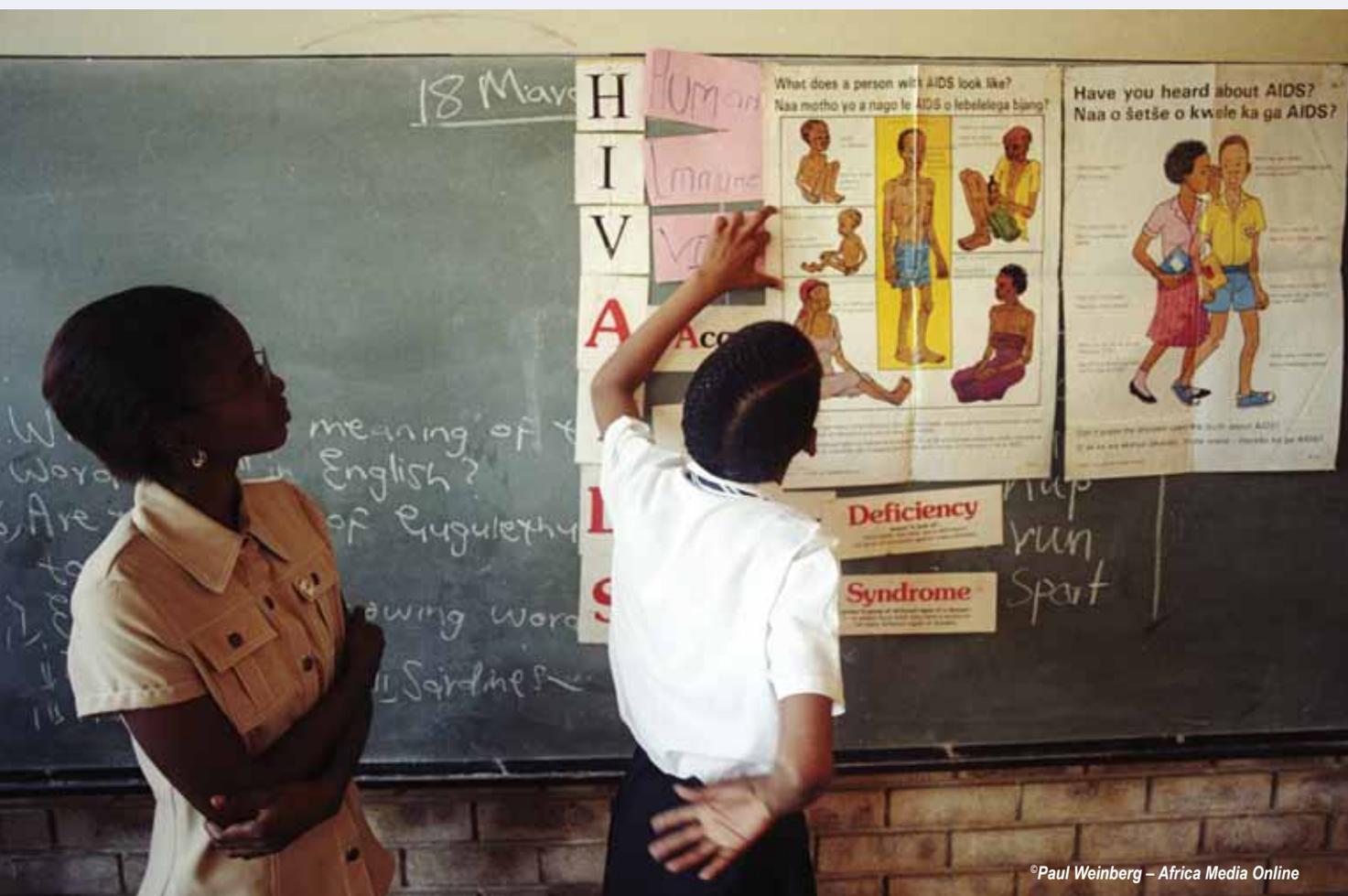


Let's talk about **HIV AND AIDS**

A study of 15 schools in six African countries examined whether a process of dialogue between teachers, community members and Grade 6 learners could help build a participatory curriculum in HIV/AIDS and sex education that takes into account learners' knowledge of sexuality. *Duncan Scott, Sharlene Swartz, Colleen McLaughlin and Susan Kiragu* report that participants' attitudes towards the curriculum and each other changed over the year, but it involved developing strategies to transcend cultural barriers to learning.

The African Sexual Knowledges study, conducted in collaboration with the University of Cambridge and funded by the Commonwealth Education Trust, focused on schools in South Africa, Swaziland, Botswana, Tanzania, Ghana and Kenya. The first phase resulted in a book entitled *Old Enough to Know* (HSRC Press, 2012) and showed that Grade 6 learners living in poor communities invariably know more about sex than adults (including educators) and the school curriculum are willing to acknowledge.

In Phase 2, an innovative consultation process was designed to enrich the Grade 6 HIV/AIDS and sex education curriculum to address this gap between 'everyday' informal sexual knowledge and 'school-based' sexual knowledge.



