

## Can we use young people's knowledge to develop teachers and HIV-related education?

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**Abstract** Despite recent progress in meeting the goals of the Education for All agenda, certain groups of young people are particularly vulnerable to exclusion and under-achievement, including children with HIV/AIDS, children living in poverty, and children with disabilities. HIV/AIDS has reduced many young people's rights to access education, to live a full and healthy life, and to have a life as a child. This article focuses on attempts to continue to empower young people to protect themselves from HIV by exploring the dynamics around HIV-related education in schools, in particular by examining the role that young people's knowledge can play in improving curricula and thus reducing HIV/AIDS rates. The authors draw on qualitative research in a total of eight schools in Kenya, Tanzania, and South Africa. Preliminary findings suggest that pupil consultation and dialogue can be used to inform thinking on the curriculum for HIV education.

**Keywords** HIV/AIDS education · Curriculum development · Teacher education · Formal and informal education · Young people's knowledge

The United Nations Education for All (EFA) agenda places inclusion and a rights-based approach at the centre of the global education agenda. In 1990, the first World Conference on EFA was held in Jomtien in Thailand. At the conference it was acknowledged that more

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than 100 million of the world's children had no school place and that this presented a major challenge to the international community because schooling was the means to achieve

[...] essential learning tools (such as literacy, oral expression, numeracy, and problem solving) and the basic learning content (such as knowledge, skills, values, and attitudes) [which] are required by human beings to be able to survive, to develop their full capacities, to live and work in dignity, to participate fully in development, to improve the quality of their lives, to make informed decisions, and to continue learning. (UNESCO 1990, Article 1)

Article III, Paragraph 4 of the Declaration called not only for universal access but also for the promotion of equity:

An active commitment must be made to removing educational disparities. Under-served groups: the poor; street and working children; rural and remote populations; nomads and migrant workers; indigenous peoples; ethnic, racial, and linguistic minorities; refugees; those displaced by war; and people under occupation, should not suffer any discrimination in access to learning opportunities.

It is interesting to note that in 1990 children with HIV/AIDS were not yet seen as a vulnerable group, but by 2010, the Global Monitoring Report (UNESCO 2010, p. 184) pointed out that "HIV and AIDS are principally a global health crisis, but one with profound and wide-ranging consequences for education". The stigma associated with being infected with HIV/AIDS can lead to children being excluded from school, which in turn creates a major challenge to the achievement of EFA. EFA focused world attention on the basic learning needs of neglected groups and on learning achievement rather than on mere attendance. This is important because most countries have groups of children who are excluded and/or underachieve, leading to long-term economic and social consequences for everyone. While the economic and social returns from education are complex, clear and reciprocal links exist between poor education, poor health, disability, and poverty. It is not surprising that EFA became an international movement acknowledged by the second Millennium Development Goal (MDG 2), which called for the achievement of universal primary education (UPE) by 2015.

In spite of international commitments, the follow-up EFA conference held in Dakar, Senegal in 2000, acknowledged that much remained to be done. The Dakar Framework for Action 2000 pointed out sobering and urgent challenges that continue to face the world community. Many of the promises of Jomtien remained unfulfilled and millions of people remained untouched by its optimism. The Dakar Framework recognised that education deficits restrict social, economic, and cultural development, leading to reduced capacity of individuals, communities, and nations. It also recognised the unequal distribution of education within and between nations. Although the number of children out of school has been reduced to about 75 million (UNESCO 2010), certain groups are particularly vulnerable to exclusion and underachievement, including children with HIV/AIDS, children living in poverty, and children with disabilities. Although patterns of exclusion and underachievement vary between countries, they are influenced by cultural, religious, and economic factors, as well as by school and human capacity factors. One of the major factors influencing the capacity of school systems is the presence of HIV/AIDS.

