

Between Family Taboos and Adolescent Needs: Perceptions and Resistance to School-Based Sexual Education in Bukavu

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ABSTRACT: This study examines the perceptions of the population of the city of Bukavu regarding the integration of sexual and reproductive education programs into the school curriculum for adolescents. It is based on the observation that adolescents often grow up in ignorance and face numerous challenges related to sexuality and reproductive health, due to the lack of appropriate information spaces and the limited involvement of some parents and educators in addressing these issues. To this end, 47 semi-structured interviews were conducted with parents, civil society actors, health professionals, and educators working in primary and secondary education in Bukavu. In addition, three focus groups were held with 23 adolescents aged 10 to 19. A document analysis was also carried out, drawing on the activities of civil society organizations engaged in promoting sexual and reproductive education. The findings reveal largely repressive perceptions of sexual and reproductive education in both family and school settings. These forms of resistance, rooted in social, cultural, and religious norms, limit the ability of parents and teachers to support adolescents in their sexual development. However, the young participants expressed the need to move beyond taboos in order to access reliable information that would enable them to better understand their bodies, make informed choices, and prevent the negative consequences of the absence of sexual education. The study suggests a participatory, gender-sensitive, and culturally contextualized educational approach, prioritizing the engagement of adolescents in a process of empowerment that enables them to better understand their bodies, make informed choices, and reduce their vulnerability to sexual and reproductive risks.

KEYWORDS: sexual and reproductive education, comprehensive sexuality education, adolescent, social norms, taboos, reproductive health, Bukavu.

1 INTRODUCTION

At the global level, the sexual and reproductive health of adolescents is a major public health and development issue. According to the World Health Organization [1], the number of adolescents worldwide is higher than ever: 1.3 billion, representing one-sixth of the global population. This number is expected to increase by 2050, particularly in low- and middle-income countries where nearly 90% of adolescents aged 10 to 19 live [1]. Nevertheless, many adolescents face serious sexual health risks in the absence of appropriate, evidence-based education [2]. Each year, millions of adolescent girls experience early, often unplanned pregnancies, with lasting health, social, and economic consequences, particularly in low- and middle-income countries [1].

Although sexual and reproductive education for adolescents is recognized as a key determinant of young people's health, well-being, and development in many countries [3], educational policies still do not sufficiently integrate comprehensive sexuality education, despite the growing body of evidence showing that such programs significantly improve sexual health knowledge, delay sexual initiation, and reduce risky behaviors [3].

On the African continent, these issues take on particular significance due to a rapidly growing youth population, the high prevalence of adolescent pregnancies, and the persistence of conservative social and cultural norms [4, 2]. Comprehensive sexuality education therefore appears not only as an essential strategy to reduce early pregnancies, HIV infections, and gender-based violence, while promoting gender equality and youth well-being, but also as crucial in preparing young people for a safe, productive, and fulfilling life [2].

Empirical research also shows that exposure to comprehensive sexuality education (CSE) programs is associated with measurable positive outcomes, particularly in reducing the risk of being HIV-positive, as well as improving access to testing services [5]. Furthermore, these programs improve knowledge, attitudes, intentions to use condoms, and negotiation skills, thereby reducing risky sexual behaviors among adolescents [6, 7, 8].

However, despite these well-documented benefits, the integration of sexuality education into African school curricula faces significant challenges, especially in low-income countries. These include a lack of educational resources, insufficient teacher training, and cultural or religious resistance that sometimes considers such content incompatible with local values [9]. In this context, there is a need for gender-sensitive and culturally adapted educational approaches that engage not only schools but also families and communities in overcoming taboos surrounding youth sexuality. Understanding social perceptions of sexual and reproductive education, as well as the resistance that hinders its effective integration into educational systems, is therefore an essential step in designing relevant and acceptable interventions.

