Youth Sexuality and HIV/AIDS Prevention: A Literature Review

Written by:

Lynn Hewlett
Graduate School of Public and Development Management
University of the Witwatersrand
hewlett.l@pdm.wits.ac.za

Commissioned by

This report was commissioned by Soul City.

© Soul City

14 January 2006

Contents

1. Introduction 3

2. Methodology.. 3

3. Target age group.. 4

4. Prevalence of HIV and AIDS in young people and children 5

5. Focusing on sexuality and pre- or young adolescents 7

6. Sexuality, the identities of African boys and girls and education 9

7. Implications for programmes working with sexuality and young people 16

8. Talking with children and young people about sexuality and HIV/AIDS 19

9. Children's knowledge of HIV/AIDS 20

10. Government policy interventions 22

11. Effective interventions and best practices 25

13. Conclusion 31

14. References.. 34

1. Introduction

The purpose of this research was to conduct a literature review on youth sexuality related (where possible) to the Soul Buddyz target group of young people aged 8 to 12 years old. It is written to assist Soul Buddyz staff working on the project to pick up on key issues in relation to their formative qualitative research and discussions with stakeholders. To this end where information was sourced from internet sources URLs have been provided and other key documents consulted are available.

There was very little in the way of studies and information relating directly to the target age group. Reasons suggested in some of the literature reviewed could be related to reluctance of principals to give consent for research in schools with this age group (Pattman & Chege, 2003), difficulty of parents and teachers in acknowledging this group as sexual beings, fears from parents and teachers that discussion of sex encourages experimentation and reluctance to take the issue on in public policy debates where sexuality and gender issues are contested.

2. Methodology

I conducted a review of relevant studies that have been undertaken in the past ten years focusing on South and southern Africa with reference to other parts of the developing world where this was informative. The report draws together studies, summarises these findings and highlights emerging trends in the research and issues for policy and advocacy. Gaps and weaknesses in the research are also identified. A key focus of this research is sexuality[1], sexual identities of young people in the target Soul Buddyz age group (where information is available) and possible interventions and implications for interventions arising from this information.

To this end a search through databases for recent journal articles was conducted using EBSCO (Academic Search Premier, Health Source, MEDLINE), Science Direct, AidsAFrica.link (Biblioline), Ingenta, ProQuest (Education and Psychology)

[1] I have attempted to select research that focuses on sexuality as a socially constructed phenomenon that is strongly influenced by peer norms and not sexual behaviour as related to individual decisions. (See McPhail (2003) and Pattman, 2005).

Swetswise and Taylor and Francis. Internet searches were conducted initially using search engines (mainly Google and Google Scholar). Specific organisation sites such as Save the Children Foundation, UNICEF, UNAIDS, World Bank and CADRE were consulted. Links were followed from these sites to specific references to sexuality and education, sex /life skills education, HIV/AIDS education and prevention + children, young people and youth. Local South African HIV/AIDS sites were also searched such as AidsInfo, the Aids and Society Research Unit, UCT and the Child Right's Centre, UCT. Government Department websites including Education, Health and Social Welfare were searched for relevant material.

I took the approach that evidence from a range of approaches in educational evaluation and exploratory research using a range of research methods is more useful for approaching the topic than a focus on comparative and experimental research with controlled trails (see Van de Ven & Aggleton,1999 for further discussion of this point). Experimental research often provides information about peoples' knowledge about sexual behaviour but makes a tenuous link from this to reasons for sexual behaviour change or no change. My focus has been on insights from different contexts relating to sexuality and sex education initiatives and possible lessons from these for HIV/AIDS and STD prevention, reduction in early pregnancy, condom use and gender constraints. Key studies and information were selected on the basis of currency (research in the last ten years with most being conducted in the last five years), research overlapping with the target age where possible, research that gives insights into statistics in terms of sexuality and sexual behaviour (ideally through reflecting the voices of young people) and research that provides information useful for designing qualitative formative research with this age group.

3. Target age group

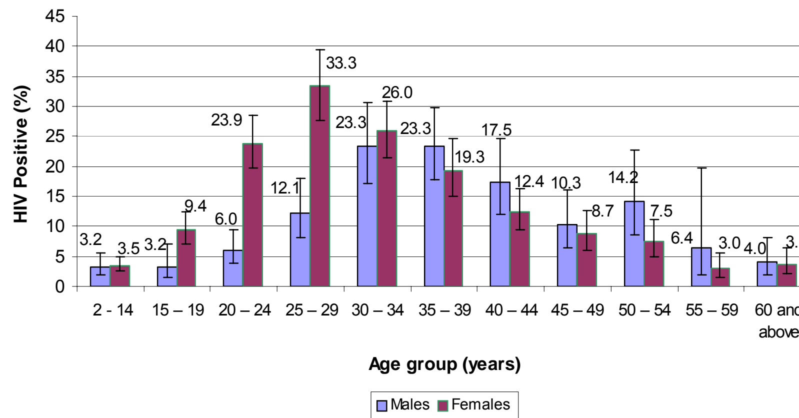
The Soul Buddyz target age group (8-12 years) was the focus of the study. There are varied definitions of children and young people in the literature on sexuality and HIV/AIDS. Most interventions and studies have concentrated on youth over the age of 15 with surveys being based in secondary schools, colleges and universities. This study has attempted to place emphasis on data and experiences specific to the 8-12 year age group or to studies that intersect with this age group at its upper end. I have drawn predominantly on experiences of the 14-15 and 15-18 groups where their may be issues of relevance to the younger group. Behaviours and life experiences may differ between younger and older

adolescents and across contexts so care needs to be taken in extrapolating from the data on older adolescents to younger people.

4. Prevalence of HIV and AIDS in young people and children

Incidence figures have been taken from HSRC/MRC/CADRE HIV Prevalence, Incidence, Behaviour and Communication Survey 2005[2] which is a population-based study following on from the 2002 HSRC/Nelson Mandela study.

Figure1: HIV prevalence by sex and age: 2005



Source: HSRC/MRC/CADRE, 2005

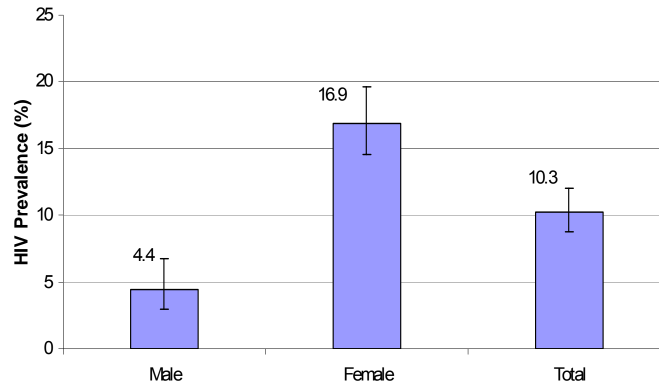
Figure 2: Child HIV prevalence : 2005

Age	n	HIV prevalence	95% CI
2-4	729	5.1	2.8-9.1
5-9	1341	4.4	3.0-6.6
10-14	1745	1.7	1.0-2.8

Source: HSRC/MRC/CADRE, 2005

1.These data were selected as this is the latest published study of prevalence. This study is likely to be limited by its voluntary nature and its response rates whereas the antenatal data can be limited by over-representation of poorer African females as baseline population.

Figure 3: HIV prevalence – youth 15-24 : 2005



Source: HSRC/MRC/CADRE, 2005

Issues of concern in relation to young people are the disproportionately high levels of HIV/AIDS infection among women in the 15-19 age group. Sexual activity is the predominant mode of HIV transmission for this group.

Cross-national studies of sexual behaviour have shown that marital status, age and gender strongly determine patterns of sexual networking (e.g. type of partner, age differences between partners, number of partners (Harrison, 2005).

Some other points raised by the survey are also important to note and mostly reinforce trends from previous surveys.

- *Delayed onset of sexual activity (sexual debut) reduces incidence and prevalence of HIV in younger age groups*
- *Very few 12-14 year olds reported having had sex (<2%)*
- *Amongst 15 year olds surveyed, 11.7% of males and 7.9% of females had previously had sex*
- *Of those who had not had sex before, 71% said they were not ready, and 22.9% said they were not interested in sex*
- *The current trend identified is that the average age of first sex is becoming younger with each generation*
- *Secondary abstinence[3] reduces HIV infection risk*

[3] Secondary abstinence refers to those individuals who have had sex before, but who have not had sex in the past year. This is increasingly a concept stressed in the literature as a position to advocate in HIV and Life Skills Education.