HIV/AIDS has reduced many young people's rights to access education, to live a full and healthy life, and to have a life as a child. HIV/AIDS is also a high priority for the UN. HIV/AIDS is a worldwide disease but the sub-Saharan African region has been the most affected and the disease has deeply changed the lives of children there. Of all people living

**Table 1** HIV prevalence among adults (15 to 49) in (sub-)national population-based surveys that included HIV testing, 2001–2008

Country	Percentage, year
Kenya	7.8%, 2008
South Africa	16.9%, 2008
United Republic of Tanzania	5.7%, 2007

Source: UNAIDS (2009)

with the disease, 67% are in that region. According to the latest UNAIDS epidemic update (2009), an estimated 33.4 million people worldwide were living with HIV in 2008, with an estimated 2.7 million new infections during the year and 2 million AIDS-related deaths. Further, the report argued, young people account for 40% of all new adult (15+) infections worldwide and 90% of the 2 million children below age 15 who have HIV/AIDS live in sub-Saharan Africa (UNESCO 2010).

These recent data show that AIDS is still a major health priority, that there is geographic variation between and within countries, that it is an evolving epidemic, that there is evidence of success in HIV prevention, and that improved treatment is having an impact. HIV-related education for young people both in and out of school is seen as a primary means of prevention in the absence of a cure or vaccine. The disease is also a major problem for both young people and teachers in the sub-Saharan African countries that are the subject of this article. Bennell et al. (2002) write that young people are particularly vulnerable and those living in poverty even more so. Teachers and teacher trainees are also vulnerable to HIV/AIDS and the disease has had a great impact on the teacher workforce. Schools are facing the challenge of dealing with orphans and other effects of the disease.

Education is seen as central to the response to this disease; UNAIDS data (2009) show that rates of infection can be lowered and that education plays a key role. However, it is a highly challenging endeavour. Teaching on HIV-related matters is highly contentious and problematic both for teachers and teacher educators. In this article we explore the particular challenges that HIV/AIDS presents for teacher and curriculum development in three countries in Sub-Saharan Africa and examine the extent to which pupil consultation and engagement with young people's informal sexual knowledge can help address teacher and curriculum development issues. We focus on Kenya, Tanzania, and South Africa, which all experience challenging, though different, HIV/AIDS rates, as shown in Table 1. We studied 8 primary schools: 3 in Kenya, 2 in South Africa, and 3 in Tanzania.

We also focus on attempts to continue to empower young people to protect themselves from HIV by exploring the dynamics around HIV-related education in schools. In particular we examine the role that young people's knowledge can play in responding to the challenge to education posed by HIV/AIDS rates.

## Background to the study

### Young people at risk

As we have already shown, HIV is bound up with context. Although rates are dropping and progress is being made in treatment and prevention, significant challenges remain. The first is that young people are still particularly vulnerable to HIV. Rivers and Aggleton (1999), UNAIDS (2009), and UNFPA (2009) all comment on the various reasons for their vulnerability: this is a time of sexuality development, of experimentation, and of being at risk.

Intergenerational sex still occurs in many communities and the abuse of power is still prevalent. Poverty also affects the nature of young people's sexual activity.

### HIV-related education

In sub-Saharan Africa the culture around sexuality and educating young people on sexual matters is very complex, and as with HIV, there are also in-country and within-country differences. Campbell (2003) demonstrates the socio-cultural complexity of work or talk around sexuality and HIV, as well as the considerable taboos and stigma. Allen (2007) describes the complexity of school discourses which aim both to protect and to regulate young people's sexual activity. There is also the strongly-held belief that giving knowledge to young people somehow increases sexual activity, although this is not the case (Kirby et al. 2006). Given these beliefs, we aimed to explore the social context in which the schools were working to see whether consulting with pupils could shift their perceptions.

The plethora of AIDS education efforts to date include research focusing on attitudes and beliefs, programmatic evaluation, and behaviour change (Aggleton 1997; Aggleton and Van Der Ven 1999; Dowsett et al. 1998; Fawole et al. 1999), on the efficacy of comprehensive versus abstinence-only sex education (Kirby 1995, 2000), on the relationship between AIDS, gender, and violence in schools (Epstein et al. 2004), on the need for gender-sensitive curricula and pedagogies in developing world contexts (Aikman et al. 2005), and on peer education (Deutsch and Swartz 2002). In this study we aimed to take a step back from "what works" in the classroom, such as the use of familiar language, and of natural leaders as peer educators, and taking clear account of cultural and social contexts (Aggleton and Van Der Ven 1999, p. 462).