Nevertheless, despite the abundance of research on the effects of comprehensive sexuality education in sub-Saharan Africa [10, 11, 12, 5, 13, 14], few studies have focused on local social perceptions and sociocultural resistance that shape its acceptability, particularly in the context of eastern Democratic Republic of the Congo. This gap limits understanding of the social dynamics influencing the integration of these programs into school curricula.

It is within this perspective that the present research focuses on the specific case of the city of Bukavu, located in eastern Democratic Republic of the Congo, where sociocultural and religious dynamics play a central role in regulating adolescent sexuality. In this context, sexual and reproductive education for adolescents is a subject of debate both within primary and secondary schools and among families and civil society organizations. This dynamic is explained by the frequency of consequences observed among adolescents aged 10 to 19 in recent years. Due to the lack of information and awareness regarding sexuality, these adolescents are exposed to early pregnancies, the misuse of drugs and contraception, sexually transmitted infections, and high risks of death following unsafe abortions [15].

In response to this situation, numerous initiatives led by civil society organizations have been implemented to inform and educate the population, particularly adolescents and young people, about sexual and reproductive health. In the city of Bukavu, for example, public awareness campaigns and capacity-building initiatives have been carried out by organizations such as Action Espoir, Memisa, Fondation Panzi, and Médecins du Monde, among others, to promote sexual and reproductive rights among girls and boys, reduce risks related to the lack of information on sexual and reproductive health, and ensure appropriate, respectful, and confidential access to care [16, 17, 18].

However, despite the implementation of numerous projects aimed at promoting sexual and reproductive education in the city of Bukavu, significant gaps remain, particularly among adolescents. The frequency of cases of unsafe abortions, school dropout due to early pregnancies, sexually transmitted diseases, and other health problems related to the consumption or misuse of drugs, whether reported or unreported by adolescents, clearly illustrates this reality. In this context, the availability of accurate information on sexual and reproductive health, and its accessibility to adolescents in Bukavu, appears to be an opportunity for them to better understand their bodies and make informed decisions regarding their sexual and reproductive health.

In light of this situation, this study seeks to assess the perceptions of the population of Bukavu regarding the introduction of sexual and reproductive education into the school curriculum for adolescents. The objective is to identify the perspectives of social actors, trainers and educators, parents, and adolescents from sociocultural and institutional standpoints concerning youth sexuality, as well as the opportunity for integrating such education into the school curriculum.

2 STUDY AREA AND METHOD

2.1 STUDY AREA

The study was conducted in the city of Bukavu, the capital of South Kivu Province. Located between 2°31' South latitude and 28°50' East longitude, Bukavu covers an area of 60 km² [19] and is administratively divided into three communes: Ibanda,

Kadutu, and Bagira (Fig. 1). Due to the lack of up-to-date statistics, its rapidly growing population, estimated at 1,683,485 inhabitants in 2020 by the Bukavu City Hall [20], is believed to exceed 2 million today [21].