Secondary abstinence levels:

- 23.0% of males and 20.0% of females aged 15-24

- 9.8% of males and 21.3% of females aged 25-49

- 30.3% of males and 71.3% of females aged ≥50

- *Having older partners increases the risk of infection, especially for young women*

  HIV prevalence of 15-19 year olds

  - 29.5% for females with partner ≥5 years older

  - 17.2% for females with partner within 5 years of own age

  - 19.0% for males with partner ≥5 years older

  - 3.0% for males with partner within 5 years of own age

- *More than half (57%) of sexually active females 15-24 have never used contraception*
- *New infections among children 5-9 are of concern. HIV infection among children is real and needs emphasis*
- *Females are significantly more vulnerable to infection and incidence levels are high amongst, women, youth, younger adults and pregnant women;*

Source: HSRC/MRC/CADRE, 2005

Harrison (2005: 271 & 274) provides a useful summary of major national surveys and research studies and their conclusions concerning condom use and sexual behaviour (age of first sex and sexual activity) of young people.

5. Focusing on sexuality and pre- or young adolescents

Researchers have noted the virtual absence of a research literature on young peoples' accounts of sexuality and put forward arguments for why this is the case.

- There has been a failure of researchers to investigate this area and to develop appropriate relations with children to enable them to talk about sex (Pattman and Chege, 2003b). Adults do not believe that children across a range of cultures are able to talk about sex and sexuality yet studies show that children can and want to discuss sex (Gwanzura-Otemőller & Kesby (2005), Pattman & Chege (2003b), Milton, 2003).
- A narrow perspective on sexuality that has dominated AIDS research (a perspective with a focus on demystifying and normalising sexual behaviour) with little theory existing on human sexuality and risk management. As a consequence of lack of appropriate theories informing research it has been driven by a descriptive and epidemiological

approach focusing on measurable descriptive indicators without necessarily knowing why these particular results were achieved (Ntlabati, Kelly & Mankayi, 2001)

- Generational hierarchies have made talking about sex difficult between parents and children. Traditional forms of sex education have been strongly focused on gendered sexual socialisation and faith-based and traditional lobbies present opposition to forms of sexuality education out of line with their views. Researchers, teachers and schools are anxious about parent responses to sexuality teaching and are reluctant to engage with the public work of talking about sex with children in society where such work is complex and possible contested.(e.g. USA, Zimbabwe)
- Adults wishing innocence on children and imagining them as asexual (Pattman,2005) resulting in a disjuncture between children's experiences and concerns and what's offered in formal education. There is a need to move beyond wishing innocence on young people and addressing the importance of sexuality in their lives as the Fikelela Aids Project (2005) report observes.

Despite this recent studies have emphasised putting forward prioritisation of HIV/AIDS education interventions for younger age groups and a greater prioritising of sexuality education. Some of the arguments are summarised below.

- Interventions should prioritise educating children before they move to high school and are exposed to different pressures (Fikelela Aids Project, 2005, Manzini, 2001). It is important for them to formulate their own values before pressure to become sexually active becomes stronger in high school and to make informed choices about their sexual activities by the time they start to engage in sex
- These interventions should not prioritise HIV/AIDS education or sex and sexual relations but rather focus on young people's identities and relations with each other in general, recognising sexuality as a key component (Pattman and Chege, 2003)
- Preaching abstinence is not working, even in some churches. Abstinence should be a goal not a method (Fikelela Aids Project, 2005). The concept of secondary abstinence is now being advocated.
- Research suggests that children who are well informed are less likely to engage in early sexual activity.
- It is probable that early intervention programmes in Uganda helped contribute to falling prevalence rates (Hoggle, 2002)

5.1 Issues in working and conducting research with young people

Researchers working with young people as informants stress the importance of working with methodologies that allow for children to talk and express their views and taking them seriously as informants about their own lives. Various participatory approaches are used in the studies consulted[4]. Pattman and Chege (2003a) argue that it is these same approaches that should be used in sexuality discussions with young people. There are indications that some problems associated with the Life Skills programmes in schools relate to didactic and moralising teaching styles.

They also stress the importance of examining how the respondents construct their identities in relation to each other in single sex groups, cross-sex groups and in relation to interviewers and teachers. These identities and the comments they make often vary across interview groups, especially differences between groups and individual interviews. Diary studies also revealed different identities to those constructed in groups (see Pattman and Chege, 2003a).

6. Sexuality, the identities of African boys and girls and education

This section draws heavily on a few studies selected for some of the insights they give into how young people talk about and experience sexuality and sexual identity. A study by Pattman & Chege, 2003a provides accounts conducted though interview-based research of how young people (6-18 yeas) in the region (Botswana, Kenya, South Africa, Tanzania, Rwanda, Zambia and Zimbabwe) construct their gendered and sexual identities, how they present these identities to each other and to researchers and what the implications are for good pedagogic practices in HIV/AIDS and life skills education. Key points have been drawn from the report and papers published based on the research (Pattman, 2005, Pattman & Chege, 2003a & 2003b). Research by Gwanzura-Otemőller & Kesby (2005) also provides rich data on sexuality issues in interviews with 9 -14 year olds in

[4] The methodological sections of these articles Pattman and Chege, (2003a), Bohmer & Kirumira, (2000), Gwanzura-Ottemőller & Kesby (2005), Kesby, (2000) provide useful discussion. Another useful document is Save the Children. Children and Participation: Research, Monitoring and Evaluation with Children and Young People. London: Save the Children, 2000. Available for download from http://www.savethechildren.org.uk/development/global_pub/child_part.pdf

Zimbabwe. Ntlabati, Kelly & Mankayi's (2001) study of sexual debut gives insights into patterns of early sexual activity in rural Eastern Cape. Fikelela Aids Project (2005) research provides insights into sexuality issues with church going young people in the Diocese of Cape Town (aged 12-19) in the Western Cape and Bohmer & Kirumira, 2000 describe how the socio-economic and cultural context shape the sexual behaviour of out of school youth in Uganda (aged 12-19 years). McPhail's (2003) study of Gauteng men (aged 13-25) presents perspectives from young men challenging normative views of masculinity. [5]

The following discussion draws mainly on themes emerging across these studies. It must however be borne in mind that sexual practices and behaviour may vary across contexts so this information can only point to issues for further discussion and research rather than findings than can necessarily be generalised. The discussions were also predominantly with black African young people.

6.1 Sexual initiation

There is variation across context and studies relating to age of first sexual intercourse experience ranging from 11-19 with median age at 15. First sexual experience is reported as early as 10 or 11. Age of first sexual intercourse appears to be dropping over the years. There appears to be a relationship between poverty and early sexual debut (Hallam, 2005).

Not all studies are equally clear about what is meant by sexual debut. A study indicates that some respondents did not regard anal sex or oral sex as `real sex' and this may not be included in sexual debut data. (Fikelela Aids Project, 2005). A first sexual experience does not necessarily mean young people remain regularly sexually active afterwards (Ntlabati et al (2001), Fikelela Aids Project 2005). Young women's initial experiences of penetrative sex are widely reported by women as being coerced and not enjoyable.

Pattman (2005) argues that positioning men as the possessor of the sex drive together with difficulties in developing cross gender relationships suggests that many encounters are fleeting. Based on young people's accounts of sex Gwanzura-Otemőller & Kesby (2005) speculate about the absence of a `petting' culture in Zimbabwe with the gap between beginning sexual activity and

[5] I have only been able to very briefly highlight some of the issues from this research in this review. There is a wealth of detail that indicates some of the issues young people face in relation to sexuality and their emerging sexual identities as the older peers of the Soul Buddyz target age group as well as excerpts from interviews and discussions. It may be useful to read them in full.

penetrative sex being small. The first experience is likely to be an `accelerated' one. Children in their study seem to have the association that sexual contact always means intercourse and have little experience of stopping short of this. Little seems to documented or discussed in Life Skills education on these early experiences and how young people learn to handle them.

