



United Nations
Educational, Scientific and
Cultural Organization



Sexuality Education:

A ten-country review of school curricula in
East and Southern Africa

10

Botswana
Kenya
Lesotho
Malawi
Namibia
South Africa
Swaziland
Uganda
Zambia
Zimbabwe

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Introduction

In 2009, UNAIDS endorsed the Outcomes Framework as a key tool for accelerating the achievement of universal access to HIV prevention, treatment, care and support, while simultaneously making advances towards achievement of the Millennium Development Goals. The Outcomes Framework's eighth priority area focuses on empowering young people to protect themselves from HIV and aims to reduce new infections among young people (aged 15-24) by 30% by 2015. A total of 11 east and southern Africa (ESA) countries¹ are among the 17 priority countries identified through the UNAIDS Business Case on Young People to receive intensive and comprehensive support from the UNAIDS co-sponsors because they are among the countries contributing the largest number of new infections in young people or having the highest HIV prevalence globally. Among other combination prevention strategies, the Business Case on Young People identified three bold results to be achieved in the priority countries, focusing on increasing comprehensive knowledge and doubling access to condoms and utilization of HIV Counselling and Testing (HCT) services. In terms of knowledge, the aim is that by 2015:

National comprehensive knowledge about HIV will have reached at least an 80% threshold among young people in and out of school, including through the provision of good quality sexuality education.

The 2011-2015 UNAIDS strategy² reconfirms the importance of the Business Case and the three bold results. For example, it recommends comprehensive sexuality education and suggests its incorporation into education and health programmes as a much needed intervention to revolutionize HIV prevention. The UNAIDS Programme Coordination Board (PCB) explicitly 'welcomes UNAIDS' efforts to strengthen the incorporation of comprehensive sexuality education policies and programmes into its Strategy 2011-2015'³.

In the ESA region, there is a great need to improve and scale up effective comprehensive sexuality education programmes that recognize young people's rights to access the information they need to make life-saving and informed decisions that effectively nurture adoption of safe behaviours – thus empowering them to protect themselves from HIV, sexually transmitted infections (STIs), unintended pregnancies and related unsafe abortions, as well as sexual violence and coercive sex. Young people in ESA also need sexuality education that prepares them for accessing sexual and reproductive health services if and when they need such services.

This collaborative regional curriculum scan, which was conducted in 2011, seeks to assess the content, quality, and delivery methods of sexuality education (SE) curricula in ten ESA countries and aims to ensure that the reviews help countries to develop curricula designed to not only increase comprehensive knowledge among young people, but to empower them to adopt protective behaviours, such as refusing unwanted sex, delaying sex, using condoms and testing for HIV. The ten countries included are Botswana, Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, Uganda, Zambia and Zimbabwe.

Methods

The initial sets of curricula were submitted to the Population Council through the UNAIDS Inter-Agency Working Group on Young people from selected countries. However, because many were out-of-date or not explicitly curricula, Ministry of Education (MoE) staff from each of the ten countries subsequently identified the most relevant materials for review at a UNESCO, UNFPA, UNICEF and Health Economics and Research Division of the University of Kwa-Zulu Natal (HEARD) sponsored Regional Training on Effective Sexuality Education held in Johannesburg, South Africa in June 2011. All selected curricula materials were then reviewed⁴. For most countries, at least one full curriculum series was received and reviewed; for quite a few countries, several sets of series of curricula were reviewed. Some materials were complete curricula, including detailed teaching activities, assessment rubrics, and general guidelines.

1 First wave priority countries: Malawi, Lesotho, Swaziland, Namibia; Second wave priority countries: South Africa, Kenya, Mozambique, Zambia, Zimbabwe, UR of Tanzania, Botswana.

2 UNAIDS, Getting to Zero, 2011-2015 Strategy, November 2010.

3 Decisions, recommendations and conclusions of the 27th Meeting of the UNAIDS Programme Coordination Board, Geneva, Switzerland, 6-8 December 2010.

4 In a few cases, certain materials were not received and so could not be reviewed.

Others were more schematic curriculum frameworks or syllabi with a list of key content and learning objectives. Still others had a level of detail in between these poles.

A scanning instrument was developed by the Population Council, in consultation with the UNESCO and UNFPA regional offices for ESA as well as with relevant UNESCO and UNFPA headquarters offices. The design of the instrument drew on a number of source documents to ensure that the review was based on the Joint Inter-Agency Team vision for gender-focused and rights-based comprehensive sexuality education (CSE), as well as reflecting the evidence about factors affecting programme outcomes (not only reported behaviour change but actual health outcomes)⁵. The scanning instrument allowed for documenting whether essential content was included, thorough and accurate. It also included items for cross-cutting categories such as age-appropriateness, sensitivity to gender and rights across topics, diversity and effectiveness of teaching methods, as well as what behavioural goals each curriculum was aiming to promote.

In addition to using the scanning form, the Population Council prepared individual reports on each curriculum. While these reports identified strengths, for the purposes of brevity, recommendations emphasized where attention was most needed for strengthening the curriculum. In addition to the curriculum scan, the Population Council conducted a literature review on sexuality education in the ESA region and also in the ten selected countries. The curriculum scan results from each country were shared with the UNAIDS Inter-Agency Working Group on Young People and the MoE staff for review and validation. Their comments were then used to finalize the country reports. The Regional Inter-Agency Working Group on Young People provided oversight and technical input throughout the process and their feedback was also taken into consideration, especially in completing the regional synthesis report.

Report outline

This report is composed of five sections. The first section provides a summary of the broad findings across the ten countries. It also includes a table that simplifies the scanning tool into 12 main categories to allow a quick visual overview of each country, as well as comparisons between countries. The 12 categories are broken down into three areas, as follows⁶:

Comprehensiveness of content in:

1. Self-awareness, self and others/relationships (including power in relationships)
2. Human development; puberty, body, and reproduction
3. Sexuality and sexual behaviour
4. Sexual health: STIs/HIV/AIDS (prevention, including condoms; treatment; care)
5. Sexual health: pregnancy, contraception, abortion
6. Communication, negotiation, and decision-making skills

Issues that are relevant both as content areas and for general approach:

7. Gender-focus (both in terms of content and approach)
8. Rights-based (both in terms of content and approach)
9. Age-appropriateness

Pedagogic issues/teaching methods that:

10. Empower young people and build agency
11. Are diverse, participatory, and facilitate personalizing of information
12. Build critical thinking skills

The second section also discusses the findings and offers recommendations for strategic investments in strengthening CSE and school-based HIV prevention across the ten countries. The third section reviews lessons learned that may be useful for future curriculum scanning activities and the fourth section offers a general conclusion contextualizing this report. Finally, the appendices contain the ten country-specific reports. Each country report begins with a brief literature review summarizing findings from published studies relevant to the topic, followed by a fairly detailed narrative report on the curriculum.

5 General guidance about key content areas is based on the *Cairo Programme of Action* (paragraphs 4.27, 4.35, 4.47). More detailed content and pedagogy guideline sources were: *It's All One Curriculum It's All One* (Population Council 2009) and *International Technical Guidance on Sexuality Education* (UNESCO, 2009). Also consulted were: *Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics* (Kirby et al) and *Addressing Gender and Rights in Your Sex/HIV Education Curriculum: A Starter Checklist* (Population Council, 2007).

6 The division between content and approach is a slippery one: The selection of appropriate teaching methods is relevant for almost every topic, and affects what 'content' is learned. However, the categories are broken down for purposes of simplifying the results in a table for example, communication skills is considered a topic; empowering youth is classified under teaching approach; and gender-focus cuts across both.

I Key findings

While it is difficult to characterize these curricula in any all-encompassing manner because they varied so widely across countries, the following broad observations about content, and in particular the gaps that could be addressed, were noted:

- **The content was generally age-appropriate.** The most common exception was delayed delivery of information about puberty.
- **Most curricula addressed communication skills with reasonable effectiveness.** Significant time was generally allotted to this topic and/or it was infused across other topics, with emphasis on role-plays. Some of the curricula taught refusal skills effectively, while others emphasized avoiding situations thought to be risky. In some, there was an emphasis on 'politeness' that to a certain degree undermined content on assertiveness.
- **Most curricula did not contain enough basic information about male/female condoms and contraception (including emergency contraception).** Although knowledge about these topics is a key risk/protective factor for sexual behaviour and health outcomes, many of these curricula were, to differing degrees, essentially focused on abstinence-only, rather than devoting resources and classroom time towards approaches that are more effective and contain accurate and complete information.
- **Other key aspects of sex and sexual health were lacking,** including information about reproduction, STIs, abortion, and where to access condoms and sexual health services. Most curricula also addressed the experience of puberty strictly as a biological process without acknowledging the changed social environment (for example increased harassment, parental monitoring, etc.) that can also generate considerable confusion and difficult feelings for pubescent girls. The topic of male circumcision was also missing from most curricula, although this topic is complex and needs to be addressed carefully.
- **Most curricula included at least some information on gender,** however, these sections were not always adequate and were sometimes contradictory, for example, some messages challenged gender inequality while others reinforced it. Gender-based violence and intimate partner violence were overlooked in many curricula and similarly, gender norms were misleadingly labelled 'peer norms'⁷. Moreover, few curricula gave serious attention to the influence of media on gender norms. As a driving risk/protective factor for HIV and other sexual health outcomes, curricula should address gender systematically.
- **The treatment of human rights varied** but mostly did not include sexual rights, for example, almost none of the curricula addressed sexual diversity in an appropriate way. Moreover, while virtually all curricula mentioned sexual abuse, these lessons tended to be aimed solely at girls, suggesting that females bear full responsibility for preventing abuse. Most curricula did not include any mention of teachers' reporting requirements for sexual abuse either.
- **References to sexuality tended to be negative and fear-based.** By breaking down fear related to sexual relationships, it is easier to help learners understand the particular risks of multiple concurrent partnerships and of having intergenerational sex and to develop sexual decision-making skills; similarly, a moralistic approach obscures the power dynamics that are the real threat to young people's sexual health and rights. Finally, almost none of the curricula addressed the difficult but important area of HIV disclosure.

- **Most curricula did not pay enough attention to empowering young people, building agency, or teaching advocacy skills.**
- **The issue of school safety was not adequately addressed in most curricula**, which is a particular concern given the ongoing vulnerability of many girls to abuse by boys, teachers and other trusted adults in the learning environment. Most of the curricula did not explicitly link to other initiatives with shared aims either.

The following general observations were noted with regard to teaching activities:

- The quality of the teaching approaches varied but the two areas that could do with strengthening in most curricula were affective (emotional) learning and critical thinking. In some curricula, there appeared to be a fairly conservative learning culture which could reduce the effectiveness of CSE.
- Where teaching approaches were briefly recommended, and even where they were fully fleshed out, they were generally lacking: 1) attention to personal and emotional reflection that is key to changing intimate relationship behaviour; and 2) attention to critical thinking skills that are key to changing attitudes about gender norms – themselves an important risk/protective factor for sexual behaviour and health outcomes.
- Many of the materials did not include teaching activities; presumably because they are still in the syllabi or ‘framework’ stage. Some included brief suggestions for a type of activity to accompany a topic such as ‘discussion’ or ‘role-play’, however, it was not clear whether these syllabi would be developed into full curricula with detailed content and teaching activities, for example, indicating duration, instructions, preparation, materials, assessment markers, and so forth.
- Several of the curricula and syllabi share very similar structures, language, and elements, suggesting that countries do share resources with each other. This type of exchange may provide a basis for ongoing south-to-south strengthening.
- Overall, the Botswana and Swaziland curricula stood out as the strongest. An impressive added feature of Swaziland’s HIV curriculum (Module 1 was reviewed) was that it links the curriculum to a detailed set of broader social and legal changes required to reach the same aims⁸.
- In some cases, the findings varied dramatically between different curricula within a given country. Even within a curriculum series, variation and inconsistencies were found.

Table 1 divides the findings into 12 areas and by country, so that they may be read across all categories for any country, or across all countries for any given category. Although more than one curriculum or curriculum series was reviewed for many countries, this table reflects the findings for what appeared to be the major curriculum series for each country. The exceptions are Uganda and Zambia, each of which had two major curriculum series, entered separately.

⁸ Namibia’s *Window of Hope* curriculum was not included in the list identified by the Namibia team for review. However, this material was read informally and it was noted that it included elements that build and maintain a supportive classroom environment and learners’ self-confidence.

Table 1: Overview of 10-country sexuality education curriculum scan: identifying gaps in content and approach

NOTE: Every curriculum had strengths and weaknesses. However, for purposes of guiding future capacity-building, the table below focuses on missing or weak topics or areas.

Code: blank cells = no significant gaps or concerns. Entered text = topics or areas that are missing or weak. Where these items are entered in a white cell, the concerns are minor to moderate. Where the text is entered and the cell is filled with light blue, the concern is moderate to serious.