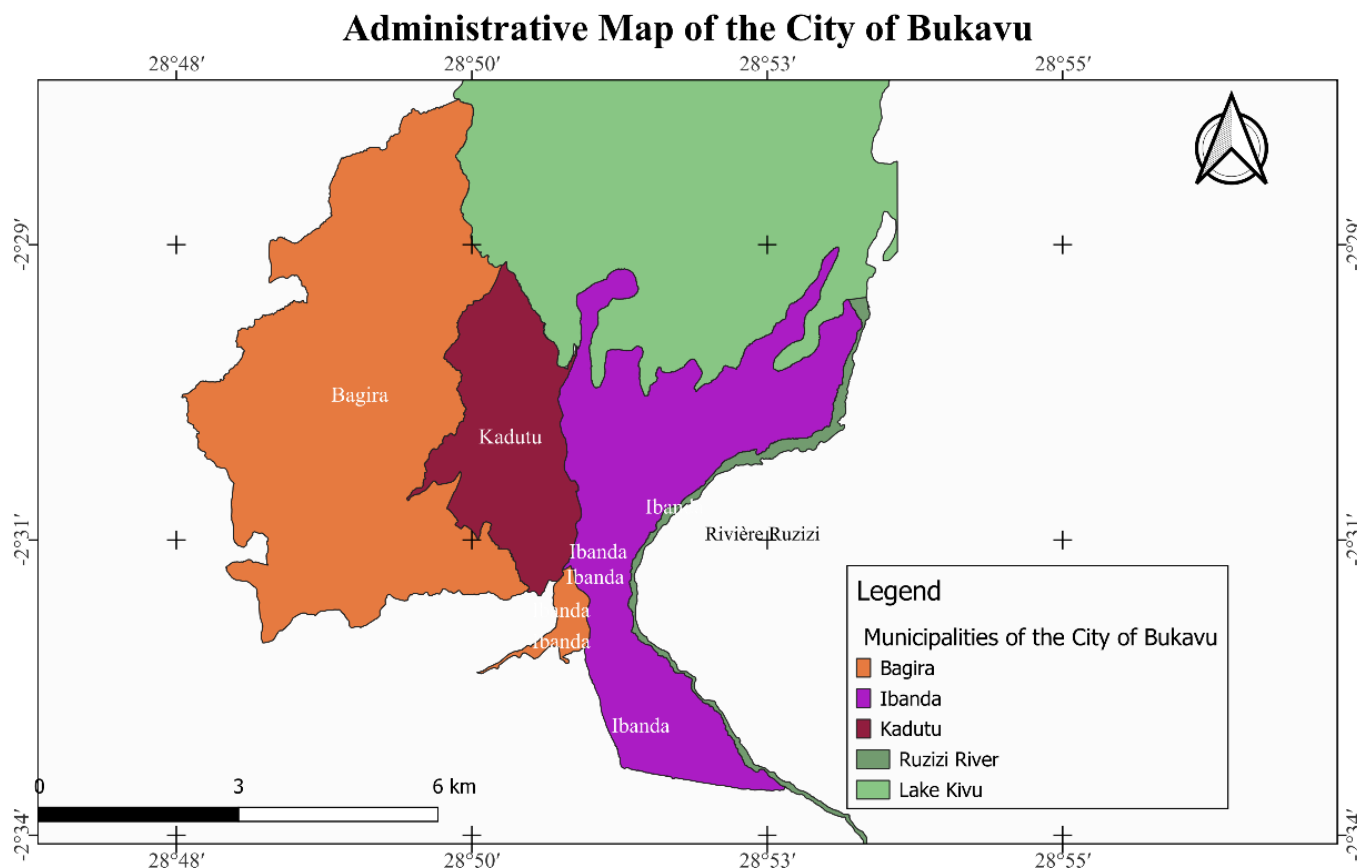


Fig. 1. Map of the City of Bukavu and Its Administrative Boundaries

Source: Marhegane et al [22].

2.2 DATA COLLECTION AND ANALYSIS

A qualitative methodology was adopted to achieve the objectives of this study. This approach was based on conducting individual interviews, organizing discussion groups, and making observations in the city of Bukavu.

Individual interviews, averaging 30 minutes each, were conducted in the three communes of Bukavu; Kadutu, Ibanda, and Bagira, between January and April 2025. They primarily involved representatives of civil society organizations based in Bukavu, particularly those advocating for the rights of girls and women, health professionals, parents, local leaders including religious figures, parent representatives on school committees, and other associations. Heads, educators, and trainers working in primary, secondary, and technical education (EPST) in Bukavu were also consulted to provide a broader perspective on the integration of sexual and reproductive education in schools.

To be included as resource persons, participants were selected based on their knowledge of sexual and reproductive education, their roles and influence in debates around adolescent sexuality within families, and their involvement in discussions on integrating sexual and reproductive education for adolescents in schools. Using a pre-prepared interview guide aligned with the study objectives, a total of 47 semi-structured interviews were conducted in Bukavu. These interviews collected information on social, familial, and school perceptions of sexual and reproductive education, as well as sociocultural resistances and barriers to its school integration.