6.2 Younger children talking about sexual experiences

The six year old Zambia students in the Pattman and Chege (2003a) study spoke openly about their lives as sexual beings and knew how sex took place whether they actually engaged in penetrative sex or simply played at it). Sex was significant to them and they enjoyed talking about it. The brief descriptions given by the children of what they do and the secret locations in `the bush' or under the bed described in the excerpts from the children could indicate a similar practices to *Undize* as described by Ntalabati et al, (2001) and games between children of about 7-13 which historically involved sexual exploration and experimentation (with taboos against penetration and pregnancy). However now it seems these games may increasingly involve penetration. These children spoke explicitly about sex with a young, non-judgemental interviewer who responded to the issues they raised as they articulated them (using the words and language they used and clarifying her understanding of what the meant by asking questions). The young girls and boys talked about their identities in heterosexual relationships in the same ways as older, post-pubescent young people and they explained that this has to be secret because of disapproval from parents. The seemed to share their experiences as a common culture from which parents and other adults were excluded.

Some of Bohmer and Kirumira's (2000) 12-13 year olds expressed the view that sexual intercourse begins as early as 6-10 although other distinguished between activities in `immature ' relationships and real intercourse when a boy can satisfy his partner (not elaborating on the former). The Fikelela Aids Project (2005) indicated that they age at which young people seek information on sexuality is between the ages of 8 and 13.

6.3 Condoms and abstinence

Most young people in the Zimbabwean study saw condoms as more effective than abstaining from sex because they were aware that not many people abstain from sex. Young women in this study scored abstinence more highly than condoms

displaying a level of perception about the danger of trust. Across the studies young people perceived abstinence as difficult. There is little published about how young people see the concept of abstinence and respond to messages about abstinence. Practices around condom use are also under- reported although Skinner's (2001) research study makes a useful contribution. Thorpe (2001) indicated that his male teenage DramAidE students were clear that masturbation bothand condoms were not `natural' sex and were equated for many.

6.4 Sexuality and cross-gender friendships

The male and female respondents in the Pattman and Chege study (2003a) tended to see themselves as opposites with opposite personalities. Sexuality, and the act of sex, was set up as the only reasons young adults would be together. The reasons for being seen together were in the context of sexualised `boyfriend and girlfriend' relationships, with cross-gender friendships being made difficult or impossible because of this view. `Boys and girls should simply not be to close' (Pattman,2005). Interactions with boys that were not sexual were only acceptable if they were based around school work and there were anxieties for younger girls about the potential `dangers' of boys and their sexual feelings.

6.5 Fear and Harrassment

Expressions of fear and awareness of danger were expressed in different ways relating to patterns of sexual networking (according to different ages and relationships with partners).

There were anxieties for younger girls about the potential `dangers' of boys and their sexual feelings. Girls were warned by teachers and parents about the `dangers' of male sexuality and male sexual needs and had internalised the `boys and girls should not be too close' as `good girls' needed to protect themselves. The girls did not articulate any of their own sexual feelings – the touching , caressing and kissing that could be dangerous was associated with the boys feelings and not their own.

Girls also widely reported sexual harassment by boys at school – particularly of the nature of verbal abuse, comments about their bodies and silencing in class through commenting about their bodies at and after puberty. Unequal power relationships also make it difficult for girls to influence when and how sex occurs.

Rape and young people's fear of rape came up in the Gwanzura-Otemőller & Kesby (2005) study of young Zimbabweans and also in the South African studies. In Zimbabwe, discussants they all hand an understanding of rape as different to

consensual sex. Young women and girls saw themselves at risk of being raped (and getting AIDS), adults were seen as the threat, `sugar daddies' could entice girls into dangerous situations and parents were seen as potential rapists. It was difficult to find out whether these were reports of what had happened to them or reports of what they had heard but were able to discuss the subject with familiarity, had a clear concept of where rape might take place (and of adolescent sexual spaces) and a sense that certain places (amongst them `the bush' and men's cars) are places that should be avoided.

6.6. `Proposing love'

The view that boys had much stronger sexual feelings than girls emerged in the studies and also means acceptance of boys as initiators of sexual relationships through `proposing love' – a seemingly formal declaration of intent and interest to lead to sex that does not seem to emerge spontaneously through interaction (which is not encouraged) (Pattman, 2005). Proposing love was also presented as a test of manhood pressuring other boys to do likewise and as a high stakes move that may result in `defeat' as a man and having to deal with humiliation (possibly through violence and rape).

6.7 `Sugar Daddies'

In all countries men were expected to be providers in relationships. Boys expressed anxiety about being rejected by girls looking for more than they could provide and were opposed to the girls being involved in relationships with older men – labelling them as `materialistic', `loose' and getting their `just deserts' when rejected or infected by HIV/AIDS. Zimbabwean boys constructed women who went out with such men as being too `modern' and `western' – setting themselves up at the upholders of cultural values in response to perhaps feeling threatened by the relative power of the `modern' girls. Girls also self-monitored in relation to this, presenting themselves to interviewers and the group as `good girls' while being more open about their sexual desire in diaries.

6.8 Contradictory practices and power over women

There were many examples in the research where some young people contested dominant views in discussions. Girls contested some of the dominant assumptions and so did boys. There were indications that for some boys the pressures of proposing love lead to frustration and anxiety and concerns about being `dumped' for lack of money (especially for older men) distressed them. Gift giving and expectations that sex was a consequence of gifts or other exchanges (e.g. higher school marks from male teachers) were widespread. Sometimes this

was explicit, other times not verbally explicit but assumed. Young women are complicit in these arrangements, sometimes out of desperation for food or money and other times to meet peer expectations of consumptive practice. There are examples of practices where young women take gifts and then avoid sex, called `detoothing' in Uganda (Bhoma and Kirumira, 2000).

Pattman and Chege (2003a) document views on alternative ways of being a young man which involves ignoring or refuting obligations that tie them to particular girls and instead deriving forms involving multiple relationships, talking of deceiving girls and taking advantage of them . It is important to note that boys talked of the girls in derogatory ways in group interviews but not in individual interviews or in the diaries they kept as part of the Pattman and Chege study. In the diaries they wrote very romanticised accounts as well as of their pain at being rejected. In interviews girls presented themselves a `good' as opposed to `sexual' by criticising girls who have boyfriends and presenting relationships as negative. For girls, the diaries were the place to articulate sexual desire and enjoyment of having boyfriends.

Parents appear to be faced with similar problems in presenting different identities. Young people talk of parents sanctioning certain activities that they did not do in the past (e.g. young people sleeping in outside rooms with boyfriends) while pretending they do not know what is going or while publicly condemning teenage sex while speaking to `other people' (Ntlabati, et al 2001). Thorpe (2001) talks of these competing discourses with the dominant one being a hegemonic masculine (heterosexual) discourse of boys as in control of relationships and a `education-responsive' discourse related to `rights' of women. Pattman and Chege (2003 and b) and Pattman (2005) argue that this the space that needs to be opened up in sexuality education for young people as young as possible.

The process of establishing a relationship, however brief, is laden with power inequalities. From `proposing love' to selecting the venue and time, to choosing whether to use condoms or not often involved coercion and sometimes violence. Male dominance was normalised by both sexes as male desire is uncontrollable and immediate. (MacPhail, 2003). Young women often fear declining advances even when in a relationship and describe early experiences as things that `just happen' indicating their real and perceived lack of control.

A positive point for interventions is that there are dissenting voices with some young men expressing that things were changing and understanding that `no

means no' (MacPhail, 2003) and being critical of fathers and older men for their behaviour (Pattman & Chege, 2003a).

Homophobia was rarely expressed although some South African boys expressed fears about friendship with boys in case they be labelled as gay and both South African and Tanzania boys were derogatory about `mamas boys' – in so doing the distinguished themselves as tough.  Homophobia was used to police `appropriate' male behaviour. Male–to-male sex was not raised by interviewees or mentioned by participants.

6.9 Teachers

Teachers across the region provided very moralistic answers about what sexuality education should be about focusing on dangers of sex and value of pre-marital virginity. The way in which education is constructed in this view does not address the sexual cultures reflected by young people in the studies reviewed and is likely to alienate young people from this education.

