Road Map

To

Develop a National Action Plan to Integrate Sexual and Reproductive Health Topics into Educational curricula in Jordan

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March 29th 2019

This work was generously supported by Share-Net International in addition to the support of Rutgers Netherlands.
Introduction

Background

Young people are one of the main pillars of societies where the world is home to 1.8 billion young people between the ages of 10 and 24, which equals about the quarter of the world's population. Youth population is growing very fast and is expected to reach 2 billion by the middle of this century, 90% of them are living in the less developed countries (1). In addition to the biological and psychosocial needs of young people, illnesses can hinder their ability to grow and develop to reach their full potentials. Adding to the deaths and injuries resulting from road traffic accidents, young people in general and adolescents in particular are the most vulnerable populations to sexually transmitted infections, complications resulting from early childbirth, in addition to all types of violence (2). Those risks can jeopardize not only youth current health, but also throughout their life course health, and even it may extend to the health of their future offspring. Therefore, promoting healthy behaviors and taking steps to protect young people at early ages are critical for prevention of health problems in adulthood, and for countries to attain healthy population contributing to the countries’ development and prosperous.

Health in general is a very important issue to address in all age groups and youth in particular, however in this project, sexual and reproductive health (SRH) is the main concern. Reproductive health (RH) is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes” (3). Implicit in this definition was the ability of people “to have a satisfying and safe sex life” and the capability and freedom to reproduce if and when desired. Accordingly, the definition of reproductive health care in the ICPD report also included sexual health, the stated purpose of which was “the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases” (3). In recognition of the need to define sexual health more clearly, the world health organization (WHO) convened a group of global experts to take on this task in 2002, and published the resulting working definition for “sexual health”, as well as for the related concepts of “sex”, “sexuality” and “sexual rights” in 2006, with further updates to the latter in 2010 (4). Sexual health is defined as “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction
or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (5).

It is well known that all the United Nation member state countries are obliged to actively participate to achieve sustainable development goals (SDGs) by 2030. The third SDG goal clearly emphasized "ensuring healthy lives and promoting the population well-being at all ages is essential to sustainable development". More specifically, target seven of goal 3 entailed the following: "ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and program, by 2030. In gender equality, goal 5, target six also asserted to "ensure universal access to sexual and reproductive health and rights as agreed in accordance with the program of action of the international conference on population and development and the Beijing Platform for action and the outcome documents of their review conferences" (6). Furthermore, member states gathered in the 29th United Nations general assembly special session on the follow-up to the program of action of the international conference on population and development beyond 2014, and accentuated the importance of providing access to quality health care that includes sexual and reproductive health in order to ensure dignity and equity for all. It expects its state members to be committed to work towards these results within the framework of international cooperation and strong partnerships. Additionally, member states defined conditions to achieve sustainable development goals which included gender equity, universal access to sexual and reproductive health and rights, empowerment of women, young people, and elderly to fulfill their rights. Member states acknowledged the critical role of women in achieving the sustainable development goals, accordingly, countries called for inclusion of women’s empowerment and gender equity in the post-2015 development agenda. Furthermore, member states highlighted the importance of comprehensive sexuality education for all young people to enable them to take informed decisions, plan their lives and protect themselves from sexual and reproductive health problems. All countries agreed that such education promotes respect for human rights and gender equality, as well as, tolerance, mutual respect and non-violence in relationships, responsible parenthood and equal rights within families and relationships. They emphasized the necessity to ensure adolescents and youth protection and fulfillment of their rights to obtain accurate information, comprehensive sexuality education, and health services for their well-being and lifelong health. It is suggested that member states need to expand and improve the
quality of youth-friendly SRH services in their countries, such as the integration of comprehensive sexuality education and life skills education into the age specific educational curricula (7).