Individual interviews were complemented by three focus groups, one per commune. These discussion groups mainly involved students, adolescents aged 10 to 19, regularly enrolled in the schools targeted by the study, who voluntarily agreed

to participate in discussions on sexual and reproductive education. According to the United Nations, the term “adolescent” refers to individuals aged 10 to 19 who are undergoing the transitional period between childhood and adulthood, marked by significant growth and development. The discussions focused particularly on adolescents’ experiences with sexual and reproductive education within families, schools, and peer groups, as well as their expressed needs.

In addition to individual interviews and focus group discussions, the study also included a document analysis to examine existing theoretical aspects of adolescent sexual and reproductive education in schools in Bukavu and across the Democratic Republic of Congo. The objective was to understand policies, progress, and challenges related to implementing a participatory educational approach for adolescents.

After data collection, the information was transcribed and analyzed using a thematic approach. Special attention was given to the frequency of expressed viewpoints, which allowed the identification of major trends in the perceptions of resource persons.

3 RESULTS AND DISCUSSION

3.1 BETWEEN FAMILY SILENCE AND INFORMAL LEARNING: ADOLESCENTS’ STRUCTURING IGNORANCE

3.1.1 INFORMATION DEFICIT AND ABSENCE OF INTERGENERATIONAL DIALOGUE

The data collected reveal a significant lack of formal information on sexuality among the adolescents interviewed in the city of Bukavu. They reported an almost total absence of dialogue with their parents on issues related to the body, puberty, emotional relationships, or the prevention of sexual risks. On this subject, one participant stated: “...Eeehhh!!! What??? My father can never talk about these kinds of things at home. In fact, it is impossible; I have never seen him talk even with my older brothers about sexuality. Besides, I myself can feel embarrassed to discuss it with him...”. Along the same lines, a female adolescent explained: “...I do not know what I should say. I do not know if I am ashamed of my mother or if she is ashamed of me. Even for me, when it comes to questions of sexuality, that is why I sometimes stay silent so as not to appear rude in front of my parents...”. Another participant added: “...It is better to talk with my friends who are girls than with my parents because these kinds of subjects are not really discussed at home...”.

From these perspectives, issues related to sexuality remain perceived as taboo within families, often associated with shame, moral transgression, and the sensitive use of language. Terms that appear normal in French, such as “*penis*”, “*vagina*” or “*testicles*”, are considered inappropriate or offensive when expressed in Kiswahili, the language spoken at home in Bukavu, according to the parents interviewed. According to UNESCO, in many sub-Saharan African contexts, sexuality remains a morally sensitive topic, often excluded from family dialogue due to cultural norms related to modesty and intergenerational respect [2]. Furthermore, the sense of shame expressed by the adolescents interviewed confirms the findings of the World Health Organization, which indicate that embarrassment and generational hierarchy constitute major obstacles to family communication on sexuality [23].

As a result, these factors reinforce the absence of intergenerational communication, not only between adolescents and their relatives but also specifically with their parents. This is compounded by cultural dynamics, given that parents themselves did not receive structured sexual education during their own adolescence. Thus, silence becomes an implicit mode of transmission, contributing to a structuring ignorance that shapes adolescents’ representations and practices. The observed absence of intergenerational dialogue in Bukavu is consistent with the findings of Bastien et al. [24], who show that in several East African contexts, parents avoid direct discussions on sexuality, leaving adolescents to seek information from their peers.

