**Statement of Purpose**

**The Problem**

While recognizing that Africa is a large continent with diverse populations and cultural traditions, countries in the region of sub-Saharan Africa face many of the same challenges to development and are often referred to as a collective unit. Sub-Saharan African nations account for 34 of the 50 least developed countries worldwide (United Nations, 2006), and have some of the lowest literacy levels, highest maternal mortality rates, highest rates of HIV/AIDS infection highest adolescent birth rates and lowest rates of contraceptive use (United Nations, 2009). Thus, there is an urgent need to address the issues of reproductive and sexual health in the sub-Saharan Africa region.

 The World Health Organization (WHO) (2010) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This definition can be expanded to include all “matters relating to the reproductive system and to its functions and processes” (World Health Organization, 2010). Sexual health refers to the “physical, psychological and socio-cultural well being related to sexuality” (World Health Organization, 2010). Sexual and reproductive health implies that individuals have a “responsible, satisfying and safe sex life” (World Health Organization, 2010), have the freedom to reproduce and access to family planning methods, and access to safe pregnancy and delivery.

In sub-Saharan Africa, there are many challenges to sexual and reproductive health, including maternal mortality and morbidity, unsafe abortion, family planning, sexually transmitted infections including HIV/AIDS, and violence against women and children (World Health Organization, 2010). The importance of improving maternal health has been recognized by the United Nations, which has targeted the issue as a Millennium Development Goal. Sub-Saharan Africa is particularly vulnerable to maternal mortality and half of all maternal deaths world-wide occur in this region (United Nations, 2009). Awoman’s risk of dying from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is 1 in 22, compared to 1 in 7,300 in the developed regions (United Nations Development Program, 2005). Additionally, socio-cultural practices put women at and increased risk for HIV infection. Behaviors that put women at risk for infection include early sexual initiation, unprotected sex, sex with a much older partner who is likely to have been exposed to HIV, transactional sex and violence against women and girls (United Nations, 2009). There is a lack of comprehensive knowledge about HIV/AIDS particularly amongst young women, with only 19 percent of young women (aged 15-24) possessing a thorough and accurate understanding of HIV (United Nations, 2009).

Women in sub-Saharan Africa lack the knowledge and skills necessary to ensure sexual and reproductive health and there is a need to address this issue. The concepts of global feminism provide a solid foundation for the justification for why a curriculum should focus on reproductive and sexual health.

**Needs of the Learner**

Women lack the information and social support to make informed decisions about their health thus, a curriculum design that will simultaneously provide information and empower women to act on this information is necessary. In order to incorporate the concept of empowerment into the curriculum it is important to first define the meaning of empowerment. The women’s empowerment discourse often focuses on alleviating “suffering among the poor in the developing world, particularly women and other vulnerable populations” (Agot, 2008, p. 287). Yet this concept of empowerment does not suffice because empowerment is not a single trajectory and it does not mean the same thing to all populations. Empowerment must be recognized as a “multidimensional and dynamic phenomenon that changes according to context, circumstances, and interests” (Agot, 2008, p. 289). This curriculum recognizes the fluidity of empowerment and allows women to define empowerment for themselves while urging them to understand that empowerment presents itself differently for different populations. Empowerment is not a process that can be done to or for women, but must emerge from within. Many development agencies attempt to qualify empowerment outcomes, yet “empowerment is not the end product in terms of food in store or safe water in the tank; it is the knowledge and assurance that you have the means and ability to obtain the food or safe water whenever it is needed” (Agot, p. 297). This definition of empowerment as a means to an end, and not an end in itself provides the foundation for the curriculum and is the underlying message in all of the lessons. Understanding sexual and reproductive health concepts has little meaning for women unless they are able to act on this knowledge and change their behaviors and practices.

**Needs of the Society**

Education programs teach students what and how to think, in order to prepare them to be productive members of society. What constitutes an active member of society differs for each society but the role of education in the “transmission of knowledge, the socialization and acculturation of children, the selection and differentiation among children, and the legitimization of knowledge” (Okano & Tsuchiya, 1999, as cited in Kubow & Fossum, 2007, p.78) remains the same. Curriculum is the means through which knowledge is imparted to future generations in order prepare them for their eventual roles as citizens, workers and parents (Pai, Adler & Shadiow, 2006). The development and implementation of a curriculum allowing for the examination of women’s sexual and reproductive important because improving women’s health will have positive effects on economic and social development. When women are educated they are more likely to seek medical attention during pregnancy and delivery, give birth to healthy children, have fewer children, and decrease their risk of infection from HIV. All of these factors provide positive benefits for the women as individuals and for society as a whole.