Better training and support for teaches to relate to children in such a way that they encourage them to be open about their concerns relating to gender and sexuality is essential. Teachers also need to become more aware about identity construction themselves and what they represent, as well as how the children position their identities in relation to each other, the opposite sex and to teachers.

The was much discussion from young people on the problems of intimidation and sexual violence by male teachers, although many girls felt they were powerless to make changes.

6.10 Communication between young people and parents

Young people develop sexual cultures by imitating adults, they also develop construct hidden cultures in opposition to parents   The Pattman and Chege (2003a) study came up with several points that they argue need to be discussed with parents.

Since parents are not conspicuous in the sex education of their children, it leaves children especially girls open to abuse (Nduna, et al, 2001; Wellbourn, 2002; see also Walsh, et al, 2002; Harrison, 2002). Young people want more open communication about sex with parents and communication about dealing with messages that deny their identities as sexual beings. The do not want messages

that are only about threat and sanction. Views were expressed that parents should teach us about sex but researcher have noted that where this occurs this often involves gendered sexual socialisation and not sexual heath and relationship support and knowledge.

The young people in the Gwanzura-Otemőller & Kesby (2005) study see adults as reliable sources of information and expressed clear need for talking about sex with them. This seems important as the messages from the older respondents in the Pattman and Chege study convey more scepticism about parents. There are concerns about absent fathers in their lives and boys identification with and criticism of their fathers for drinking and being unfaithful. Engaging in sexual activity is sometimes reported as being used to rebel against parents.

7. Implications for programmes working with sexuality and young people

7.1 Barriers to change

Thorpe (2001) identifies three key discourses competing against what he calls the `education-responsive' discourse evident in the talk of some young people

- A discourse of **gender conflict**. It seems that there is often genuine conflict between boys and girls (around exchange for sex, being made to feel a `fool' and expressing opinions) and few ways of learning to handle it positively.
- Supporting the dominant discourse by many uses of **`culture'** to support dominant beliefs and practices arising from them.  These are often calls to `essentialist notions of `manhood'  and are used to try and keep young girls and women in their `place'. Research in South Africa and Zimbabwe showed how young men evoked tradition as a way of asserting their superiority over girls who were too `modern' and `too western'
- A lack of any developed sense of a discourse of **risk**. The HSRC/MRC/CADRE 2005 studies confirms this across age groups. 66% of respondents think they are at not at risk for HIV, 20.8% of those who thought they were at high risk were found to be HIV positive and 51% of HIV positive respondents thought they would probably or definitely not get infected with HIV. The socio-psychological literature emphasises that one of the necessary conditions for people to adopt preventative behaviours is a perception of being at risk (Bernardi, 2002)

7.2 Early interventions with young people

For many children HIV/AIDS education starts too late, and usually after they have become sexually active. These children need information earlier so that they can make informed decisions (Ireland and Webb, 2001). Age appropriate education programmes are also important at an early age because some children drop out of school at primary school level (UNAIDS, 1997). Education programmes are more successful if linked to broader, community-based, interactive initiatives.

Pre-sexually active children need age appropriate information on:

- impact of illness on the family
- delay of sexual debut
- AIDS prevention and care
- abuse
- violence in schools

They also need emotional coping skills such as:

- Dealing with illness and death
- Awareness and coping with stigmatism

Life skills/sexuality awareness programmes need to :

- Have curriculum materials informed by young peoples actual concerns, identities, relationships and desires related to gender and sexuality
- Begin to challenge popular constructions of male and female identity and boys and girls identities (some of which are summarised in the figure below)

Figure 4 Generalisations about femininity and masculinity

GIRLS	BOYS
Good	Naughty
Not sexual	Sexual
Objects of boys' sex drives	Possessors of powerful sex drives
Tied to home	Regularly out with friends
Not sporty or particularly active	Sporty and active

Pattman & Chege, 2003a:150

- Challenge the application of sexual double standards to young boys and girls
- Addressing the divisions between girls and between boys about how they see themselves and not focus only differences and similarities between boys and girls. These divisions have to be addressed as stereotypical generalisations about femininity and masculinity are constructed between girls and between boys. Addressing multiple identities of boys and girls and discussion around this provide teaching opportunities for change
- Be careful not to alienate young boys as a common oppressors. This often leads to voicing misogynistic attitudes - rather encourage them to reflect on the problems they experience in trying to live up to these stereotypes
- Encouraging discussion about cross-gender friendships. This seems only possible if young people become less invested in seeing themselves as opposites and all relationships and sexualised. They need to be encourage to see views of others and to consider alternative ways of constructing friendships.
- Address ways in which young people see modernity and tradition – and focusing on how they see it rather than imposing a view
- Facilitated by practitioners who relate to young people in non-authoritarian and non- judgemental ways
- Be able to take into account variations in maturity and understanding so as to be able to respond to individual needs (anonymous question boxes are often used in schools)
- Be able to broaden approaches from an exclusive focus on HIV/AIDS to challenging unhealthy sexual practices and understanding them better
- Make greater use of peer education and invest in good quality training

7.3 Single-sex or mixed sex groups?

Experience form the research suggests single–sex group work is vital for life skills education as girls feel freer to express concerns without being negatively labelled by boys and intimidated. However it is important that these are complimented with mixed group discussions where boys and girls can learn from each other and where ground rules are set around acceptable behaviour and conflict management is taught and modelled.

8. Talking with children and young people about sexuality and HIV/AIDS

Some literature outlines what adults should know in talking to children about HIV/AIDS. This may be useful to inform discussions on sexuality.

- Children 5 to 7 can differentiate between real and imaginary. They learn best from experience but are fearful when they come across the unknown.
- Children of 5 to 7 may ask questions about HIV/AIDS but may also be too afraid to ask. They need simple responses to questions.
- Between ages 8 to 10 children fear real life people rather than imaginary characters.
- Between ages 8 to 10 children can understand at some level cause and effect. For example death comes from illness, injury or accident. Children here talk about fears less openly so it is important to respond to cues and open up spaces for topics that may be of concern
- Media campaigns on HIV/AIDS may increase children's fears. Children need to be encouraged to talk about their feelings.
- A basic discussion of sex may be needed before explanations on HIV/AIDS
- This is the age at which values are learned. Children need to learn from an early age about gender roles, stereotypes and inequalities (Save the Children UK, 2002).

(Fox, Parker and Oyosi, 2002)

The aims of such programmes with this age group should be to:

- Encourage delay of sexual initiation
- Distinguishing between healthy and risky behaviours
- Learn and practice effective ways to resist pressure to have sex and engage in alcohol and drugs
- Discuss rights and responsibilities

In the 10-14 age group young people enter the age where they have little fear and usually believe it won't happen to them and the peer group is becoming increasingly important.

8.1 Language issues

While not reported as an issue for young people, general practice in the research seemed to be to interview older respondents in the dominant schooling language or a mix of languages. Younger respondents were usually interviewed in their dominant language. Language is an issue at two levels – the language of teaching and discussion and the issue terminology and appropriate registers

In terms of terminology and register, young people in some studies had different understandings of what researchers had in mind when talking about sex (Fikelela, 2005). Some rape victims did not believe they have had `sex' (Fikelela Aids Project, 2005)). Reasons given were that oral sex is not seen as sex by 67% in this study because there is no penetration, you can't get HIV/AIDS, you can still be a virgin and you can't get pregnant). Anal sex is not sex because it doesn't lead to pregnancy, you can't get an STD, the penis doesn't enter the vagina, its not intimate (bodies don't connect in a certain way). While the implications of these views are disturbing for HIV/AIDS prevention, they also indicate the importance of rigorous checking of what young people mean by what they say. Some best practices in sexuality education advocate getting young people to use their own language and definitions, clarifying what they mean by them and introducing the dominant bio-medical terms at the same time. This may be particularly so where discussion of sexuality takes place in indirect language, proverbs and riddles (Nyanzi, 2004). In some studies young people appeared less uncomfortable when using English words than expressions from their own languages.

9. Children's knowledge of HIV/AIDS[6]

The use of knowledge, skills and attitudes as a research framework is used in South Africa and elsewhere to assess HIV risk and prevention behaviour. While a large number of studies have been conducted on adults and youth, few examine the knowledge, skills and attitudes of young children (Fox, Oyosi and Parker, 2002).