3.1.2 INFORMATION DEFICIT AND ABSENCE OF INTERGENERATIONAL DIALOGUE

In response to this informational void, many adolescents develop self-learning strategies. The adolescents interviewed reported frequently turning to peers, the internet, and social media to obtain information about sexuality. However, the majority of the internet sources used by these adolescents, particularly boys, provide inappropriate content such as pornographic films. On this subject, one participant explained: “...on the internet I just type XXX and then I go to the video section, and everything related to sexuality appears...”. In the same vein, another stated: “...with my phone, I know websites that provide videos explaining how to make love with a girl...”. At the same time, a female adolescent mentioned: “...I feel more comfortable discussing these topics with my friends or older girls in the neighborhood rather than with my own sisters or parents because if I make a mistake, it could lead to judgment within the family...”. This early exposure to pornographic content, as reported by the adolescents interviewed, especially the boys, is consistent with scientific literature, which highlights that online pornography plays a structuring role in shaping adolescent sexual scripts in the absence of formal sexual education [23].

The sources of sexual information used by the adolescents were perceived as ambivalent. While these sources allow them to access information quickly, they also expose them to inappropriate content. This dynamic, characterized by the absence of open, accessible, and adapted sexual education, where adolescents learn through trial and error, not only leads to a fragmented and sometimes distorted understanding of sexual and reproductive health, but also increases their vulnerability to early pregnancies, relational pressures, and sexually transmitted infections when experimenting with sexuality. One female adolescent explained: *"...if I had known that pregnancy occurs during the ovulation period, I would not be a teenage mother today, but unfortunately, the harm is done. I myself did not even know when the ovulation period occurs because no one had ever talked to me about it..."*.

Indeed, the results of a study by Bleakley et al. [24], conducted in the United States, indicated that the sources most frequently reported by adolescents were friends, teachers, mothers, and the media. Learning about sex from parents, grandparents, and religious leaders was associated with beliefs likely to delay sexual activity, whereas friends, cousins, and media were associated with beliefs that increased the likelihood of having sexual intercourse. Thus, adolescents' reliance on peers and digital resources for sexual information shows that the absence of parental communication may push them toward media and social networks to understand sexuality [24].

In this context, adolescents appear to be supportive actors in favor of school-based sexual and reproductive education, particularly in low-income countries. Unlike the reluctance observed among some parents interviewed, the adolescents expressed a positive attitude toward integrating sexual education into the school curriculum. For them, school is considered a legitimate and structured space where these topics can be addressed in a scientific and supervised manner. One female adolescent stated: *"...there are questions and terms that we can discuss freely among friends without linguistic or cultural barriers. But when it comes to discussing certain terms with my father or mother, sometimes I do not know where to look or how to orient my eyes..."*. Another added: *"...at school, sexuality topics can be addressed without any problem, and not only in life education or biology classes..."*.

3.2 PARENTS: BETWEEN MORAL CONCERN AND NORMATIVE RESISTANCE

3.2.1 GENERATIONAL HERITAGE AND ABSENCE OF PRIOR EDUCATION

The perceptions of parents and their representatives regarding adolescent sexuality, as well as its integration into the school curriculum, reveal an intergenerational transmission of silence on this topic. Indeed, some parents interviewed reported never having received adequate sexual and reproductive education during their own adolescence. One parent stated: *"...in our time, we learned on our own, and it was in a good way because there were no phones or bad influences..."*. In a similar vein, another parent said: *"...personally, no one ever educated me about sexuality. I remember discussing the topic of sexuality with my aunts for the very first time at the age of 25, while preparing for marriage..."*. This intergenerational transmission of silence observed in Bukavu aligns with the findings of Bastien et al. [25], which show that in several sub-Saharan African contexts, sexual communication occurs late, often approaching marriage, particularly for girls.

Continuing in the same vein, a parent representative explained: *"...but currently, this is not the case. Children, especially girls, do not have access to information about sexuality within their families due to several factors, including cultural barriers and the shame experienced by some parents..."*. Another parent representative stated: *"...every family has its realities. In some families, parents are not close to their children. They are seen by the children as lions, particularly fathers. In this context, some children cannot discuss any topic with them unless the parents take the first step. Even then, children are often afraid to speak or learn properly..."*.

