

# Breaking sex education taboos in Africa to tackle AIDS

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New research focusing on educating young people about sex and HIV/AIDS in Africa is using innovative techniques – such as ‘photo-voice’ and role-play – to discover what African children know about sex and where they learn it from.

In the absence of a cure or vaccine for HIV/[AIDS](#), educating [children](#) about safe sex is regarded by many as the primary means for prevention – the United Nations and others have described it as “the social vaccine” – but the question of how best to do this has long been debated.

The need for such efforts remains acute but is fraught with difficulty as deep-rooted socio-cultural, religious and moral constraints remain barriers to effective [sex education](#) across Africa and beyond.

Over a two-year period, a team of researchers from the University of Cambridge’s Centre for Commonwealth Education, along with others in the UK and three countries in Africa, approached the problem by thinking beyond the classroom and asking a fundamental question: how much do children know already?

“We worked with children at grade 6 in primary school [median age 12] because this is the final year of compulsory education in the countries we were working in, Kenya, Tanzania and South Africa, and also because of a common perception that primary age is too young – that educating this age group is a risk rather than a protective factor,” said Dr. Colleen McLaughlin, who leads the ASKAIDS project.

“Perhaps one of the more surprising findings was that their sexual knowledge was already wide-ranging.”

The researchers used a technique called ‘photo-voice’, providing children with cameras to make a record of the people, places and things from which they learned about sex, love, AIDS and relationships – the resulting images are powerful and revealing.

“The young people have a vigilant awareness of a highly sexual world around them, including prostitution, pornography and drug-related sex, and a fairly sophisticated knowledge of adults’ sexual practices,” said McLaughlin. “So much so, that it’s clear that children are at risk if treated as innocents in HIV/AIDS education.”

Asked to give their perceptions of current AIDS education classes and how they desired these classes to be, the children described how the curriculum centred on the giving of factual information – facts that they found difficult to connect to the confusing and mysterious world around them. Moreover, they felt that they couldn’t share their own knowledge with adults.

As one South African schoolboy from grade 6 put it: “The teachers are careful with us because they think we are still young... They think we are going to be naughty or sometimes experiment what they told us... [but] who wants to experiment with AIDS?”

“When the teachers, parents and members of the community were presented with the findings, they were surprised and concerned at the extent of the young people’s knowledge,” explained researcher Dr Susan Kiragu.

“They thanked us for coming because it gave them a kind of ‘permission’ to talk about this sensitive, almost taboo, area, without feeling they were

corrupting the children.”

The project created what the researchers call a dialogic space; an opportunity for the children to ask questions based on what they already know, and for the teachers and the parents to respond openly and honestly.

“The format we devised for the dialogues was engaging, interactive and rooted in the reality of the children’s experience – what is in fact simply a model of good sex education,” explained McLaughlin. “Because we want this to be a sustainable programme that will continue long after the duration of the project, we packaged the findings as a toolkit to support teachers through the process.”

In addition to in-depth interviews and focus-groups, conducted with children and adults separately, the researchers invited children to create their own mini-documentaries – involving group work and role-playing – to make up part of the toolkit. For example, in Kenya, the pupils portrayed moral stories about [HIV](#)/AIDS, such as pupils sneaking out of class to have sex, or a mother trying to influence her daughter to stop schooling and join her in prostitution.

“These role plays enabled pupils to voice their views, no matter how sensitive or incriminatory, in a de-personalised way,” said McLaughlin. “Overall, we found that children want a more interactive sexual education that allows them to engage with their own knowledge – and talk openly about their lack of knowledge.”

“They are concerned that the information they get is unrealistic and all too aware that it doesn’t reflect the world in which they live.”

The toolkit and a process for curriculum development is now being trialled in Botswana, Ghana, Kenya, South Africa, Swaziland and

Tanzania. As the researchers gather the results of the trial over the next few months, the hope is that their innovative programme has offered the means to deliver the “social vaccine” by transcending cultural barriers to learning.

Provided by University of Cambridge

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