COUNTRY	TOPICS						TOPICS and APPROACH			TEACHING APPROACH		
	Self and others; relationships, incl. power in relationships	Human development; puberty, body and reproduction	Sexuality and sexual behaviour	Sexual and reproductive health (SRH) STIs/HIV/AIDS: Prevention, incl. condoms; Treatment and care	Pregnancy, contraception and abortion	Communication, negotiation and decision-making skills	Gender focus	Human rights base	Age-appropriateness	Empowering young people/ amplifying young people's voices	Critical thinking skills	Personalizing content, diverse methods
Botswana Preschool -Secondary, 2010		Reproductive; anatomy and physiology (A&P), reproduction	Sexual relationships	STIs, unsafe practices	Contraception/ adolescent pregnancy	Missing			Puberty too late	Democracy information excellent; otherwise weak		[NA syllabus or framework]
Kenya Primary & Secondary, 2008	Weak on transactional and coerced sex; gender-based violence (GBV)/ intimate partner violence (IPV) missing	Reproductive A&P, reproduction	Fear-based, too negative about sexuality and all sexual relationships	HIV information (all aspects); condoms, STIs	Contraception, abortion		Weak	Weak, e.g. child marriage, sexual abuse, forced sex, etc. Needs to be presented as rights issues; rights of people living with HIV (PLHIV)		Should go beyond recognizing when something is unfair	Too fear-based, prescriptive	[NA-syllabus or framework]
Lesotho: Std 4, Form C		Reproduction	Too negative about sexuality and all sexual relationships	Condoms, STIs	Contraception	Needs more definition; should go beyond refusal skills	Uneven (Std 4-6 and Form A-B are too neutral, potentially reinforcing harmful norms. Needs linking to sexual experience/ risk)	Uneven (should not include population growth in sexual health course); should go beyond children's rights; sexual diversity poorly handled			Uneven (Std 4-6 and Form A-B weaker); too fear-based, prescriptive	Diverse methods, but weak on affective learning
Malawi Primary & Secondary	Clarify that children have no blame in cases of sexual abuse		Negative, fear-based and missing information	Condoms missing; weak on HIV	Contraception	Need more definition	Needs greater clarity; could use separate unit on gender also	Clarify links to unwanted sex, child marriage; young people living with HIV (YPLHIV)	Needs re-ordering	Missing		
Namibia		Puberty, A&P, reproduction	Too negative about sexuality (including homosexuality) and all sexual relationships	Condoms	Abortion section inappropriate, not clear what contraception section includes	Weak	Weak, comes too late		Some topics come too early or late		Too fear-based, prescriptive	Not easily personalized; little affective learning
South Africa	Intimate relationships	A&P, reproduction	Barely addressed	STIs too brief; condoms missing; HIV section weak	Contraception, unintended pregnancy	Very weak	Too late, sparse. Missing information on GBV. Rape addressed poorly	Too dependent on religious framing of acceptable/ unacceptable behaviours	Puberty late			Not easily personalized; little affective learning

COUNTRY	TOPICS						TOPICS and APPROACH			TEACHING APPROACH		
	Self and others; relationships, incl. power in relationships	Human development; puberty, body and reproduction	Sexuality and sexual behaviour	Sexual and reproductive health (SRH)		Communication, negotiation and decision-making skills	Gender focus	Human rights base	Age-appropriateness	Empowering young people/ amplifying young people's voices	Teaching methods	
				STIs/HIV/AIDS: Prevention, incl. condoms; Treatment and care	Pregnancy, contraception and abortion						Critical thinking skills	Personalizing content, diverse methods
Swaziland		Comes late, should reach boys as well		HIV was not well Integrated with other subjects; not clear if condoms are included	Contraception Needs expansion and should reach boys as well	Choppy (assertiveness topic is isolated from communication)	Comes too late and could be better integrated with other topics		Some topics come too early (e.g. rape) or too late; also some basic SRH topics are taught only in all-girl classes			
Uganda (Life Planning Skills for Primary & Secondary 2009)	Intimate relationships		Somewhat negative, inappropriate or inaccurate about sexuality and all sexual relationships			Weak			Unclear; content by grade is not specified.		Too Fear-based, prescriptive; occasionally inappropriate	Needs wider range of teaching methods
Uganda (Adolescent Sexual Reproductive Health/Life Planning Skills O-Level, 2009)	Intimate relationships	Reproduction (sex)	Very negative, inappropriate or inaccurate about sex, sexuality, homosexuality and sexual relationships	Condoms missing, except in Islamic Study; HIV information is inadequate	Contraception missing, except in Islamic Study; content on abortion and teen pregnancy inappropriate and/or inaccurate		Comes too late, occasionally inconsistent	Harmful inaccuracies about PLHIV, abortion, homosexuality (otherwise good)	Puberty should have come in earlier curriculum); some topics out of order	Missing	Too fear-based, prescriptive; occasionally inappropriate	Too didactic, fear-based
Zambia (Life Skills Framework, 2010)		Unclear if it includes how sex leads to pregnancy	Weak	Condoms not specifically mentioned	Not clear what is included		Not effectively linked to risk behaviours		Risky behaviours and contraception too late			
Zambia (Basic Education Syllabi Grades 1-7, 2003)	Weak	A&P, reproduction	Missing	HIV prevention not thorough	Adolescent pregnancy	Weak	Very weak	Child marriage, forced sex, bullying, sexual diversity, etc. weak; otherwise good	Some topics come too early or too late			
Zimbabwe (HIV and AIDS and Life Skills Education Primary School, 2003) some topics may be addressed in older grades	Bullying, Male-female relationships portrayed negatively	A&P, reproduction		Condoms not specifically mentioned	Contraception	Refusal skills	Weak, inconsistent	Weak; too dependent on religious framing of acceptable/ unacceptable behaviours	Some activities are inappropriate			Needs more personal reflection

II Discussion and recommendations

In addition to the curriculum gaps and challenges identified in the previous section, further findings from the curriculum scan and recommendations for strengthening CSE and school-based HIV prevention across the ten countries are:

1. Remediating missing, incorrect, or inappropriately presented content

From a technical perspective and in cases where religious or ideological factors are not an overwhelming obstacle to strengthening curricula, all of the curriculum gaps and challenges can be remedied in a fairly straightforward way. To guide modifications or supplementation of content, the country narrative reports provide references to specific sections in *It's All One Curriculum, Volume 1 (Guidelines)*, and to *International Technical Guidance on Sexuality Education (ITGSE) Volume II*. Where content is not age-appropriate, reports reference ITGSE.

Recommendation: Country teams should refer to these sources and request additional copies as needed for relevant policy-makers and other resource people in their countries⁹.

2. Building syllabi or frameworks into full curricula with detailed content and teaching activities

Recommendation: Country teams should refer to *It's All One Curriculum, Volume 1* to develop more detailed content. For developing activities, refer to *It's All One Curriculum, Volume 2 (Activities)*¹⁰. In addition, country teams can borrow effective activities from each other's curricula, if these are made available (see below).

Recommendation: The Joint Inter-Agency Team may also wish to facilitate sharing of effective teaching activities among countries (as noted above). The parallels between some curricula suggest that some sharing already takes place, however, because even the most exemplary curricula also contain some problematic elements, it is advised that individual activities be extracted and compiled into a separate resource document. Notable examples of curricula that use a wide range of methods and contain a number of good activities include:

- The Botswana Skills for Life/Window of Hope series: See the "bio-poems," as well as the case study describing individuals who were tested for HIV and began treatment.
- The Malawi Life Skills (primary) and Life Skills and Sexual and Reproductive Health (secondary) series: Many activities effectively address affective (emotional) learning needs and critical thinking (see, for example, the case studies, such as 'Chikondi's Dilemma' in Standard 5, p.36, and the values clarification section of Unit 2 of junior secondary).

Recommendation: The Joint Inter-Agency Team should seek support from various sources to arrange more in-depth technical assistance where indicated by need, interest, and (see below) a commitment to a model of comprehensive, gender-focused and rights-based CSE. Such assistance is available through a team of international experts, several of whom are based in east and southern Africa. A situation assessment is recommended to identify precise priorities in each country; as may be seen from Table 1, a number of countries could benefit from a workshop on interactive, learner-centred teaching methods – emphasizing critical thinking skills, participatory learning, and affective (emotional) learning related to relationships and sexuality decision-making. Those countries that are stronger in these areas could be engaged for south-to-south collaboration. Alternatively, arrangements for this capacity-building assistance may be facilitated through a partnership with the Population Council.

3. Raising the bar for capacity-building and support for CSE

It is not known whether, or to what extent, the Joint Inter-Agency Team have supported the development and implementation of CSE in these ten countries, however, lessons from evaluation research suggest that most of the curricula reviewed lack the minimum "package" of content and approach that can hope to achieve meaningful

⁹ Additional copies of *It's All One* may be downloaded or requested at www.itsallone.org. Copies of ITGSE may be downloaded at <http://www.unesdoc.unesco.org/images/0018/001832/183281e.pdf>.

¹⁰ www.itsallone.org.

results. Notably, curricula that teach abstinence-only have no proven benefit for HIV prevention – but educating sexually active young people about condoms and contraception (and providing guidance for negotiating safe sexual relationships) may decrease their risk. Furthermore, models of CSE that are gender-focused, rights-based, comprehensive, and have proven effective (such as those models championed by the UNFPA) are more likely to have better results.

Recommendation: The Joint Inter-Agency Team should establish a minimum bar (if this does not already exist) for partners to qualify for support in the area of curriculum and teacher-training in CSE and HIV prevention. The minimum content package should be based on agreed core components of CSE as described in the *International Technical Guidance on Sexuality Education*. To qualify for technical capacity-building support, countries should also be committed to full education about core topics shown to link to programme effects, such as condoms, reproduction, contraception and gender/power in relationships.

Recommendation: Where there is no commitment to a vision of CSE that resonates with the Joint Inter-Agency Team, it should instead invest where appropriate in advocacy for a more supportive policy climate and support non-governmental organizations (NGOs) that are delivering or can deliver effective CSE in partnership with schools. If the policy environment is such that curriculum will remain abstinence-only in the near term, providing social support to vulnerable young people so they return to or stay in school and conditional cash transfers to keep girls in school may well be a more effective strategy for reducing early sex, unintended pregnancy and HIV.

4. Ensuring attention to safe schools and the wider learning environment

A safe learning environment, free from bullying, discrimination, harassment, and violence, is essential for effective learning in any subject, but particularly for CSE. Girls, especially, are also vulnerable to sexual advances by adults encountered on their way to or from school. Young people, particularly boys, who do not conform to conventional gender roles or who are perceived as homosexual may be subject to bullying and violence as well and students with a disability or who are perceived as HIV-positive may be stigmatized. Curricula that avoid mention of these topics undermine students' ability to protect themselves and have a silencing effect on their ability to seek help.

Other aspects of the learning environment can also reinforce or undermine the curriculum, such as the presence of fewer girls than boys in schools, which sends a potent message about gender discrimination in the investments parents and communities make in young people; even when girls are enrolled, boys often speak up more, are given leadership positions, and know they are more likely to continue their schooling in higher grades.

Recommendation: Country teams should incorporate lessons on safe schools. These lessons should ensure that curricula engage young people in analysing situations involving all range of bullying and abuse, including homophobic bullying and stigmatization of HIV-positive students and those with a disability. They should also address the extremely heightened HIV risk that accompanies intergenerational sex and the absolute wrongness of any sexual advances by adults in the school environment. Because of the sensitive nature of this latter topic for teachers, video materials may be particularly useful. Curricula should also educate young people about policy initiatives (both at the school level and nationally) to address these problems and to foster equality.

Recommendation: Country teams should, where needed, become stakeholders for zero-tolerance policies to ensure that such lessons translate into reality. Such policies must include training for staff, reporting protocols, and dismissal of adults found to violate the policy.

Recommendation: The Joint Inter-Agency Team should ensure that all country partners have adequate resources, and, as indicated, capacity-building, to help ensure safe school environments. For curriculum teams, this should include actual curricular materials, including recommended videos and other materials. For high-level MoE partners, this should include sample language reflecting legal/policy frameworks, sample safe-school policy statements and lists of available curricular materials. As noted above, the Swaziland HIV curriculum (Module 1 was reviewed) has a matrix that effectively links the curriculum to a detailed set of broader social and legal changes required to reach the same aims. This matrix is attached to the Swaziland country report.

III Lessons for future curriculum reviews

Selection of curricula for review

Gathering appropriate material from the countries was a time-consuming and complicated process. Some countries submitted an overwhelming volume of material or material that was only loosely related to CSE, while in other cases, material trickled in so slowly over time that country reviews were already underway when extra documents arrived, or what seemed like a manageable volume of material was suddenly significantly expanded. All these factors made the material very difficult to address.

Recommendation: For any future external reviews, make sure that partners submit only current material that is actively slated for updating or replacement. Also ensure that the curricula come with an explanation of how they are used and whether they link in a series to any other curricula.

Instrument

In order to conduct a comprehensive review of so many different materials, a fairly comprehensive scanning tool was developed; the intent was to capture and document not only those topics included in the reference sources, but also any additional topics that countries deemed important. For example, most countries had major units on loss/stress, as well as on supporting people living with HIV (PLHIV). The lessons from this experience are:

- The instrument enabled quick documenting of how facets of certain topics were handled. For example, the reviewers were easily able to capture whether the experience of puberty was addressed strictly as a biological process or whether there was also attention to the changed social environment (i.e. increased harassment, parental monitoring, etc.) that can also generate considerable confusion and difficult feelings for pubescent girls.
- Despite its usefulness for the data-gathering process, there is some room for simplification; but this process would take some time and thought.
- Because the reviewers did not ultimately need to fill in many of the cells in the table (e.g. if the document was only a syllabus), the instrument in its current form is somewhat confusing for country teams. **For reporting to countries in the future, a simpler version (perhaps closer to Table 1 in this report) as well as the narrative comments might be more useful.**

Narrative report

The reviewers felt that the detail provided in the narrative input was not particularly important for the Joint Inter-Agency Team but may be very helpful for at least some of the country teams. Criticism is most useful when it provides both the specifics about what is incorrect, inappropriate or missing and an example or reference of what would be more accurate or appropriate. For this reason, the reviewers also included references to specific sections of *It's All One Curriculum* and *ITGSE* in many places. However, **if a subsequent external review is to be undertaken, it would be worth inquiring if the detail in the reports was useful or not to the various country teams.**

IV Conclusion

Several points loosely related to the curriculum scan bear mention. First is the gap between what is in a written curriculum and what is actually taught. Any curriculum rises or falls on the skill of teachers and the culture or environment of the classroom; teacher-training and monitoring and evaluation (including classroom observation studies) are therefore critical to delivering on the promise of a curriculum. The overall learning culture is also an overlooked factor for concentrating or diluting any curriculum; studies from the World Values Survey indicate that an open and respectful classroom culture more effectively promotes gender equality (and belief in democracy) than curriculum content itself. Although it is outside the scope of this review, the Joint Inter-Agency Team may wish to consider the feasibility of a carefully selected and designed experiment to support the infusion of progressive education theory (and an egalitarian, open culture) into the ordinary classroom. It is difficult to envision a more far-reaching strategy within formal education.

Second, these curricula are aimed at learners in school settings. While all countries have made great strides in increasing school enrolment, girls in particular are likely to discontinue their education. These young people are the most vulnerable to abuse, HIV, violence and unintended pregnancy. Standalone curricula will have little benefit to these marginalized youth; even peer education programmes have failed to demonstrate a significant impact beyond the effect on peer leaders themselves. Efforts to reach the most vulnerable girls require not only targeted outreach, but curricula that address the profound inequality in their lives, provide social supports and solidarity, and are integrated with empowerment initiatives such as literacy education and savings account schemes.

Finally, while the Joint Inter-Agency Team may provide short-term follow-up to this review, efforts to strengthen capacity in the area of CSE curriculum are ideally part of an overall situation assessment. Such an assessment should also consider the policy commitment to CSE, teacher-training needs, policies and practices that promote school safety, and linkages between CSE and other national initiatives aimed at reducing HIV, achieving gender equality and building a generation of informed, thoughtful citizens.