Instead, we ask a more fundamental intellectual question, which has considerable implications for practice. Our research was concerned with discovering young people's sources of sexual (and HIV) knowledge, and the processes through which they acquire it, especially in contexts of poverty. We know that black youth in Africa find it impossible to talk to adults about sexual relationships, since doing so "shows no respect" and is culturally taboo (Campbell 2003, p. 140; see also Prazak 2000). Campbell reports that talking to teachers is less taboo but discussions are often biological rather than about "feelings or relationships or emotions" (p. 140). She also reports that youth who engage in behaviour counter to dominant social norms include those involved in church activities and those with strong familial and cultural ties (p. 126). Some research (Alexander 1999) tells us that in Africa, as in the rest of the developing world, religion (traditional, Christian, Islam), gender and culture are important influences that exacerbate or ameliorate determinants of the epidemic, but the available evidence is not robust. (See for example Baylies 2004; Becker and Geissler 2007; Kolawole 2004; Oloo 2004; Smith 2004; Takyi 2003; Taylor 2007; Trinitapoli and Regnerus 2006).

We also wanted to go further than examining the acquisition and content of sexual knowledge by exploring the perceptions of adults (teacher and community stakeholders) about young people's knowledge and HIV-related education in schools. We set up a process of dialogue to look at the impact of sharing young people's knowledge with adults, since other studies suggested this has an impact on classroom practice (McLaughlin 2003; Rudduck and McIntyre 2007).

In this study our hypothesis was that cultural factors affect the spread of the epidemic in ways beyond what is already known about the relationships between gender, religion (including the association with certain religious practices), circumcision, and AIDS prevention. But we do not know enough about how (or whether) culture exerts itself by

offering protective or exacerbating factors. We know very little about the nature, sources, and processes of the knowledge brought into the classroom by young people who live in chronic and pervasive poverty. Nor do we know how this knowledge is acquired, how important it is to young people, how poverty produces specific knowledge, or how these different forms of knowledge interact with extant curricula and pedagogies.<sup>1</sup> To explore these important relationships, we asked two questions, which were heavily influenced by the work of Basil Bernstein (1971):

- What are the primary sources and contents of sexual knowledge for young people in sub-Saharan Africa, and how do these forms of knowledge differ in their content and process of acquisition?
- How do these different forms of knowledge interact with AIDS education received in the classroom, and how might young people's sexual knowledge be used to effect change in pedagogy and curriculum?

In contexts of poverty, where the quality of education is less than optimal and pedagogies are outdated, this interplay is of special significance. In peri-urban contexts (in South Africa) young people report AIDS fatigue, boredom with AIDS education, a lack of interest in discussing sexual issues with teachers, abhorrence at teachers' sexual advances towards students, and disillusionment with regard to schools' understanding of their social contexts (Swartz 2009). Chege (2007) also reports AIDS fatigue amongst learners in Kenya and says teachers are embarrassed when they must deal with sensitive issues in the classroom.

#### Teachers and HIV-related education

A growing body of research shows that despite national policies on HIV education in sub-Saharan countries, they are not being implemented in classrooms with much impact; nor is effective HIV-related education widespread (UNESCO 2007; Farah et al. 2009). UNESCO (2006, 2007) emphasized the importance of teacher preparation and teacher professional development in this area.

Teaching controversial and sensitive topics in school is a demanding activity. It requires a personal and emotional capacity to engage with sensitive topics, as well as knowledge and the ability to use a wide range of pedagogical approaches. The controversial nature of sexuality education with young people means that teachers must also engage with the community and its attitudes to the activity. Policy on HIV/AIDS education in these countries, as in most countries, views schools as appropriate sites for sexuality education but at the same time engages in discourses of regulation that wish to view children as non-sexual beings (Allen 2007). So teachers face many complex and even contradictory pressures. Farah et al. (2009), in their study of teacher preparation for HIV-related education in Kenya, Tanzania, and Uganda, found that teachers considered their preparation inadequate not only to address the content issues, but also to use participatory pedagogies.