**Importance and Justifications**

Jordanian population is relatively young. The National Youth Strategy for Jordan 2011-2015 defined young people ages between (12– 30) (8). According to the population and housing census in 2015, they form 34.8% of total Jordanian population. Of those, 20% of population in Jordan are between age15-24 years (9). The Ministry of Education statistics in 2016-2017 showed that about 199 thousand students were enrolled at the secondary school, whereas the Ministry of Higher Education and Scientific Research, indicated that there were about (283904) students enrolled in higher education and universities in the year 2016-2017(10).

Similar to other youth in the world, young people in Jordan are facing major challenges related to their SRH, such as lack of information and specialized services that meet their needs. In a qualitative study carried out during the year 2000 for youth ages (15-24) it was found that 29% of young female and 44% of young male did not know the meaning of reproductive health (11). Two decades later, studies showed that young people in Jordan are still lacking information and services related to SRH issues in general and some specialized topics in particular, such as sexually transmitted diseases and signs of puberty. The national youth survey was conducted in 2015 on a representative sample of approximately thirteen thousand young people (10-24 years), from all the regions in Jordan. Results showed that 31.5% of young people have heard of the term “reproductive health” and attributed different meanings to it. About 93.2% pointed out that it refers to family planning, another 62.8% of them mentioned it means maternal health, while 15.8% stated that it means infertility. Only 13.5 % and 8.9 % respectively related it to the concepts of adolescents’ health and amenorhea, while 8.1% of the sample indicated that reproductive health means sexually transmitted infections. More specifically, the survey inquired about sexually transmitted infections, results showed that less than one third of young people (29.5%) had heard about sexually transmitted infections; the majority of them (88.5%) had heard of HIV/AIDS when they were specifically asked about it. Finally, the national youth survey also found that young male and female were able to identify some signs of puberty such as voice changes, emergence of moustache and beard for males, in addition to menarche for females (12). In another study to examine the university students’ knowledge and attitudes towards SRH issues, such as family planning, found that students
possess good knowledge about family planning topics. Yet, a large percentage of them (64%) still believe in the effectiveness of traditional methods such as withdrawal. University students in this study agreed on the need and importance to learn about SRH issues in their academic settings (13).

Globally there is an increase incidence in sexually transmitted diseases and unwanted pregnancies, as well as gender-based violence and gender inequality. Creating a safe and productive life for young people dictates countries to implement strategies to ensure that youth are receiving accurate and comprehensive SRH information. Further actions by countries around the world aiming to support young people with the information and skills necessary to prevent risks related to their SRH and to make informed decisions are required, especially with the spread of exposure and access to unreliable resources and information, sexual and pornographic materials through the Internet and various means of information and communication.

Comprehensive Sexuality Education (CSE) is defined as “a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives” (14). It is well noted that national policies and curricula may use varied terminology to refer to CSE; such as prevention education or family life education for example. Indeed, core elements of CSE programs share certain similarities such as firm grounding in human rights and recognition of the broad concept of sexuality as a natural part of human development. Studies and research have demonstrated the effectiveness of applying the concepts of SRH in educational environments to develop a positive youth knowledge and attitudes that contribute to building healthy and safe relationships. The educational content and materials should be based on scientific evidence and includes providing age appropriate information for young at different age groups. More importantly, CSE should be relevant to the national context and the religious cultural heritage particularly as in a conservative society (14). Schools and universities play an important role in guiding children and young people to fulfill their future roles and responsibilities as future parents. All young people have the right to be informed of their SRH and are enabled to build respectful relationships based on gender equality. Therefore, the provision of culturally adapted comprehensive sexual and reproductive health education
programs in schools and universities provides an opportunity for young people to learn and interact with professionals from different fields, as teachers, counselors, nurses and psychologists, thus receiving a comprehensive, integrated and safe opportunity for learning (15).