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V Appendices: Country reports

Botswana

Introduction

The purpose of this review was to assess the content, quality and method of delivery of curricula used in Botswana for delivering life skills-based comprehensive sexuality education (SE) programmes, to serve as a resource for curriculum revision aimed at empowering young people to protect themselves from HIV and poor reproductive health outcomes¹¹. The review was commissioned by UNESCO, UNFPA and UNICEF for the HIV Prevention Working Group of the Regional AIDS Team in East and Southern Africa (RATESA). The work was conducted by Population Council's Rethinking Sexuality Education project, with technical input from the Joint Inter-Agency Team.

Documents reviewed

- Life Skills Framework (2010): pre-school, primary, and secondary levels [curricular framework]
- Form 1-3 Guidance and Counselling Curriculum Guidelines (2008) [a framework with outcomes]
- Living: Skills for Life/Botswana's Window of Hope (2005): Standards 1-7 and Forms 1-5 [curriculum]

Both the curriculum and frameworks are strong and thoughtfully address what it means to grow up in a high HIV-prevalence setting. The 2005 curriculum emphasized promoting tolerance and respect, healthy relationships and communication and decision-making skills. The 2010 framework adds outcomes and indicators on gender equality, human rights, vulnerability reduction and HIV treatment, all of which were missing from the 2005 curriculum. However, this framework is not as strong on communication and decision-making skills and certain topics essential for reducing risk are either not present or addressed adequately in the documents, such as puberty, sex/sexual relationships, reproduction and contraception. This gap makes lessons on HIV and pregnancy prevention confusing. By addressing this gap, the materials – especially the 2010 framework – can provide a regional (even global) model of rights-based, gender-sensitive foundation for life skills.

For each document reviewed, an overview is provided of (i) **content** (accuracy, thoroughness and age-appropriateness); (ii) **sexual reproductive health behavioural goals**; (iii) attention to **individual risk and protective factors**; and (iv) attention to **social risk and protective factors** (gender, rights and living in a high HIV-prevalence setting). Detailed comments are also included.

All Botswana materials are informed by the Vision 2016 strategy, which includes 'Combatting HIV and AIDS' both as a key result on its own and as an issue that cuts across all pillars of the strategy. Ongoing status reports identify a key obstacle to progress on this outcome as 'too little exposure and discussion of some of the significant drivers of HIV and AIDS: cross-generational sex; gender-power relations and implicit acceptance of multiple partners, regardless of marital status'. The 2010 Life Skills Framework addresses these issues.

Life Skills Framework (2010): pre-school, primary and secondary school levels

Overview

These frameworks are organized around key learning areas, namely identity and well-being; living in a world with HIV and AIDS; and sustainable futures. Each of these areas has key topics and sub-topic areas and each sub-topic includes outcomes and indicators in the domains of knowledge, attitude and skills, which, the reviewers understood will provide the basis for updating the life skills curricula in Botswana.

The outcomes are generally quite clear, although the indicators vary in their practicality; the indicators should be reviewed to ensure that they are all realistic and assessable within the classroom.

Overall, these frameworks are exemplary and, with the exception of missing basic sexual/reproductive health information, stand as a model to be shared. They form the basis for a rights-based, gender-sensitive approach to life skills and HIV education, integrating attention to both individual factors (e.g. emotions, self-efficacy and knowledge) and social factors (e.g. gender equality, poverty and living in a high-prevalence setting) throughout.

Content: accuracy, thoroughness and age-appropriateness

Accuracy

No accuracy issues were noted, however, as a framework rather than a curriculum, most of the detail remains to be filled in. Accuracy will then become a more salient matter.

Thoroughness

The framework is thorough on many issues, particularly in the areas of HIV care and treatment, discrimination and advocacy. Missing or underdeveloped content areas included sexuality and sexual relationships; reproduction; sexual and reproductive health; contraception; communication skills; and decision-making. If learners are not exposed to these topics elsewhere, then they represent a major gap.

On the material present, the content reflects numerous strengths, some of which are rarely seen in similar frameworks. For example, it encourages seeking routine medical care across all ages, addresses the difficult issue of HIV disclosure (although only at the primary level), and integrates attention to rights and gender issues.

Integration of some topics could be more explicit. For example, there is information on substance abuse that is not tied to sexual risk behaviours and information on livelihoods that is not tied to gender equality. Specific comments along this line are noted in the detailed comments below.

The reviewers also noted that there is no section on coping (or on disclosure, which was part of the coping section) at the secondary level. The issue of disclosure, which was addressed during primary school when children are (generally) not yet having sex, takes on a new dimension as they approach sexual activity.

Finally, while most of the topics follow from the principles established in the Vision 2016 document and framework introduction, some of the content priorities do not seem relevant, for example, the pre-school framework calls for teaching children about hereditary diseases in their families.

Age-appropriateness

Most of the content in the pre-school framework is appropriate and effective. However, the primary school framework has a wide age range, from 6 to 13 years old (presumably there are also some children even beyond the age of 13 who are in primary school), and the framework does not specify which topics are to be addressed at which age, although presumably this will be detailed out in a full revised curriculum.

Even with the wide age windows, in some cases topics seemed to be misplaced. For example:

- Presenting puberty at age 14 and above is too late. This topic should be moved to upper primary grades.
- The topics of abortion and abstinence should not be part of the puberty topic, but should rather have a completely separate set of outcomes and indicators for reducing unwanted sex, unintended pregnancy and the risk of sexually transmitted infections (STIs) and HIV.
- The topics of puberty and sex have not yet been addressed, yet primary school learners are taught to advocate against discrimination based on sexual orientation. While this is a critical topic (and one generally ignored), primary school learners should instead learn respect and tolerance in general. Actual advocacy about speaking up against harmful statements and acts based on a person's sexual orientation is more appropriate for secondary school around the age of puberty.

Sexual reproductive health behavioural goals

The framework promotes a number of behavioural outcomes and skills, distributed among three areas: identity and well-being; living in a world with HIV and AIDS; and sustainable futures. Most of the behaviours relevant to sexual health are within the 'living in a world with HIV and AIDS' unit. Notably, this framework promotes both abstinence and, for those who are sexually active, reduction in the number of partners, as well as correct condom use. This framework is the clearest example in the region in terms of explicitly identifying proper condom use as a behavioural goal. The full list of skills and behaviours cited in the HIV and AIDS unit includes:

Skills:

- Cope positively with HIV infection;
- Cope with orphanhood and bereavement;
- Uphold respect of self and others;
- Negotiate correct condom use.

Behaviours:

- Contribute and participate in efforts to reduce stigma and discrimination;
- Volunteer time to help others;
- Resist peer pressure and societal norms that increase vulnerability and risk of infection;
- Choose to abstain, to reduce number of partners, and to test for HIV and/or have safer sex practices;
- Reject behaviours that are placing self or others at risk of HIV infection.

In addition, the 'identity and well-being' unit also includes some behaviours relevant to sexual and reproductive health; the most notable example being 'verbalizing unwanted sexual touch'.

Individual risk and protective factors

The individual risk and protective factors related to unintended pregnancy and HIV and AIDS are clearly addressed, and in ways that have implications beyond those outcomes. For example:

- Much of learning areas 1 and 3 ('identity and well-being' and 'sustainable futures') focus on self-awareness and identity issues that are compelling to learners;
- The inclusion of affective outcomes throughout further strengthens the meaningfulness of the content;
- Learning area 2 ('living in a world with HIV and AIDS') has a section explicitly focused on individual risk factors;
- Many of the outcomes, especially but not only at the younger ages, emphasize emotions.

Occasionally, the indicators imply a particular kind of teaching activity. However, for the most part, as a framework, the actual teaching activities are not yet elaborated. Given the engaging and diverse pedagogic approach of Window of Hope, the reviewers have presumed that attention to this issue will carry through the elaboration of activities based on this new framework.

Social risk and protective factors

The framework is fully grounded in a rights-based approach, is gender-sensitive, and is attuned to the reality of young people growing up in a world with HIV and AIDS. For example:

- It has explicit sections on rights in the 'identity and well-being' learning area, as well as taking a rights-based approach to the other learning areas (especially learning area 2, 'Living in a world with HIV and AIDS').
- Learning area 2 also explicitly addresses vulnerability risk factors; as part of this, it addresses not only gender issues but also establishes the link between poverty and HIV infection.
- It weaves gender equality into numerous topics, including as part of thinking about change and ongoing learning.
- It fosters advocacy for human rights. Some of the details within this topic for activism suggest good opportunities for learners to engage with the material (for example, advocacy related to HIV). However, it was not clear if this content would be supported by more information about advocacy skills and safety issues.

Summary

Overall, this framework provides an excellent and extremely well-thought out foundation for meaningful cognitive, affective, and skill-based learning outcomes that evidence shows are tied to reductions in risk behaviours and – even more important – to reduced rates of STIs, HIV and unintended pregnancy. The following section provides more detailed specific comments.

Detailed comments: Life Skills Framework (2010): pre-school, primary and secondary school levels

Note: The comments have been grouped according to learning area, key topic and grade-cluster level. This allows for greater coherence in commentary overall and specifically with regard to age-appropriateness for topics. For further information on staging topics across ages, see International Technical Guidance on Sexuality Education Volume II.

Learning area 1: Identity and well-being/ *botho* and dignity

Understanding self and others

Pre-school (pg 3-4): Because children already know if they are male or female, this is not a learning outcome and therefore it is perhaps better for them to focus on their commonalities as human beings, rather than their differences – particularly since they are already receiving an overwhelming number of messages (resulting from social norms rather than nature) about how boys and girls are different.

The outcome/indicator that everyone should be respected and that differences between people should be recognized is reflected in the Vision 2016 document, however, in the same section, there are several contradictory outcomes/indicators, such as:

- That everyone should recognize the existence of God, pray, and attend religious services. However, there are no messages about an ethical person who does not happen to be religious.
- The outcome 'know and understand the national identity of others' has as an indicator that they should identify proudly with their own nationality, ethnic group, and language; but to remain consistent with the 'everyone should be respected' outcome, this outcome should also include that they respect others, as well as knowing and understanding them.

Primary school (pg 3): As above, regarding promoting respect for all minorities, including religious minorities.

Secondary school (pg 3-4): This section focuses clearly and effectively on principles of respect, mutuality, assertiveness and self-efficacy. As such, it blends self-awareness and basic principles of rights and awareness of social context. The section on spirituality embraces these values more than at lower levels.

Healthy relationships

Pre-school: Given the sensitive nature of some acts of violence committed against children, asking learners to list these acts may create an uncomfortable classroom environment for both learners and teachers.

Primary school (pg 4): The primary message of the healthy relationships section should be that violence is not an acceptable way to resolve conflict. Gender-based violence and violence against children should be identified as common human rights abuses. Overall, gender-based violence in the section on violence could be given more attention at the secondary level.

This section is missing outcomes and indicators on interpersonal communications skills, which should be added.

Secondary school (pg 7-8): Overall, the topics that are included in this section are handled very well. The issue of unequal power in relationships, which underlies many of the topics (such as violence, abuse and discrimination), could be addressed by dealing with the issues of equality and dignity.

The area of healthy relationships, including communication and intimate/sexual relationships, should also be addressed because if learners are not exposed to this in other curricula (e.g. Window of Hope), it could represent a major gap. This section should promote mutually respectful and protective relationships.

Human rights and gender equality

Pre-school (pg 4): This section identifies that pre-school children should 'act against violation of their own and others' rights.' Although a commendable developmental outcome, it is perhaps too ambitious for pre-schoolers and should rather stipulate a more realistic kind of action for this age group, including recognizing bad touch and good touch and telling their guardian or a trusted person if someone touches them inappropriately.

As with the section on 'understanding self and others', this section should, rather than reiterating the need to 'state boy-girl differences', instead emphasize commonalities between boys and girls.

Primary school (pg 3-4): The section on democracy is well thought out.

Secondary school (pg 5-6): This entire section is exemplary.

Well-being

Pre-school/primary (pg 6): This section has a set of outcomes and indicators on hereditary diseases, however, it is unclear why young children should have to be thinking about the diseases that their family members and they are particularly vulnerable to and it is therefore suggested that this section is removed or moved to higher ages.

Primary school (pg 4): Information on puberty (currently in secondary level) should be included at the upper primary grades, which go through to age 13.

Secondary school (pg 9-10): Presenting puberty at age 14 and above is too late. This topic should be moved, as mentioned above, to upper primary grades.

The topics of abortion and abstinence should, rather than being included in the puberty topic, have a separate set of outcomes and indicators for reducing unwanted sex, unintended pregnancy and risk of STIs and HIV. The 'reduction in STI and pregnancy' should also be removed because it is not realistic or assessable, but a section on reproductive anatomy and how pregnancy occurs should be included in the primary level framework.

It is uncertain whether the section on HIV treatment, care and support (primary level only, pg 9), which covers health facility services and the roles of different health care, should be included for this age group, or if this material is more appropriate for their caregivers.

Learning area 2: Living in a world with HIV and AIDS

Rights-based issues

Pre-school (pg 8): This framework emphasizes protecting not just others, but oneself, against stigma and discrimination; this is unusual and commendable. The recognition that all of us are, at a certain level, 'other' also lays the groundwork for promoting respect and tolerance for other marginalized groups, such as the physically disabled, sexual minorities and ethnic or religious minorities.

Primary school (pg 5-6): Although the accompanying outcomes (knowledge, attitudes or skills) to 'demonstrate the ability to make informed decisions and act on them' include information, they do not include any decision-making or communication skills. These should therefore be inserted under well-being (or elsewhere). Furthermore, although the learning outcomes are overwhelmingly fact-based, and one recommends children 'act on the facts', this can be quite difficult for young people who, for example, may be pressured by teachers to have sex or whose partners refuse to wear condoms. To address this, more attention should be paid to the many factors that can undermine young people's ability to 'act on the facts', such as power imbalances in relationships.

Outcomes/indicators on stigma and discrimination (pg 6) are quite clear.

Secondary school (pg 13-14): The issue of disclosure, addressed at primary level when children are (generally) not yet having sex, takes on an added dimension as they approach sexual activity. Although there is an indicator to 'disclose one's status without fear of prejudice', there are no learning outcomes that teach skills for disclosure. This could be integrated into a coping section, as it was for primary level (see below).

Many of the indicators in this section are not assessable and one is particularly unclear, that is 'beware of legal implications of gender on HIV and AIDS'. However, the integration of sexual and reproductive rights to human rights is excellent.

Risk reduction and vulnerability reduction

Pre-school (pg 9): The content in this section is all age-appropriate, focusing on avoiding contact with bodily fluids of others, mastering basic information about transmission, and identifying and rejecting inappropriate touch.

Primary school (pg 6-7): While the effort to distinguish between risk reduction and vulnerability reduction makes sense, some of the topics in risk reduction have gender-specific dimensions that overlap with vulnerability, for example, 'ways of delaying sexual activity' is conditioned in part by power imbalances in relationships.

