

EDITORIAL

Curricular review and integration for training in sexual and reproductive health and rights needed in sub-Saharan Africa: A call for action

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The science of sexual and reproductive health and rights (SRHR) came into international consciousness at the landmark International Conference on Population and Development (ICPD) which took place in Cairo, Egypt in 1994¹. The conference was a paradigm shift that made several groundbreaking recommendations leading to a broader understanding that the rights and dignity of individuals (especially women) were more essential to global development than a narrow focus on family planning. The ICPD was followed by the Beijing Conference on women in 1995, the Millennium Declaration in 2000, and the Sustainable Development Goals in 2015, all of which underscored the principles relating to the promotion of gender equality, equity, and social justice as relevant and critical to global development. These international agreements also called for the strengthening of national healthcare systems and the development of appropriate numbers of human resources in health as core requirements needed to improve the quality of SRHR services.

The almost three decades following the ICPD has been transformational for sexual and reproductive health in many African countries with several successes achieved. However, it is noteworthy that much of the achievements gained in the continent have been due to the efforts of international partners and donor agencies, with minimal efforts coming from the individual countries themselves. To date, a large proportion of the intellectual and funding support for promoting sexual and reproductive health and rights have emanated from high-income countries. In particular, most practitioners and scientists in Africa with interest in sexual and reproductive health and rights have been trained in high-income countries, of which only a few return to their countries to promote policies and programming in the specialty.

Much more worrisome is the lack of domestication and integration of sexual and reproductive

health and rights into educational policies and curricula in the region. The *African Journal of Reproductive Health (AJRH)* conjectures that without such domestication, sexual and reproductive health and rights will likely not gain firm root in the continent, and it will continue to rely on policies and practices that originate from western doctrines, which may not necessarily align with the context and pragmatic reproductive health needs of the African region. Undeniably, that will be a daunting outcome because it will lead to a continuation of the harmful social beliefs, norms, and practices that function as barriers to the uptake of the best practices in sexual and reproductive health, a persistent suspicion of the real intention of its principles, and a poor uptake of the recommended best global practices in sexual and reproductive health.

This journal believes that the best way to improve and sustain the delivery of sexual and reproductive health and rights in Africa is to include its doctrines in undergraduate and post-graduate training in pertinent curricula so as to deepen its understanding from basic educational standards. To date, different elements and principles of sexual and reproductive health are offered in undergraduate and postgraduate courses in medicine, nursing and other health-related professional courses; sociology and anthropology; demography and social statistics; and several others. However, a major challenge has been that the components of sexual and reproductive health contained in these courses (when they exist at all) have been siloed and not connected in a multi-disciplinary way to learnings and pedagogy in other courses that would optimize the learning process. Furthermore, the core elements that relate to sexual and reproductive health that are contained in agreements reached at the ICPD and other related global meetings do not feature in a realistic and modernizing way in the curricula described for these courses. The Gutmacher-Lancet Commission on SRHR

provides clear recommendations for services that are needed for the development of educational programmes in training competent health workforce to provide quality reproductive and sexual healthcare as follows: “comprehensive sexuality education; counselling and services for a range of modern contraceptives, with a defined minimum number and types of methods; antenatal, childbirth and postnatal care, including emergency obstetric and newborn care; safe abortion services and treatment of complications of unsafe abortion; prevention and treatment of HIV and other sexually transmitted infections; prevention, detection, immediate services and referrals for cases of sexual and gender-based violence; prevention, detection and management of reproductive cancers, especially cervical cancer; information, counselling and services for subfertility and infertility; information, counselling and services for sexual health and well-being”².

In contrast, many curricula in disciplines and courses offered in Africa contain the old doctrines of reproductive health based on fertility and population control that do not consider the social well-being of persons, especially women and girls in its content. Indeed, most concepts included in sexual and reproductive health training curricula in Africa can best be described as “colonizing”, because many are based on principles, laws, and policies handed down by the colonial masters which have remained unchanged for generations. By comparison, many of these policies have either been reviewed, or completely archived and replaced with evidence-based practices by the colonizing countries.

