

UNESCO'S SERAT METHODOLOGY

COMPREHENSIVE SEXUALITY EDUCATION IN THE REPUBLIC OF MOLDOVA SUMMARY



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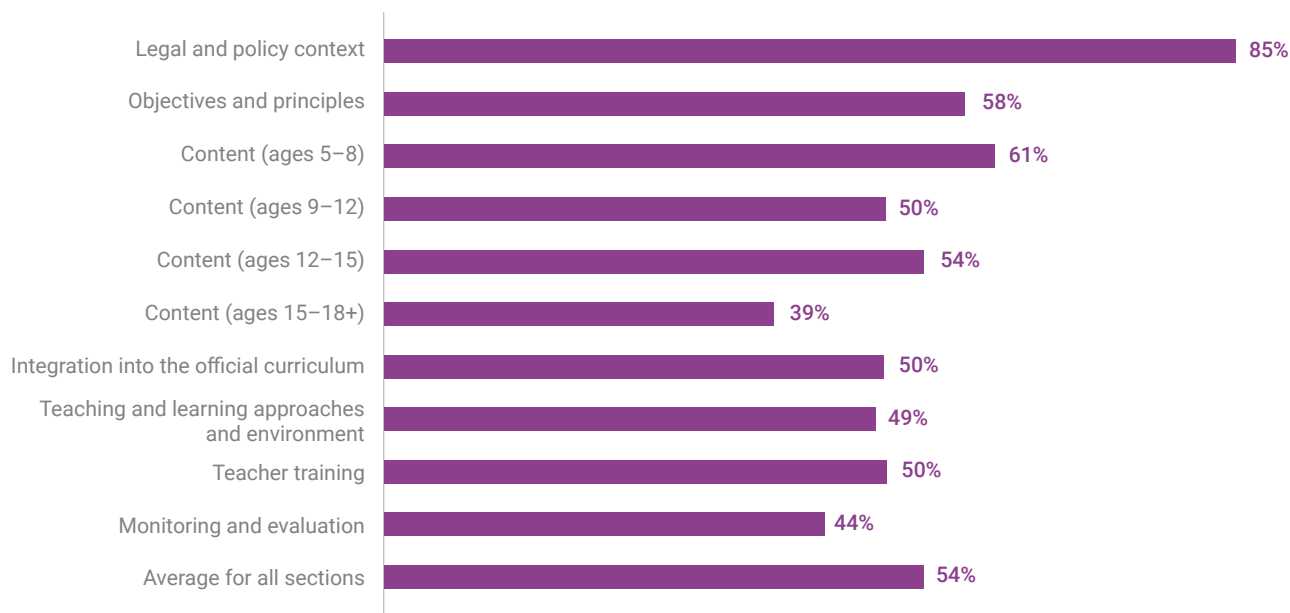
Sexuality education status

In the Republic of Moldova, sexuality education is not a stand-alone subject; it is taught as part of health education integrated into the compulsory and optional school curricula. Sexuality education was gradually integrated into the mandatory curriculum starting in 2018, through the joint efforts of the Government of the Republic of Moldova, the United Nations Population Fund (UNFPA) in the Republic of Moldova and other development partners.

To assess the quality of school-based sexuality education in the country, an analysis was conducted in 2021 under the leadership of UNFPA and the Ministry of Education and Research by applying UNESCO's Sexuality Education Review and Assessment Tool (SERAT).¹ Two national experts completed the assessment by reviewing curriculum documents, legislative and normative acts, official statistics and relevant research data. They sent an online semi-structured questionnaire to eight experts in the field and consulted the opinions of 74 adolescent students. The results were validated at a workshop for governmental counterparts, teachers and young people. To observe progress in recent years, the results were compared with those from a SERAT-based analysis conducted in the Republic of Moldova in 2017.

Summary of SERAT findings (2021)

The figure below summarizes the scores* for each SERAT section and demonstrates the sexuality education programme's strengths and areas for improvement.



Source: Data collected through the SERAT tool.

* The formula for determining the weighted score ("present" x 1 [100%] + "present to some extent" x 0.5 [50%]) is outlined in a 2021 global status report on comprehensive sexuality education produced by several UN agencies, including UNFPA.² The percentages for "present" and "present to some extent" are derived from the graphs automatically generated by SERAT.

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 13 June 2023).
2. UNESCO and others, *The Journey towards Comprehensive Sexuality Education: Global Status Report* (Paris, UNESCO, 2021).

Legal and policy context

The legal framework in the Republic of Moldova provides strong support for the right to sexuality education. A set of legal provisions guarantee adolescents and young people access to sexuality education, such as the Law on Reproductive Health, the Law on HIV/AIDS Prevention, the National Programme on Sexual and Reproductive Health and Rights 2018–2022, the Education 2030 Development Strategy, as well as the European Moldova 2030 National Development Strategy.

Integration into the official curriculum

Sexuality education is not taught as a separate subject in schools in the Republic of Moldova. The Ministry of Education and Research opts for health education, which includes sexuality education at an interdisciplinary and multidisciplinary level (through different school subjects). Sexuality education is mainly integrated into two mandatory subjects: personal development, since 2018 for grades 1–12 (not an examinable course), and biology, since 2019 for grades 6–12 (an examinable course).