9.1 Knowledge

[6] Much of this section is drawn from literature review work by Badenhorst (2003) with thanks for permission to use this work .

Below is a summary of the findings from the literature on young people. It is followed by a discussion on whether children of 3 to 9 years old have similar or different knowledge.

- Young people generally know the most important facts about HIV prevention.
- Young people in urban areas are likely to know more than youth in rural areas and those in informal settlements.

There are gaps in the knowledge of young people. Some of the more obscure issues around transmission are often not clear to young people. For example, there is often confusion about transmission of HIV in instances such as mosquito bites or through kissing.

- Young people are also often not completely aware of the progression of the disease and about transmission during the asymptomatic phase.
- While young people are aware of HIV, many are not sure of the specifics of transmission and progression.
- Studies show that most young people get their information from the mass media particularly radio and television. Yet, most of them hear about sex from their friends (Fox, Oyosi and Parker, 2002; HSRC, 2002a).

Current research shows that younger children are generally uninformed about HIV/AIDS (Fox, Oyosi and Parker, 2002). A recent study was conducted on responses given by 3-4 year olds, 5-6 year olds and 7-9 year olds to questions on HIV/AIDS (Vosloo, 2003). In the 3-4 year old group, most children did not know what HIV/AIDS was or how it was transmitted. The children who did know tended to come from urban areas. About half of the 5-6 years olds did not know about HIV/AIDS and those who knew, almost 77% did not know how it was contracted. Most of the children who did not know about HIV/AIDS came from KwaZulu Natal and the Western Cape, while those who knew tended to come from Gauteng.

The data from the 7-9 year old group is difficult to assess because the researcher indicated that some children were not willing to talk about HIV/AIDS. In this group about half of the children knew about HIV/AIDS .The children indicated that ‘knowing’ about HIV/AIDS meant HIV as a sickness, a sickness in the blood, a sick person, a very thin person. Only 20% of those who knew about HIV/AIDS indicated that HIV was transmitted through sex.

Fox, Oyosi and Parker (2002) in South Africa, children get their knowledge of HIV/AIDS from radio and television or from their peers. Like youths, young

children seem unlikely to get their sex education from their parents, and possibly not at school. A study, cited in Fox, Oyosi and Parker (2002) among disabled primary school children outside Johannesburg showed that girls and boys between 10 and 14 were unsure about the biology of sexual reproduction and physical development.

Kelly, et al (2001) argues with regard to research and what children know about HIV/AIDS that there are some key gaps. There is little research, for example on the transition children make from primary to high school, whether their knowledge is adequate or if they are more prone to risk.

9.2 Skills, practices and behaviours:

- Although it varies by region and in different communities, generally boys and girls begin sexual activity in their mid-teens. However, sexual debut does not necessarily mean that consistent sexual activity follows.

- Children living in rural areas tend to have their sexual debut earlier. Children living in situations of poverty also have early sexual experiences.

10. Government policy interventions

In November 1995, the Department of Health and Department of Education formed the National Coordinating Committee for Life Skills and HIV/AIDS. The committee was tasked with developing a life skills/HIV education course in secondary schools and planned for the course to be nationwide by January 1998 and fully implemented by 2005. A lifeskills and HIV/AIDS teacher project conducted in 1997/8 seems to have had little impact. The impact of this has been limited partly due to insufficient attention by principals, lack of teacher commitment and a prescriptive approach to dealing with HIV, lack of time and space in curricula, resource issues and generally poor integration with planning frameworks and in the Department of Education (Kelly, Parker and Oyosi (2001)

The main intervention with potential reference to young people of Soul Buddyz age group are the 2002 Draft Plans of Action on Sexuality Education. [7] These encompass whole school measures aimed and HIV/AIDS life orientation. A sexual education focus has been introduced into the Life Orientation learning area

[7] These were put forward at the Protecting the Right to Innocence: Conference on Sexuality Education.

curriculum outcomes from Grade R.[8] The outcomes for Grades 6 and 7 make reference to HIV/AIDS and sexuality education and the Department of Education has been involved in the development of teaching programmes and materials as have NGOs, publishers and Khomanani (through its Red Ribbon resources). Implementation is a provincial capacity and implementation and evaluation across the provinces seems to vary widely with little information provided on department websites.

Government interventions focus around provision of materials, training of teachers event-based interventions focused around Khomanani. In the recent survey Khomanani was found to have lower reach across the South African population than other national HIV/AIDS campaigns (HSRC, MRC,CADRE (2005). Mention is made of initiatives being developed by National Departments of Health and education around peer education to supplement programmes of teacher led work but more information was not available online. The Department of Education has also developed a booklet for parents explaining why there is a focus on HIV/AIDs in schools. [9] This does not deal with sexuality education.

In preparing this literature review additional information on implementation of the curriculum was not found via web searching and there were no indications of initiatives aimed specifically at the target (8-12) group for this review.

The most comprehensive evaluation of the impact of exposure to Life Skills Education is the Horizons Transitions to Adulthood (Transitions to Adulthood Study Team, 2004) with data from KwaZulu Natal.

The report identifies implications for the provision of life skills education in South Africa.

- *Knowledge of reproductive health/STIs/HIV is generally good, but could be improved as there are many gaps in knowledge remain.*
- *Life skills education should equally emphasize all methods of preventing pregnancy and transmission of STIs and HIV. The results of this study suggest that students who are exposed to life skills education have increased their use of condoms, but there was no impact of exposure on other sexual behaviours such as abstinence and number of partners perhaps because this is the message that was retained or because life*

[8] Revised National Curriculum Statement Grades R-9 (Schools). Life orientation http://www.education.gov.za/DoE_Sites/Curriculum/Final%20curriculum/policy/policy.htm
[9] http://www.education.gov.za/mainSearch.asp?src=AZsearch&xsrc=h

skills education is focusing on condom use and less on other means of preventing pregnancy, STIs, and HIV.

- *Life skills education should support secondary abstinence, which is already changing due to other factors. The results show that secondary abstinence has increased during the study time period. However, this change was not attributable to exposure to life skills education. Clearly youth view secondary abstinence as an important option and this behaviour should be supported through the life skills program.*
- *A gap in exposure to life skills education among the different racial groups needs to be further narrowed.*
- *Life skills education should focus on younger youth. The results showed stronger effects among younger youth as compared to older youth, suggesting that life skills education should move more towards younger ages.*
- *Females have high knowledge, but are unable to act on that knowledge. Life skills education should focus on skills to overcome barriers to sexual behaviour change.*
- *There is a need to strengthen behaviour change among males.*
- *Life skills education should be tailored to the needs of different groups. This study revealed important differences in sexual behaviours by age, sex, and population group.*

(Transitions to Adulthood Study Team, 2004)

Most positions argue that life skills education has been inadequate in dealing with the urgency of the HIV/AIDS problem. as many of the studies referenced have noted. Additional reasons given for the lack of success given are that teachers have been reluctant to teach sexuality curricula, there are too few materials in the system, INSET programmes are not comprehensive or systematic enough and not all teachers are getting adequate training in PRESET.

InWent (Capacity Building International, Germany) in consultation with a range of stakeholders put forward strategies to respond to needs of learners and educators affected by HIV/AIDS. They argued that given the relative lack of success of thus far unworkable lifeskills/sexuality programme and the long term nature of developing and implementing a comprehensive approach in a contest of many pressing commitments, there needed to be two routes for strategic planning.

- A long term developmental approach to care counselling and prevention where the aim is behaviour change of learners, teachers, parent and others

- A more rapid short term humanitarian approach to saving lives now , keeping learners in school while supporting capacity to deliver on the longer-term behaviour change.

These recommendations address teacher capacity as well as complementary actions to address the urgency of the situation while the longer term, necessary but not sufficient, process of curriculum development and implementation takes place. They argue that it is important to realise that a new curriculum and `new teachers' is not an adequate response for HIV/AIDS prevention in the short term. There is a strong need for continued and scaled up interventions from a range of providers.

11. Effective interventions and best practices

11.1 School-based and young person focused interventions

Evaluations usually identify changes related to knowledge, values and attitudes which are important but rarely enable us to determining behaviour change Variations of success may be related to how the programme is implemented. Bringing about change in these close settings appears to be related to styles of teaching and the nature of facilitator action. I have tried to pull out programmes that have set themselves up to either specifically look at sexuality issues and not just HIV/AIDS prevention and have adopted methodologies that have based their educational approaches on critical thinking, talking to children and valuing their input, being age appropriate and providing support and training for appropriate facilitators.

