



Inviting Backchat: How schools and communities in Ghana, Swaziland and Kenya support children to contextualise knowledge and create agency through sexuality education[☆]



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ABSTRACT

Education about sex, relationships and HIV and AIDS in African contexts is riddled with socio-cultural complexity. In this paper the authors argue that in extreme contexts education can lead change further by developing young people as significant actors in their own lives and in the lives of the community by bringing about change in attitudes in the community, as well as practices in schools. A qualitative study was undertaken in eight primary schools of the use of student knowledge and voice to change attitudes, impact upon socio cultural beliefs, adult–child dialogue and drive changes in practice in AIDS education. Drawing on a contextual framework that includes a socio-cultural approach to education, Basil Bernstein's well established theories of everyday and school knowledge and Catherine Campbell's notion of AIDS competent communities, it shows how this initiative variably unfolded in six sub-Saharan countries (Botswana, Ghana, Kenya, South Africa, Swaziland and Tanzania – although only the latter three are discussed in detail) and analyses the potential of schools to operate for the benefit of children in difficult circumstances, especially with regard to poverty, gender, sexual violence and health. Participation, dialogue and agency were the key factors.

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1. Introduction

In Sub Saharan Africa (SSA) great strides have been taken in addressing the very serious issue of HIV/AIDS (UNAIDS, 2013a); there have been decreases in rates of infection and increases in life expectancy. However, it is still the case that SSA has a challenge to reduce the incidence of AIDS and to address the devastating consequences, such as large number of orphans, reduced participation in education and a reduced teacher workforce. 23.5 million people in SSA are living with HIV and 70% of all new infections in 2012 were in sub-Saharan Africa. The position in countries is very different as shown in the three countries in this study – Ghana, Kenya and Swaziland. The incidence in these

countries ranges from 1.8% in Ghana, 6.3% in Kenya to 25.9% in Swaziland. Swaziland has the highest rate of HIV anywhere in the world with just over a quarter of adults between 15 and 49 years of age living with the virus. Living in contexts of poverty can enhance the difficulties and prevalence. We argue that these contexts constitute extreme settings and are very challenging contexts for children to grow up in.

We know too that gender is a factor. Females are disadvantaged and are at greater risk in these settings. HIV prevalence among young women in sub-Saharan Africa is twice as high as among young men. The UNAIDS (2013b) report details the position of women and girls.

Globally women comprise 52% of all people living with HIV in low- and middle-income counties, and men 48%. However, in sub-Saharan Africa, the centre of the global epidemic, women still account for 57% of all people living with HIV. In addition to the greater physiological vulnerability of women to HIV, gender inequalities includes vulnerability to rape, sex with older men and unequal access to education and economic opportunities. (UNAIDS, 2013b: 78)

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Education, and in particular sexuality education, has been shown to be a powerful agent in bringing about behaviour change in leading the reductions we have seen, especially among young people under 25 (Acedo, 2009; UNAIDS/WHO, 2010). Education about sex, relationships and HIV and AIDS in African contexts is riddled with socio-cultural complexity, especially when primary school children are involved. We argue that in extreme contexts education can lead change further by developing young people as significant actors in their own lives and in the lives of the community. We show how it can bring about change in attitudes in the community, as well as practices in schools. We describe how using student knowledge and voice seemed to have the power to change attitudes, impact upon socio cultural beliefs, adult-child dialogue and drive changes in practice in a highly sensitive and contentious area of the curriculum: HIV/AIDS education. If AIDS and sexuality education fails, then the consequences for the young people in these settings are extreme. We conclude that the educational issues are socio-cultural rather than educationally technical and explore the use of students' voices, particularly in research and in dialogue with adults, to address such complex socio-cultural problems.

We report on the insights gleaned from a three year action research project that aimed to place children's perspectives at the centre of a curriculum development process that included dialogue with adult stakeholders. We begin by locating children's participation in the context of both progressive democracy and pedagogic best practice. We ask how the child has been understood over time and show the need for a reconstruction of the child as agent if schools are to be able to operate differently (Faulkner, 2011). Then we offer vignettes from the process that enabled such a culture shift to occur, including showing what contributed to it failing. Included here is how stakeholders and gatekeepers were central in allowing change to occur, and how change depended on peer cultures of support both within the school, and from specialists outside of it. Finally we offer a theorised notion of dialogue, or 'talking back' and 'breaking open', on multiple levels within schools, to effect change. Throughout we offer examples of how obstacles to new forms of participatory support for children might be overcome, especially in contexts fraught with social and cultural taboos and tensions.

2. Participation and its links to democracy and pedagogy

The 'Consulting pupils' movement, as it has come to be known, spearheaded by Jean Rudduck has much to say about the processes and challenges of including children in projects of educational change. This movement has its roots in Freire's theories of transformative community dialogue and action (1970). Rudduck and Flutter (2004) survey the history of including children's perspectives in programmes and policy and show that besides some work done by those in the children's rights movement, very little consulting with learners has been done over the past fifty years. While this has changed more recently, in the African context, Shor's (1993, p. 29) description of the teacher's predicament remains a key obstacle to a more widespread use:

After long years in traditional schools, teachers become conditioned to lecture, to assert their authority, to transfer official information and skills, as the proper way for professionals to do their work. Thus it is not easy for them to share decision-making in the classroom, to negotiate the curriculum, to pose problems based on student thought and language, to lead a dialogue where student expression has an impact on the course of study, and to learn with and from students.

