus of learning (ages 12–15)



Source: Data collected through the SERAT tool.

The HL programme contains limited information on gender issues, social and cultural aspects of sexuality, gender roles and sexual identity. It is also important to note that very little attention is paid to the development of adolescents’ skills to seek information and consult specialists (doctors and psychologists), and there is almost no information about how adolescents can protect themselves from violence or prevent violence among their peers or in their families. There is very limited information about resources on protection from STIs or unwanted pregnancy. There is no time for classroom practice where students can develop more skills to avoid unprotected or unwanted sexual contact, to obtain and use condoms and contraceptives, and to recognize the symptoms of STIs.

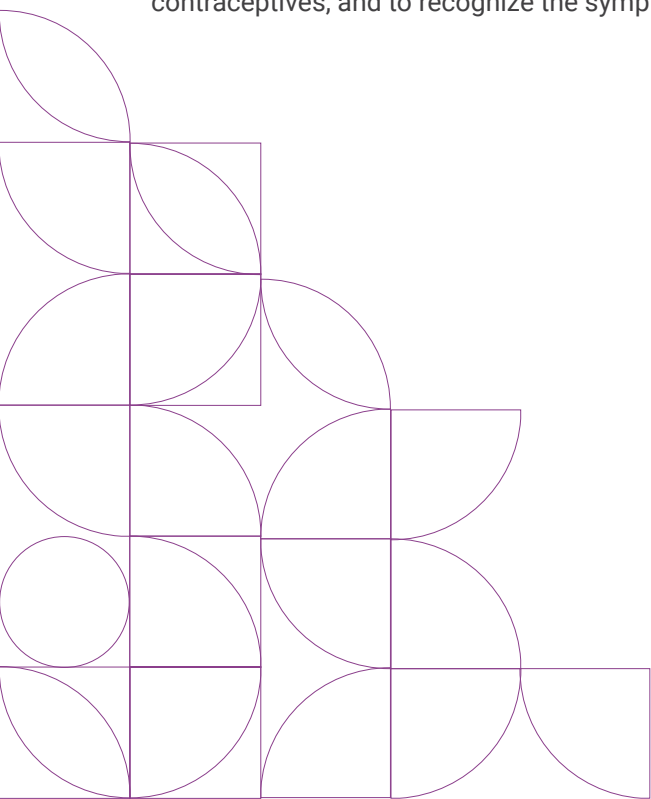
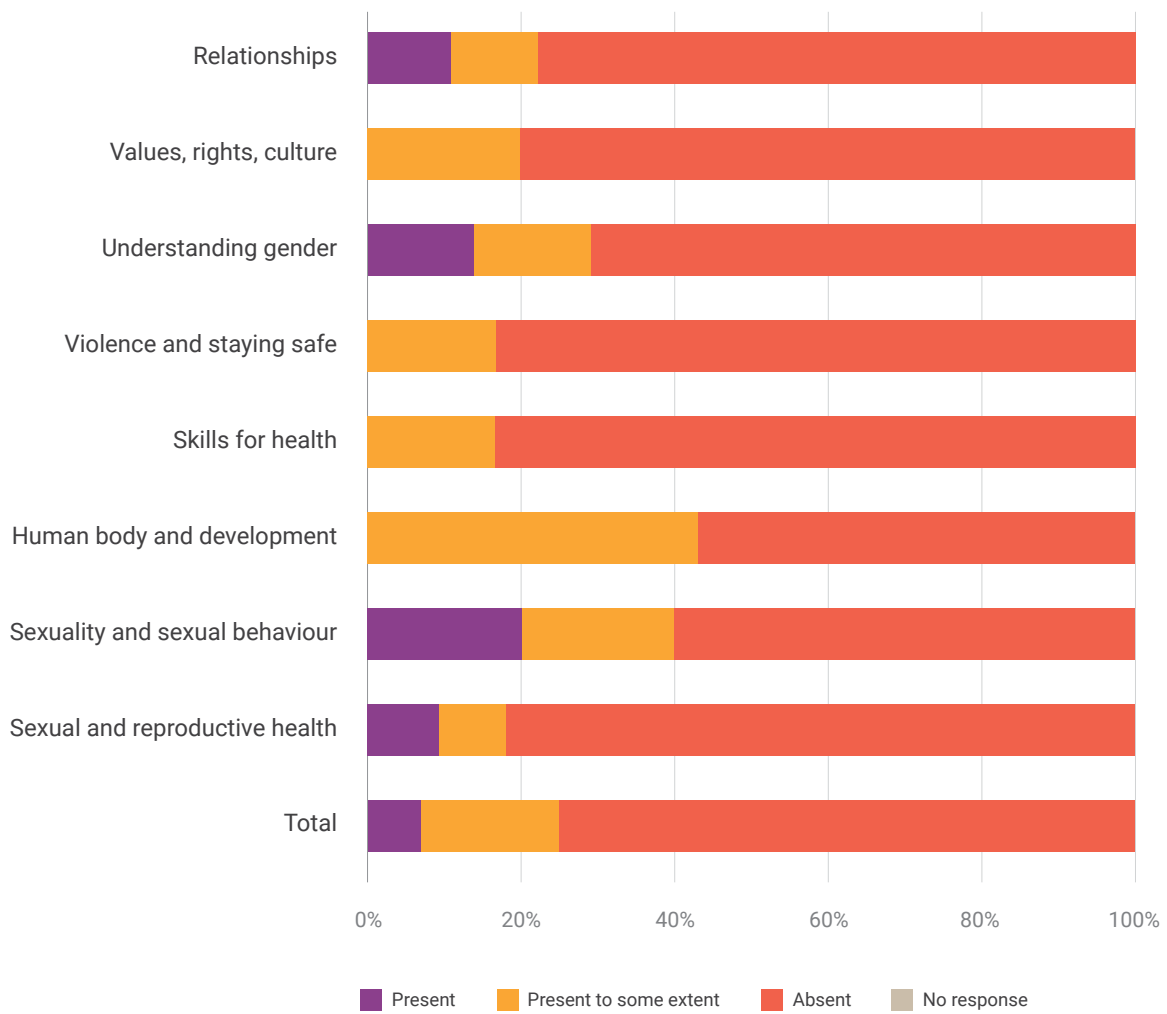