In Jordan, a relatively conservative society, SRH issues are still not fully investigated. The culture of shame and taboo inhibits conducting in-depth investigations that aims at better understanding of SRH needs of young people in order to respond to those needs properly and in line with national cultural and religious codes of conduct. In a qualitative study with a group of stakeholders who are engaged in project and programs related to youth SRH issues - representing varied national institutions such as the Ministry of Education, Ministry of Health, Ministry of Youth, Civil Societies in addition to other international organizations-, it was emphasized that there is a pressing need to expand the current national RH/FP strategy to include other than family planning issues such as puberty, sexually transmitted infections, gender-based violence in addition to other issues that are identified as relevant by youth themselves. Moreover, stakeholders stressed the importance of school based curricular modifications and teachers training to encompass these issues to be delivered effectively and safely in schools (16). Effective and timely interventions are believed to solve current problems, and prevent future long-term sequels.

National Efforts and Achievements

The Higher Population Council (HPC) is a national agency, acting as an authority for population and development issues in Jordan. It aims to form public policy for health sector in the Kingdom, develop the strategy to implement them, organize and develop national action plans. HPC has the mandate to coordinate national efforts on reproductive health/family planning (RH/FP) in addition to the “National Reproductive Health/Family Planning Strategy 2013–2018”, through a participatory approach with all relevant partners in Jordan. The Council membership includes representatives from all concerned public and private health sectors who collaborate to achieve the goals of the council and implement the national strategies established. For reproductive health/family planning, a national strategy for the years 2013 – 2018 has been developed through joint national efforts, and built on lessons learned and revised based on the achievements of the first phase of the national reproductive health action plan (RHAP) 2003–2007, and the second phase (2008–2012). It focused on the importance of improving the RH/FP policy environment, improving the quality of available health services, raising awareness and fulfilling the increased demand in the area of RH/FP.
The HPC considers family planning as a right for married couples under the umbrella of reproductive health rights. Family planning also helps to ensure demographic transformation and the optimal utilization of the demographic opportunity, which if its advantages taken properly, can catapult Jordan into the ranks of industrially developed nations, and in the time, generate profitable returns. This can be achieved by creating a supportive and sustainable environment for quality reproductive health, family planning (RH/FP) services and information, ensuring its equal distribution and accessibility.

A comprehensive reproductive health / family planning framework is closely linked to Jordan's 2025 Vision, which aims to drive Jordan steadily towards demographic opportunity by 2040. It requires achieving total fertility rate of (TFR) 2.1 children per woman in reproductive age, and do some changes in social and economic policy and economic support, thus reap demographic dividend benefits to society. In addition, through an enabling environment on the level of RH/FP policies, access to services and information (reducing overall total fertility rate –TFR) and hence achieve reduction in maternal and infant mortality rate, enhance well-being of families in Jordan, attend to protect human rights (17). The HPC gives a special attention to youth as a priority for now and future, because Jordan is approaching to demographic transition when working-age group (ages 15-64) will exceed the growth of dependents (persons under the age of 15 and persons aged 65 and above). Optimal investment in the working age population, require promoting youth health through raising their health awareness, providing them with the necessary health services, and reinforcing positive health behaviors optimize the societal benefits of demographic dividend. Accordingly, youth-friendly reproductive health services that is consistent with local, religious culture norms and meets the health, social and psychological needs of young people should be developed and adopted. The National Reproductive Health/Family Planning Strategy (2013-2018) has established guidelines to implement supportive policies and interventions to RH/FP issues. Thus, will help overcome obstacles, and strengthen enabling environment to implement RH/FP polices.

Most importantly, those policies included concepts of reproductive health / family planning in the educational curricula in Jordan at the level of schools and universities. Through the United Nations Population Fund and the Royal Health Awareness Society and in collaboration with the Jordan University of Science and Technology, Health Promotion, and Family Health courses were included within the free courses during the academic year 2017/2018. Plus, inclusion the course of "Health Education" within the free courses for students.
in the University of Jordan during the academic year 2017/2018. As well, inclusion the "reproductive health" course within the free courses that are taught to students in the Hashemite University over the past three seasons and until now.