McLaughlin et al. (2012, p. 61) write that pedagogy is dependent on teachers' epistemologies and their views on the

purpose of education. For example, their view of education may be that teachers *transmit* knowledge to pupils and so their practice merely follows this view. They also give two factors that may lead teachers to teach in this way: (1) that teachers are frequently confronted with large class sizes, and limited space or resources for interactive teaching and little opportunity for providing individual attention to pupils, and (2) that they have low levels of teacher education with restricted pedagogical methods at their disposal.

Clearly consultation is a chancy enterprise, one in which the outcomes are unknown and the risk enormous. Rudduck and Flutter (2004) are clear that foregrounding young people's voices enriches learning practice, has the potential to transform pedagogy, (and as we later describe, community norms) and is a desirable democratic practice. They maintain that before teachers can effect change through consultation, they must feel that they too have a voice, that they are listened to and that they matter. On the other hand, those who oppose consulting learners have said that giving children too much of a hearing undermines the hierarchical relationship, and hence discipline and control, between children and adults (both parents and teachers). Furthermore, in both research and educational practice, a view prevails that children are simply too young and unable to offer worthwhile input on complex matters. Power, control and agency are therefore key conceptual elements in a project that aims to place children's voices at the centre of educational and community change. These notions are also central in an analysis of schools' potential to operate in ways that benefit children in difficult circumstances, especially with regard to poverty, sexual violence and health.

The concept of agency is integral to definitions of wellbeing and resilience, including for children. Fattore et al. (2009) found autonomy and agency featured prominently within children's thinking. They saw wellbeing 'as the capacity to act freely and to make choices and exert influence in everyday situations. . . to act in ways consistent with being oneself' and to 'make moral decisions with some degree of autonomy' (p.18), although not necessarily independently from others, but within positive relationships with adults. Agency in children is linked to participation and consultation. It is also linked to a long-term ability to deal with extreme situations.

3. Consulting children, socio-cultural complexity and competent communities

While it is clear that a central feature of our conceptual framework is that of consulting pupils, it does not stand alone. Throughout the research study we maintained a focus on the socio-cultural complexities experienced by children in school where factors such as impoverishment, school quality and cultural values and taboos were prominent. We framed our research in Bernstein's well-established theories differentiating between everyday and school knowledge, and now we also draw on Campbell's notion of AIDS competent communities as an integral feature of the knowledge-transformation nexus in positioning schools as change agents.

Simply put, a socio-cultural approach to education, especially concerning sex education, shifts the focus from bio-medical information and prohibitive discourses to the realities of sexual knowledge and meanings emerging from specific cultural and structural settings (Boyer and Aggleton, 2005). So in the contexts of the six countries in which research was done, particular attention was paid to issues of 'presumed innocence' (Faulkner, 2011), taboos around talking about sex (Oshi et al., 2005), strong moral messages about sex not grounded in everyday realities (Bhana, 2007a; Pattman and Chege, 2003; Pattman, 2006) and the myriad of ways poverty affected sexual relationships, through for example

transactional sex and the influence of substance abuse on sexual behaviour (Campbell, 2003).

The formal (or school) knowledge, that gained in the school, and informal (everyday) knowledge gained outside the school, mainly from peers and the media were important elements of the HIV/AIDS curriculum, although there is little integration between the two in typical classrooms. The issue of power and control is again central here. In the first stage of our research, we encountered frequent reference to community censure from teachers and schools heads (McLaughlin et al., 2012). It is this that drew us to the Campbell's notion of 'AIDS competent communities' (Campbell et al., 2007).

While speaking specifically in the context of AIDS, Campbell et al's strategies have broad resonance, and are easily transferable to a project to develop schools' potential to serve children beyond narrow educational curricula. The six strategies they describe for building competent communities to effect change include two of the usual elements of building knowledge and skills in the community, and doing so alongside partnerships with those (usually from outside the community) with a track record of affecting change. Key to our analysis of what transpired in our process, however, are Campbell's four lesser touted strategies, namely:

- (1) 'creating safe social spaces for dialogue';
- (2) 'promoting ownership and responsibility' for programmes and outcomes,
- (3) 'building confidence in local strengths, and agency to mobilise these' and
- (4) 'building solidarity or bonding relationships'. We return to these elements of Campbell's scheme in our concluding discussion.

3.1. Change through dialogue

We discovered in our first stage of research that deep dialogue could be the link between consultation and real change (McLaughlin et al., 2012), for it is about arriving at a new mutual understanding. Dialogue can be seen as a process of arriving at a fixed point, this is not the position being taken here. Our view is more open-ended and one similar to Freire (1970) who made dialogue central to a discussion of the 'pedagogy of the oppressed'. He argued that: Dialogue is the sealing together of the teacher and students in the joint act of knowing and re-knowing the object of study... instead of transferring the knowledge *statically*, as a *fixed possession of the teacher*, dialogue demands a dynamic approximation towards the object (Shor and Freire, 1987, p. 14). We prize the Friarian concept of dialogue as a process that aims at the mutual development of understanding through a process of shared inquiry; that aims to empower the less powerful and it is seen as a process of enablement (Burbules, 1993, p. 6).