Figure 12. Content by key concept (ages 15–18+)



Source: Data collected through the SERAT tool.

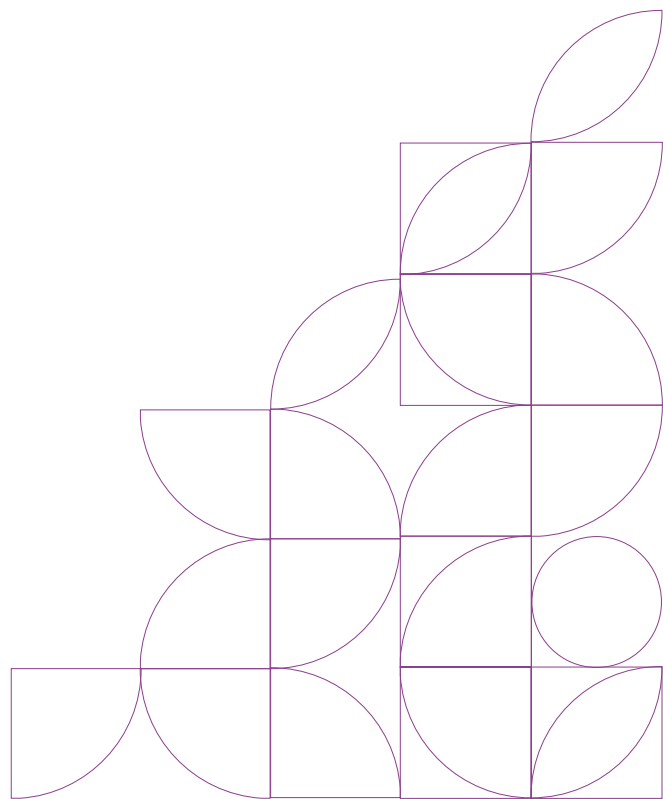
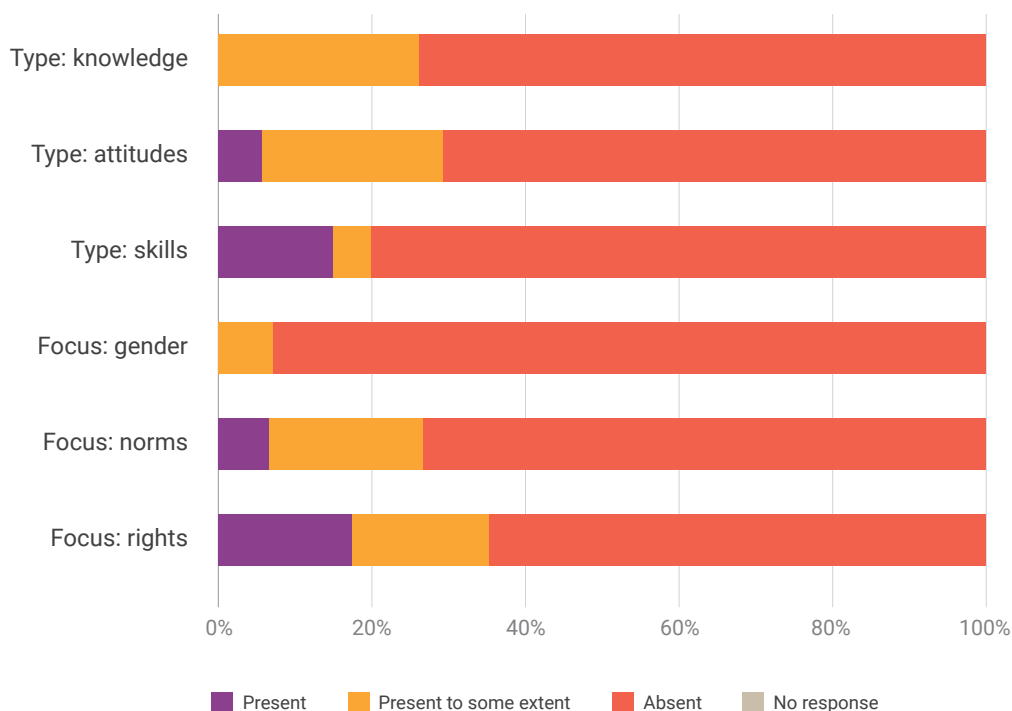


Figure 13. Content by type and focus of learning (ages 15–18+)

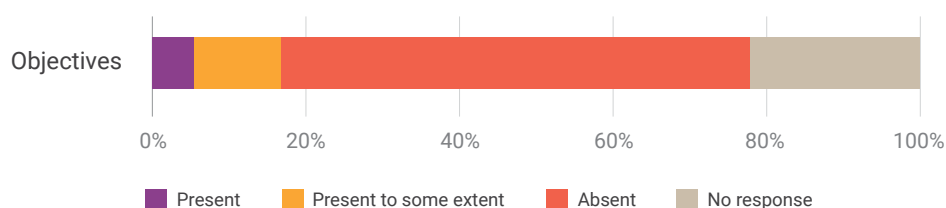


Source: Data collected through the SERAT tool.

The Teacher’s Manual contains significant information for students aged 15 to 18+ about the impact of psychoactive substances in general on the human body and its threat to human life. The Manual also enables teachers to lead discussions on risky behaviour and safety. It is worth noting that knowledge about sexuality, sexual health and rights, family planning and adolescent pregnancy begins to emerge in this age group. It is also important to emphasize that only from this age do students start to receive information about contraception and STIs. In this age category, the issues of personality development, interpersonal relationships, and tolerant and respectful attitudes to diversity are also considered. But all these topics are covered only partially, without in-depth discussion or shaping of attitudes. In addition, in consultations with practising teachers, it was noted that these topics are often not discussed with students because of the teacher’s personal attitudes. Teachers may decide not to discuss these topics because of their personal views and values, embarrassment or lack of proper experience in teaching about topics that are considered taboo in society. Many lessons are also aimed at providing knowledge but not at the development of skills and attitudes, so many questions covered by the SERAT tool are not reflected in the curriculum for this age group.