The risk reduction outcomes do not adequately acknowledge the importance of learners' negotiation and communication skills and self-efficacy to make and implement their own decisions. Also missing at the upper primary grades is basic awareness about condoms as a means for preventing HIV infection. (This currently comes only at the secondary level.)

Secondary school (pg 15-17): The sections on risk reduction and vulnerability address many of the immediate and underlying risk factors for unsafe sex. Hopefully, some of the actual lessons will integrate these two dimensions of risk; for example, condom use requires both knowledge about condoms and power to negotiate.

References to peer norms (pg 17) should be examined because typically, the norms are gender norms about sex being reinforced mostly through same-sex peer groups.

Coping

Primary school (pg 7): The issue of disclosure is handled very effectively here, integrated into the larger issue of coping. This is particularly noteworthy because very few curricula tackle the issue of disclosure.

Secondary school: There is no section on coping at the secondary level. This is an area that is particularly pertinent in terms of learning outcomes that teach skills for disclosure and therefore presents a gap that should be addressed.

Learning area 3: Sustainable futures

Note: It is not clear how the three learning areas unfold chronologically. In general, the sustainable futures topics are good to end with, since they are aspirational; however, because they also help drive the learning area 2 outcomes, they may create a stronger platform for HIV and AIDS education if they precede learning area 2.

Life-long learning

The framework consistently weaves gender equality into this outcome area, at each level. Because life-long learning implies change and growth, this is a particularly creative and thoughtful structure for integrating attention to gender issues.

Pre-school/primary school/secondary: Gender equality is highlighted but placed within the context of the principle of equality in learning and task-sharing (pg 10). This is an excellent example of placing a single issue (gender) within the context of a larger principle (equality).

Financial literacy and livelihoods

Pre-school (pg 11-12)/ primary (pg 8-9)/ secondary (pg 21-23): These are two areas where the salience of gender inequality could have been woven in (as it was in life-long learning). Attention could be paid to the differential male/female access to financial resources and to livelihoods and the livelihoods and transformation section should address the ability of females to succeed in most careers that are currently dominated by males (and vice versa).

Form 1-3 Guidance and Counselling Curriculum Guidelines (2008)

Overview

The guidance and counselling programme provides additional support to learners and complements the life skills component well. The syllabus is divided thematically and the curriculum has a duration of approximately 27 hours per year for each of the three years (one 40-minute session per week).

Content: accuracy, thoroughness and age-appropriateness

Age-appropriateness

The sequencing is very well thought out. Each topic includes information at a range of developmental levels, intended to allow the teacher to adjust the lesson according to learner needs. The sequencing of information is highly logical. The affective learning outcomes on personal reflection (e.g. what do I like, what do I need?) support development of self-efficacy and intentional behaviour. The cognitive learning outcomes (including overarching concepts of rights (e.g. what does everyone deserve, human and democratic rights, responsibilities) lay the developmental groundwork for useful learning about social context (e.g. gender equality, influence of the media), and skill-building (e.g. communication, decision-making).

Comprehensiveness of content

The comprehensiveness of the content is excellent. During each of the three years, learners are taught material in each of four themes: personal guidance (self-awareness, decision-making and life skills), social guidance (individual interaction with others), educational guidance, and vocational guidance. Content related to sex education and HIV prevention are contained within the first two themes.

The overarching educational aims of the programme include self-awareness, critical thinking skills, appreciation of human and democratic rights and gender equality, communication and decision-making skills, and coping skills to deal with sexual health, orphanhood and employment issues. Critical competencies are articulated for these and related aims. A particularly impressive aspect of this syllabus is that numerous specific objectives build critical thinking skills that can be important for behaviour change.

This document had very few gaps in content, based on a highly comprehensive screening tool. It met the objectives and topic areas in both *International Guidance for Sexuality Education* (Volume 2), and in *It's All One Curriculum* more fully than any other document reviewed. In that sense, although some topics are not addressed thoroughly, it can stand as a global model. However, there was no evidence that this document, developed in 2008, had been applied to the development of a full curriculum.

Living: Skills for Life/Botswana's Window of Hope (2005)

Overview

Please note that very few topics listed below are covered in the earliest grades (Standards 1-2 and 3-4) and many more topics are covered at the end of the series in Forms 4-5. This review recommends that the first two levels could be expanded with more material. Please see detailed comments for specific suggestions.

The Skills for Life curriculum is strongest when it addresses communication and decision-making skills, responsible citizenship and HIV. Many of the flaws and inaccuracies noted in the curriculum (see detailed feedback on curriculum) are corrected by the 2010 framework.

Self-awareness, self/others, relationships

The curriculum addresses identity, friends and families well, including material on community and support. It could use more guidance to learners for negotiating dating and building healthy relationships. There are frequent references to transactional sexual relationships, but this topic is not addressed in depth at any point.

Human development, puberty, the body and reproduction

This section is mostly not present except for material on nutrition and substance abuse. Puberty is addressed briefly in Forms 4-5, and should rather be introduced earlier and in more depth because learners need more information about their bodies to make informed decisions, for example they need to understand fertility and pregnancy at a minimum. This gap in the 2005 curriculum is not addressed by the 2010 framework. Both appear to shy away from giving information about sexual health topics (including puberty, sex and conception), which can lead to lessons being confusing.

Sexuality and sexual behaviour

This section requires revision and expansion because currently, the definition of sexuality used in this curriculum is not accurate and when sex is addressed, it is usually framed as unwanted and most of the relationships given as examples are unhealthy. The text also only provides a few models for learners to consider how they can negotiate the obstacles that arise in a healthy, supportive relationship.

Sexual and reproductive health including HIV

These materials cover many recommended topics, especially HIV and AIDS care, treatment, support and stigma. However, they are missing information on pregnancy prevention, the risk associated with different types of sexual acts, details on STIs and their transmission and treatment. Information about contraceptives currently only covers condoms and abortion and should also be expanded. The curriculum strongly emphasizes condom use, but it does not explain how to use condoms correctly.

Communication and decision-making skills

Overall, Botswana's Skills for Life does an excellent job of building the communications skills and decision-making abilities of learners and linking these necessary skills to negotiating sexual situations.

Human rights and advocacy

The curriculum encourages learners to be participating and responsible members of their community. It includes some mention of international human rights agreements and helps learners to consider their role as citizens. However, it does not include advocacy skills.

Individual risk and protective factors

More attention could be placed on learning objectives within the affective domain (attitudes, feelings and awareness) because currently, the emphasis is overwhelmingly on learning within the cognitive and skill-based domains. For example, more focus could be given to promoting self-awareness, which is part of developing self-efficacy for young people to protect themselves in different situations, including unexpected ones. Some of the lessons are highly prescriptive, reinforcing social standards or familial obligations rather than helping learners to reflect on their own values and feelings, including in some areas where they might question certain norms among peers or beyond.

There is significant emphasis on loyalty to the group, the family and society, with less attention to recognizing one's own feelings. Care should be taken to ensure that such loyalty does not lead a young person to remain in a situation of risk.

Social risk and protective factors

There appears to be a gap in the area of gender issues, and social factors in general. Gender norms are a key risk/protective factor for sexual health outcomes, including HIV, and this is a topic that can be taught beginning in the youngest grades. Changing attitudes and building skills in this area can empower young people to make healthier decisions. For example, the economic forces that drive sexual transactions are implied, but discussion questions do not encourage learners to examine these issues. However, these issues are addressed by the 2010 Life Skills Framework (see *International Technical Guidance for Sexuality Education* for sample objectives and key topics related to gender and social context at each age group, as well as *It's All One Curriculum* for specific objectives and content).

Detailed comments: Living: Skills for Life/ Botswana's Window of Hope (2005)

Key strengths

- Level 4-5 successfully integrates sexual negotiation into the section on communication. The description of passive/aggressive/assertive individuals is extremely clear and effectively aimed at a key risk/protective factor affecting behaviour.
- The curriculum pays impressive sensitivity to learners' privacy needs; it fosters confidentiality during most activities that might make learners uncomfortable.
- This series also begins conversation in an open format and lets learners volunteer their own information and ideas.
- Form 4-5 is particularly well developed and strong.

Areas for reconsideration or improvement

Without sufficient information, open-ended conversations may go off-topic and miss the primary message of the lesson. The teachers' instructions lack guidance to teachers to guide conversations, probe, and supply them with facts to support the discussion.

Age-appropriateness

For the most part, the content is staged logically within and across grade levels. However, some information could be introduced earlier, for example, sexual and reproductive health information appears rather late. There is almost no information explaining sex, fertility, and reproduction until Form 1-3, and even then the information is sparse. Puberty information is only covered in Form 4-5.

The brief introduction of HIV in the early years is handled extremely well; it is not clear why certain issues, such as orphanhood and families affected by HIV, were not included, but perhaps they were considered too disturbing for this age group to address within a curricular format.

The introduction of the notion of social norms in the *Standards 5-7 Teachers' Guide* (pg 119) is very clear, but comes rather late in the curriculum.

Teaching methods (diverse methods, critical thinking skills, personal relevance for learners)

- There is consistent use of demonstration as a way to assess learning. This also includes field trips to health services.
- In the *Standards 5-7 Teachers' Guide*, learners practice using a concrete decision-making model (5.1b) to think through the implications of their decisions. However, in some cases, the information requires further guidance/development from teachers. For example page 13 of the Guide states that 'if our rights, or those of others, are violated, we have a responsibility to take action to protect them.' To develop their thinking skills and help learners understand safe and appropriate ways to take action, statements like this may require a bit more engagement.
- The curriculum has few activities to strengthen group trust, for example, icebreakers.
- The curriculum does not particularly draw on or foster critical thinking skills.
- One of the skills that enable young people to make good decisions is to develop awareness of their own emotions, including in areas that may be confusing or emotionally challenging, such as sexual decision-making or learning to relate respectfully to people living with HIV and AIDS. Therefore helping learners identify and reflect on their emotions is an area that could be strengthened.
- 'Ground rules' to ensure a safe environment were not observed at all levels.
- There appear to be missed opportunities to foster reflection and critical thinking, for example, the *Standards 5-7 Teachers' Guide* includes a good activity about forced marriage (pg 14), but (beyond a footnote) does not link the topic to a discussion of what it means to challenge a traditional practice, or to provide resources for support.
- Some of the particularly strong methods included narrative writing (for example, bio-poems) as well as a very effective scenario describing people who were tested for HIV and began treatment.

Comprehensiveness of content

A scanning process focused primarily on inclusion of topics but also considered whether activities were aimed at different domains of learning, such as cognitive (knowledge), affective (attitudes and intentions) and skills (e.g. communication skills).

- An excellent feature of this curriculum is that it helps learners link to health and social services. Time is allotted for field trips through in-depth activities related to accessing services. For example, this included a field trip to a voluntary HIV counselling and testing centre, providing an excellent opportunity for learners to visit health services under a teacher's supervision. Similarly, there is an activity teaching orphans how to register for supportive services (Form 1-3, pg 35).
- Form 1-3 level starts to fill in some gaps in the sexual health area that are missing at lower levels, but it is lacking detail about adolescence, sex, fertility, anatomy and physiology, and reproduction, such as how pregnancy occurs, different types of sexual acts and the risks they carry, and details on STIs and their transmission and treatment. There is a lack of adequate information about contraceptives (other than condoms) and abortion, and even condoms are not covered in a systematic way. Similarly lacking is information on why it is important to know about your body, media messages about the body and sex, etc.
- As noted previously, the curriculum needs to pay more attention to the critical issue of gender: gender norms and roles, gender equality, gender-based violence, sexual abuse, qualities of a respectful intimate relationship, relationship difficulties, gender-specific social aspects of puberty/adolescence, pressures on boys, etc.
- Although the human rights dimension of many topics needs more focus, there is direct attention to educating learners about the existence of international human rights agreements, as well as the ideas of strengthening citizenship and democratic culture. The latter topic is particularly thorough.
- Form 4-5 is well developed, but focuses repeatedly on certain messages (wear a condom, don't accept money for sex, do what is best for Botswana and your family) while overlooking other relevant risk/protective factors.
- While attention is paid to many aspects of growing up in an HIV-prevalence setting, the issue of disclosure is not addressed.
- Although in general the curriculum does not focus on emotional issues that can affect adolescent sexual behaviour, there is a strong section that asks learners to reflect on how they formed friendships and how their friends treat them.

Accuracy and adequacy of detail

- Some topics are introduced perhaps too abruptly and with not enough context for elaboration, for example, passion killings (Form 1-3 pg 103), or the statement 'If our rights, or those of others, are violated, we have a responsibility to take action to protect them' (Form 1-3, p13).
- In the *Standards 5-7 Teachers' Guide*, the topic of abortion could also do with more attention. The only information is the following statement that 'In most cases, teenagers resort to back-street (illegal) abortions, which may result in reproductive health complications.'
- The curriculum strongly emphasizes condom use, but it does not explain how to use condoms correctly.
- As already noted, the information on sexuality is sparse. For example, what sex is and how pregnancy occurs is not made clear. The definition of sex as 'all the feelings and activities resulting from the urge to gratify natural sexual impulses' seems somewhat too expansive. For example, while an activity on delaying sex may emphasize that avoiding sex will prevent pregnancy, it does not clarify how a girl becomes pregnant. This activity also assumes that young people already understand different types of sexual activity and the associated risk (for example, that oral sex also places them at risk of contracting an STI).
- Other sexuality topics are missing as well, such as the nature of consent and sexual expression. Form 4-5 (pg 92) mentions that after puberty boys become interested in sex, implying that girls do not also have increased interest in sex; this reinforces gender stereotypes that boys always want sex and girls do not have sexual desires. It would also be useful to have a lesson on young people's motivations or reasons for having and not having sex. Importantly, there is a mention of dry sex. Sexual abuse is also addressed.
- The information on adolescent pregnancy (Form 4-5, pg 80) is too cursory.
- Form 4-5 implies that a girl slapping a boy is equivalent to a boy slapping a girl. While both behaviours are harmful, male-to-female physical violence is generally more threatening and potentially dangerous than female-to-male physical violence.
- Form 4-5 treatment of child marriage presents this topic as a neutral one about which learners might reasonably hold any opinion. The practice of child and forced marriage is a human rights abuse.
- STIs are described as caused by 'germs or parasites', but while some parasites are transmitted through close contact, they do not require sexual activity and are not typically considered STIs. This should therefore be changed to 'most STIs are caused by bacteria or viruses'.

Tone

In Form 1-3 (pg 13) under 'Ways you earn money,' there are no positive alternative ways listed for young people to obtain money.

As raised earlier, there is significant emphasis on loyalty to the group, the family and society, with less attention to recognizing one's own feelings. Care should therefore be taken to ensure that such loyalty does not lead a young person to remain in a situation of risk.