Swartz's ethnography (2009) provides ample evidence for the multiple ways in which young people bracket out school knowledge from life knowledge; for example, one

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<sup>1</sup> Robin Alexander (1999, p. 140) describes pedagogy as "the purposive mix of educational values and principles in action, of planning, content, strategy and technique, of learning and assessment, and of relationships both instrumental and affective" and maintains that pedagogy is "a window on the culture of which it is a part, and on that culture's underlying tensions and contradictions as well as its publicly-declared educational policies and purposes".

15-year-old young man commented that “for me, school and outside of school is two different countries or some—two different worlds”. Clearly young people see school knowledge and everyday knowledge as incommensurate. But does the same apply to sexuality and to the different forms of young people’s sexual knowledge, in and outside of the classroom? Finding out who decides what is included or excluded from classroom discussion about sex and AIDS can have enormous implications for young people’s personal and material well-being. Is there even a possibility that young people’s sexual knowledge can reveal and shape teacher development, pedagogy, and curricula?

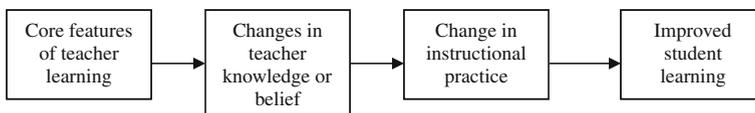
While consulting with pupils about their education has recently received attention (Arnot et al. 2004; Nieto 1994; Rudduck and Flutter 2000) and is supported by the UN Convention on the Rights of the Child, little systematic research has considered young people’s views on the ways in which sex and AIDS education are conducted, and how the pedagogies and curricula on offer interact with their own social, cultural, and individual contexts. Three small studies do deserve mention. In the early days of AIDS education in South Africa, Mathews et al. (1995) advocated listening to young people; Hilton (2007) recently made a similar call, this time to listen to what boys want from sex education. Finally, Allen (2005) described the differences between the aims desired by New Zealand youth and those envisaged by the curriculum.

In this study we aim to examine the different forms of young people’s sexual knowledge and to go further by exploring how they are used and how they interact with AIDS education programmes in school. This, in itself, parts company with current AIDS research that has largely focused on curricula provided by adults for young people. We also examine teachers’ understandings and awareness of young people’s contexts and sexual knowledge, and the interactions during AIDS education in the classroom.

A further key concept is that of teacher learning. Desimone (2009, p. 184) has argued that a basic model of teacher learning involves four steps:

1. Teachers experience effective learning.
2. The learning increases teachers’ knowledge and skills and/or changes their attitudes and beliefs.
3. Teachers use their new knowledge, skills, attitudes, and beliefs to improve instructional practices.
4. The new instructional practices, hopefully, result in increased student learning.

Thus, Desimone’s basic model can be represented as follows:



Other researchers, however, have included an emphasis on the context of teacher learning (Borko 2004), on acknowledging that learning can occur through multiple pathways, and on recognizing that growth and learning occur at individual rates (Clarke and Hollingsworth 2002). These researchers recognize that teacher learning is influenced not only by the characteristics or features of the learning opportunity itself but also by the characteristics of both the individual teacher and the environment in which they then teach (i.e., their school). For example, individual teacher characteristics such as prior knowledge, experience, beliefs, attitudes, and professional identity have all been shown to affect

teacher learning and changes in teacher instructional practice (Borko and Putnam 1996; Carpenter et al. 1998; Cohen and Ball 1990; Porter 1994; Richardson 1996). This project was designed to explore the capacity of the context—i.e., the pupils' knowledge and the interaction with stakeholders—to be a significant learning experience and to address some of the complex contextual pressures on those who engage in HIV-related education.

## The design

The schools chosen were all maintained (state funded or public) schools, where the students' ages range from 12 to 16, in urban and rural areas. The research was conducted in three steps (see Table 2). The first step was to use what Millen (2000) calls "rapid ethnography"—an ethnography that employs "time deepening strategies". Handwerker (2001) calls this "quick" or focused ethnography: the research focus is specific aspects of culture rather than culture in general. The quick ethnography consisted of one week of ethnographic observation of HIV-related education and other lessons in the school. Teachers, stakeholders, and pupils were observed and interviewed, and observations were also undertaken in the surrounding community.