Integration into the official curriculum

Figure 14. Integration into the official curriculum



Source: Data collected through the SERAT tool.

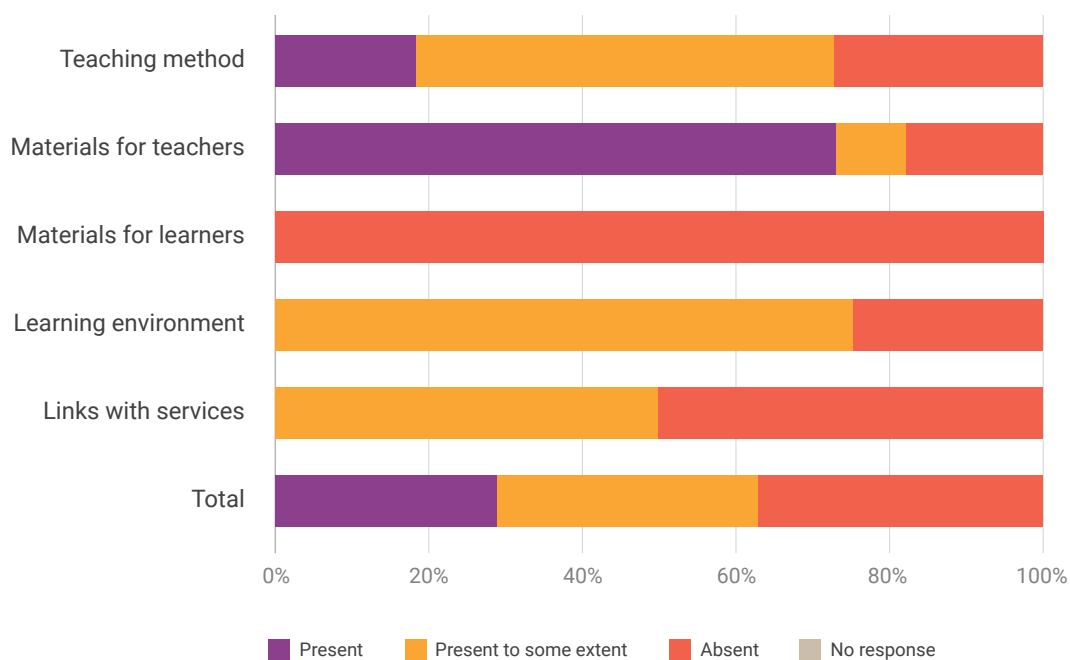
The Teacher's Manual is used for optional extracurricular lessons and, as noted earlier, is fragmentary. The Manual is partially integrated into the school curriculum and does not answer the questions covered in the SERAT tool, as can be seen in Figure 14. The Manual covers only middle and high school students; extracurricular lessons are not taught systematically, which means there is no integrated approach to teaching. There are no repercussions for non-compliance.

Teaching and learning approaches and environment

When the Teacher's Manual was being developed in 2014, an emphasis was placed on the potential of and resources for teachers since there was an urgent need to develop teachers' skills in terms of conducting sexuality education lessons for students. The authors repeatedly raised the issue of creating a textbook for students, but there were not enough resources at that time, and the Ministry of Education and Science was also afraid of a negative reaction from parents. Since the publication of the Manual, no materials have been created for students; so far, teachers have been creating their own teaching aids based on the recommendations included in the Manual.