Also mentioned is how sex is generally framed as unwanted and most of the relationships given as examples are unhealthy. The text provides few models for learners who have a healthy relationship with a partner to consider how they can negotiate the obstacles that arise in a healthy, supportive relationship.

Structure (coherence between goals, objectives, and content)

The objectives, content and activities are very effectively linked to each other and address proximate factors associated with the goal. However, neither the objectives nor the content pay significant attention to the emotional (feelings, attitudes) domain of learning.

Detailed comments: Window of Hope Standard 5-7 Teachers' Guide

Overall, this document addresses important topics but not always in the depth or detail necessary to optimize effective learning. More attention could be given to gender as a risk/protective factor, such as the mentioning of the pressure on boys to have sex in order to prove their masculinity (pg 116); and human rights are also mostly not present, except for implicit attention to the rights of people living with HIV and AIDS. For specific objectives and content, see *It's All One Curriculum* (Unit 2). For examples of learning objectives related to gender equality specifically appropriate for this age group, see *International Technical Guidance on Sexuality Education* (Key Concept 3).

Chapter I: Self-awareness

The activities on self-awareness are straightforward and very good. However, the exclusive emphasis on individual determinants of 'who we are' can easily hinder awareness of the influence of social determinants on selfhood (for example, poverty, gender norms, orphanhood). Because the social determinants, particularly gender norms, for example, play such an important role in HIV risk, it would be useful to foster critical thinking about both individual and social determinants of selfhood, right from the start. For example, in activity 1.1, it might be useful to expand the 'why' questions (such as, 'Why do you think you are good/not good at certain things?'). One way to do this might be to ask: 'Thinking about your strengths (or limitations), do you think that this is just the results of your personality, or your genes?'; or 'Did it result in part from the opportunities you had or did not enjoy, for example, as a girl or boy?' Because gender norms tend to be consolidated around the age of puberty, standards 5-7 become a critically important and opportune time to help learners reflect on these norms.

Similarly, the 'conclude by saying' section of activity 1.2 could ask: 'Are girls and boys brought up to develop, and be proud of, all the same characteristics? Or are they sometimes brought up with an emphasis on different traits?' It could also include a comment that many of the characteristics that we have are individual and have nothing to do with our life opportunities or the way we have been treated; that many of our characteristics may reflect the roles that we have been socialized to fulfil.

The bio-poems in activity 1.3 are an outstanding tool because narrative writing is proving to show benefits at multiple levels for learners. Activity 1.4 provides an excellent chance for learners to explore how different opportunities – as well as 'individual' behaviour change – might help them turn their limits into strengths. Similarly, at the conclusion, the teacher can reinforce that both assessing our abilities and equalizing opportunities can help us develop our strengths.

Chapter II: Values

This unit explores loyalty as a notion; loyalty to family/parents, loyalty to country, and the notion of honesty. All of these are, of course, important values, however, this section might also want to consider other values that lay the groundwork for healthy relationships and better sexual health outcomes, including reduced HIV, for example, how the value of dignity and equal respect for all (regardless of physical disability, gender, etc.) bear directly upon these outcomes.

Chapter III: Goal setting

In this chapter, activity 3.1 is a good concrete activity to introduce the idea of goal setting. A question that arose in the review was whether girls have as much mobility to move around the town or village as boys do. If not, the activity should perhaps make that inequality explicit and subject to inquiry by the learners – otherwise, the very question reinforces unequal gender norms.

In activity 3.2, question 4b ('What will it take to get there – money, transport, friends, time?') is an excellent opportunity to encourage realistic thinking. It may be a good idea to add 'planning, permission from parents' to the list of what it will take to achieve one's goals. And again, if it is relevant, the question of whether girls are more likely or less likely than boys to face obstacles in this goal should be considered.

Activity 3.3 builds very well on the previous activity.

Chapter IV: Communication

As is true with all of the activities, the activities in this section are laid out very clearly. There could be room to explore more deeply how power differences between the two people involved in the communication affect people's ability to communicate assertively. For example, it might be easier for a girl to reject a cigarette (or sex) offered by a friend than when it is offered by, for example an older male who also offers her gifts, or for a boy to refuse a friend as compared to a boss.

The next activity (activity 4.3), 'refusal skills part I', brings up just such examples. However, there is no discussion incorporated into the activity about the basic human rights that every person has to their own bodily integrity, or of the norms that treat girls' bodies as heavily subject to male control, and that often tolerate the high levels of harassment and abuse of girls. Evidence suggests that addressing these underlying norms can have more far reaching effects on gendered behaviour.

Boys can benefit from these exercises as well, not only by learning to communicate more reciprocally with girls, but to defend themselves from situations in which their own rights could be violated, because boys may also be subject to sexual abuse.

Chapter V: Decision-making

Activity 5.1 includes peer pressure/social status as a potentially negative factor influencing young people's decisions. As is the case with communication skills, it is important to learn generic decision-making skills. Unequal social status among peers is indeed a way that some young people are able to exert informal power over others. This kind of social power is very visible to young people. What may be less visible, but equally or more relevant, are other forms of social inequality and power, such as those based on differences of economic status, physical ability/disability, ethnic group, or gender (in fact, peer pressure itself is often very specifically the reflection of unequal gender dynamics.)

The underlying point is that power differences between people do exist and do influence – that is, constrain or undermine – people's ability to 'decide' how to behave. Being able to overcome pressures depends in part on becoming more aware of the dynamics involved when we relinquish our autonomy.

As was true with the communication activities, the follow-up activity (5.2) uses an example that illustrates gender power differences, i.e. 'Biki felt he had the right to touch Maonyana', yet it never identifies relationship inequality/unequal power as the operating underlying risk factor. It may be a good idea to include questions that make learners think about, for example, whether Maonyana would have felt the same right over Biki's body, what messages girls, as opposed to boys, receive about the boundaries of their and other people's bodies, and about their right to make their own decisions (small or large) in life.

Chapter VI: Stress management

Activities 6.2 and 6.3 are both very clear and useful activities. However, it was not clear to the reviewers why stress was emphasized over other difficult feelings that also undermine young people's well-being and intervene in their ability to protect their health, such as jealousy, anger, grief, loneliness, hopelessness and confusion or ambivalence. It might be worth considering expanding this activity to focus on managing 'difficult feelings'. Learners could self-select into groups focused on the feeling that is providing them with personal challenges.

Chapter VII: Sexuality

The objectives under this chapter are all related to puberty and abuse; none relate to human sexuality *per se*.

While activity 7.1 explains the physical changes of puberty, unless there is another avenue by which girls are learning about menstruation and menstrual management in a supportive setting, this may be a gap in the curriculum. Of course, it would also involve needing to separate boys and girls into two groups for a short time, which is not always feasible.

Activity 7.2 focuses on the physical and emotional changes of puberty; however, the emotional changes are approached in the absence of any sense of the social context in which puberty takes place. Specifically, upon hitting puberty, young people, perhaps especially girls, often find that other people treat them very differently. Girls' mobility, dress, behaviour, etc. may become more carefully monitored and restricted. Adults may approach young people with more sexual intent. These kinds of experiences are profound and often overwhelming and pervasive; they constitute a significant aspect of the experience of puberty in many places. Hence, it is critical to address not only the physical and emotional changes of puberty, but also the social ones. In fact, even some of the emotional changes are neither developmentally nor hormonally based – they may be a response to a change in the way one is treated. As this happens, girls may internalize their diminished hopes and sense of their own rights. A more far-reaching 'coping strategy' might therefore include learning about their rights to be treated equally and with respect.

Activity 7.4 ('recognizing and avoiding sexual and emotional abuse') is another example of a clearly written exercise in which the pervasiveness of how power differences of both age and gender often combine to the great detriment of girls' human rights and health is illustrated. However, it is also an example where this underlying normative structure is never named, and hence is more difficult for young people to begin questioning it and constructing a new set of attitudes for themselves. The discussion question which asks 'How should men behave towards young girls?' begins to get at this, but touches on it perhaps too briefly to allow for truly critical thinking and problem-solving. Questions such as 'What attitudes are young men taught (by the media and culture) about their right to be aggressive against girls?' and 'What messages do girls absorb about their rights (as opposed to, for example, their responsibility) to prevent and to fend off sexual advances?' are also included. In the end, the activity suggests helpful tips to minimize risk, but seems to place all the responsibility for avoiding abuse on the potential victim.

Chapter VIII: HIV and AIDS: facts, myths and prevention

Overall, this section is particularly strong. These activities follow clear progression and are very clear. Activity 8.3 ('protecting and caring') includes important information both about protection and empathy. The last step of the worksheet ('Imagine Thuso as one of your classmates. How would you help him cope with the situation he is going through?') may benefit from expanded time and space for learners to grapple consciously with their feelings and thoughts as part of strengthening their self-efficacy in this area. Unfortunately, there is almost no room on the page for their answer. Another way that may help learners personalize this issue more easily is have them write a letter to Thuso, rather than writing about his situation.

Activity 8.4 ('prevention, transmission, and living with HIV') has eight good assignments for learners to create collages on different aspects of HIV and AIDS, including prevention. However, there is no 'answer key' for the teacher to make certain that the information the learners present is correct and thorough.

Chapter IX: Risk reduction

Activity 9.3 ('delaying sex') is one of the few examples of the curriculum naming, rather than occasionally just illustrating, how gender norms operate as a risk/protective factor affecting behaviour. With enough problem-solving and critical thinking about gender dynamics and roles, and power inequality in heterosexual relationships, learners will be well prepared to think more deeply about how to prevent and respond to these situations.

In activity 9.4 ('safer sex'), as with activity 8.4, the teacher appears to rely on the learners to generate all of the correct information. The reviewers were unable to document whether there is guidance for all the correct information that the teacher should be sure is included, for example male condoms, female condoms, avoiding certain behaviours such as dry sex, etc.

Activity 9.5 ('multiple sexual partners') is another opportunity to ask whether having multiple concurrent partners is considered more acceptable for boys than for girls, or whether girls are in fact more likely to have multiple sexual partners, for example in exchange for material rewards or because of pressures, child or forced marriage, or for other reasons.

There is no mention of female condoms (perhaps they are not available).

Chapter X Benefits of relationships

Activity 10.4 ('healthy and unhealthy relationships') addresses an important issue: bullying. To help learners extrapolate from this activity to other similar situations, it would be useful to have explored, or to use this activity to explore, the construction of masculinity in the culture by asking questions such as 'What is considered a real man?', 'What kind of pressures do adolescence boys feel from each other to prove their manhood?', 'What about boys who are perceived as not being tough enough, or as being perceived as possibly homosexual?', 'Is the masculine ideal something realistic that most boys feel they can live up to?', and 'Who benefits and who loses from these kinds of rules – what are the costs that boys pay from trying to live up to this ideal?'

Chapter XI: Dilemmas

This is a strong chapter overall, presenting material that is personally relevant and requires critical thinking skills.

Activity 11.1 ('dilemmas in dating') includes a useful case study. However, the conclusion states that one is not likely to get infected with HIV just by dating. This information is vague and misleading; for example, it does not explore what it is about dating that involves some risk, even a small amount.

Chapter XII Social responsibility

Activity 12.3 ('helping and not hurting') helps learners reflect on their interpersonal behaviour. However it does not necessarily help learners understand that some hurtful behaviour is, while it shouldn't be, actually socially accepted, for example, discrimination against people of certain ethnic groups, sexual harassment of girls, bullying of boys perceived not to be heterosexual, marginalization of someone who is disabled, etc. This activity would be an excellent opportunity to encourage not only helping/kind behaviour, but to promote greater awareness about the nature of social norms that tolerate marginalization and discrimination.

Highlights from the available literature

Most of the evaluation studies in Botswana have been carried out in community-based interventions. According to a summary of evidence provided by the Open Society Foundation's *What Works for Women* (WWFW, 2011), the in-school Life Planning Skills component of the Botswana African Youth Alliance (AYA) programme was evaluated. This study found 'increased knowledge of HIV transmission, improved risk reduction behaviours among those who felt at risk (getting tested for HIV, reducing partners, using condoms, or abstaining), and increased both the intention to use and actual use of condoms.' The AYA Life Planning Skills manual was apparently adopted for use in secondary schools nationwide in 2004¹². However, the Botswana experience was excluded from the multi-country AYA evaluation published by Williams et al (2007) in part because the programme ended earlier in Botswana¹³.

Various community-based interventions with young people have also been evaluated. The Botswana arm of the Social Marketing Adolescent Sexual Health (SMASH) intervention involved 8 to 13 months of activities (dialogues on reproductive and sexual health on a radio call-in show, young people clubs in schools, peer education, and young people-friendly clinics). The intervention had a positive impact on perceived susceptibility to sexual risk, perceived benefits of prevention and on perceived barriers to safer sex – but little or no impact on sexual behaviour (Agha 2000)¹⁴. The Tsa Banana programme used radio and print media to encourage adolescents to use reproductive health services. The campaign showed weak results for improved knowledge and social norms, with females showing no significant improvement on the basic knowledge item 'Sexually active people risk getting infected with HIV' (Auerbach et al 2006)¹⁵.

12 Comprehensive programs for youth can improve HIV knowledge and encourage protective behavior. <http://www.whatworksforwomen.org/chapters/9/sections/23/evidence#s-145>.

13 Williams, T., S. Mullen, A. Karim, J. Posner. *Evaluation of the African Youth Alliance Program in Ghana, Tanzania, and Uganda: Impact on Sexual and Reproductive Health Behavior among Young People*. JSI. 2007.

14 Agha, S. *An evaluation of adolescent sexual health programs in Cameroon, Botswana, South Africa and Guinea*. Int Conf AIDS. 2000 Jul 9-14; 13: abstract no. WePeD4684.

15 Auerbach, J.D., R.J. Hayes, R.J. and S.M. Kandathil, S.M. *Overview of effective and promising interventions to prevent HIV infection*. In D.A. Ross, B. Dick and J. Ferguson (eds.), *Preventing HIV/AIDS in Young people: A Systematic Review of the Evidence from Developing Countries*. Geneva: WHO. 2006. whqlibdoc.who.int/trs/WHO_TRS_938_eng.pdf.

Several workplace-based programmes have been evaluated as well. The Peer Education HIV/AIDS Prevention Programme has demonstrated some reductions in risk behaviours (Hope, 2003)¹⁶. Norr et al (2004) also reported positive outcomes from an all-female peer group HIV prevention intervention that addressed issues of gender inequality among urban employed women; these authors found that the intervention group had significantly safer sex behaviours and positive attitudes and confidence about condom use¹⁷.