The next step focused on the perceptions of pupils, teachers, and stakeholders. Students were given digital cameras and invited to describe the sources of their sexual knowledge through the use of "photovoice" accompanied by an individual interview. Interviews focused not only on the sources of sexual knowledge, but also on the processes of acquisition, how knowledge differed depending on its source, and what sub-genres of knowledge students obtained from which sources. Students were then consulted about their perceptions of current AIDS education classes, and how they wished these classes could be. In groups of five, young people were invited to make mini-documentaries (using their digital cameras) of current and desired AIDS education classes, which were then discussed in similar-sized focus groups.

**Table 2** Methods used at each of the 8 schools studied

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*Phase one: rapid ethnography*

Rapid ethnography—observations of sex education and other classes over one week

Building relationships with research participants

*Phase two: perceptions of pupils, teachers, and community members*

20 × 2 'Sources of sexual knowledge' auto-photography activities and initial interviews with pupils

4 'current and desired sex education' mini-documentaries and 4 focus groups of 4 or 5 students each

10 final interviews with pupils, specifically about gender, religion, and culture

4 focus groups with 6 teachers

6 interviews with 6 teachers

6 interviews with 6 community leaders

*Phase three: agreeing on the implications for education*

Consultative dialogue with each school

Considering data

Recommending action for the classroom and beyond

Producing toolkit for schools to use

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Teachers were interviewed about a number of points: their perceptions of young people's sexual knowledge, their opinions on current AIDS education practice, the influences and constraints of their own sexual knowledge on their pedagogy, their reflections on the curriculum, and their ideas for relating school knowledge to street, religious, and cultural sexual knowledge. They were invited to analyse the young people's mini-video documentaries and photovoice activities and were helped to construct their own critique. Also, during this stage, community members were interviewed about their views of young people's sexual knowledge, HIV-related education practice, the community's influences and constraints on young people's sexual knowledge and schools' practices, and finally their ideas for relating school knowledge to street, religious, and cultural sexual knowledge. The sample of community stakeholders included parents, church/mosque leaders, community leaders, and those who had regular contact with young people in a variety of settings.

The third and final step of this project was a dialogue between the pupils, teachers, and stakeholders on the data and their implications using the photos and the videos. In each country, this meeting lasted a day and brought together representatives of all the schools. These meetings were recorded. What follows is the first stage analysis of these data. It is not a full discussion of these data, which can be seen elsewhere (McLaughlin et al. 2011) but is an examination of the hypothesis that teacher learning can be influenced through pupil consultation. In the next section we provide a general picture of the data and then focus on the teacher data.

### **Pupils' sexual knowledge**

Two clear discourses about sexual knowledge emerged from our analysis: the informal discourse based on knowledge from the community, including peers; and the formal discourse of school knowledge. The pupils' photographs showed that they were well aware of the sexual aspects of life in their communities and schools. They were well acquainted with the sexual aspects of adults' lives, which they saw everywhere and which they depicted in their photos. They described sexual activity in bars, in graveyards, in video screenings, in public spaces, and in their homes. They saw adults engaging in sexual acts, they watched pornography via cell phone or video, and they used many media (magazines, films, newspapers, and books, including library books). They saw and engaged in drug-taking and drinking and identified them as risk factors. Many of these sources were unmediated but we also saw a few examples of adults engaging in sexual discourse with young people. In Tanzania there were examples of grandparents engaging in traditional debates about sexuality with young people and two girls reported that their mothers talked to them. One boy commented generally on the need for parents to engage with them. However, these young people most often learned by observing the life around them. Religious communities and organizations were also a source of knowledge; they said that they received messages about abstinence and fidelity from both Muslim and Christian clerics. They also received messages about modesty and appropriate behaviour.