For various economic reasons, school-based health care and youth-friendly clinics no longer exist in the country, whereas the task of medical specialists is to help teachers to communicate information to adolescents and to provide needed psychological assistance and educational materials. They do this mainly by conducting seminars and training courses; producing leaflets, posters and brochures with essential information; and carrying out awareness-raising campaigns and educating young people. Unfortunately, this was one of the weakest components covered in the assessment, and it can be considered a priority for strategies within the education system and for interdepartmental interaction.

Figure 15. Teaching and learning approaches and environment



Source: Data collected through the SERAT tool.

Teacher training

Competent teachers are essential to high-quality CSE. To succeed, teachers must be willing to analyse their attitudes towards sexuality and the value system and norms of the society they live in, as they will be role models for their students. Competent teachers need to complete training on the methodology for conducting extracurricular HL lessons; a lack of such training cannot be an excuse for not conducting such lessons.

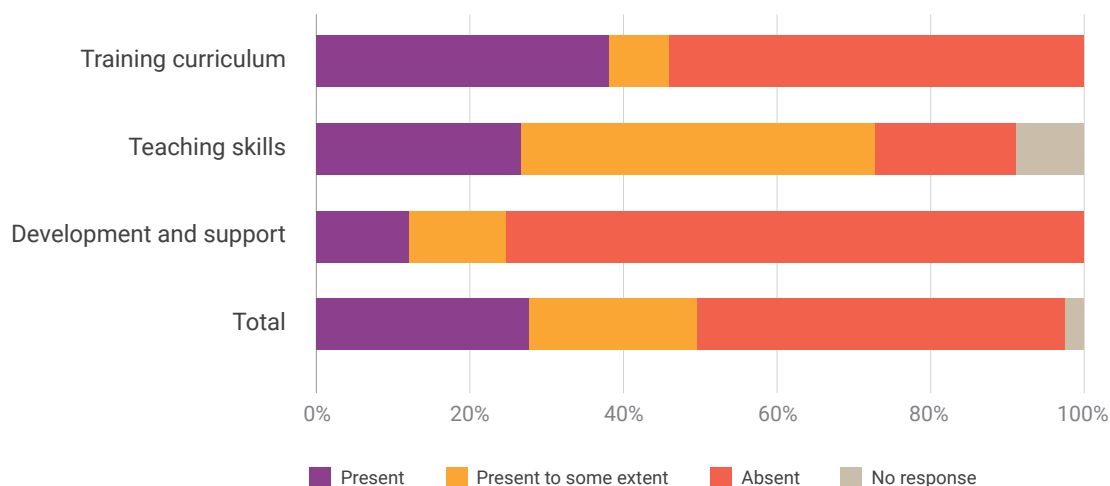
Little attention has been paid to the training of teaching staff since the introduction of the Manual. Staff training has not been systematic; instead, it has been selective, through various training courses offered by different initiatives, and does not cover all staff. From 2017 to 2021, in accordance with the orders of the Ministry of Education and Science of the Kyrgyz Republic, in cooperation with the UNESCO Institute for Information Technologies in Education and within the framework of the UNAIDS Regional Technical Assistance Programme and the UNESCO Education and Health Programme, a training programme for teaching staff on the methodology for conducting extracurricular HL lessons was introduced at the I. Arabaev Kyrgyz State University. Teachers from schools, vocational schools and higher education institutions were trained through this initiative. According to the partners involved, more than 600 teachers from 207 schools in Osh, Jalal-Abad, Naryn, Karakol, Talas, Batken, Kara-Suu, Balykchy, Tokmok, Cholpon-Ata and Bishkek completed training approved by the Ministry of Education and Science. Extensive work was also carried out on a new training course for teachers providing HL lessons.

However, the teachers who took part in this training make up only a fraction of the current and future teachers who have completed the training or will complete it in the future. For the HL programme to be effective, teacher training must be systematic. Using the successful experience of the I. Arabaev Kyrgyz

State University, the Ministry of Education and Science should make a commitment to teacher training, recognize other training programmes and create mechanisms to assess the quality of the knowledge shared and motivate teachers to provide information to students, in terms of both training for future teachers and professional development.