Several publications and data bases provided reviews of literature or details of best practice programmes with varying definitions of best practice. Most given as examples below do not deal directly with the 8-12 year old group. There are many references to Soul Buddyz and Soul City but I have not focused on these. Examples quoted from South Africa are interventions with adults and older youth but are included because of their focus on gender, sexuality, communication issues. The publications or websites from which information is taken contain contact details for most programmes.

UNAIDS provide a useful summary of their definition of best practices in school aids interventions.

Best practices in school-based interventions include:

- *Creating a partnership between policy-makers, religious and community leaders, parents, and teachers, and using this partnership to set sound policies on AIDS education*
- *Designing a good curriculum and/or a good extracurricular programme, adapted to local culture and circumstances, and with a focus on life skills rather than biomedical informationTeaching primary and secondary students to analyse and respond to social norms, including understanding which ones are potentially harmful and which ones protect their health and well-being*
- *Good training, both for the teachers themselves and for peer educators – young people from the same age group, specifically selected to educate their friends and acquaintances about AIDS*
- *Starting HIV prevention and health promotion programmes for children at the earliest possible age, and certainly before the onset of sexual activity. Effectively, this means that age-appropriate programmes should start at the primary school level.*

UNAIDS (2000:172)

Their database contains many examples of programmes, particularly peer learning interventions with sufficient details of difficulties experienced and lessons learned[10] with contact details. A few are highlighted below.

- **Skills for Healthy Relationships (Canada)** Schools-based interventions and services **aimed at** children and young people (14 yr olds)

- **Peer Educators for Young People (Denmark)** The main objective was to develop a programme of peer educators to increase young people's knowledge about sex and thereby enable them to make their own decisions about sexual activity and its consequences.

---

[10] UNAIDS (2000) *Summary Booklet of Best Practices*, Issue 2, UNAIDS, Geneva. Available from www.umich.edu/~spp638/Coursepack/prog-**bestpractices**.pdf

- **Save Your Generation Association (Ethiopia)** The main objective was to change the health behaviours, including the sexual behaviour, of out-of-school young people in Ethiopia through peer education, through participatory and entertaining means, like puppet shows, dramas, and songs, The project takes into account young people's need for income by including income-generating activities along with its health message.

- **Mathare Youth Sports Association (Kenya)** Mathare is the largest slum area in the Kenyan capital, Nairobi. MYSA began in 1987, when a football league was formed with the dual purpose of carrying out environmental clean-ups and organizing sporting activities. A decade later, it was Africa's largest football club (410 boys' teams and 170 girls' teams). The aim is to promote social responsibility and leadership both on and off the field. MYSA has been training its footballers to be peer educators about HIV. The adolescents stress abstinence from sex; but for those who are sexually active, they emphasize the importance of using condoms and staying faithful to one partner. MYSA peer educators talk about the problems of boy–girl relations, particularly the problems that arise when boys base their self-esteem on sexual conquests, and girls base theirs on having boyfriends. Peer educators aim to provide information and improve communication skills, with the goal of changing values and attitudes.
- **Zigzaids** Reports on a game for young people (evaluated with 10-12 yr olds) where they must answer questions and justify choices. I was unable to locate both reviews mentioned but Leeds Database commented on the poor quality of articles. Several references to board games for young people came up in the literature but there were no indications of quality or usefulness as possible catalysts for discussion in sexuality education.
- **DramAidE** Is an example of an innovative, favourably reviewed initiative in lifeskills development (see Harvey *et al* 2000). This is a South African intervention aimed at high school students, teachers and communities. It builds on participatory learning theories of Paulo Freire and Augusto Boal. For young people in schools a play is presented and students are given an opportunity to attend drama workshops to develop their own plays through participatory techniques to be presented at an open day with drama song and dance. It is based at University of KZN, Durban. Evans, et al (1998) describe a complimentary project in the UK. (See Kelly, Parker and Oyosi (2001:48) for more discussion.

- **Stepping Stones** Stepping Stones is a peer-group, participatory method of workshopping negotiation and decision-making skills for youth based on a social learning theory model. They aim to empower participants to increase control over their sexual relationships and focus on `axes of differences' in communities e.g. age and gender. Originally used in Uganda, it was adapted for the South African context by the Medical Research Council and the Planned Parenthood Association in 1998. They also focus on gender roles and gender violence. Key features of the programme are a focus on all sections of the community. Paine et al (2002) provide information on Stepping Stones in the Gambia.

There are many other programmes and different stages of development but I did not have sufficient time to locate documents about their scope of these interventions. Kelly, Parker and Oyosi (2001:49) provide brief information of several initiatives. Church-based groups e.g. *Scripture Union* and *Youth for Christ* have a wide range of activities and both endorse abstinence in relation to HIV/AIDS protection.

Although the to programmes are not identified (common practice in journals), Warwick and Aggleton, 2004 and Campbell and McPhail (2002) provide evaluations of peer education programmes that contain useful discussions of both effectiveness and difficulties in working with sexuality and young people.

11.2 Community actions

The Leeds Health Education Database of Community-based programmes for controlling AIDS and STDs and provides a summary of interventions. None of the programmes included specifically targets young people in this age group and meet with varying degrees of success in meeting objectives. There are some more interesting discussions of approaches and successes related to a range of target groups.11

Community-based behavioural interventions are numerous but have largely not shown themselves to be effective in the developing world in terms of prevention of STDs/HIV (as measured by self-reported condom use and knowledge of HIV).

[11] Leeds Health Education Database (2003). Interventions to control AIDS and Sexually transmitted diseases. Retrieved 15 /12/05 from http://www.hubley.co.uk/db-aids.htm

Some examples of good practice are also suggested by the World Bank 2003. These interventions were not based in schools and do not deal directly with the SoulBuddyz age group but some deal with groups where the ages overlap and are examples of broader community interventions in relation to sexual health.

Straight Talk Foundation: Uganda The Straight Talk Foundation has a print media and outreach campaign that began in 1993 with the Straight Talk newspaper. The overall aim of the program is to increase adolescents' (and adults') understanding of adolescent sexuality and reproductive health. It also aims to promote safer sex and the development of life skills, as well as to raise awareness of child and adolescent rights. The program targets 10- to 14-year-olds with the Young Talk newspaper and 15- to 19-yearolds with the Straight Talk newspaper. An evaluation of the program has shown that the majority of adolescents have access to and read the newspapers and listen to the radio shows, and this is raising awareness of important adolescent sex and reproductive health issues. The Straight Talk program has directly responded to the information needs of adolescents, and its work is increasingly recognized and appreciated by the government.

Copperbelt Health Education Project (CHEP): The In-School Program: Zambia The Copperbelt Health Education Project (CHEP) focuses on health education and HIV/AIDS prevention in the Copperbelt province of Zambia. CHEP has focused its efforts by working under three specific target program units: The in-school program is CHEP's largest program in terms of reach and resources and, together with the out-of-school youth program, represents the core of CHEP's work. The in-school youth program comprises children and youth aged 3 to 35 years in preschools, basic schools, secondary/high schools, colleges, universities, as well as children with special needs. The main goal for the in-school program is to ensure that children and youth form and maintain behaviours that will not put them at risk of contracting STDs and HIV. The main components of the in-school program include Anti-AIDS Clubs, the Sara Communication Initiative, Education Through Entertainment, Games for Life, and youth-friendly health services.

Planned Parenthood Association of Zambia (PPAZ), Family Life Movement of Zambia (FLMZ), and Swedish Association for Sexuality Education (RFSU): Kafue Adolescent Reproductive Health Project (KARHP), PeerEducation Through Family Life Education Clubs KARHP is a multifaceted school-, community-, and clinic-based intervention that began in 1997 in the Kafue district of Zambia. The overall aim of the program is to develop strategies for the delivery

of sexual and reproductive health (SRH) and family life education (FLE) information and services to in-school youth between 10 and 24 years of age. To achieve this, the program adopted an approach called “triple Ps”: peers, parents, and providers. Trained peer educators, parent-elder educators, and health providers act as channels to deliver SRH and FLE information and services to in-school youth, as well as to mobilize and sensitize the wider community. The program is now under the control of the District Offices of the Zambian Ministry of Health, Ministry of Education, and Ministry of Community and Social Development.