Indeed, sexual communication is a primary means of transmitting values, beliefs, expectations, and sexual knowledge between parents and children. It constitutes a central mechanism of normative transmission, influencing adolescents' sexual attitudes and behaviors [26]. Nevertheless, the generational heritage of silence observed among the parents interviewed confirms the findings of Jerman and Constantine [27], who show that parents who did not receive formal sexual education are less likely to address these issues with their children. As a result, sexuality is largely left unspoken. It is perceived not only as a taboo but increasingly avoided by many parents within their own families for reasons of moral values.

3.2.2 FEAR OF DEVIANCE AND EARLY SEXUALIZATION

In addition to the absence of prior education and the silence characterizing sexual and reproductive education at the family level, interviews with parents and their representatives revealed a fear of introducing sexual education in schools. According to them, these programs expose adolescents to information about sexuality and stimulate curiosity about engaging in sexual activity, thereby encouraging premature sexual behaviors. From this perspective, one parent representative stated: *"...because*

of the risks associated with adolescents accessing information about sexuality too early, many parents in our daily meetings view the integration of sexual education programs into the school curriculum as a threat to social order, fearing that they will encourage not only deviance but also hypersexuality among adolescents...". In the same vein, another parent commented: "...I cannot see myself discussing sexuality with my children; I really cannot. Why should I talk about sexuality with a 15-year-old girl? It could encourage her to start engaging in sexual activity. So why discuss it so early with my children? If teachers consider it important, then they can include it in their classes. For example, some aspects related to sexuality and reproduction are very well addressed in biology lessons. I think teachers, who spend more time with adolescents than we, the parents, are better placed to convey this knowledge if they deem it necessary...".

From this, parents expressed a sense of fear of pushing adolescents into premature sexual activity, as reported by a social actor in Bukavu. According to this source, parents prefer not to discuss issues related to sexuality with adolescents and instead delegate responsibility to teachers, who spend more time with them, to integrate these notions into certain lessons. These concerns reflect documented resistance in several international contexts, where sexual education is perceived as potentially encouraging early sexual behavior. However, UNESCO [2] emphasizes that such worries are based more on normative perceptions than on empirical evidence. Furthermore, scientific literature identifies parent-child sexual communication as a protective factor for adolescents' sexual and reproductive health, including protection against HIV infection [25]. When communication occurs with mothers, it plays a minor protective role in promoting safer sexual behaviors among adolescents, with the effect being more pronounced for girls than boys [26]. Therefore, the absence of sexual communication due to social fears and moral values may contribute to increased vulnerability among adolescents.

Two trends thus emerge. The first, protective, concerns parents who fear exposing adolescents prematurely to sexual information. The second, progressive, concerns parents who develop positive perceptions regarding the integration of sexual and reproductive education into the school curriculum, aiming to provide adolescents with accurate information about their sexuality and to shield them from the consequences resulting from a total lack of information.

3.3 HEALTH PROFESSIONALS AND EDUCATIONAL ACTORS: CONDITIONAL SUPPORT FOR INTEGRATION

3.3.1 RECOGNITION OF THE NEED FOR SEXUAL EDUCATION

The health professionals and educational actors interviewed widely acknowledge the importance of formal sexual education. They draw a direct connection between the lack of accurate information and the persistence of early pregnancies, sexually transmitted infections, and school dropout rates. One educator explained: "...sexual education is very important to prepare our children. In some courses, such as life skills education, health, biology, etc., notions of sexuality are addressed, but very superficially by some teachers. These teachers believe that children should first learn these notions within their families. Parents think children should learn about sexuality at school. Yet schools also believe children should first learn these notions at home. This ambiguity prevents children from learning correct information and forces them to learn on their own or from their peers...". Another educator added: "...integrating sexual and reproductive education into the school curriculum for adolescents is fundamental. It allows children to receive accurate information about how their bodies function and to know how to prepare in all circumstances without being surprised...". The support expressed by the educational actors interviewed aligns with the international scientific consensus that comprehensive sexual education is a major lever for preventing early pregnancies and sexually transmitted infections [2].