Other interventions were documented in the literature but this review did not identify any rigorously evaluated outcome studies for them. One example is the Youth Health Organization, which aims to implement young people-specific HIV and AIDS 'edutainment' interventions¹⁸. Another is the school-based initiative to equip schools with televisions for airing the *Talk Back*' programme, a 60-minute weekly television show that allows viewers to ask HIV-related questions by telephone, fax or email¹⁹. The *Basha Lesedi* ('Youth are the Light') project, funded by the US Centers for Disease Control and Prevention (CDC), focuses on young people aged 10 to 17 in Botswana. This project hopes to reach young people with HIV and AIDS prevention information and skills before they engage in risky behaviours, including sexual activity and alcohol use²⁰.

Because Botswana has a relatively high school enrolment rate and low levels of knowledge about HIV and AIDS among learners²¹, school-based programmes have a particularly important role. Outcome evaluation may also be critical for building a stronger policy climate: according to the Xinhua News Agency (2011), '... the government is facing challenges with the textbook evaluation procedures concerning sex education and issues of sexuality coverage in the Junior Certificate curriculum and currently looking into ways of revising the system' and that 'the use of the textbook has since been suspended while consultation goes on to get ideas on the depth and context of sex education in moral education'²².

16 Hope, Kempe R. *Promoting Behavior Change in Botswana: An Assessment of the Peer Education HIV/AIDS Prevention Program at the Workplace*. Journal of Health Communication, Vol.8, pg 267-281. 2003.

17 Norr, K., B. McElmurray, S. Tlou and M. Moeti. 2004. *Impact of Peer Group Education on HIV Prevention among Women in Botswana*. Health Care for Women International 25: 210-226.

18 Devries, KO. *Youth LIFE – Botswana, Nigeria, and South Africa*. 2003. Accessed from <http://www.advocatesforyouth.org/publications/1335?task=view> on May 5, 2011.

19 Botswana Ministry of Education and Skills Development. *National Report on the Development of Education: "Inclusive Education: The Way of the Future."* Draft Report. www.ibe.unesco.org/National_Reports/NR08_draft.pdf. Accessed September 4, 2011.

20 *Global Programs: Basha, Lesedi (Botswana)*. FHI Focus on Youth. Family Health International. Accessed from <http://www.advocatesforyouth.org/publications/1335?task=view> on May 5, 2011.

21 *Pupil and Teacher Knowledge about HIV and AIDS in Botswana*. Southern and Eastern Africa Consortium for Monitoring Educational Quality/Policy Brief 5 (April 2011). www.sacmeq.org. Accessed September 4, 2011.

22 *Botswana sex education faces traditional challenges*. Investors.com. www.investors.com/NewsAndAnalysis/newsfeed/Article/134428235/201108031255/Botswana-sex-education-faces-traditional-challenges.aspx. 08/03/2011. Accessed September 4, 2011.

Sexuality education curriculum review:

Kenya

Introduction

The purpose of this review was to assess the content, quality and method of delivery of curricula used in Kenya for delivering life skills-based comprehensive sexuality education (SE) programmes, to serve as a resource for curriculum revision aimed at empowering young people to protect themselves from HIV and poor reproductive health outcomes²³. The review was commissioned by UNESCO, UNFPA and UNICEF for the HIV Prevention Working Group of the Regional AIDS Team in East and Southern Africa (RATESA). The work was conducted by Population Council's Rethinking Sexuality Education project, with technical input from the Joint Inter-Agency Team.

Documents reviewed

- Life Skills Education Syllabus Series (2008)
 - o Primary Life Skills Education Syllabus
 - o Secondary Life Skills Education Syllabus
 - o Primary Life Skills Education Teacher's Handbook
 - o Secondary Life Skills Education Teacher's Handbook
- Earlier materials
 - o Let Us Talk About AIDS (1999)
 - Standards 1-3
 - Standards 4-5
 - Standards 6-8
 - AIDS Education Facilitators' Handbook
 - o Life Skills Education Curriculum (Kenya Institute of Education, 2002)
 - Lower Primary
 - Upper Primary

The Life Skills Education Syllabus series appears to be a revision of the 2002 Life Skills curriculum series and, overall, is a marked improvement on the earlier material.

The Let Us Talk About AIDS series was for children in and out of school. It aimed to teach young people to be responsible citizens who can make rational decisions and form healthy relationships so that they can avoid being infected with HIV and other STIs. An accompanying AIDS Education Facilitators' Handbook was developed as a resource for empowering young people to change their behaviour to help stop the spread of AIDS.

Each of these series has useful elements. However, all of them have both missing and obsolete information. The Let Us Talk About AIDS series needs more information about antiretroviral drugs (ARV), positive living with HIV and power dynamics in sexual relationships, as well as about communication and basic information about the sexual and

reproductive system. The Life Skills Education Curriculum is similarly out of date and also lacks basic information on preventing HIV (e.g. by using condoms) as well as providing a better understanding of sexuality and reproduction, and other basic topics. The format is appealing, but it lacks depth and rarely fosters meaningful thinking.

The objectives of the updated Life Skills Education Syllabus series include promoting self-appreciation, improving relationships with others, acquiring decision-making skills, respecting other people's rights, and coping with stress and emotions. The syllabi also effectively address emphasizing broad values and communication skills. However, while these do play a significant role in helping young people protect their health and well-being, they are not adequate on their own for reducing the risk of HIV, sexually transmitted infections (STIs) and unintended pregnancy, as well as forced sex, child marriage and intimate-partner violence. Whole sections are needed on such topics as reproduction, sexual health and HIV – including prevention through both abstinence, and (among those who are sexually active) condom use. More meaningful attention is also needed to social-context risk factors, particularly gender inequality.

The review of the Life Skills Education Syllabus series includes an overview of (i) **content** (accuracy, thoroughness and age-appropriateness); (ii) **sexual reproductive health behavioural goals**; (iii) effectiveness of **teaching activities**; (iv) attention to **individual risk and protective factors**; and (v) attention to **social risk and protective factors** (gender, rights and living in a high HIV-prevalence setting).

Although the 1999 Let Us Talk About AIDS series was part of the material for review, it is out of date and it is not clear if it is still being used; and the 2002 Life Skills curriculum series appears to have been supplanted by the 2008 syllabus. Because these older materials appear obsolete, detailed scanning forms have not been completed for them. However, summary comments are provided as well as some specific responses to selected text for each of these series.

Life Skills Education Syllabus Series (2008)

Overview

Content: accuracy, thoroughness and age-appropriateness

Accuracy and thoroughness of content

While the information that is included is generally good, there are some gaps, for example, sexual health, HIV, reproduction and sexuality are superficially addressed or missing altogether. This may be because these topics are taught on a stand-alone basis, using different materials, but HIV and sexual health education are more effectively provided in an integrated fashion, along with the topics included in a Life Skills syllabus. Other topics that lack adequate detail include emotional and physical abuse, gender stereotypes, social inequalities and child marriage.

The technical information included is accurate and the content on values and skills (including identity, coping skills, empathy, decision-making, communication and negotiation) that were handled thoroughly in the 2002 Life Skills curriculum series will presumably be expanded upon as the 2008 syllabi are developed into curricula.

The series briefly touches on sexual coercion and offers of money or gifts, and the importance of communication under these circumstances. This topic merits a dedicated lesson and activity to teach learners to apply these communication skills to this potential situation.

The syllabi mention child marriage frequently but in a way that suggests girls marry early by choice. The text should therefore clarify the effects of family pressure, economic constraints and that such marriages may be forced against a girl's will. This issue should be framed as a potential violation of rights and learners should be equipped with any available help to resist such arrangements.

Age-appropriateness

The topics are mostly age-appropriate and build progressively across the years. However, there are some places where this could be strengthened:

- Some topics, such as sexual decision-making, are introduced without appropriate background or context (see notes below).
- Beginning in Standard 4, there are topics that do not seem relevant for the age of the learners; for example, murder is included as a potential outcome of unresolved conflict. At this age, learners should be discussing more common conflicts they may face, rather than very extreme examples that can be deeply disturbing and that do not build capacity for conflict resolution.
- Both sexuality and gender are important stand-alone topics but they are introduced through negative frames. For example, gender is first mentioned in the lesson on conflict resolution, implying that gender matters only in regard to conflicts, in which females may become victims of violence. Gender roles should be introduced earlier and as an independent topic.

Sexual reproductive health behavioural goals

Overall, sexual health matters are largely integrated into the development of broader psycho-social competency, rational decision-making, demonstrating negotiation and critical/creative thinking skills, and values for health and responsible living. Those behaviours related to sexual health outcomes that do emerge explicitly in the syllabi include:

- Avoiding premarital sex;
- Preventing sexual coercion;
- Not perpetuating harmful traditional practices;
- Responding assertively to harassment, abuse, bullying and pressure;
- Avoiding drugs;
- Expressing empathy, including to people living with HIV;
- Abstaining from sex.

Effectiveness of teaching activities

- Although the 2002 Life Skills curriculum series had some content flaws, it did have a strong format, including good use of stories. This would provide a good basic model for fleshing out the 2008 syllabi, with the exception that the key messages at the end of each section avoid the fear-based warnings that are heavily emphasized in the 2002 materials.
- The syllabi give adequate attention to affective learning objectives within certain topics. For example, they encourage learners to consider how their emotions impact their decisions and include a complete unit at each level on empathy.
- The Teachers' Handbook is a useful guide for teachers in planning interactive activities that will allow learners to adequately consider the material while building confidence and skills. The handbook elaborates on critical thinking skills, assertiveness, negotiation skills and the core values set out by the syllabi, such as respect and empathy.
- There are opportunities for engaging learners in valuable creative and critical thinking in future, for example, the topics of abuse, forced marriage and forced or coerced sex (Secondary, pg 74) could make use of this kind of meaningful pedagogy.
- Teachers need more guidance for supporting learners who have experienced physical or emotional abuse (Primary, pg 58). They also need to know their specific reporting requirements.

Individual risk and protective factors

Some key individual risk and protective factors for STIs, HIV and unintended pregnancy include knowledge of these topics and of condoms and other contraceptives; attitudes toward condoms; personal values about sex and abstinence; and intention and self-efficacy/communication skills to abstain or to prevent pregnancy and STIs. The section on goal-setting and intent is strong; however, other major risk and protective factors are absent or not covered adequately, most notably:

Knowledge of, and attitudes towards, STIs, HIV, pregnancy, condoms and contraceptives

- Information about STIs is absent. [For key content, see *It's All One Curriculum*, Vol. 1, Unit 7, Part 1, plus fact sheet on STIs (pg 278); also see *International Technical Guidance on Sexuality Education*, Key Concept 6.1.]
- Information about condoms and other contraceptives is absent. [For key content, see *It's All One Curriculum*, Vol. 1, pg 206-213, plus fact sheet on contraception; also see *International Technical Guidance on Sexuality Education*, Key Concept 6.1.]
- Although the syllabi address physical and emotional changes at puberty, there is no discussion of human reproduction. [See *International Technical Guidance on Sexuality Education*, Concepts 3, 5, and *It's All One Curriculum*, Vol.1, pg 170-173.]

Self-efficacy and communication skills

The material on communication is strong and is emphasized across ages and the lessons are linked effectively to the syllabi's core values, such as respect and empathy. The lessons on how to engage in assertive communication are also useful, however, they could be strengthened in several ways:

- Particularly in late primary, the section on potential hazards of poor communication needs to focus on more hazards that adolescents are more likely to face (see later comments).
- Young people need opportunities to practice decision-making and negotiating about sexuality and healthy sexual relationships; the sections on these skills should be expanded in this regard and should also incorporate the syllabi's core values. [See *It's All One Curriculum*, Vol. 1, pg 85, 106-108, 150.]
- The statement that 'praise from significant others' is a source of self-worth (Primary, pg 49) should be removed because, in the area of sexual decision-making, girls are often vulnerable to men praising their sexual attractiveness, whereas self-worth should be nurtured based on the syllabi's core values and on concrete achievements.
- Characterizing adolescence as a time of 'identity crisis' (Primary, pg 53) is perhaps too extreme and may be better framed as a time when young people explore and sometimes re-define their identity.

Personal values about sex

- The syllabi tend to introduce sexuality in negative terms, such as only mentioning abstinence (e.g. Primary, pg 54 and 57), but this kind of approach has not been demonstrated to be effective. Lessons need to enable learners to develop an understanding of sexuality and sexual relationships, and related risks, in a realistic way that will enable them to apply them in their lives to protect their health. As noted above, the syllabi's core values provide an excellent foundation on which to base such lessons.
- Abstinence is introduced in perhaps too an abrupt and simplistic manner (Primary, pg 57). This topic requires definition, as well as discussion of sexual decision-making.
- Similarly, the discussion in Secondary (pg 54) of irresponsible sexual behaviour could do with more clarity. Learners should learn about this topic in context, including understanding what constitutes responsible sexual behaviour – in a way that they can see that a responsible, safe and healthy sexual relationship requires a degree of maturity, skill, self-efficacy, knowledge, intimacy, self-awareness, reciprocity and trust.
- The risks associated with sexual behaviours need explanation.
- Sexual coercion needs to be covered in more detail [see *It's All One Curriculum*, Vol. 1, pg 70-71, 106-107.]
- Premarital sex is presented as a reflection of low self worth (Secondary, pg 57), but this is not necessarily accurate, especially among older adolescents. Moreover, as one of the few places where sex is even discussed, it reinforces negative associations with sexuality.

Social risk and protective factors

Young people's social context is a powerful risk factor for HIV and key factors to address in a curriculum include gender norms, human rights and growing up in a high HIV-prevalence setting.

Gender norms

The syllabi need considerable strengthening in the area of gender norms, which exert a powerful influence on HIV risk. Some suggestions include:

- Gender issues should be addressed as an independent topic, beginning with a definition of gender and its impact on the lives of children and adolescents (see *It's All One Curriculum*, Vol.1 Unit 2, and *International Technical Guidance on Sexuality Education* Concepts 3.3-3.4). A gender perspective should also be woven into the other units, for example, Primary (pg 38) could note that both boys and girls cry under stress.
- The section on harmful practices (Primary, pg 46) should specify which practices are harmful.
- The section on coercion as a form of peer pressure implies sexual coercion without ever specifying this (Primary, pg 44). However, most peer pressure related to sex is in fact a 'gender norm' reinforced by same-sex peer groups, not a 'peer norm', and is better handled under gender.