We have alluded to the dilemmas and tensions around sexuality education in the countries in this study and elsewhere, partly due to the importance of sexuality. They are deeply culturally challenging and particularly difficult for teachers to negotiate in their communities and between each other. The individual cultures are varied of course but there were common themes and teachers in all these countries shared come cultural dilemmas. If teachers teach sexuality education openly and address the topics the young people want them to, they may find that there are tensions. Evidence in this and other research studies (Pattman and Chege, 2003; Pattman, 2006) is that in the face of this many teachers just don't engage, despite policy prescriptions. We explored whether setting up a process of dialogue between the

school and the community as well as between the teacher and the pupils in the classroom could change this situation. The hypothesis was that over time the process of dialogue between these parties would create and develop some mutual understanding and be a vehicle for permission to teach open and constructive sexuality education, which encouraged both pupil and teacher agency. We discovered that dialogue changes perceptions over time, and that it needs and takes time. Through dialogue, the group members are breaking open the nuts of belief and assumption. These beliefs are being examined, a slow consideration is happening giving time for there to be a shift.

4. Methodology and research contexts

The research study on which this paper is based was conceived within the framework of participatory action research (Chambers, 1994; Gaventa and Cornwall, 2006) in which researchers and participants collaborate to improve and inform future practice (Kendon et al., 2007). The study was concerned with the possibilities of including children's voices on the topics of sex and HIV and AIDS and the pedagogical practices they encountered in classrooms in a number of African countries. The study comprised two distinct phases conducted over three years.

The first phase piloted various interactive methodologies for accessing children's voices in eight schools in three sub-Saharan African countries (South Africa, Kenya and Tanzania). While these outcomes are comprehensively presented elsewhere (McLaughlin et al., 2012), a key finding centred on children's' desire for integrating everyday knowledge learnt from friends, popular culture and through observation of their communities with knowledge acquired in school, along with a desire for full and interactive engagement on matters of sex considered to be cultural or religious taboos. As a concluding activity in this first phase, and in keeping with our participatory action research aim to inform teachers' future practice, we discussed various ways of including adults as advocates for bringing children's voices from the periphery to the centre. We did so by including several combinations of discussions with teachers and school heads, community stakeholders and parents, and finally sensitively – led interactions between these adults and groups of children. The results were an important series of learnings regarding the power of intergenerational dialogue over time to address complex socio-cultural problems.

In phase two, on which this paper primarily reports, we sought to research a yearlong process that placed children at the centre of a novel curriculum development process. For this phase we increased the number of schools involved from eight to sixteen, and the number of countries from three to six (adding Ghana, Swaziland and Botswana).

The process included putting in place a series of what we called 'curriculum development groups' (CDGs) comprising teachers, pupils, community members and a resource person (from an NGO or education department). The aim of CDGs was two-fold: to bring pupils voices and views into the planning of HIV and AIDS and sex education lessons, and to facilitate dialogue between pupils, teachers and community stakeholders about what should be taught and how. We were hoping to address both what needed to be taught and how it needed to be taught, and postulated that developing lessons in this way would address children's need for sex and AIDS education that resonated with their everyday experience of the topic, kept them engaged through relevant teaching methods, and addressed social, cultural and religious sensibilities a sensitive topic (both sex and HIV and AIDS), and especially with children, through the involvement of a wider group of adult stakeholders and gatekeepers.

4.1. Research contexts and implementation differences

In this paper, we have focused on results obtained from three primary schools in Kenya, three in Ghana and two in Swaziland. We focus on these countries since the context of each country was both significantly similar and different (see [Cobbett et al., 2013](#)) to allow for a range of transferable insights. So for example, in Swaziland and Kenyan schools, a higher sense of urgency was experienced by those involved in the project, most likely connected to the higher incidence of HIV in these countries (6.3% in Kenya and 25.9% in Swaziland compared to 1.8% in Ghana). Schools involved in the study in Kenya and Swaziland were also located in low-income areas near their capital cities, while in Ghana schools were located in the more affluent suburbs. As a result adults associated with the Ghanaian schools tended to exhibit more conservative attitudes commensurate with both the lower incidence of HIV and lower prevalence of social ills in these suburban communities. While it may be argued that Ghana does not constitute an extreme setting as described at the outset of the paper in terms of poverty, it does in terms of the danger at which children's lives are placed if sex and AIDS education fails.

In addition, the outcomes of the process in each of these three contexts is in keeping with our aim – that of supporting children to contextualise knowledge and create agency in an extreme context – where HIV and AIDS poses harm to children and where relevant sex education is constrained.

4.2. The intervention and the research process

In preparing for the second phase of the project, we used the findings of the first phase to design a toolkit ([Kiragu et al., 2012](#)) that researchers envisioned would guide the interactive curriculum development process. The toolkit is a document that includes information on HIV and AIDS, and describes why it is important to take into account young people's existing knowledge in curriculum construction. The toolkit also outlines several techniques for developing a co-constructed HIV and AIDS curriculum, such as keeping a journal, role-playing, using suggestion boxes and using cameras to document learner participation during lessons. This phase of the study began in 2011 and ran over the course of a full academic year. Each CDG was led by a participating teacher with the aid of the toolkit.