Furthermore, as a complement to its high-level efforts in this context, during the year 2019 the HPC in collaboration with the United Nations Population Fund (UNFPA) collaborated to prepare a reproductive health strategy for the next five years (2019-2023). The new strategy will build on the recommendations of the final report prepared during the last quarter of the year 2018 of the evaluation of the previous strategy. The proposed strategy for the coming years will include other components of reproductive health, such as counseling of sexual and reproductive health, and more emphasis on adolescents and young people’s health. Moreover, the Ministry of Health, and in collaboration with the U.S. Agency for International Development (USAID) will prepare a national strategy for family planning and in partnership with government ministries, international organizations and the international organizations.

In addition, in 2017 the Higher Population Council developed a policy brief document of the demographical Dividend, which sets out policies for facilitating the demographic transition. This policy document included methodology to achieve the optimum demographic benefits by 2040. Through continuous effort to support adoption of an appropriate population, social and economic policies, Jordan will be able to respond to future changes and achieve country sustainable development goals. All parties should collaborate and adopt the necessary measures and preparation in a timely organized manner to avoid negative repercussions effect on the Jordanian society such as, providing easy, affordable and accessible health services, and implementation of initiatives that promote healthy behaviors and lifestyle among adolescent, young people, and local communities (18).

In 2017, the Higher Population Council prepared youth friendly reproductive health services policy brief (19), based on analysis of the current situation and provision of reproductive health services for youth in Jordan. The document revealed that young people face many challenges in obtaining reproductive and sexual health services, such as: considering the SRH services as culturally and socially sensitive issues to openly discuss it contributing to avoidance of teachers addressing and discussing reproductive and sexual health issues in school curricula and youth seeking unreliable resources of information through social media and friends who have previous experience. Furthermore, current services are not based on national standards; there is a lack in youth-specific services provided such as consultations, counseling and guidance, and lack of designated place for service' provision. Continuity to receive
information from unreliable sources and having poor access to reproductive health services will put young people at risk of developing dangerous behaviors with serious negative health, social and economic consequences on young people themselves, their families and their societies. Policy brief overviews proposed five policy alternatives for providing youth-friendly reproductive health services. Developed national standards for the provision of youth-friendly reproductive health services while taking into consideration the sensitivity of the local culture and religious values and emphasized the demand to provided youth-friendly reproductive health services at public health centers. Finally, in 2018, HPC prepared the national standards for youth-friendly sexual and reproductive health services. This document is a road map to assist policy and decision makers to improve the quality of sexual and reproductive health care services for youth to promote their health and well-being (20).

Additionally, to complement the efforts of the HPC in this regard and to implement the national reproductive health / family planning strategy, which aims to include the concepts of reproductive health / family planning in the educational curricula in Jordan at the level of schools and universities, the council was keen to coordinate and institutionalize efforts to develop a road map for development of a national action plan to integrate sexual reproductive health topics into educational curricula at different educational levels in Jordan that is consistent with global evidenced based context and national local norms. The ultimate aim is to equip and empower children and young people with information, skills and positive values that will enable them to: achieve optimal health, well-being and dignity; take responsibility for their own and other people’s health and well-being and understand and ensure that their rights are protected throughout their life course.

**Conclusion:**

Young people are one of the main pillars of societies; promoting their healthy behaviors and taking steps to protect them from health hazards are critical for prevention of health problem in adulthood. It is also important for countries’ social and economic development and prosperous. Local and international collaborative agreements assured continuous efforts to achieve SDGs that clearly stated ensuring universal access to sexual and reproductive health-care services, including family planning, information, education, and integration of reproductive health into national strategies and programs by 2030. Yet, the culture of shame still inhibits in-depth investigating to better understand SRH needs of young people in order to appropriately and effectively respond to those needs in line with national cultural and religious codes of conduct.
Moreover, previous studies demonstrated the effectiveness of integrating CSE into educational curricula on developing positive knowledge and attitudes and safe relationships among youth. CSE is unique as it is designed to address the educational and social-emotional needs of children and young people in an age-appropriate manner, and most importantly, it is in line with national contexts, religious and cultural heritage that distinguish our conservative societies. CSE involves collaborative efforts and brings together professionals from various disciplines to educate young people. This provides an opportunity for holistic, comprehensive and integrated approaches to meet the learning needs of youth ensuring appropriate and trustworthy source of information.