Human rights

The content on conflict resolution (Primary, pg 33) includes a number of important human rights concepts, such as 'unequal distribution of resources' and 'rights violations'. However, framing human rights within conflict resolution is perhaps too narrow. This could be addressed through the following suggestions:

- This topic could be framed as a free-standing unit, as well as integrating it into other units and linking it to the syllabi's core values. At the primary level, notions of empathy, fairness, and respect provide a window into human rights; at the secondary level, a definition and examples of human rights (including freedom from violence and discrimination) can be linked to sexual and reproductive health matters.
- Human rights can best be taught along with activities that involve practicing values clarification, critical thinking, dialogue, decision-making and communication. Harmful traditional practices, child marriage and forced sex should all be identified as human rights violations.
- The syllabi refers to an 'unpleasant social background' as an obstacle to healthy relationships (Primary, pg 51), however, this term is unclear; a relationship frowned upon by the community may be stigmatized but is not necessarily unhealthy. This reference should therefore be modified or removed.
- Mob justice (Primary, pg 54) is not an appropriate topic for primary school and should also be removed.

Living in a high HIV-prevalence setting

HIV as either a health issue or as part of the social environment in which children are growing up is largely absent from the 2008 primary and secondary school Life Skills syllabi.

- An entire unit is needed to address HIV transmission, prevention, treatment and care.
- HIV issues should also be woven into other units, for example, communication skills and empathy.

Earlier materials

Overview

Let's Talk About AIDS Series (1999)

Standards 1-3 are outdated. For example:

- The book has a drawing of a boy and a girl who are naked except for shorts (the boy) and underpants (the girl), and asks, 'Which parts of the body are covered?' This text offers no clear information about the male and female sexual and reproductive organs. Moreover, by covering the organs instead of showing them, it creates an unclear message about privacy vs. secrecy/shame. If it is deemed inappropriate to teach young people about the sexual organs at this stage, it is perhaps better to rather omit this subject than cloak it in mystery.

- The picture of the girl being sexually harassed by an adult male is disturbing (pg 7-8). The lesson asks learners directly (possibly in a group) whether they have been touched in an uncomfortable way, and then provides too little guidance to the teacher about how to support learners who disclose such abuse ('What did you do?' is the only follow-up.)
- The information about AIDS is obsolete (pg 17-18). For example, the first information given is 'AIDS makes the body weak. People with AIDS die' followed by 'Why do the people die?' Likewise, on page 31 it says 'If I get AIDS . . . I will die'. Information about AIDS should now emphasize support and treatment and living with the disease, rather than dying from it.
- The 'misuse of the body' page (pg 26) is presumably about sexual encounters, but it is too indirect to be clear.

Standards 4-5 are better, but have some similar areas that need strengthening. For example:

- Page 5 includes lessons about puberty (without any diagrams of the sexual and reproductive organs) and the risk of sex and pregnancy and AIDS all on the same page.
- Page 12 describes a Standard 5 girl who 'easily accepted' having sex with a trader, rather than saying that she felt 'pressure' to have sex in exchange for her gift.
- The sections on refusing sex encourage boys not to smoke or socialize with 'bad company' but do not teach them why it is wrong to behave with physical or sexual aggression towards a girl. This implies that the responsibility for avoiding AIDS falls on the girl.

Standards 6-8 have some good material, but remain inadequate in certain areas as well.

For example:

- The information about gender at the beginning (e.g. in careers) is not integrated into the rest of the content; it is not clear how it translates into sexual relationships.
- The underlying issue of power is missing, for example, including in teacher/learner sexual relationships, rape and wife-inheritance (which is mentioned as a problem because the widow could infect her brother-in-law, not because being inherited by her brother-in-law and having sex with him may also be against her will and violate her rights).

AIDS Education Facilitators' Handbook (1999)

This publication which is now quite dated focuses on facts about HIV and AIDS, many of which are clearly described but some of which are out of date or not accurately conveyed. It addresses most key risk/protective factors either superficially or not at all. To update this, current ARV information needs to be included. Information about condoms is lacking, other than in reference to use by married couples where one or both are HIV-positive. Self-efficacy and assertiveness are also largely absent; because sexual relationships are portrayed as negative, there is no guidance on effective communication within an intimate relationship. Information about gender is not included in basic content; rather it is provided almost as a background resource, which does not help teachers to strengthen their curriculum in any way. Information about human rights is also absent. Moreover, the handbook lacks adequate specific guidance for facilitators to effectively and accurately conduct many of the lessons. Finally, the activities use value exercises inappropriately and do not employ a wide range of methods. In short, while this resource provides some useful information about transmission, living with HIV, and broader social consequences of HIV and AIDS, it is very outdated and should be replaced.

At times, the text is misleading, inaccurate, or inappropriate. Following are some examples:

Unit 2 (pg 8): Agree/disagree activities – where learners are required to publicly state what they believe by walking to one side of the room or the other – are appropriate for eliciting attitudes or feelings (about which a range of valid responses are possible), however, this type of activity is not recommended for baseline assessments of factual knowledge, about which there is only one correct response. Learners who do not have the correct response may feel humiliated by having their ignorance publicly disclosed; such humiliation or embarrassment can block effective learning.

There are also several misleading follow-up statements for the teacher (pg 9-10), for example:

- Statement 1 should clarify that normal play (without exchanging blood or other bodily fluids) cannot lead to transmission.
- Statement 3 should be clarified to delete the words 'in itself' as this implies that sexual activity among married people typically leads to less overall risk, when in fact child marriage is associated with an increase in risk of transmission. This latter fact could be added.
- Statement 5 should be amended to include reference to treatment for prevention of mother-to-child transmission of HIV.
- Other statements about transmission (e.g. toilet seats, mosquitoes, kissing) need to be updated to ensure that they reflect current research.

Unit 3: The activity about polygamy should be removed as it is not suitable at a few levels, namely:

- It lists some arguments which have nothing to do with HIV transmission e.g. 'It is better to have more than one wife in case one is unwell or is away'.
- Many people consider polygamy a fundamentally unequal power arrangement that undermines gender equality; having an open 'debate' about this arrangement with no acknowledgement of the human rights aspects is inappropriate.
- The handbook lacks any guidance for the facilitator beyond 'Come up with realistic conclusions based on the facts you already know about the subject'.

The activity on female circumcision (pg 14) confuses risk related to circumcision and risk related to having multiple partners so it is advisable to remove the references to multiple partnerships.

The activity on burial practices (pg 15) fails to mention that forced sex and widow-inheritance are not only risk factors for HIV transmission, but are also human rights abuses. This activity should therefore be modified.

Unit 4 (pg 26): The dialogue is confusing in certain places, for example, the sentence 'Children especially those who are sexually active like teenagers stand a high risk if they engage in sexual intercourse with infected partners' should be modified to read 'Anyone – including children and teenagers – who engages in sexual intercourse with an infected partner is at high risk'.

The message about condom use in couples where one or both partners is HIV-positive is too simplistic to be understood and useful.

Unit 6 (pg 42): The information on treatment and support is out of date.

Unit 12 (pg 94-96): The section on gender is somewhat academic and is detached from the basic teaching about AIDS. It briefly mentions some of the ways that women and girls are vulnerable to AIDS, but suggests nothing about the possibility or approaches for challenging those patterns. As such, this section, which has good aims, has limited practical value.

Life Skills Education Curricula – Primary and Secondary Levels (2002)

The strength of the 2002 curriculum series is its format: it has an appealing and accessible format well suited to young learners. The lessons are primarily in the form of easy-to-read stories, punctuated with clear, boldfaced key messages in simple language.

Unfortunately, key messages are often quite negative or fuelled by fear. For example:

- The early material has a persistent focus on avoiding STIs – and all other issues are viewed through this lens, rather than building young people's positive capacities and self-efficacy as the lens or bridge for positive outcomes (such as no infection).
- The only thing learners learn about sex is that they should avoid it; it is defined as a means of HIV transmission and viewed solely as a sign of irresponsibility.
- As was the case with the *Let Us Talk About AIDS* series, the lesson on reproductive anatomy covered the organs rather than showing them, thus creating an unclear message about privacy vs. secrecy/shame. [See *It's All One*

Curriculum Vol. 1, pg 170 plus fact sheets on Male and Female Reproductive Systems, and *International Technical Guidance on Sexuality Education*, Vol.II, Key Concept 4.1.]

- Even general emotions such as happiness and sadness are discussed in terms of whether they will lead someone to engage in sex and risk contracting HIV.
- A very good exception is the activity on reflecting on reasons to have or not have sex (Secondary, pg 52), asking learners to think for themselves, while providing guidance (there are some skill-building activities that are not exclusively oriented towards HIV prevention).

The material would be more personally engaging for young people if it empowered them to reflect creatively and critically and to develop aspirations for their future that frame sexuality in a more positive light. Efforts to have more active learning methods are not always substantively effective; for example, the game in which learners are asked to wear each other's shoes (Secondary level) does not convey a useful message about HIV. The point is unclear and not effectively linked to the learning objective.

Several topics are not addressed in enough depth. This includes the lessons on assertive, passive and aggressive communication (these lessons could also come earlier); human rights (beyond the right to bodily integrity, which is addressed); and gender (including child marriage).

Sexual reproductive health behavioural goals

Life Skills Education Curricula: Primary and Secondary Levels (2002)

This earlier life skills syllabus series seeks to promote the same general competencies as in the 2008 series, that is, coping effectively with difficult emotions and stress, communicating effectively and assertively, resolving conflicts non-violently, expressing empathy, and thinking creatively and critically. However, this series links these competencies more directly to HIV prevention including:

- Avoiding drug and alcohol use which '...opens the door for HIV and AIDS infection';
- Abstaining from sex;
- Avoiding risky situations that could lead to sexual coercion;
- Ensuring that 'nobody touches you in your private parts';
- Avoiding misuse of leisure time, which '...can lead to HIV and AIDS infection'.

Life Skills Education for Prevention of Drug and Substance Abuse (2005/2006) Facilitators' Handbook and Say No to Drug Abuse Information Handbook (2005)

These handbooks have almost no content directly about sexual reproductive health. Highlighted behaviours include:

- Say no to drugs and substance abuse (there is a brief mention that drug abuse is associated with sexual coercion, which may lead to infection, and that addiction is often associated with promiscuity, confused decision-making related to sex, and high-risk sexual behaviour);
- Express yourself clearly to get out of difficult and risky situations;
- Cope with stressful situations;
- Negotiate and resolve conflicts peacefully;
- Communicate effectively;
- Demonstrate compassion and concern for people in life-threatening situations;
- Avoid places and situations such as bars and discos where sexual trickery is common.

Talk About AIDS Series (1999) and AIDS Education Facilitators' Handbook (1999)

These materials touch on various sexual behaviours at different points, including:

- Recognizing, reporting and avoiding sexual abuse by adults;
- Caring for the sick;
- Avoiding sharing such items as toothbrushes, nail cutters, combs, razor blades etc to avoid HIV infection;
- Caring for open wounds and cuts;
- Not walking alone and in lonely places, and being careful when meeting new people, especially strangers offering gifts;
- Avoid being alone with a member of the opposite sex in isolated places;
- Avoid sex.

Highlights from the available literature

Maticka-Tyndale and colleagues (2004) employed a quasi-experimental design with a large sample size to assess the Primary School Action for Better Health programme, an HIV and life skills curriculum reaching young people aged 11–17. The follow-up in this study tracked three waves of the programme over time, documenting a gradually increasing openness among teachers to the subject and to condoms. The effect on risk behaviours was somewhat mixed. However, this programme demonstrated statistically significant delays of sexual debut both among boys and girls, as well as an increase in condom use among females only²⁴. A qualitative study was conducted in 2004 to assess the Kenyan HIV and AIDS educational programme in public schools (Njue et al 2009). A total of 60 teacher interviews and 60 focus group discussions with learners were carried out in 21 primary and 9 secondary schools. Certain challenges were structural, especially lack of time in the curriculum, limited reach of secondary-school learners because the curriculum is integrated into an optional biology course, and negative attitudes about sex and condoms both in the Ministry of Education officials and among parents. Alternative strategies were also problematic, because teachers lacked training, support, comfort with the topic, and experience with participatory teaching methods. Violations of confidentiality were also reported. Learners reported hesitation to approach teachers with questions because of anticipated negative judgments²⁵. Kiragu et al (2006) found that teachers in Kenya had relatively good levels of knowledge but still had significant misconceptions on key issues, in particular a concern that condoms did not provide sufficient protection from HIV.

Other evaluation studies have focused on community-based education strategies. The Nyeri project involved having young people and parents nominate a group of parents to be trained as adult counsellors to deliver a curriculum to both adolescents and parents in their own communities. The 36-month project was associated with behaviour changes that differed by gender. Females in the intervention site were significantly more likely than those in the control site to adopt secondary abstinence and less likely to have had three or more sex partners. Males were more likely to use condoms than those in the control site²⁶.

Folsom (2003) carried out a pre- and post-intervention survey (with no control group) to assess the impact of a peer education programme²⁷. This evaluation demonstrated positive results in terms of knowledge. Brady (2002) conducted a qualitative assessment of a sports-oriented peer-education programme that suggests positive change in community support and in the ability of the programme to reach young people²⁸. Vandenhoudt et al (2010) demonstrated that the Parents Matter! programme for parents in rural western Kenya led to enhanced parenting skills and increased parent-child sexuality communication²⁹. However, none of these focused on school-based programmes.

Duflo et al (2006) reported on a set of three interventions; the first involved training teachers on HIV and AIDS; the second encouraged learner debate and essay-writing about condoms and HIV and AIDS prevention; and the third provided uniforms to reduce education costs. One fifth of the schools in each group also included education for pupils about HIV rates by age and gender (highlighting the heightened risk of girls having sex with older men). In addition, the national HIV and AIDS curriculum was implemented at all schools, but in varying degrees and quality. According to the authors, the uniform intervention was most effective; among girls, it reduced child bearing by 10 percent, reporting having ever had sex by 13%, and school drop-out rates by 15%³⁰.

24 Maticka-Tyndale E et al. *Primary School Action for Better Health: 12-18 month evaluation: Final Report on PSABH Evaluation in Nyanza and Rift Valley*. Windsor, Ontario, University of Windsor, 2004.

25 Njue C, Nzioka C, Ahlberg BM, Pertet AM, Voeten HA *If you don't abstain, you will die of AIDS: AIDS education in Kenyan public schools*. AIDS Educ Prev. 2009. Apr;21(2):169-79.

26 Erulkar AS, Ettyang LIA, Onoka C, Nyagah FK, Muyonga A. *Behavior change evaluation of a culturally consistent reproductive health program for young Kenyans*. Int Fam Plan Perspect 2004; 30:58–67.

27 Folsom M. *Communities Support Adolescent Reproductive Health Education*. FRONTIERS/ Population Council Summary No. 33. Washington, DC Population Council, 2003.