In each school the CDG was composed of four pupils (two female and two male) from a grade six class where children were approximately 12 years old, the teacher and two community stakeholders (parents or community leaders, one female and one male). The teacher selected the pupils and the community stakeholders, while the country-based researcher selected the HIV resource person (or consultant). The role of the HIV resource person (the consultant) was to attend the meetings in each school and to offer specialist support in answering questions. The researcher was there ideally to observe and monitor the CDG meetings throughout the year, digitally recording them and take note of changes in lesson composition and delivery.

The plan was that each CDG meet twice each term to support the teacher in curriculum design and to provide a platform for meaningful dialogue around issues of HIV and AIDS knowledge. If successful, CDG discussions would incorporate other pupils' knowledge about sex and HIV/AIDS – what they already know and what they want to know, as well as how they would like it to be taught – and ultimately result in the production of a hybrid curriculum that combined children's everyday knowledge with the official curriculum ([Bernstein, 1996](#)).

In practice, the process varied slightly from country to country. Swaziland followed the design closely and teachers used activities from the Toolkit to consult pupils about what they wanted to learn

and how, and these were presented at the CDGs and used to plan lessons. In the Kenyan schools, consulting of pupils was not done systematically prior to CDG meetings, and instead the CDG was used as the primary space to access pupils' inputs. Pupils were tasked with consulting their fellow learners and to bring back ideas to subsequent meetings. Pupils here had the most vocal input of all three research contexts. In Ghana, while teachers made some attempt to consult the pupils using Toolkit activities, the actual CDGs remained broadly adult-led. A significance difference in the Ghanaian context was the participation of the head-teacher in CDGs along with prominent community stakeholders and most likely contributed to a more hierarchical context and tended to silence pupils' inputs.

The researchers, too, played different roles in each country. While it was initially intended that the researchers not intervene in the process or express their opinions, in practice, all the researchers became involved in the CDG discussions at various times. In Kenya, this was most marked, particularly early on in the process, where the researcher intervened to ensure that pupils in the CDGs had a chance to speak and share their opinions.

4.3. Qualitative research strategy

The process was researched using qualitative methods. These included observations in each school of both the CDG meetings and the ensuing HIV and AIDS classes, and termly semi-structured interviews with each of the CDG participants including teachers. Focus-groups were held with pupils from the participating class at the start and end of the year. Towards the end of the project a dialogue of all stakeholders was held and this was recorded end transcribed. Texts were analysed for relevant themes and concepts, and we include extracts from these texts in our report. All names used are pseudonyms. The number of participants who participated from the three countries was 180 in total, i.e. 144 pupils, 18 parents, 9 head teachers and 8 teachers.

5. Children gaining voice: the impact of dialogue and consultation

At the start of the project, the majority of teachers saw children as innocent, sexually naïve and totally dependent upon the knowledge that adults gave them ([Bhana, 2007b](#)). They were teaching the pupils 'that it is not good to have sex' (Ghana, stakeholder) 'how to remain pure' (Kenya, teacher) and that they should 'abstain completely' (Kenya, teacher).

Many have described how models of childhood from earlier periods of history are still with us ([Coleman, 2010](#); [Faulkner, 2011](#)) and this seems to apply across cultures in the world today, although in different ways. We found that the notions of the child as the possession of the adult and of the child as an innocent needing protection still dominant, rather than the child as an active agent in their social world. These models of childhood imply a one-way relationship in the interaction between adults and children and are still very influential. [Feldman and Elliott \(1990\)](#) and [Coleman \(2010\)](#) argue that too often adolescents are portrayed as passive recipients of circumstances, whereas in reality they play an active role in shaping the context in which they operate. Coleman discusses a move towards a collaborative rather than an imperialist model of adult-child interaction.

Contemporary models of childhood clearly influence the form and processes of education. We have shown elsewhere ([Cobbett et al., 2013](#)) how research found that children are largely given a series of moral injunctions teaching them that 'sex is bad' ([Pattman and Chege, 2003](#); [Pattman, 2006](#)); that children responded by giving 'appropriate responses' and that these were what they thought the adults wanted to hear, rather than the true reflections

of their own practices and experiences (Bhana, 2007b; Pattman and Chege, 2003). Bernstein (1999) labelled this a 'public code' or a restricted response. Approaches to sexuality education have been much debated (Starkman and Rajani, 2002; Kirby et al., 2007; Jeffries et al., 2010; Kiragu, 2013), but the issue of how to make practice more relevant to children's social and sexual worlds or how to work through cultural tensions about what to teach is less developed and this was the aim of our project. Phase 1 of the research showed how the children were engaging with a highly sexualised world in which there was a complex interaction of gender, power and poverty cf. McLaughlin et al. (2012) for a detailed discussion. What the consultation did for the children in these extreme situations was give them the opportunity to discuss the complex decisions they were involved in. When children are considered as innocent they are robbed of the opportunity to discuss and receive support in the sexualised world they inhabit.

5.1. Children's knowledge counts

As a result of being consulted, the first learning for the pupils was that their knowledge counted. We acknowledge the clear power differentials inherent in the relationship between adults and children. This is mentioned here but is more fully discussed in Cobbett et al. (2013) and is alluded to in the discussion on the dialogue process in this paper. Listening to pupils was clearly built into the foundations of the project and so was a key assumption. The pupils were able to put their own concerns and experience on the agenda – to talk back. They talked of gaining confidence and respect from this:

They (adults) are big persons but they see that we have the right to talk during the CDGs. We ask questions on behalf of our fellow students¹ (Pupil A, girl, Kenya).