Therefore, creating a road map to develop a national action plan for the purpose of integrating SRH topics into educational curricula in Jordan is crucial preliminary step to sensitize local national community to the importance of introducing these topics. This report is the outcome of the joint collaborative efforts of the School of Nursing at the University of Jordan and the Higher Population Council to support future development of national action plan to integrate sexual reproductive health topics into educational curricula in Jordan considering national and cultural frameworks.

Methodology

The aim of this report is to reflect on the context and the process of developing a road map to integrate SRH topics into educational curricula in Jordan. This road map was developed through a participatory approach with all relevant partners, including ministries, institutions, non-governmental organizations (NGOs) that are concerned with reproductive health and youth programs in Jordan. The working group included representatives from the Ministry of Youth, Ministry of Higher Education and Scientific Research, Ministry of Health, Ministry of Education, Ministry of Awqaf and Islamic Affairs, United Nations Relief and Works Agency for Palestine Refugees (UNRWA), United Nations Population Fund, United States Agency for International Development: Health Services Delivery Project, All Youth Jordan Commission, Royal Health Awareness Society, in addition to academic representatives from the University of Jordan and Hashemite University. In order to provide counterpart global evidenced based context and ensure cultural compatibility, the document was also reviewed by local and international experts. Finally, the final version of the document was validated through a roundtable discussion with the working group to ensure comprehensiveness, suitability, and relevance of the document to the Jordanian national cultural context.
Road Map for Development of a National Action Plan (NAP) to Integrate Sexual and Reproductive Topics into Educational Curricula in Jordan

- **Purpose**: To Develop National Action Plan for the Purpose of Integrating Sexual and Reproductive Topics into Educational Curricula in Jordan.

- **Foundation Steps**:

  1. Forming a taskforce to prepare the National Action Plan (NAP).
  2. Engaging relevant stakeholders from national and international institutions (public and private sector), donors and decision-makers during the process of developing the NAP.
  3. Create an enabling environment by Increasing social and political acceptance, and through advocacy at all levels of society.
  4. Research and Analysis
<table>
<thead>
<tr>
<th>Road Map Steps</th>
<th>Purpose</th>
<th>Implementing bodies</th>
<th>Timeframe (general)</th>
<th>Source of Funding</th>
<th>Indicators</th>
<th>Potential Risks</th>
<th>Opportunities</th>
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<tbody>
<tr>
<td>1- National Action Plan (NAP) steering committee is formed including decision makers from national institutions (public and private) and funding agencies.</td>
<td>1- Define Term of Reference (TOR), roles and responsibilities of the task force and steering committee to ensure developing and execution of the NAP 2- Manage and plan the process of developing the NAP 3- Ensure implementation of the activities of the NAP 4- Obtain technical support 5- Institutionalize the interventions and, programs of NAP 6- Monitoring and Evaluation</td>
<td>Higher Population Council, Ministry of Health, Education and information service-delivery, institutions and programs.</td>
<td>*</td>
<td>International and national funding agencies</td>
<td>1. Steering committee of the project is formed 2. Qualifications and representation of the steering committee members 3. Designation of Monitoring and Evaluation framework 4. Term of reference (responsibilities are well defined and implemented 5. Periodic Reports</td>
<td>• Insufficient representation of the steering committee • Instability in liaison officers • Mismatch between the action plan activities and strategic directions and priorities of funding agencies. • Insufficient financial support</td>
<td>• Presence of technical / academic and strategic expertise • Supportive leaders • Targets are matching with the current national strategic plans for reproductive health / family planning</td>
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</table>
### 2. Stakeholders from national institutions (public and private sector), donors and decision-makers are engaged in the process of developing NAP