They also learned from direct experience. They reported seeing their peers having sex and in every school some girls were pregnant. They reported transactional sex: girls had "sugar daddies", and others engaged in sex for money with peers. They also revealed instances of sexual harassment and assault from peers and relatives. Male youth who were older, and had dropped out of school, were reported as assaulting girls. Youth and adults who engaged in drinking and drug-taking were identified as posing a high risk of assault

for girls. Overall, then, the informal knowledge was of a sexual world of peers and adults and one about which they had many questions. These information sources were teaching them about power, gender, poverty, abuse, and sexuality. The informal discourse was about curiosity, desire, and asking questions.

In the formal world of schooling, in contrast, they were learning from HIV-related lessons and activities. HIV-related lessons were being conducted in every school to some degree. These lessons were labelled HIV/AIDS education, Social Science, Life Orientation, or Lifeskills. Students and observers felt that this learning was very factual and based on books or documents. Pupils described learning about modes of transmission and protection, symptoms, and testing. They reported some examples of using story-telling and role-play. This is the type of school learning Bernstein (1999) describes. The school discourse was one of regulation, abstinence, protection or taking care, health, and treatment. The pupils felt that sex was portrayed as “dangerous” and that there was a silence around sexuality. They talked of teachers walking out or avoiding difficult questions and of “being careful” with them.

What the young people wanted was more dialogue with adults and particularly with teachers. They wanted to be able to ask questions openly and they highly valued the teachers who did engage this way. They wanted a responsible and open dialogue where they could find out about many matters. In South Africa, for example, they wanted to know about love, showing love, dating, homosexuality, mother-to-baby transmission, how AIDS spreads in the body, and why adults have extramarital affairs. They wanted in-depth discussions about their concerns. When asked why they wanted to know these things, one group of girls replied that they wanted to protect themselves. This was the general picture that emerged from the photovoice activity and interviews.

## The teachers

In the focus group and individual interviews the teachers and head teachers acknowledged that over the last 10 years policy and practice have changed. They were all aware of policy and of the need to engage in HIV-related education. Beyond that, however, the picture was very mixed indeed. The conceptions of the purposes and practices were very varied, as were their commitment to and confidence about engaging in HIV-related education. What emerged was a picture of complexity and of teachers negotiating very difficult agendas.

Many of the teachers showed an awareness of the sexual elements in the environments and communities where their pupils live. They knew that the young people encountered difficult problems and that they were sexually informed, as these two quotations demonstrate:

They see and hear about sex every day in their homes, as families have limited living space and therefore no privacy. Other parents drink alcohol and don't think about privacy, so it does not make sense to children; [in fact] some learners believe that when their brothers and sisters are older, like 14 years old, they can have sex with each other.

This year there are cases [of pupils being sexually active]. There are some students who escaped class, they ran away [and] because of that [they] were caught. It was red handed [...] they were involved in the act, a boy and a girl.

The teachers showed an awareness that pupils engaged in forced sex, sex for money, and sexual relationships with teachers, and they acknowledged that their pupils were seeing sexual activity in their communities and that some were pregnant. For many of

the teachers, this awareness is a prime motivation for engaging in HIV-related education. In all three countries, the teachers were sympathetic to the idea of using student knowledge in some way and of aiming to be respectful, to engage in open discussions, and to be as effective as they could be in educating their students. However, again, this meant very different things to different teachers. Some, a minority, felt that the response should be one of admonition and caution, as exemplified in the following quotation:

Like in wrestling there is an advert that shows what goes on in the ring and then cautions the children not to try anything they watch when they are at home [...] therefore cautioning them will deter them from thinking of trying to practice what they are watching.

However, in the following extract from a focus group in Kenya it is clear that the majority of teachers want to engage in HIV-related education:

T6: If we do not teach them they will be taught outside.

T1: Concerning this issue you must explain to the child openly, you should not hide the facts from your child. You explain to your child properly about this issue and he will take on the duty of warning his friends in school and at home. However if you hide the facts from the child, the child will learn from worse sources and may end up getting infected.

T3: I am also saying that working together as a team, that is teachers, parents and other stakeholders, should work together to ensure that this subject is taught to our children.