It is also worth noting that the teacher training programme on the methodology for conducting extracurricular HL lessons does not reflect some of the categories covered by the SERAT tool: namely, the training programme does not provide the knowledge and skills needed for teachers to respond to parental or public views and concerns about sexuality education; information on how to respond to violence against students, including violence at school and gender-based violence, is also only partially introduced. Moreover, the education system lacks mechanisms for referring students to medical specialists for further consultation. In addition, there are no mechanisms to incentivize teachers to try to improve the quality of their work.

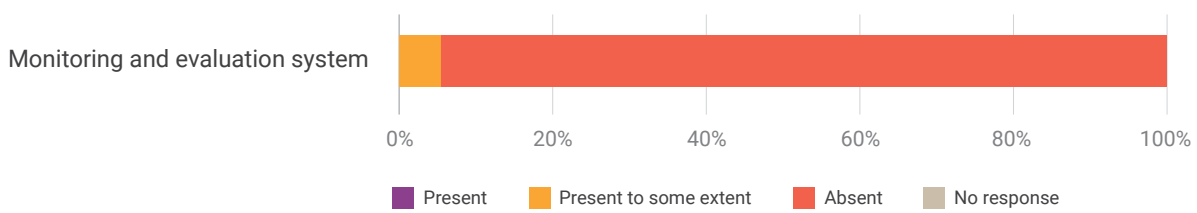
Figure 16. Teacher training



Source: Data collected through the SERAT tool.

Monitoring and evaluation

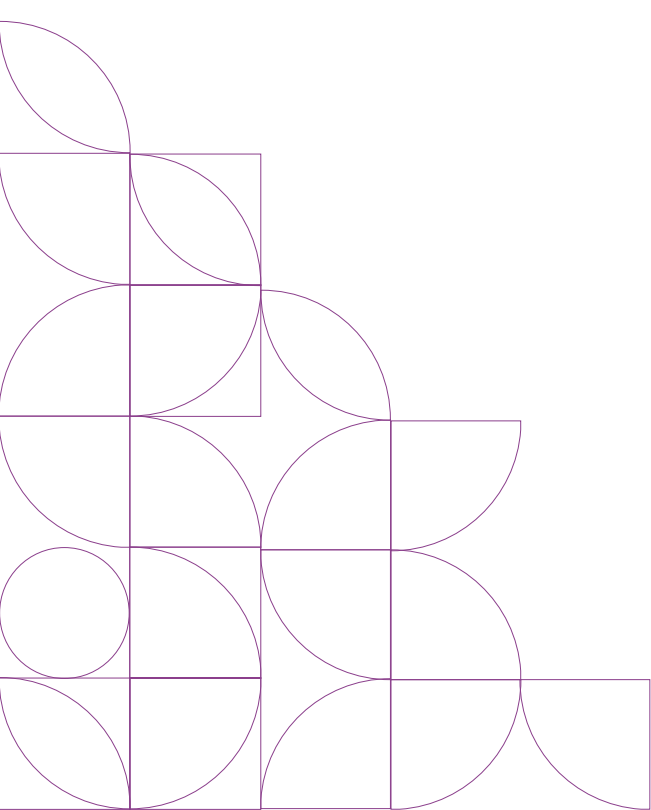
Figure 17. Monitoring and evaluation



Source: Data collected through the SERAT tool.

Educational strategies are built on a strong foundation of facts, practical experience and statistical data. Improving data collection as part of the learning process and comparing it with national data on adolescent and youth health and behaviour makes it possible to understand the effectiveness of education and to create more effective educational interventions. Currently, there is virtually no data collection within the HL programme, and the data that are collected are not analysed with respect to students' acquisition of knowledge and skills. Moreover, there is no assessment of the impact of lessons on the behaviour of adolescents or on their acquisition of useful skills. Figure 17 makes this clear.