.. the CDGs have changed me. Before these meetings, I was not able to stand in front of others because I thought they will laugh at me. . . But now I am free, now I am confident...'(Pupil Ab, girl, Kenya).

Through the CDG process that they were part and parcel of, the pupils saw that their concerns were being taken seriously and they were forming part of the agenda for the curriculum.

In the past it was the teacher who did all the talking but now we do discussions in class. We also give responses, and so our ideas are taken on board also (Boys, Focus group, Ghana).

For the CDGs, we don't just take things from our minds; we take things that have been chosen from the pupils in class and come and discuss it here. It is unlike when you just take everything that you think (Pupil N, girl, Swaziland).

And their concerns were taken seriously. They described how prior to this programme the teachers were often unwilling to answer questions or would ridicule them. A deep shift in perception occurred on both sides. For example, the pupils realised that they had knowledge that counted, and that adults too could be learners because they did not know everything. In return, the adults realised that the young people have worthwhile knowledge and can be taken seriously.

I have found that it's [the CDG] good. . . the parent sees how we learn. . . and is part of it now. . . even the adults themselves can

know more about the things that they didn't know about HIV and AIDS, they are also learning (Pupil W, girl, Kenya)

In fact I have said it is the best [the methods of consultation]. . . you know when the children are freely discussing, you get ideas from them. . . even the quiet ones. You get them raising up their hands in class because they want to participate (Teacher M, male, Kenya).

These discussions allowed the young people involved to be treated as sexual beings in the process of becoming adult and so have conversations about sexuality, their worries and relationships. These discussions began to give them a different language in which to speak, one that appeared more adult and less stigmatised. In their words they did not any longer 'speak with a heavy tongue'.

At first when this project was not there and the teacher would ask us what way do people get HIV/AIDS, then all of us would feel shy to say it. . . that the person had sex. . . but now. . . we can all mention penis and vagina (Pupils H and HJ, boys, Ghana).

There was frustration that not all adults took HIV and AIDS seriously or were willing to talk about it with the young people:

Why don't Swazis change yet?² I've seen so many people dying because of HIV. . . but people still don't change. They (adults) never tell me why, even my mother is a doctor and she does not tell (Pupil S, girl, Swaziland).

5.2. Development of pupil leadership and activism

Being listened to and feeling that their ideas and skills were valuable led the children to develop their own leadership skills and become activists. In Ghana and Kenya the pupils became peer educators, in Ghana this was pre-planned and in Kenya it evolved with the class representatives on the CDG asking their questions on their behalf, and coming back with answers. In these instances we can see the development of agency with some of the pupils starting to take responsibility for what they know and for sharing it both with other pupils and with their community. For example, in Kenya, one girl who was a member of the CDG in her school was going to transfer to another school, but she planned to introduce the CDG model there. In Ghana, pupils saw themselves as disseminators and teachers of what they had learned. See examples below:

I am going to transfer to a new school next term. So, you know, people from those sides don't know much about HIV/AIDS. So, when I go there, I'll need to educate them more about HIV, they think that such a disease does not exist. . . when I get free time, I can get into groups and discuss HIV and such things. I can repeat what I've learnt in class 6 here (the CDG process) to those pupils. . . I'll feel comfortable to teach them. I won't be shy that I am new to that school. I can even tell the teachers that I was a peer educator in this school. I'd like to continue with what I was doing because I can't say that since am leaving this school, I won't be a peer educator in another school.

The teacher cannot go around the whole township educating everyone; so it is the teacher who will teach us so that we in turn will go round teaching other children' (Pupil D, boy, Ghana).

¹ Other students in the class would send the four pupils with questions to be answered during the CDGs. The four students acted as representatives of the others.

² This is, stop being sexually promiscuous.

In Ghana the community stakeholders came to see the possibility and asked for the pupils to be community educators.

5.3. Talking back and breaking open

In these extracts we see that the children were starting to talk back to adults about their capacity to know and to take responsibility. In so doing they were breaking open the myths and perceptions of them as innocent, passive and irresponsible: they were challenging the silences and stigma. They were able to recognise the shifts in how they were being treated and they were able to take the initiative and act as agents in their social world both in the school and outside. In the next two sections we will examine more fully the context of sexuality education, how shifts occurred and look at what we can learn from situations where the above did not happen.

6. Dialogues for change

Our hypothesis was that change could occur through dialogue and that it needed time to achieve this, since the cognitive dissonance that comes from engaging with deeply held beliefs requires a slow pace of work. The time to change is a key issue, and we found big differences in the data after term 1 and term 3: this has implications both for research and practice in the field. The main driver for the process was a fairly prescriptive process whereby the CDG began their work by consulting the pupils on their needs and knowledge; then a lesson was constructed together to meet the need and then feedback was gathered from the class – a classic action research cycle. This cycle was repeated three times, i.e. once a term over a year.

6.1. Teacher-stakeholder-pupil dialogue in the CDGs

Typically at the beginning of the process of dialogue within the CDG the adults had different views on the aims of sexuality education but most favoured abstinence approaches. There was also the view that teaching about sex or HIV/AIDS encouraged promiscuity, a common but false belief (Kirby et al., 2007).