(murmurs of agreement)

Not all the teachers were as sure about whether the young people were sexually innocent or aware. Clearly one would expect a range of experience and knowledge within any group of young people, but a thread running through many of the interviews was insecurity about how to treat the young people and their knowledge. Some teachers were nervous about their position and authority, as these two excerpts show:

Considering Tanzanian culture, we as parents ignore the fact that children of such [an] age may be knowing about sex. As days move on, there is advancement in science and technology. It has showed that young children know about issues of sex and they try to do such things. But if we do not educate them at home at the family level, considering that the family is knowledgeable [...] A parent may consider that the teacher is teaching about improper conduct which is contrary to regional and traditional principles. Frankly, these issues [religion and tradition] are barriers in educating children about HIV/AIDS.

I think about at what age should we teach a child about certain aspects of AIDS, at what age they mature to give guidance about AIDS. I feel very uncomfortable about when to introduce protection against AIDS.

Another South African woman teacher felt that the schools had the authority and permission to engage in this way:

Prevented, no. No, I think we are free to speak about everything and I don't think there is something stopping us. I don't think, you know I found the children to be quite [...] open, they are open. They don't really hide these things. You know, if it's a relative also, I don't know everybody but each year there is a particular child who

would talk about a family member or relative who is sick or had died. So I think there is an openness and we can talk about it.

We saw a deep ambiguity in the data. Teachers talked about the on-going challenges of stigma, and of being unsure about their role or the position to adopt in relation to controversial and important issues, such as whether to advocate the use of condoms. In the face of these insecurities many of them did not engage in talking about sex or sexuality but described sticking to the facts of transmission and the danger of sharp objects; that is, they focused on the disease and how it could be transmitted through other means than sex. The teachers articulated a range of personal, social, and cultural factors that impinged upon them in the classroom.

We also saw strong links to the cultural context and to the differences between urban and rural. This South African teacher described how different it was for her teaching in a rural and then an urban school:

Yes at the beginning, way back [...] 1996–1997 [...] you know I used to teach in rural areas, very conservative area, you know where it is totally taboo to talk about sex to children. Because by that time, we were [...] maybe three or two years in the democratic dispensation, with this new wave of change. Still, it was not easy, not because I was prevented, no, no one ever said to me, look here, never say or talk about sex. The problem was with me first and the community, you know.

Then she moved to the city; she described her current urban context this way. “I think things have changed quite, you know it had changed, I think we were free to talk, but there were a few people who were still reluctant”.

Another teacher reflected on how difficult it was to engage openly with HIV—and AIDS—related matters:

You know I was shocked because even to us teachers, especially in our Black areas, it is still taboo to [...] to say it in public. I really don't know if one day or tomorrow I could be HIV positive, I would be prepared you know, to confide in any person in my school, I really don't know. I just think that if an adult like me, a teacher, you know is so reluctant, you know to say this out, how the children, how could you expect the children to talk about it, you know.

Issues relating to HIV have entered their schools in many ways. Head teachers in particular described many dilemmas and ethical difficulties around how to handle HIV-related matters, especially the testing and identification of pupils or families who were HIV positive. Teachers talked about how to approach a grandparent when a parent had died and there was a suspicion that the child was HIV positive, or how to be aware of children who were in HIV-related discussions. Also, teachers and head teachers varied in the confidence they felt in handling these issues and in engaging in educational discussions.

The teachers also varied in whether or not they had received formal training to teach HIV-related lessons and the degree of support they received from within or outside the school. Many had received formal training from NGOs, some had delivered in-school training, and some had established or joined networks of teachers or head teachers. The majority of the teachers had undergone some training in this field. What can be seen in these quotations and in the discussion above is the influence of the context on that learning. Earlier we referred to the work of Borko (2004) and Clarke and Hollingsworth (2002) who argued that characteristics of the individual teacher and their environment are crucial to the changes in instructional practice. They describe complex contextual pressures and the

longing for contextual clarity. In discussions on how to change the situation for teaching HIV-related matters, one Kenyan group discussed how they wanted “to work together as a team”. They said that “teachers, parents, and other stakeholders should work together to ensure that this subject is taught to our children”. The teachers did have different views on the position that teachers should adopt but in the main they were unsure of their position culturally and morally. They desired clarity, and support or reassurance.