Objectives and principles

The objectives and principles reflected in the curriculum for the compulsory subjects of biology and personal development largely show a satisfactory picture of the inclusion of skills, knowledge, attitudes, and competence-based objectives and aspects of curriculum development, which are 58 per cent in line with international standards. Public health targets are clearly defined with reference to reducing HIV and sexually transmitted infections (STIs); ensuring safety, health and positive relationships; and reducing unintended pregnancies. Emphasis is placed on avoiding unprotected sexual contact and encouraging the use of contraception. The programme also pursues youth empowerment goals, including improving analytical, communication and other life skills for health and well-being. At the same time, behavioural objectives (based on skills and competencies) are not sufficiently specified. Public health targets do not sufficiently reflect the issues of reducing gender-based violence (GBV), decreasing the number of illegal and unsafe abortions, etc. Compared with the baseline SERAT assessment from 2017, the curriculum objectives saw an insignificant increase in the degree of their alignment with international standards for comprehensive sexuality education (CSE).

Sexuality education content (ages 5–18+)

Overall, every component of the compulsory school curriculum related to sexuality education progressed during the period 2017–2021, achieving a much higher degree of alignment with international CSE standards – a 51.3 per cent average score for all age groups.

Existing sexuality education has demonstrated a number of strengths: topics related to sexuality education are included in the school curriculum from grade 1 through grade 12; in primary grades, students learn about relationships, violence prevention and hygiene as part of the personal development course and other

subjects; in secondary and high school, they learn in biology class about the general characteristics of the human body, the reproductive system and reproduction in humans, the anatomy of the human body, the human body and health, prevention of teenage pregnancy, hygiene of the reproductive system, contraception, STIs, etc.; they learn about life and health, personal and social values, personal identity and harmonious relationships as part of personal development and physical education; sexuality education topics are taught nationwide; sexuality education is partly integrated into extracurricular programmes; standard manuals have been developed to some extent and are available to support the sexuality education programme throughout the country.

The assessment also noted that there are still some weaknesses. The sexuality education curriculum is not taught as a stand-alone compulsory subject. In the existing curricula, sexuality education topics are only partly reflected and are taught several years late compared with the developmental needs of learners. The teaching time allocated to sexuality education is only to some extent adequate for primary, secondary and high school, and the majority of teachers lack the capacity to deliver it in a quality manner. No minimum standards have been established for the objectives and content of sexuality education. Another big challenge is the lack of manuals and materials for students on sexuality education.

Teaching methods and teacher training

The results of the assessment revealed that teachers apply participatory learning in the classroom (e.g. energizing games, discussion topics, creative games, group discussions, participatory reflection) and have access to teaching materials and tools that include detailed recommendations on teaching methods (score of 49 per cent). However, there are not enough textbooks to help teachers deliver quality sexuality education. Students' handbooks are lacking entirely, which complicates the educational process.

Teacher training on sexuality education is still limited and is not integrated into initial or continuing training programmes recognized by the Ministry of Education and Research. Periodic training for teachers is conducted by development partners and civil society organizations. It is important for teachers to be trained to refer students to medical and social services. Overall, the situation is better than in 2017, but sustainable interventions are still required, in particular for teacher training.

Monitoring and evaluation

The assessment process has shown that monitoring and evaluation processes for the teaching of sexuality education topics in the compulsory curriculum scored 44 per cent. These efforts have a predominantly partial and episodic status, mostly through surveys, such as the Health Behaviour in School-aged Children (HBSC) study, and less through sustainable monitoring measures. There are no indicators derived from the elements of the sexuality education curriculum that are included in the national Education Management Information System (EMIS) and school inspection tools. However, this is notable progress since 2017.

Comparison of SERAT findings from 2017 and 2021

Overall, the results demonstrate significant progress in the development of the sexuality education programme since 2017, achieving a much higher score in terms of alignment with the international standards for CSE; in 2021, the average score was 54 per cent for all components, compared with 34 per cent in 2017.

SERAT section	2021			2017*		
	Present (%)	Present to some extent (%)	Weighted score (%)	Present (%)	Present to some extent (%)	Weighted score (%)
Legal and policy context	75	20	85	27	33	44
Objectives and principles	23	70	58	18	54	45
Content (ages 5–8)	40	42	61	0	0	0
Content (ages 9–12)	18	65	51	8	22	19
Content (ages 12–15)	21	67	55	13	40	33
Content (ages 15–18+)	9	60	39	7	42	28
Integration into the official curriculum	28	44	50	12	41	33
Teaching and learning approaches and environment	18	62	49	52	48	76
Teacher training	8	84	50	6	53	33
Monitoring and evaluation	23	42	44	13	37	32
Average for all sections			54			34

Source: Data collected through the SERAT tool.

* In 2017, the SERAT tool used different assessment terminology. For the purposes of comparison, the 2017 assessments of *strong features*, *intermediate features* and *weak features* are equivalent to the 2021 assessments of *present*, *present to some extent* and *absent*, respectively.



Photo: UNFPA Republic of Moldova/Cristina Reșca

Recommendations

Based on the above findings, the following actions are recommended:

- Increase teachers' capacity to deliver CSE by introducing sexuality education into initial and continuing teacher training programmes.
- Equip teachers, students and schools with teaching and learning materials.
- Continue aligning existing CSE programmes with international standards, in particular:
 - Adapt content according to developmental needs by age.
 - Adequately address gender-specific needs and vulnerabilities as well as gender stereotypes that influence the health-related behaviours of girls and boys.
 - Improve self-awareness and assertive communication skills as well as negotiation in relationships.
 - Address evidence-based prevention of unintended pregnancy.
 - Focus more on attitudes and skills and on the positive aspects of health (emphasizing positive, protective alternatives).
- Consolidate health services in schools and psychological support services, and further strengthen referral and cooperation with youth-friendly health services.
- Develop sustainable monitoring tools for CSE programmes by including relevant indicators in the Education Management Information System.
- Invest in literacy (with a focus on teachers, youth workers, parents, young people, etc.) regarding the content and benefits of sexuality education programmes.