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Learners' existing sexual knowledge should not be underestimated or ignored when planning sexual education

Local culture was often cited as a barrier to speaking about sexuality, HIV and AIDS

Methods

Drawing on results from Phase 1 research, we designed a toolkit for practitioners to give educators a starting point from which to consult Grade 6 learners on their informal sexual knowledge. We used these toolkits to gather information through activities suggested in the toolkit. Educators met twice in a term with a small curriculum development group (CDG) comprising four learners, two community representatives and an NGO-based HIV/AIDS consultant to act as a resource to the group.

The CDG was tasked with supporting the teacher in planning new, participatory curriculum activities. As a nodal point between the school and community, the CDG embodied the project's aim to begin a sustainable and careful consultative process that would require minimal external involvement, relying instead on local initiative. The data gathered using these methodologies, together with lesson observations, qualitative interviews conducted over the course of the year with each of the participants, and pre- and post-test questionnaires, helped to gauge the influence of the toolkit and consultative model in changing educators' approaches to teaching and the attitudes of participants towards sociocultural restraints. Though the impact of these interventions on individuals differed quite considerably between countries, initial analysis of results shows three salient findings.

Finding

Cultural barriers between adults and children need to be overcome

A common theme among teachers, community representatives (often parents) and children was the frequent reference to local culture during interviews and initial CDG meetings as a barrier to speaking about sexuality, HIV and AIDS.

What differed across countries was the extent to which these traditions continued to limit relationship-building over the course of the project. Teachers in Botswana and South Africa, for example, appeared most restrained by culture. An illustration of how these mores impacted on the possibility of dialogue was the outcome of the first CDG meeting in a Langa-based Cape Town school. At the close of a strained 30-minute meeting, the life orientation educator declared with finality that the learners would not speak while teachers were present.

The tension between educators and learners never left the CDG entirely, but participants nonetheless became more open with each other as they met regularly over several months. The HIV/AIDS consultant, as a third party who could act as an intermediary between generations, proved to play a vital role in this transition toward listening to each other's opinions.

HIV/AIDS consultant a necessary presence

In South Africa, where trust between adults and children develops relatively slowly, the consultant acted primarily to overcome this barrier. While similar barriers existed to a lesser extent in Swaziland, educators there most valued the consultant's presence as a coach on issues pertaining to HIV and AIDS. While one Ghanaian teacher commented that the consultant was providing insufficient support, the consultant proved pivotal in providing educators with information and teaching material for lessons planned during CDG meetings. This trend was noted across the countries that the consultant, either as a specialist on HIV and AIDS or as an enabling third party, was central to the success of the process.

Improved confidence among some learners and teachers

Though the project was intended to impact all Grade 6 learners through improved HIV/AIDS and sex education lessons, a trend across countries was that the most significant changes were seen in children who were part of the CDGs. Several of these learners, though not all, reported increased confidence in sharing their experiences in their group, saying they had begun to 'feel free' among adults. Furthermore, some learners showed initiative in taking up a peer education role. In certain cases this took the form of informally engaging fellow Grade 6s. In other situations, educators gave the CDG learners opportunities in class to give feedback and take questions from their classmates.

Among teachers, instances occurred in each country in which educators indicated that the CDG process helped them to overcome a lack of confidence and gain teaching skills. One Kenyan teacher stated, 'I am a shy person. I didn't know I could organise and chair a meeting. I found now I can do it, I have the courage'. From the Swaziland site, one teacher who was particularly reserved at

the start of the study, was described by his head teacher at the conclusion of the project as having 'moved out of the cocoon'.

Opportunities for change

These three findings give an indication of the importance of opportunities for meaningful discussion between educators, learners and community representatives, both inside and outside the classroom. With respect to the implementation of the consultative process and use of the toolkit, it became apparent through interviews and observation that participants need support on several fronts if the process is to succeed. This is most true of the early stages, when teachers need to be prepared on how to lead the CDG meetings and develop confidence in using the toolkit.

While teacher preparation is primarily a researcher-based support initiative, educators in Botswana and South Africa expressed their desire for increased parent involvement in children's learning experiences. They indicated that parents' lack of interest in children's school lives often results in educators 'going beyond the call of duty for the sake of the kids'. The theme of teacher fatigue and isolation was borne out in one Ghanaian teacher's statement with regard to the project that 'everything is based on the teacher, it is up to the teacher to do everything'. Some teachers perceived the toolkit and CDG meetings as creating an added burden. This was a palpable obstacle to the creation of 'dialogic spaces'.

This project has taken the first steps in outlining the obstacles and facilitators of a community-based and teacher-led process of taking learners' sexual knowledge and pedagogical ideas into account when planning lessons. The themes that have emerged will contribute to future interventions and a revised and simplified toolkit. As an attempt to challenge the way that children's own sexual knowledge has been overlooked, the results of the ASKAIDS project indicate quite clearly that sociocultural barriers can be transcended, though these changes take time.

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