Africare: Adolescent Reproductive Health Project; AIDS Action Clubs In Schools Zimbabwe The clubs target youth aged 10 to 24 years in both primary and secondary schools. The goal of the program is to contribute toward a reduction in the transmission of HIV/AIDS through effectively reaching adolescents with reproductive health information and promoting positive attitudes and behaviour. The project has two main components: AIDS Action Clubs, which involve peer education, life skills training, and awareness of child abuse, and income generation activities to promote self sufficiency.

Midlands AIDS Service Organisation (MASO): Youth Alive Initiatives Project: Zimbabwe` The Midlands Aids Service Organisation (MASO), a Zimbabwean NGO, started the Youth Alive Initiative Project in 1996. The program targets 10- to 24-year-old, in- and out-of-school youth in urban and rural areas of the Midlands province of Zimbabwe. It aims to encourage safer sexual practices among youth, reduce the prevalence of HIV/AIDS in the general population, and promote positive living among people who have been infected and affected. To achieve these aims, volunteer teachers are trained to lead youth clubs. Young people become members of the clubs voluntarily, and those who attend are trained by the teachers in peer education and adolescent sexual and reproductive health issues. These youth then disseminate information among their peers to encourage life skills development, communication, and behaviour change. This dissemination takes place either on a one-to-one counselling basis or during outreach activities. These activities involve performances for youth and other community members

.

loveLife loveLife is one of the largest and most ambitious HIV prevention efforts in the world today. The program aims to reduce the incidence of HIV among 15- to 20-year-olds in South Africa by at least 50 percent over the next five years and is a brand-driven, national program targeting 12- to 17-year-olds. It focuses on reducing the negative consequences of premature and adolescent sex by promoting sexual health and healthy lifestyles for young people. Its program

consists of three main components, a media campaign that includes television, radio, and print advertising, a social response that includes the establishment of youth centres and adolescent-friendly clinics and a research component that informs the development of the program and undertakes evaluation and monitoring. Although well reviewed in this study, there has more recently been concern about the programmes impact and efficiency.

13. Conclusion

Although I attempted to stay within the bounds of sexuality issues related to young people in the 8-12 age group, the lack of data specific to this group made it necessary to examine research for the older group which was usually post-15. The danger is in selection from a large literature in possibly conflating the diversity of young peoples experiences across contexts.

Young people in the target age group are the group that is currently less affected than other groups. They are however on the brink of moving into the age group that is most disproportionally affected by HIV/AIDS (especially for young women). Increasingly studies are advocating interventions with this age group that prepare them better for protecting and handling themselves in relation to HIV/AIDS. Education policy makers are responding by broadening the Life Orientation curriculum to extend it to this group. Despite an emerging call for the necessity for intervention there are many issues and potential barriers to change to consider in advocating for a focus on sexuality and, in so doing, challenging the sexual behaviour that arises from current dominant notions of sexuality.

Arguing from the perspective of human rights-based framework and specifically addressing policy in the UK, Aggleton and Campbell (2000) report on international consensus-building initiatives to develop normative statements describing the principles of effective work in the fields of health promotion. They refer to The Ottawa Charter for Health promotion, the Adelaide Declaration and the Jakarta Principles all targeting public policy for health and well-being. HIV/AIDS (UNAIDS) emphasises the rights of young children to information and other resources to protect themselves against infection (UNAIDS, 1997)

While the South African Constitution has been developed within rights-based framework young peoples' expressions of what they want and need to know in order to negotiate the sexual world are currently not being provided adequately. Current power relationships make it difficult for girls to influence when and how

sex occurs and it is the current gender-based power relationships that need to be the target of intervention. This requires change in sociocultural norms, values and practices that promote gender stereotypes and power imbalances between men and women. It is unlikely that this change will occur without strong role modelling of alternative masculinities and femininities. It is clear that currently some in the schooling context and many adults in the community are not providing this for young people. Addressing the sexual health school ethos and relationships amongst staff and young people is vital.

Research with young people indicates that they are affected by the mixed messages they receive about sexuality, sexual behaviour and HIV/AIDS from the world around them, which range from mixed messages about limiting partners, use of condoms, the existence of AIDS and pressures of an increasingly materialistic culture. Teachers in South Africa and elsewhere struggle to mediate these mixed messages, struggle with information and misinformation and deliver sex education in ways that tries to appease multiple stakeholders (parents and government) but does not seem to meet the needs of many young people. Interventions from other sources are urgently needed while attempting to provide the support that keeps children in school and improve the learning they are offered.

There is an untested assumption that parents object to their children being taught about sexual education while simultaneously parents talk of their feelings of inadequacy in not knowing how to help or speak to their young children. There are also concerns that to teach children about sex will encourage them to have more of it despite research to the contrary (see UNAIDS, 1997)

Interventions with young people in Africa highlight pedagogic issues as of being importance in affecting the perceived success and reception of sexuality programmes and possibly their outcomes. Sexuality education focusing on examining gender, constructions of sexual identity and the critical thinking and empowerment which are crucial for their success (Campbell *et al*, 2005) require methodologies emphasising self- reflection. Some reports indicate that young people more used to didactic styles of teaching initially have difficulties with knowing what is expected of them in open-ended discussion and reflective questions and many teachers are uncomfortable and unfamiliar with working in this manner. However, in the right context young people are eager to talk and eager for information. Teachers also indicate that they are not comfortable with discussing sex and sexuality. Reviews of Life Skills programmes indicates that

they often work with the aspects of programmes requiring knowledge (the biomedical frameworks) but are less comfortable and able to work with skills (conflict and negotiation) and discussions of sex and sexuality. Trusted and well-trained outsiders and peers seem to do this better. Outside facilitators are often better received and may be more skilled and messages from TV and radio are well-received.

One-off events or lessons appear to have limited impact and there is a need to develop contexts where young people can exercise some leadership in relation to programmes aimed at them and where their input is valued. Many of the life skills and sexuality education programmes have been developed based on classic cognitive and behavioural theoretical frameworks that have informed many western and other international approaches to sex education over the past decade (Moote and Wodarski 1997). These models do not adequately deal with how decision making processes are influenced by factors embedded in cultural meaning systems in different contexts (Mlungwana, 2001). This debate can and is used as an argument to either advocate resistance to the programmes because of this or to argue that it is important for a `new' culture of response to be built up so that each new safe sex act doesn't have to be negotiated (Ntlabati *et al* 2001). As these negotiations are weighted in favour of males at present sexuality and sexual health programmes have to focus on trying to facilitate such change while simultaneously proving coping strategies for dealing and living in the present.