In addition, health professionals recognize the importance of guiding adolescents on issues related to sexual and reproductive health, although they rarely have the time necessary to do so. One health professional explained: "...I think young people have the right to know and understand their sexuality instead of being surprised at every stage of development. They should be informed from an early age. Imagine a young girl panicking at her first menstruation, or a boy thinking he has urinated after his first ejaculation. It is a deeply sad situation. As a doctor and a father, I also notice how some mothers, like my own wife, remain reluctant to discuss sexuality with their daughters, even though it is essential for their development...". Another professional stated: "...why wait for consequences to teach adolescents lessons? Why let social media be their main source of information? It is crucial to integrate sexual education into the school curriculum so that children grow up with clear and accurate knowledge about their bodies and sexuality. This will help prevent the many dangers adolescents face due to poorly understood and unmonitored sexuality...".

Thus, for these actors, school-based integration of sexuality constitutes a means of prevention and adolescent empowerment.

3.3.2 INSTITUTIONAL LIMITATIONS AND LACK OF STRUCTURING

Although school-based integration following a culturally adapted approach is one pathway to reduce risks associated with poorly understood adolescent sexuality, interview results highlight significant institutional constraints. Professionals and educators mentioned the absence of clear guidelines, appropriate teaching materials, and specific teacher training, particularly regarding adolescent sexual and reproductive education. Access to sexual and reproductive health services is an essential element of health systems. Unfortunately, the Democratic Republic of the Congo struggles to provide adolescent-appropriate sexual and reproductive health services [28].

Although sexual and reproductive health issues are included within the framework of the implementation of the Education and Training Sector Strategy by 2025 in the DRC [29], notably through their integration into the National Program for Special Education Subjects (PNBSES), the production of the national sign language lexicon for SRH, and Circular No. 1245 of 14 July 2025 regarding the retention of pregnant girls in schools and recognition of the educational rights of girls facing early motherhood [30, 31], the lack of structuring sometimes limits individual initiatives and leads to fragmented interventions, often dependent on external projects or partner organizations. Sexual education integration thus appears fragmented and unsystematic. Despite these advances, using DHIS2 software data, the World Health Organization in the DRC notes that only 17% of children and adolescents accessed health services in 2021 [32].

4 CONCLUSION

This study highlights the complexity of the social dynamics surrounding the integration of sexual and reproductive education in the schools of Bukavu. The results reveal a paradox: adolescents clearly express a need for reliable and structured information, yet parents remain largely caught between generational silence, moral concerns, and normative resistance. This silence produces a structuring ignorance that exposes adolescents to informal learning, which is often fragmented and risky.

The findings also show that health professionals and educational actors widely acknowledge the value of formal sexual and reproductive education to equip adolescents with the knowledge necessary to protect and promote their health, well-being, and dignity. However, their support remains conditional on significant institutional constraints, including the absence of clear guidelines, insufficient teacher training, and the fragmentation of initiatives. This institutional ambiguity undermines educational responsibility by diluting it between family and school, leaving adolescents in an informational void.

The main contribution of this research lies in highlighting the gap between adolescents' expressed needs, parental resistance rooted in socio-cultural and religious norms, and the pragmatic but limited support from professionals. By contextualizing these tensions in the city of Bukavu, this study helps fill a gap in the literature on local social perceptions in Central Africa, which are often less documented than evaluations of the impact of comprehensive sexuality education programs.

The study acknowledges that the integration of sexual and reproductive education into the school curriculum cannot succeed without a participatory, gender-sensitive, and culturally contextualized educational approach. Such an approach should not only include educators, trainers, and health professionals, but also parents and adolescents, who are considered key partners in the educational process. Furthermore, this approach should be supported by strengthening teachers' pedagogical capacities while coordinating school-based interventions with existing community and health structures.

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