On my side I would rather not focus so much on condoms, but on abstinence. Because 95% are safe and 5% are not. It means still when I allow my child, or if I tell my child to use a condom [because it] is safe, it will be like telling him 'go and do it'. I would rather tell my child not to do it. To abstain totally. Because what is the meaning of using it when it is still going to cause a problem on you? That's my feeling (Mr I, male parent, Term 1, School B, Kenya).

Views such as this did not go unchallenged but became part of dialogues that eventually led to subtle shifts in belief. The comment above led to the following discussion with Mr Imenti; Mr Maarifa, the HIV consultant; Ms Akumu, the teacher; and Ms Shako, a female parent:

Mr Maarifa: Mr Imenti that is very correct and I don't even want to dispute with that but probably I will give you another example. If you have a car and you are driving with the safety belt, once you put it on, it is not 100% sure that once you get an accident you are not going to die. But it minimises your chances of dying in case of an accident maybe by the same margin. So if you were driving and maybe your child was in the car, would you tell them not to put the safety belt on?

Researcher: I think what Mr Imenti is suggesting is that you should not even get into the car in the first place!

Mr Imenti: What I'm suggesting is that... [cut short by Ms Akumu]

Ms Akumu: They should not get into the car in the first place.

Mr Maarifa: They should just walk?!

Ms Shako: Personally I would look at it this way. We should touch on the two aspects; not using the condom and getting aware of the work of the condom. I believe our children need to know that the condom is there and it is used for protection.

Different attitudes and beliefs were expressed but in the majority of cases there was an atmosphere of respect with participants listening to each other and engaging with each other's viewpoints. It is clear that, in some cases, dialogues led to shifts in the beliefs of participants, as shown in the below extracts:

Ms Akumu: When we started with Mr Maarifa, I thought he was too open and that I would never say that we should use condoms; ... I am a Christian and a follower of the church and the Bible. But I have realized that these children know a lot. So, somehow, I have not joined Mr Maarifa fully, but now I'm at least at 80%. I still say that if you really cannot abstain, then, you should use condoms (Teacher, Term three, school B, Kenya).

Mr Maarifa: Generally human being fall into three categories, there are those who will abstain completely, then there those in the society who are just careless, they do sex and they don't care, then there are those who do sex carefully. Each one of us fall in one of these categories, it about giving them choices with the right information. That if you do this or that, this is what is going to happen. (HIV Consultant, Kenya).

Ms Horia: I think that is a good idea and we are going to incorporate in our play... so that they can be able to get the lesson from that play and be able to learn the different ways in which people can actually get infected and how they can also protect themselves (Teacher, CD4, School C, Kenya)

In the first extract the teacher is talking openly within the CDG meeting about her own change in beliefs. There is now a discourse of choice and she appears to trust the pupils. Her openness is also indicative of a shift in her positioning in terms of her power and authority. In the second extract, we see an example of a teacher taking on board a different point of view from a fellow CDG member, and making plans to incorporate it into the next lesson. In this way, the curriculum content was directly co-constructed as a result of the dialogue that occurred within the CDG's.

The two elements that seem to have brought about a shift and enabled the participants to reach a working agreement about what should be taught seem to be exposure and respectful discussion of different perspectives, as well as the process of consulting pupils about what they want to know. This has also brought about a shift in how pupils are viewed. They are seen as having significant and authoritative knowledge about themselves, their sexuality and their sexual world. The facilitation of these participatory spaces proved to be crucial in mediating the power and authority of the adults. The facilitator or researcher worked hard to model constructive approaches to building dialogue and participation and we would argue that this is a crucial element and requires skilled work and preparation.

Change, however, was not seen in all the contexts and not necessarily in accord with the values of a comprehensive sexuality education or of a participatory approach. Other research (for example, Mosse, 1994; Kothari, 2001; Little, 1990) has shown that some projects, which intend to be participatory and collaborative, 'reinforce the power of dominant groups within communities by treating 'the community' as a homogenous group' (Cobbett et al., 2013, p. 77). When change did not happen, this seemed to be because the CDG's remained characterised by hierarchy and fear

rather than openness and respect. For example, in one Ghanaian school the pupils were consistently quiet in the CDG's and one of the pupils said of the teacher in that school 'She canes too much. She is not patient she gets angry quickly'. In this case, therefore, it seemed that the relationship between the teacher and pupils prohibited the emergence of open sharing. Further issues related to perceptions of children and different cultural contexts are explored in the pedagogy section later in this paper.

6.2. Teacher–pupil dialogue in the classroom

Where the previously described processes have occurred and there is genuine respect and participation in the classroom then we see that this is characterised by an understanding that the process is bi-directional. Both pupils and teachers see themselves as learners and accept the role of the other; they become teacher–students and student–teachers (Freire, 1970). There is mutuality and the perception of the teachers as the one who knows has shifted.

It doesn't mean that just because am a peer educator, I don't need to learn more. I can't learn everything on my own; there are some things that the teacher has to explain in class for all of us to know... when she teaches, I understand more. I go read some more and when we are told to go into groups I can explain more... if there's a point that teacher did not teach well, we [peer educators] correct it and we also try to correct other pupils too. So that they don't go saying that what the teacher has said is correct even when it's wrong' (Pupil T, girl, Kenya)

When we teach the teacher, the teacher also teaches us. We are also happy that we can all contribute in class unlike when we used to keep quiet and the teacher would be uneasy to teach us (Pupil Y, girl, Kenya).