Since the HL programme has no unified basic regulatory documentation, there are no tools for monitoring and evaluation. The quality of the knowledge that students receive and the skills that they acquire cannot be assessed; also, the effectiveness of HL lessons is not reflected in the education system or the health system. Therefore, it is necessary to create tools to monitor and assess the quality of students' knowledge. Without this, any investment in the HL programme will not have a sustainable impact.



RECOMMENDATIONS



The SERAT assessment showed that the existing Teacher's Manual does not meet the educational needs of adolescents on SRH issues. Kyrgyzstan's educational system needs to develop a new sexuality education programme that can respond to the challenges of a modern society marked by globalization, migration, the rapid spread of the Internet, the growing threat of epidemics including HIV, the increase in sexual violence against children and adolescents, and changes in sexual behaviour. Young people in Kyrgyzstan need new, relevant knowledge, skills and attitudes to navigate the modern world and protect their health, identity and well-being.

Taking into account the expert opinions expressed during the assessment, the following recommendations to promote sexuality education in the country were suggested:

- » The Republican Centre for Health Promotion plans to make additions and changes to the existing Teacher's Manual in 2022. The findings of this report should be discussed with the focus group discussion participants, and revisions should be made according to international sexuality education standards and the SERAT tool. This would greatly enrich the Manual and would make it possible to expand and incorporate the most relevant CSE topics into the existing curriculum, as well as to consider adding the HL programme to the compulsory school curriculum.
- » Those experts who can provide evidence for subsequent advocacy so that the subject of CSE becomes mandatory in schools should accelerate their work, and they should provide a clear indication of the minimum standards and goals for teaching and providing young people with the necessary resources.
- » It is important to consider additions and amendments to the curriculum, and to develop and integrate textbooks and learning materials for students that include the full range of CSE topics, and that take into account cultural and social diversity.
- » Clearly, the introduction of sexuality education and its impact should be monitored and assessed accordingly. The impact of HL lessons on SRH outcomes among adolescents in the country has not been assessed. It is important to develop and validate monitoring and assessment tools at the national level that can provide an adequate picture of the educational impact at the level of each student, class, school and the overall programme. Learning from the experience of other countries can help governmental institutions to understand what indicators can be collected, assessed and integrated into multiple government systems (health, education, finance, social support).
- » An integrated approach is needed to review the HL programme as an important component of broader initiatives to improve the health and well-being of young people, which can be tracked through student knowledge and skills tests as well as youth and adolescent health indicators. Therefore, the connection between the education and health systems needs to be deeper and more complementary. An interdisciplinary approach should consider creating a supportive environment for those students who will need the counselling of a medical specialist or psychologist, which in turn would imply the availability of services for adolescents near where they live.
- » It is important for organizations (including NGOs in the informal sector) to share experiences, information and technologies. The creation of dialogue platforms, systematic panel discussions and

extended training courses on youth sexuality education (including an online space) could be a solution to making CSE more available and more effective.

- » Young people must be able to participate in developing and influencing programmes that respond to their real needs and aspirations. It is necessary to develop and implement mechanisms that ensure the active participation of young people in the development of all policies and programmes at the national and school levels.
- » Many parents find it difficult to discuss sexuality issues with their children and do not have enough knowledge and information to do so properly. Therefore, the HL programme should include issues on sexuality education for parents and encourage dialogue between parents and teachers.
- » Those who provide information and education about sexuality need information, skills and a certain approach to do it effectively. Teachers need to be supported by both methodological materials and incentives. Using the experience of Arbaev University, sexuality education should be included in all programmes at universities responsible for teacher training.
- » The development of specialized programmes for different groups of young people not covered by compulsory education (persons with disabilities, children in conflict with the law, LGBTQ+, HIV-positive individuals, etc.) should be considered. Sexuality education programmes should take into account the diversity of different groups and should be tailored to each group according to their needs and abilities, based on the principles of gender equality and human rights.

Next steps

For this review, there was not enough time to consult with the key stakeholders to develop plans, so the UNFPA Country Office intends to meet with national partners in 2023 to discuss the recommendations based on the SERAT assessment and plan the way forward.

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