<table>
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<th>1. Advocacy and technical support</th>
<th>Higher Population Council, Ministry of Health, Education and information service-delivery, institutions and programs.</th>
<th>*</th>
<th>*</th>
<th>International and national funding agencies</th>
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<td>2. Link the vision to the national RH/FP strategy to ensure Institutionalize and implementation of the activities and programs of the Action plan.</td>
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<td>3. Exchange of experiences</td>
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<td>4. Quality and efficiency of service</td>
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### 3. An enabling environment for increasing social and political acceptance is created via

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<th>1. To obtain the perspectives of the relevant stakeholders.</th>
<th>Higher Population Council, Ministry of Health, Education and information service-delivery,</th>
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<th>International and national funding agencies</th>
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<td>2. To facilitate the acceptance of</td>
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### 1. Technical committee is formed representing relevant bodies that are concerned with the process of developing NAP

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<tr>
<th>1. Number of NAP-advocacy Campaigns</th>
<th>International and national funding agencies</th>
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<td>2. Availability of supportive</td>
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### International and national funding agencies

- Insufficient representation of the steering committee
- Instability in liaison officers
- Mismatch between the action plan activities and strategic directions and priorities of funding agencies.
- Insufficient financial support

### Availability of national and sectorial strategies that facilitate matching the NAP programs and activities within its programs.

- Insufficient financial support
- Community rejection
- Sensitivity of topics
- Availability of committed supportive religious, social and political leaders
<table>
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<th>advocacy activities.</th>
<th>the idea by relevant stakeholders.</th>
<th>institutions and programs.</th>
<th>environment (educational bodies, religious leaders, community members)</th>
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<td>3. Safeguard the cultural relevance of the developed NAP.</td>
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<td>4. To create supportive community environment</td>
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4. Research and analysis:
A-Situational analysis for policy environment, relevant laws and programs, international standards is performed and highlighting potential policies or regulations that would enable or hinder integrating SRH topics into educational curricula

<table>
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<tr>
<th>1. Identify the results of previous researches, programs and policy environment that would enable or hinder integrating SRH topics into educational curricula</th>
<th>Higher Population Council, Ministry of Health, Education and information service-delivery, institutions and programs. Research institutions, Researchers</th>
<th>International and national funding agencies</th>
<th>1. Situational Analysis Report explore the status of relevant programs, researches, and policy environment.</th>
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- Scarcity of research studies and programs due to sensitivity of the topics
- Insufficient financial support

- Availability of human and technical resources
B- Needs and concern about SRH issues of the targeted groups are identified.

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</table>
| 1. Identify SRH needs and concerns, barriers and facilitators of the targeted groups. | Higher Population Council, Ministry of Health, Education and information service-delivery, institutions and programs. Research institutions, Researchers | * | International and national funding agencies | 1. Number and quality of executed studies | • Insufficient financial support  
• Community perspectives and lack of society support due to sensitivity of the topics  
• Non-representing all societal perspectives. | • Availability of human and technical resources  
• Availability of active young researchers and research assistants. |

C- The current educational curriculum is analyzed and gaps are identified.

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</table>
| 1. Identify the current status of the concepts that are embodied in the current educational curricula | Higher Population Council, Ministry of Health, Education and information service-delivery, institutions and programs. Research institutions, Researchers | * | International and national funding agencies | 1. Technical report presenting topics related to sexual and reproductive health that are integrated within the current educational curricula | • Insufficient financial support  
• Lack of administrative support.  
• Scarcity of experts | • Utilize available results of previously executed evaluations. |
References

1. UNFPA. State of World Population. 2014.


7. الأمّ المتحدة. المؤتمر الدولي للسكان والتنمية ما بعد ٢٠١٤. التزامات عالمية على مستوى رفيع. تنفيذ جدول عمل السكان والتنمية.