14. References

Aggleton, P. & Campbell, C. (2000). Working with young people-towards an agenda for sexual health. *Sexual and Relationship Therapy*, 15,3. 283-296.
Badenhorst, C. (2003). *Children and HIV/AIDS in South Africa: A Literature Review*. Unpublished report commissioned by Takalani Sesame, SABC. 18 November 2003.
Bernardi, L. (2002). Determinants of individual AIDS risk perception: knowledge, behavioural control and social influence. *African Journal of Aids Research*, 1,2
Bohmer, L. & Kirumira, E. (2000). Socio-economic context and the sexual behaviour of Ugandan out of school youth. *Culture, Health and Sexuality*, 2,3 269-285.
Campbell, C. & MacPhail, C. (2002). Peer education, gender and the development of critical consciousness: participatory HIV prevention by South African Youth. Social *Science and Medicine.* 55. 331-345.
Campbell, C., Foulis, C.,Maimane, S. & Sibiya, Z. (2005). Theimpact of social environments on the effectiveness of youth HIV prevention: A South African case study. *AIDS Care* 17,4 471-478.
Department of Education (2001). *Protecting the Right to Innocence: The Importance of Sexuality Education.* Report of the Conference on Sexuality Education (19-21 August 2001).
DoE (2003). HIV/AIDS in your school : What every parent needs to know Retrieved from 11/01/2005 from http://www.education.gov.za/mainSearch.asp?src=AZsearch&xsrc=h
DoE (n.d.) *Revised National Curriculum Statement Grades R-9 (Schools). Life orientation.* Retrieved 5/1/2005 from http://www.education.gov.za/DoE_Sites/Curriculum/Final%20curriculum/policy/policy.htm
DoH/MRC/WHO (2003). *Health Environments for Children: A report on events in South Africa to Observe World health Day April 2003*, Pretoria: Medical Research Council.
Evans, D., Rees,J., Okagbue, O. & Tripp, J. (1998). Negotiating sexual intimacy A PAUSE develops an approach using peer-led, theatre-for –development model in the classroom. *Health Education*. 98, 6 230-239
Fikelela AIDS Project (2005). Youth and Sexuality Research Ages 12-19 years in the Diocese of Cape Town South Africa. Retrieved 10/1/2006 from www.fikelela.org.za/downloads/ fikelela_aids_project_research.pdf
Fox, S., Oyosi, S. and Parker, W. (2002) *Children, HIV/AIDS and Communication in South Africa: A Literature Review*. CADRE.
Gwanzura-Ottemőller, F. & Kesby, M. (2005). `Let's Talk About Sex, Baby…': Conversing with Zimbabwean Children about HIV/AIDS. *Children's Geographies*. 3,2 201-218.
Hallam, K. (2005). Gendered socioeconomic conditions and HIV risk behaviours among young people in South Africa. *African Journal of Aids Research*, 4, 1 37-50
Harrison, A. (2005). Young people and HIV/AIDS in South Africa: Prevalence of infection, risk factors an social context. In S. Abdool Karim & Q. Abdool Karim (Eds). *HIV/AIDS in South Africa*. Cape Town; Cambridge University Press.
Harrison, A. (2002). The school dynamics f adolescent risk for HIV: using research findings to design a school-based intervention. *Agenda,* 3:43-52.
Harvey, B., Stuart, J and Swan, T (2000). Evaluation of a drama-in education programme to increase AIDS awareness in South African high schools: a randomized community intervention trial. *International Journal of STD and AIDS*. 11,2:105-11
Human Sciences Research Council (2002a) Nelson/Mandela/HSRC study of HIV/AIDS: South African National HIV Prevalence, Behavioural Risks and Mass Media. Human Sciences Research Council Publishers, Cape Town.
InWEnt (2003). *HIV/AIDS and Teacher Education: synopsis of observations and principal conclusions.* Consultation on HIV/AIDS and Teacher Education in East and

Southern Africa, Kopanong Conference Centre, Benoni/Johannesburg, 28-30 October 2003. Retrieved 10/1/06 from http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=3147_201&ID2=DO_TOPIC

Ireland, E and Webb, D. (2001). No Quick Fix: A sustained response to HIV/AIDS and children. Report of the International Save the Children Alliance. Retrieved from www.savethechildren.org.uk

Kelly, P., Parker, W. and Oyosi, S. (2001) Pathways to Action: HIV/AIDS Prevention, children and young people in South Africa. CADRE and Save the Children.

Kesby, M. (2000). Participatory diagramming as a means to improve communication about sex in rural Zimbabwe: a pilot study. *Social Science and Medicine*, 50. 1723-1741.

Manzini, N. (2001). Sexual initiation and childbearing among adolescent girls in KwaZulu Natal, South Africa. *Reproductive Health Matters.* 9, 17. 44-52.

McPhail, (2003). Challenging dominant norms of masculinity for HIV prevention. *South African Journal of AIDS Research*, 2,2 141-149.

Milton, J. (2003). Primary School Sex Education Programs: views and experiences of teachers in four primary schools in Sydney, Australia. *Sex Education* 3,3.241-256

Mlungwana, J. (2001) Cultural dilemma in Lifeskills education in KZN: Umbonambi Primary School Project. Paper presented at the AIDS in Context conference, Johannesburg, April. South African History Archive Trust, University of the Witwatersrand.

Moote, G.T. and J.S. Wodarski. 1997. The acquisition of Life Skills through adventure-based activities and programs. A review of the literature. *Adolescence.* 32(125):143-67.

Nduna, M., Jama, N. and Jewkes, R. (2001) Stepping Stones Preliminary Findings. Paper presented at the AIDS in Context conference, Johannesburg, April. South African History Archive Trust, University of the Witwatersrand.

Ntlabati, P.,Kelly, K. & Mankayi, A. (2001). The First Time: An Oral History of Sexual Debut In A Deep Rural Area. Paper presented at the AIDS in Context conference, Johannesburg, April. South African History Archive Trust, University of the Witwatersrand.

Nyanzi, S. (2004). Porno, Peers and Pleasure: Pertinent Sources of Sexuality Education for Adolsescents in Sub-Saharan Africa. *Sexuality in Africa Magazine* 1, 2. Retrieved 5/1/06 from http://www.arsrc.org/resources/publications/sia/dec04/viewpoint.htm

Paine, K et al (2002). Before we were sleeping, now we are awake': Preliminary evaluation of the *Stepping Stones* sexual health programme in the Gambia. African Journal of Aids Research, 1,1 39-50.

Parker, W. (2004). *Re-thinking conceptual approaches to behaviour change: the importance of context.* Retrieved 12/12/2005 from www.cadre.org.za/pdf/pdf/CANBehaviour.pdf

Pattman, R. & Chege, F. (2003a). *Finding our Voices: Gendered and Sexual Identities and HIV/AIDS in Education.* UNICEF:Nairobi.

Pattman, R & Chege, F. (2003b). `Dear diary I saw an angel, she looked like heaven on earth': Sex talk and sex education. *African Journal of AIDS Research*. 2, 2.103-112.

Pattman, R. (2005). `Boys and girls should not be too close:' sexuality , the identities of African boys and girls and HIV/AIDS education. *Sexualities* 8, 4. 501-520

Reddy, P. et al. (2003). *Programming for HIV Prevention in South African Schools. Horizons research Summary.* Washington D.C.: Population Council.

Save the Children. (2002). Childhood Challenges: South Africa's children, HIV/AIDS and the corporate sector. Save the Children UK, Arcadia, Pretoria

Skinner, D. (2001). How the youth in two communities make decisions about using condoms. Paper presented at the AIDS in Context conference, Johannesburg, April. South African History Archive Trust, University of the Witwatersrand.

Thorpe, M. (2001). Shifting discourse – Teenage masculinity and the challenge for behavioural change. Paper presented at the AIDS in Context conference, Johannesburg, April. South African History Archive Trust, University of the Witwatersrand.

Transitions to Adulthood Study Team. 2004. Transitions to Adulthood in the Context of AIDS in South Africa: The Impact of Exposure to Life Skills Education on

Adolescent Knowledge, Skills, and Behavior,. Horizons Final Report. Washington, D.C.: Population Council. Retrieved 13/01/2006 from http://www.popcouncil.org/**horizons**/ ressum/salfsklls/salfskllssum.html
UNAIDS (2000) Summary Booklet of Best Practices, Issue 2, UNAIDS, Geneva. Retrieved 9/1/05 from www.umich.edu/~spp638/Coursepack/prog-**bestpractices**.pdf
UNAIDS. (1997). Learning and Teaching about AIDS at School (Best Practice Collection) Geneva: UNAIDS
Van de Ven P. & Aggleton, P. (1999). What Constitutes Evidence in HIV/AIDS Education? *Health Education Research*, 14. 461-471.
Vosloo, B. (2003) HIV/AIDS Responses: Additional Insights into ACNielsen Omnibus Surveys (urban) in July 2002 and April 2003, Report prepared for Takalani Sesame Project, SABC Education, Johannesburg.
Walsh, S. Mitchell, C. and Smith, A. (2002) The Soft Cover Project: Youth participation in HIV/AIDS interventions. *Agenda*, 53, 106-112.
Warwick, I & Aggelton, P. (2004) Building on Experience: a formative evaluation of a peer education sexual health project in South Africa. *London Review of Education*. 2,2 137-152.
Wellborn, A. (2002) Stepping Stones: Shifting gender inequities to combat HIV. *Agenda*, 53, 54-59.
World Bank (2003). *Education and HIV/AIDS : a sourcebook of HIV/AIDS prevention programmes.* Retrieved 14/12/05 from http://www.unesco.org /education/ibe/iche