Another societal factor that must be considered in the curriculum is culture. Culture plays a major role in shaping behaviors and in presenting realistic opportunities of choice; opportunities that will enhance or hinder the ability of women to make positive health decisions. Lingam (2008) writes that women must have “access to and control over resources to create the preconditions for the exercise of choice, active agency to exercise choices, and achievements that are the outcomes of choice” (p. 120). However, the options from which to choose are shaped by culture. Implementing a curriculum that affords women opportunity and access to health education does not ensure that the information will be utilized or that this knowledge will empower women to act. Acceptable behaviors are defined by cultural norms and these deeply rooted cultural values and beliefs shape an individual’s identity. Thus, in order for the implementation of a women’s sexual and reproductive health curriculum to be successful, there must be a shift in cultural belief “The cultural conditioning that leads them (women) to accept unfairness and inequality must be systematically undone” (Lingam, p. 290). The curriculum includes an emphasis on cultural values and practices in order to question and challenge these assumptions. This cultural component is an important aspect of the curriculum because it allows the curriculum to be adapted to the population and recognizes that there is not a one-size-fits-all approach to education. The approach contextualizes the learning recognizing the “interpretative nature and context-specificity of the concept of empowerment” (Lingam, p. 291).

**Value of the Subject Matter**

Curriculum addressing social issues, such a sexual and reproductive health challenges individuals to interact with the material at a personal level and to reflect and interpret their learning according to their own experiences. This curriculum was developed from a personal relevance orientation which “posits that the learner is in the best position to assess his or her needs and what content meets those needs” (Chiarelott, 2006, p. 22). Providing women with access to information about their sexual and reproductive health will allow them to make informed decisions about their bodies and recognizes that women have agency over their lives. This curriculum will teach women the concepts and skills necessary for proper hygiene, healthy pregnancy and delivery, reduction of risk for HIV infection and strategies to implement this knowledge.

Project based learning, in which students are expected to develop and evaluate their own interpretations of the curriculum, “builds on students’ individual strengths and allows them to explore their interests in the structure of defined curriculum” (Harada, Kirio & Yamamoto, 2008, p. 14). In other words, a problem based approach allows for personal freedom in the curriculum. The concept of personal freedom, as it relates to education, is embedded in the humanistic approach to curriculum and can be paralleled to the feminist concept of empowerment. Carl Rogers argues that this approach allows students to “probe, explore, and deepen their understanding of what they are studying” (Ornstein & Hunkins, 2009, p.143). Although the teacher has authority in the classroom and presents the curriculum to the students, the teacher does not control the curriculum, but shares the control of learning with the students (Harada et. al, 2008). Students are permitted, through collaboration with peers and the teacher, to create projects and control their own learning, making the curriculum both meaningful and relevant to students’ lived experiences. This approach promotes independence and encourages students to “engage in more intellectual risk taking” (Mitchell, Foulger, Wetzel, & Rathkey, 2009, p.345). All of these aspects of student learning are especially important to consider when designing a new curriculum focusing on the concept of the empowerment of women.

Paulo Freire, like Rogers, also favors a problem-posing approach to education in which students collectively create knowledge through their experiences. Freire approaches curriculum from a constructivist psychological school of thought, focusing on engaging students in “active, collaborative, reflective, and shared learning experiences” (Hernandez-Ramos & De La Paz, 2009, p. 152). In this approach, meaning and understanding is generated by the learner and the learner is responsible for connecting new learning with prior knowledge (Ornstein & Hunkins, 2009). According to constructivist theory, combining traditional direct instruction with a project requiring student activity, creativity and collaboration should lead to enhanced student learning (Hernandez-Ramos & De La Paz, 2009). Increasing student communication with peers and the teacher is essential in generating true thought and knowledge because communication allows the freedom to explore problems and create solutions. Through communication students are challenged to critically consider their reality and thus are able to create a deeper understanding of the curricular issue. Thus curriculum must provide students the opportunity for freedom to take charge of their learning, to collaborate with peers and adults, and to challenge social issues.

Drawing upon the humanist and constructivist approaches to curriculum, the theoretical framework for developing this curriculum emerged. This curricular design recognizes the learner as actively involved in the thinking and learning process and promotes personal freedom of the learner to examine and challenge prior understanding in order to build upon existing knowledge. The learner is engaged in collaborative projects and discussions and is responsible for creating their own meaning and understanding within the curriculum. The implementation of a problem centered curriculum allows students to examine social issues without restraint and promotes the development of students capable of challenging and addressing these social issues. “Students, as they are increasingly posed with problems relating to themselves in the world and with the world, will feel increasingly challenged and obliged to respond to that challenge” (Freire, 1970, p. 62). When women are permitted to explore social issues such as HIV/AIDS, family planning, and reproductive health, they are more likely to engage in social or political action.

**The Educational Goal**

The aim of this course is teach women the concepts and skills necessary for sexual and reproductive health while simultaneously empowering these women to act upon this knowledge. Education is the first step toward activism and through discussing and challenging accepted social norms and traditional gender roles this course aims to empower women to be a catalyst for social change. This course will equip women with a basic understanding of male and female anatomy which, because of cultural taboos, is often denied. Understanding of anatomy will allow women to conceptualize the reproductive system and make informed decisions about their bodies. The intended outcomes of this course are to teach women an appreciation of their sexual and reproductive health and to empower women to make informed choices about how they want to care for their personal health.

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