The later dialogues brought together the stakeholders, pupils, and teachers to view some of the evidence from the photo-voice activities. When these groups got together the dialogue had a different quality. It was open and exploratory, and questions from pupils were allowed and were answered. The following rather long extract from a dialogue in Kenya illustrates this.

Female chief: It has already been agreed that we should start teaching our children sex education at an early age [...]

(Laughter)

Female chief: [...] I would like this forum to be used to decide the language that should be used, like in standard one do I tell them the exact word or [...]

Many voices: Yes.

Female head teacher: What do I do? Do I use the language we use like when we were being taught science, in standard seven or in standard eight or do we use jongo instead of telling them *mtoto analetwa na ndege* [children are brought by airplanes]? May I know that one?

Audience: (Surprised laughter)

Female head teacher: Shshshsh. Okay, I think in the school the teacher, whenever we have school meetings with parents it is very important for somebody to stand; a teacher to talk to parents about sex and HIV and AIDS because we might take it for granted that they know everything and you might find out that some of these things they don't know, so it very important we educate the parents and also when we are in school, during our discussions with our pupils let us bring them close to us so that they are free to ask any questions they want.

Boy: If a lady is a virgin or another can no longer have children, and they have sex with someone who has AIDS, will these two ladies get AIDS? And if they get AIDS, and the two ladies one can no longer have children and the other is a virgin?

(Laughter and silence and murmurs in the audience)

Researcher: Mmmm.

Male teacher: First of all I did not understand the question. Did he ask that when someone who is a virgin and she has sex with someone who has HIV/AIDS, can she get HIV/AIDS?

Researcher: Yes.

Male teacher: Yes, she can get HIV/AIDS. Even if she's a virgin or not.

Female teacher: She has done sex with someone who has AIDS.

Male teacher: Yes, she did sex with someone who has HIV/AIDS. So she can get HIV/AIDS even if she's a virgin.

Male teacher: Whether you have stopped giving birth, whether you are a virgin, and you have sex with a HIV-positive man, you will be infected. Why? Because what transmits the infection is the liquid. Men produce semen and women also have a juice in the body, so the exchange of the liquids, which is found in either virgins or women who have stopped giving birth, the liquid is still found in both, so once there is exchange of liquid, then you get infected.

In this extract the participants are all trying to make meaning of the complexity around HIV-related education and the pupil openly interjects his question. He seems to be able to ask his question with confidence in this situation and the teachers and stakeholders seem to be able to have an open and honest exchange about very complex matters. The hypothesis here is that in this situation the agenda gives permission for this sort of dialogue. The context is different and allows a search for clarity and meaning. It would seem to allow for the possibility of some change in attitudes and of reaching a working consensus around teaching HIV-related matters.

### Some implications

What tentative conclusions can we draw from this study? First, young people are very keen to have open and honest dialogues with teachers and they see teachers as an important group who can help. They have considerable informal sexual knowledge and they want to test it out against the more formal knowledge of the teachers. They are curious and serious about finding out about sexual and HIV-related matters.

It appears that the teachers have a sound knowledge of young people's sexual lives and of the need to engage in HIV-preventative education. They are also aware of the national policy and requirement to engage in HIV-related education. Some of the teachers had received training and felt confident about their ability to engage in classroom teaching and to engage with young people. Many did not, even after training. The local contextual factors and the teachers' own beliefs were key. Teachers were often unsure of how their values would fit with the local community and different groups within it. The process of being shown the pupil data and the opportunity to view it alongside stakeholders seemed to create a climate and context in which a more confident and exploratory discourse arose. This seems to suggest that social processes can be used to build some agreements which will enhance teacher learning and teacher confidence. The hypothesis that one may need to intervene in the context to influence the sustained and effective teaching of HIV-related education and that this is a matter of teacher development in context, is one that seems to stand up to further testing. The next step will be to test this hypothesis further and to see whether this endeavour can be scaled up in contexts where resources are scarce.

These preliminary results also seem to show that a hybrid project—one that draws on informal and formal knowledge to help educate both pupils and teachers—is a possibility in this field. The challenge now is to design a process for developing local curricula that incorporate these elements.

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