6.3. Talking back and breaking open

In the dialogues, while in many instances teachers crossed the usual divide of lecturer type pedagogy, the process took enormous amounts of time. Crucial to talking back in dialogues was respect, with participants fully listening to each other, and allowing for responses rather than shutting down conversations that were awkward, controversial or took too long to reach consensus. Children in these spaces of dialogue made valiant attempts to talk back, and sometimes succeeded in breaking open new understandings, but these occasions were rare. Teachers here made the largest strides of understanding and 'backing down' from positions of authority, instead repositioning themselves as learners alongside their pupils. Clearly, the role that facilitators play in ensuring these dialogues achieves lasting change (lasting or otherwise) was critical.

7. Pedagogic practices for participation, including peer cultures of support

We have described above how some pupils became more powerful agents in their sexual worlds; some did not. In this section we look at agency promoting and inhibiting actions in the classroom and other contexts. Kesby (2005, 2007) has formulated the concept of 'participatory spaces' which he says are:

neither intrinsically empowering nor inevitably doomed to failure, instead, it is the particular forms of governance that operate in a particular space which are crucial. Additionally, he (*ibid*) makes the important point that social relations *outside* of participatory spaces impact on what happens *within* them, and

attention therefore needs to be paid to this relationship (Cobbett et al., 2013, 73–4).

There was a shift in the pedagogy in most classrooms during the project and the move was to more active ways of learning, although many teachers were using some limited forms of active learning methods. So the key was the use of methods that were both engaging and allowed room for the pupils to have some say, if not total control, of the content.

Prior to our intervention of using Curriculum Development Groups to shape lessons pedagogy was mostly teacher led – using the standard Initiation – Response – Feedback (IRF) approach, reliant on books and copying, all methods in which there is little pupil agency. In interviews at this stage in Kenya no child reported asking a question and the teacher said of many questions 'that question is not necessary.' This was reinforced by pupils laughing at others who asked a question. In Swaziland there was only the lecture method lecture. In Ghana and Kenya the strategies were more wide ranging: sporadic group work and suggestion boxes or role plays. Three terms later there were shifts in pedagogy and the methods which predominated were role plays, debates, songs, poems, group work, pick and act, an HIV Album, drawing, posters (which were posted in the school and community), flyers/placards, discussion groups, discussion in class, taking pictures with a camera and often these were driven by the local HIV/AIDS specialist supporting.

Pupils in Kenya valued the inclusiveness and engagement as exemplified in this response:

Pupil E, male: In my group, when one of us has an answer, another may oppose and so we have a debate. So everybody has an opinion and it can be fun because if the person answers another person says an opposing thing to his answers. It is like people are fighting for the correct answer. So other pupils get curious to know what we are doing and they engage with us too. Now people talk openly. We don't hide things. You know in the past most people used to hide things.

The process was also one that took time. It was clear that the pupils were shy and the teachers cautious at the beginning, so this approach is not a quick fix, it needs time and care to grow. The participatory spaces needed nurturing and this was not always the case.

The CDGs showed most clearly how the social and cultural attitudes to children influenced the classroom and consultation processes. These processes were adult led and so reliant on the adults to intervene in ways that reflected the aims of participation. The underlying values of the participants shown in action were key. It was not the method per se but how it was used and the values underpinning it that mattered. Shulman and Shulman (2004) argue for clarity of purpose and a deep understanding of the aims and values underneath a pedagogy. This showed in the project where the same activity underpinned by different aims and values had very different effects. The 'participatory approaches' could become strategies which belied the aims of consultation and participation. There were examples of adults initiating outside events and although this could appear as participation it was not in many cases, e.g. the visits to the hospital or a film at a church which was anti-homosexual. The extract below shows pupils struggling to voice their opinions before adults, and the adults encouragement to them to talk comes through as threatening and only elicits factual answers:

[Pupils have been asked to share their views and they are showing reluctance.]
Adult 1: or is it that you have forgotten because you did not write it down?

[Children are silent]

Adult 2: We always tell you that you are the representatives of your class so when you come for meetings and do not talk then it is not necessary for you to be here. P... I know that you like talking why the silence today?

Adult 3: So you did not benefit from all that we did?

Pupil P [girl]: It has taught me to abstain from sex so I do not get infected.

Adult 4: I think we should call them one after the other; that will compel them to talk.

Adult 3: Pupil O... you never talk during meetings

Pupil A [boy]: It helped people to know that when they do such things they will bring diseases into the community.

Pupil O [girl]: It helped us to know that two or three people should not share the same tooth brush because the disease can be transmitted through that means.

Pupil P: It also helped us to know that it is not safe to sharing blades.

Adult 3: How can you know the blade cut the person?

Pupil P: There will be blood on it

Adult 3: Say it well!

Here the content is factual and the issues of sexuality, which emerged in our data as the key issues for the pupil, are not on the agenda. The tone is one of pressure verging on the punitive.

A significant difference in this context was that the head-teachers participated in the CDGs and the community stakeholders, rather than 'ordinary parents' were adults with high status in the communities. This created a different, more hierarchical dynamic in which it was harder for the pupils to participate freely. This same hierarchy established itself within the pupil representatives who struggled in their peer group as they were seen as acting 'special', this was resented and created jealousy. This may be indicative of a hierarchical structure and a learning environment where emotional resources such as affirmation, respect and responsibility are not easily shared (Dweck, 2000).