A classic example is the highly restrictive abortion laws in many African countries. These are laws handed down by colonial masters to those countries over a century past which prohibit abortion in many circumstances. To date, out of the 54 African countries, many of whom had had past colonial occupation and exploitation, only 10 have possibly liberal laws. Countries such as Ethiopia, South Africa, Tunisia, and more recently Benin Republic have made attempts to review their laws allowing women more freedom to decide when to be pregnant and when not to be pregnant, and allowing them to decide whether or not to continue an unplanned pregnancy. By contrast, many African countries led by the most populous country Nigeria, continue to maintain laws that they obtained from their colonial occupiers which restricted or partially restricted the use of abortion. The consequence has been the high prevalence of unsafe abortion practices and deaths due to unsafe abortion in many African countries^{3,4}. Despite the high prevalence of deaths related to unsafe abortion in Africa and the emerging global trend towards

liberalization of abortion laws even in colonizing countries, many African countries continue to maintain these laws that are inimical to the health and social well-being of women. With prevailing restrictive abortion laws, many undergraduate and post-graduate training curricula in Africa are “empty nests” and do not feature teachings and practical sessions relating to safe abortion care. In addition, there is lack of medical curricula contents on ethical and rights-based approach towards the delivery of information and services for SRHR by health professionals.

However, there is a renewed hope that proactive curricula revision that would allow the sustainable fielding and implementation of modern doctrines in sexual and reproductive health may yet emerge in Africa. The Royal College of Obstetricians and Gynecologists (UK) is currently supporting the work of advocates and champions of sexual and reproductive health in Zimbabwe, Rwanda, Nigeria, Sierra Leone, and Sudan a major part of which include advocacy activities to responsible training agencies and departments to support the review of relevant undergraduate and postgraduate curricula in those countries to include the promotion of pre-service training on sexual and reproductive health and rights including safe abortion and post-abortion care⁵.

We posit that the integration of the best practices in sexual and reproductive health into training curricula is an unmet challenge for research, policy development, and programming for social development in the African continent. We propose a three-pronged approach to integration of sexual and reproductive health and rights into training curricula in Africa. The first is the multi-disciplinary fielding of sexual and reproductive health topics such that all disciplines related to learnings and pedagogy in reproductive health education are offered under a single course, rather than the current silo-ed and disparaging ways in which they are fielded. This will allow for a harmonized and more integrative learning process enabling the emergence of a new cohort of professionals more able to interrogate all elements of the discipline in a comprehensive manner, and a more nuanced development of related policies and programmes in the continent. To the best of our knowledge, the African Centre of Excellence in Reproductive Health Innovation (CERHI) established by the World Bank at the University of Benin in Nigeria in 2014⁶ for the multi-disciplinary offering of in-service short training, Masters, and PhD courses in sexual and reproductive health and rights is currently one of such available certificated training programmes in the continent. We strongly advocate for more of such integrated programming in other parts of Africa.

The second approach is to recommend a review of existing curricula in various courses related to sexual and reproductive health and rights in Africa. These include undergraduate and postgraduate courses in Medicine, Nursing, other health professions, sociology, demography, law and other professions. We believe that such courses should review their sexual and reproductive health courses and contents in line with recommendations emanating from global conferences and agreements, including the ICPD, the Beijing Conference, the Millennium Development Goals, and the SDGs. They should provide learning experiences including internships, fieldworks, simulation and practical sessions that will enable learners attain appropriate knowledge, skills, attitudes and professionalism in SRHR education related to the disciplines.

The ongoing massive curricula review by the Nigerian National Universities Commission, code-named Core Curriculum and Minimal Academic Standards (CCMAS)⁷ should perhaps provide opportunities for sexual and reproductive to be included in the 70% section of the curriculum on best global practices in all related disciplines, which will set a great example for other countries in the continent. We recommend the integration and adaptation of the World Health Organization's recommended thirteen core sexual and reproductive health competences for healthcare professionals into the 70% section of the CCMAS, to be used by all universities in the country.

The third approach is to build the capacity of present teachers and trainers in all disciplines that relate to sexual and reproductive health and rights to enable them understand the changes that have taken place in reproductive health and women development since the ICPD. Teachers and trainers should be acculturated and retrained to understand and do things differently, so that they can lead the pathway to curricula review and also the implementation of any new revised curricula. Professional associations and organizations also have an

important traditional role to keep their members up-to-date on current best practices in SRHR through continued professional education and development.

We conclude that a review of the training curricula in sexual and reproductive health at all levels is essential to improved delivery, domestication, and sustenance of sexual and reproductive health and rights policies and programming in Africa. The *African Journal of Reproductive Health* calls for a new way of teaching and training in sexual and reproductive health, and the implementation of research in various parts of the continent to identify ways to ingrain an integrated reproductive health training approach.

Conflict of interest: Authors are safe abortion champions in Nigeria of the Royal College of Obstetricians and Gynaecologists (RCOG).

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