So how the adult acts, shapes the nature, depth and content of the consultation. Here is another contrasting example.

You're not going to get into trouble for having an opinion. Just be open and say what you think. Is that all right?

That's a good one. K... you haven't said anything yet. What would you like to see taught in class? How do you feel about that? ... But what I would suggest is that you let the children come up with the ideas because we really want to hear from them. We really want to hear from you right? (Teacher, Kenya)

The importance of having an adult who can model and has some awareness of how to facilitate pupil talk and engagement is exemplified here. The issues of power and pedagogy need to be raised to the awareness of the adults involved.

Methods that appeared to be facilitative of a participatory pedagogy were:

- A structured approach to questions.
- A movement from closed to open processes and questions.
- Structured techniques for consultation that were transparent and democratic, e.g. in Swaziland, pupils from the participating classes were given the opportunity to anonymously write down their thoughts about what they wanted to know, the responses were then read out and discussed in the CDG meetings.
- A move from less to more choice within the topics chosen in consultation.
- Democratic means of choosing the CDG representatives.
- Moving slowly from less to more contentious and sensitive topics.

- Monitoring and reducing the amount of teacher talk.
- Using active learning approaches within which the pupils can choose the content, for example of role plays.
- Being explicit about the values of inclusive participation.
- The development of peer education processes.

7.1. Talking back and breaking open

When these participatory pedagogies were used they broke open the restrictions for the teachers and created a climate of agreement and support for new approaches. They became a movement for change and this was in some cases taken out to the community. They broke open the hidden sexual worlds of young people and enabled adults and children to talk about the topics that caused youth concern, and debate or challenge them. These included topics such as seduction; the conventional gender roles and how young people felt about the different allowances made for girls and boys; the abuses of power in their environment such as transactional sex for money, rape and sugar daddies; and the gender bullying or 'eve-teasing'. Sexuality education shifted from a mechanistic, fact-focused approach to a relational one. The conversations focused on dilemmas and problem solving. Young people talked about, and wanted to support and recognise, positive, supportive teaching and teachers. This shift also occurred for teachers and they too could be said to find a freedom to teach in this inclusive or participatory context. It seemed to enhance the agency of teachers as well as pupils.

See to me personally I overlook all those things, the negative attitudes people attach to you for teaching HIV/AIDS and other sexual matters. I overlook everything because if I don't tell the child right from the beginning what it is and you try to put a coat around it, the child might not get the correct ideology about what you are saying he or she might do something aside what you have already taught' (Teacher 1, female, Ghana).

What we have seen is a challenge to the notion that relationships between young people and adults are uni-directional. Stattin and Kerr (2000) show that relationships between children and their parents are bi-directional and that parents modify their behaviour depending on the behaviour of their sons and daughters: there are signs of that with teachers and community members in the CDGs. Young people are agents and are active in shaping the behaviour of adults in school, just as much as it works the other way round. Coleman (2010) argues that adults are engaged in creating a structure of authority and power, whilst in reality young people are shaping their own environment, constructing their own adolescence.

8. Concluding discussion

In Campbell et al.'s strategies to create competent communities she speaks of *building knowledge and skills in the community, and doing so alongside partnerships* with those usually outside of the community. In encouraging agency we have very little data to support how the presence of resource people, from outside of the immediate school community aided in this agency or whether it was the passage of time that contributed to talking back. In all likelihood both were important features. Clearly, the role that external resource people played in facilitating CDG groups and sometimes dialogues too were crucial to their success.

Competent communities are created through partnerships and skill building. As adults learnt to listen and began to trust children's inputs, both participation and further dialogue and agency were encouraged. The cycle became self-fuelling. With regards to Campbell's remaining four strategies for developing competent

communities, *creating safe social spaces for dialogue* without a doubt, was central to the success of this endeavour to bring about curricula change, i.e. to make knowledge contextually relevant for children. CDGs in many spaces became safe spaces for dialogue between teachers and pupils, and learnings from them were significant, despite the amount of nurturing required for children to feel free to participate, and for teachers to feel confident enough to implement children's suggestions.

A key feature in our study was the fear that teachers had of parents and key community members (including religious and cultural leaders). So while Campbell advocates for *building confidence in local strengths, and agency to mobilise these*, a key finding from our study must be the centrality of the teacher. As Shor and Freire describe earlier, teachers must feel heard, be supported and feel trusted before they can confidently effect changes to classroom practice. This interlinks closely with Campbell's notion of *promoting ownership and responsibility for programmes and outcomes*. Teachers and head teachers need to take shared responsibility and ownership of the process we have described in this paper, alongside a willingness to build alliances with stakeholders who might normally oppose such innovations. In the case of our study, intergenerational *solidarity or bonding relationships* was of utmost importance. In both phases of the project, and in all country contexts, over time a growing trust between adults and children emerged. As people got to know each other, they became freer in expressing themselves, and in listening carefully, and challenging respectfully – both children and adults. As a result dialogue became more open and more frank.

While the process we have described in this paper aimed to achieve far narrower outcomes than the ultimate aim of harnessing schools potential to operate for the benefit of children in difficult circumstances, it does contribute to this aim with regard to poverty, sexual violence and health. It shows how community competence, including that of teachers is central to the endeavour. Furthermore, it offers a focus on developing children's agency in conversation with democratic and participatory dialogue as a vehicle to achieving this goal.

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