28 Brady M, Bunu Khan A. *Letting Girls Play: The Mathare Youth Sports Association's Football Program for Girls*. New York: Population Council, 2002.

29 Vandenhoudt H, Miller KS, Ochura J, Wyckoff SC, Obong'o CO, Otwoma NJ, Poulsen MN, Menten J, Marum E, Buvé A. *Evaluation of a U.S. evidence-based parenting intervention in rural Western Kenya: from parents matter! to families matter!* AIDS Educ Prev. 2010 Aug; 22(4):328-43.

30 Duflo, E. et al (2006). *Education and HIV/AIDS prevention: Evidence from a randomized evaluation in Western Kenya*. Background paper to the 2007 World Development Report. In: *Updated stocktaking report*, Ibid. In: *Updated stocktaking report*, Ibid.

A number of publications have examined ongoing need, policies and programme implementation. According to the Southern and Eastern Africa Consortium for Monitoring Educational Quality (Ogle and Wambua (2011)), Kenyan learners continue to have relatively low levels of knowledge about HIV and AIDS, as well as large teacher-learner knowledge gaps, and large variation between provinces³¹. Several studies have sought to assess teacher skills and attitudes. Kiragu (2006) found that only 61% of teachers knew condoms were effective against the spread of HIV, and three out of four had not been tested for HIV. This report also documented teachers' fears of risk from HIV-positive learners, as well as evidence of teachers attaching stigma to people living with HIV³².

Boler (2003b) similarly found that teachers considered it socially unacceptable to talk about condoms and often presented contradictory messages about condoms and abstinence³³. Boler also documented that teachers perceived more parental opposition to sex education than actually exists³⁴. A 2006 review (Ndambuki et al) of HIV and AIDS education policy and programme implementation addresses some of these issues at the structural level and find that some of the key areas that are lacking include clear guidelines and awareness of the policy and a structure and capacity for roll-out (including within schools). The authors recommend a coordinated implementation plan with supporting guidelines, a monitoring and evaluation system, and a coherent syllabus that integrates HIV and AIDS throughout the curriculum³⁵.

31 Ogle, M. and R. Wambua. *Pupil and Teacher Knowledge about HIV and AIDS in Kenya*. SACMEQ Policy Brief 5. April 2011.

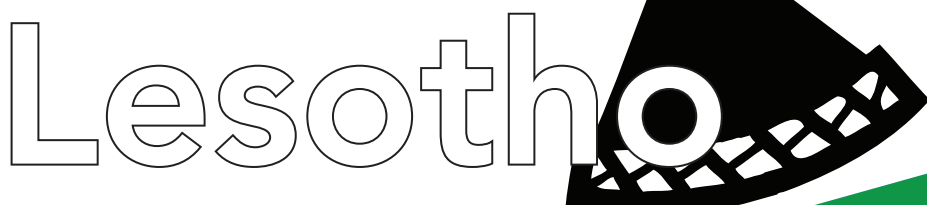
32 Kiragu, K., Kimani, M., Manathoko, C. and Mackenzie, C. (2006). *Teachers matter: Baseline findings on the HIV-related needs of Kenyan teachers*. Horizons Research Update. In: *Updated stocktaking report: Education sector responses to HIV and AIDS*. UNAIDS Inter-Agency Task Team (IATT) on Education. March 2010.

33 Boler, T. et al (2003b). *Approaches to examining the impact of HIV/AIDS on teachers*. London: ActionAid. In: *Updated stocktaking report*, Ibid.

34 Boler, T. et al (2003a). *The sound of silence – difficulties in communicating on HIV/AIDS in school*. London: ActionAid. In: *Updated stocktaking report*, Ibid.

35 Ndambuki, J. et al (2006). *An Analysis of HIV/AIDS policy formulation and implementation structures, mechanisms & processes in the education sector in Kenya*. In: *Updated stocktaking report*, Ibid.

Sexuality education curriculum review:



I Introduction

The purpose of this review was to assess the content, quality and method of delivery of curricula used in Lesotho for delivering life skills-based comprehensive sexuality education (SE) programmes, to serve as a resource for curriculum revision aimed at empowering young people to protect themselves from HIV and poor reproductive health outcomes³⁶. The review was commissioned by UNESCO, UNFPA and UNICEF for the HIV Prevention Working Group of the Regional AIDS Team in East and Southern Africa (RATESA). The work was conducted by Population Council's Rethinking Sexuality Education project, with technical input from the Joint Inter-Agency Team.

Documents reviewed

- Life Skills Education Syllabus:
 - o Standard 4
 - o Standard 5
 - o Standard 6
 - o Standard 7
 - o Form A
 - o Form B
 - o Form C

The Life Skills syllabi aim to 'equip to enable learners to deal effectively with the many demands and challenges that they encounter in their everyday life'. These syllabi are organized into tables by theme in the following order: HIV, AIDS and sexually transmitted infections (STIs); stress and anxiety; violence; drug and substance abuse; identity; human rights; security; interpersonal relationships; poverty; gender; sexual and reproductive health; environmental degradation; and population growth. For each theme, the syllabi include brief lists of: learning outcomes; skills, values and attitudes; topic/content; suggested teaching activities; suggested teaching resources; and suggested modes of assessment.

The syllabi build on each other in a logical way. Standard 7 and Form C are the strongest syllabi; earlier grades in each level tend to be not as strong on critical thinking. However, basic sexual health information (for example, condoms) is lacking throughout. Gender content in many of the grades is descriptive and neutral, potentially reinforcing inequality and harmful outcomes. Finally, the order of the themes also seems to be slightly arbitrary.

For each document reviewed, an overview is provided of (i) **content** (accuracy, thoroughness and age-appropriateness); (ii) **sexual reproductive health behavioural goals**; (iii) attention to **individual risk and protective factors**; (iv) attention to **social risk and protective factors** (gender, rights and living in a high HIV-prevalence setting); and (v) effectiveness of **teaching activities**. Detailed comments are also included.

Life Skills Education Syllabus

Overview

Content: age-appropriateness, accuracy and thoroughness

Age-appropriateness

For the most part, the topics are age-appropriate and build across the years. However, there are some examples of material that do not seem to build organically. For instance, in the early years, the HIV and AIDS theme highlights prevention and in Standard 5, the sexual and reproductive health theme emphasizes resisting pressure from peers and others to engage in sexual activity but learners are not taught about sex and reproduction in either. Although they do learn about 'changes with adolescence' in Standard 6, some girls have already reached puberty well before this time.

Another concern is the breakdown and order of the themes themselves. While it is challenging to sort cross-cutting topics into separate themes, the organization and order of the themes appeared to be arbitrary; interrelated topics are divided and ordered in such a way that makes it difficult to envision how they will be integrated in the curriculum. The following suggestions could be used to address this:

- Re-order the themes to begin with those themes that establish underlying principles that inform other themes (see next page).
- Consider some modification in the way the themes are broken down. For example:
 - Because HIV and AIDS is such a salient and robustly developed cross-cutting theme, consider breaking it into two parts, according to the substantively and developmentally different learning objectives associated with (1) care/treatment and (2) prevention/sexual health. Stress and anxiety is currently situated immediately after HIV and AIDS and STIs; this issue is more closely linked to care/stigma/loss than to the learning needs associated with positive and effective prevention.
 - Identity focuses on self-esteem in Standards 4-5 and then switches to nationalism in Standards 6-7. While 'belonging' is an element of identity across grades, these two threads do not link organically to each other or in parallel ways to the other themes. Personal aspects of identity should come earlier or be integrated throughout.
 - Similarly, 'security' ranges across empathy/respect to national/international security. While principles of respect and non-violence apply to both of these aspects, they also apply to many of the other themes in the syllabus. Consider eliminating this as a free-standing theme, strengthening attention to respect and non-violence in the human rights theme, and integrating any remaining national/international issues of importance into a final unit on other socio-political issues facing Lesotho.
 - The issue of population growth should not be linked to learning about reproductive health and human rights. Moreover, in localities with high mortality from AIDS, populations may have suffered population decline. It would be appropriate to collapse this topic, along with security and environmental degradation, into a separate cluster of themes on other socio-political issues facing Lesotho.

A more fluid, integrated handling of the themes may flow from the following structure:

- 1) Human rights
 - This theme should explicitly include the rights not only of children, but also of people living with HIV (PLHIV), women, people with disabilities, and other vulnerable groups.
 - Many outcomes and topics included currently in the poverty theme and in the security theme (e.g. food security and physical security/bodily integrity) can be integrated into the human rights theme.
- 2) Gender (possibly renaming throughout to gender norms and gender equality)
- 3) Identity (personal aspects, as in Standards 4-5) and relationships
- 4) Violence and personal security
- 5) HIV and AIDS (treatment, care and support)
- 6) Stress and anxiety (this would optimally be integrated into #3-6 above, in the way that communication skills are integrated across topics)

- 7) Sexual and reproductive health (with information staged across the years and with some emphasis on HIV and AIDS transmission and prevention)
- 8) Drug and substance abuse
- 9) Other socio-political issues in Lesotho, as separate themes or as a combined theme:
 - Poverty
 - Nationalism and patriotic identity
 - National and international security
 - Population growth
 - Environmental degradation.

[For further guidance on structuring this content, refer to *It's All One Curriculum*, Vol. 1, Table of Contents, and to *International Technical Guidance on Sexuality Education* Vol. II.]

It is further suggested to revisit the content of each theme to integrate information where the links are particularly relevant. A good example of where this linkage does occur is in Standard 7 section on gender, which includes a learning outcome in Standard 7 to 'explain the relationship between gender inequality and HIV and AIDS'. Poverty is also relevant to human rights, gender, identity, personal security, stress and sexual health and could be usefully referenced within those themes.

Accuracy and thoroughness of content

The life skills syllabi range across a number of topics, both including and going beyond HIV prevention; this review focuses on syllabus content relevant to HIV and pregnancy prevention education. A number of highly relevant themes are included, for example, gender, human rights, identity, HIV transmission/prevention and AIDS treatment and care.

As this is a syllabus rather than a fleshed-out curriculum, most of the material is understandably schematic. However, the objectives are written in a very general way that is then repeated under 'topic' and 'suggested activities', resulting in redundancy and a lack of detail. The following are a few examples:

- A Standard 5 learning outcome to 'identify myths and misconceptions about HIV and AIDS' is followed by the topic item 'myths and misconceptions about HIV and AIDS' and a suggested teaching activity around 'discussing myths and misconceptions about HIV and AIDS'. However, the key myths are never identified in the syllabus.
- Likewise, the Standard 6 human rights theme identifies 'demonstrate (or discuss) appreciation for the importance of human rights' as a learning outcome, a topic and a suggested teaching activity. Furthermore, although the syllabus also identifies 'demonstrating support for the rights and responsibilities of vulnerable groups of people in their communities' as a learning outcome, topic and suggested teaching activity, it avoids identifying specific groups as vulnerable, for example, women, sex workers, homosexuals, PLHIV and the physically disabled.

It is suggested that instead of repeating material in this way, one of the categories can be used to elaborate key detail.

Each of the themes is discussed more fully in the detailed comments below, however, the following sections provide an overview of how effectively the syllabi address key individual and social risk/protective factors for HIV and pregnancy.

Sexual reproductive health behavioural goals

In the Standards 4-7 and Forms A-C syllabi, skills are aimed at the following behaviours:

- Abstaining from sex;
- Refusing unwanted sex and resisting peer pressure;
- Avoiding violence, drugs and alcohol;
- Avoid situations that may lead to sexual abuse;
- Reporting cases of sexual abuse;
- Influencing others to abstain from sex;
- Seeking support for sexual abuse;
- Providing care and support for PLHIV;
- Coping with stress.

Individual risk and protective factors

Various important topics are missing or not adequately addressed, including:

Understanding of sexually transmitted infections

A significant proportion (about one in eight) of young people aged 15-19 in Lesotho reported an STI in 2009, but this topic is not covered in the syllabi. [For key content, see *It's All One Curriculum*, Vol. 1, pg 189-193 plus fact sheet on Sexually Transmitted Infections; also see *International Technical Guidance on Sexuality Education*, Key Concept 6.1-6.2.]

Knowledge of condoms (and contraception)

Many young people in Lesotho are not only sexually active, but, males in particular, tend to have multiple sexual partners as well (over 20% of males aged 18-19 in Lesotho have multiple sexual partners). Information about both male and female condoms is therefore needed: what they are, how to access them, how to negotiate condom use with a partner, and correct use of condoms.

Understanding of human reproduction

Although the syllabi address bodily changes at puberty, there is no indication that learners are taught about how sex leads to pregnancy. [See *International Technical Guidance on Sexuality Education*, Concepts 3, 5, and *It's All One Curriculum*, Vol.1, Unit 3.]

Sexuality and sexual decision-making

The syllabi tend to present sexuality in a negative light, for example, sexual abuse, the need to abstain and the risks of sex. However, information about what a safe and comfortable sexual relationship entails (self-efficacy, communication, mutual respect, self-awareness, trust, maturity, access to and use of protection and much more) can help young people identify if they are ready for sex, while laying groundwork for healthy sexual relationships in their lives. [For example, see *It's All One Curriculum*, Vol. 2, pg 95.]

Self-efficacy and communication skills

Many of the suggested activities (e.g. role-plays) offer learners an opportunity to practice communicating; communication skills as assertiveness are included repeatedly as outcomes. However, nowhere do the syllabi explicitly identify the content of effective communication as a topic, for example, what assertiveness is, what constitutes passive communication, typical problems associated with communication across power differences, etc. [See for example, *International Technical Guidance on Sexuality Education*, Key Concepts 2.3 and 2.4. Also see *It's All One Curriculum*, Volume 1, Unit 5.] Similarly, caring attitudes toward AIDS support groups are among the skills and values identified under the HIV and AIDS theme. However, the content included is strictly technical; additional objectives and content on communication and empathy skills are needed.

Goal-setting and intent

The syllabi can be quite prescriptive, which potentially runs counter to the stated goal of promoting critical thinking. More attention could be given to helping learners arrive at healthy behaviours through reflection about their goals and sexual/reproductive intent. [See for example, *International Technical Guidance on Sexuality Education*, Key Concepts 2.2 and 2.3. Also see *It's All One Curriculum* Volume 1, pg103-105.]

Understanding of risk

There is only a slight mention in the primary grades of avoiding multiple partnerships. The dramatically increased risk of multiple concurrent relationships, and of girls having sex with older males, should be addressed.

Social risk and protective factors

Living in a high prevalence of HIV and AIDS setting

By and large, the syllabi gave significant attention to this issue. More attention could be given to coping with loss (not only stress and anxiety) and to living in a child-headed household.

Gender norms

Standard 7 and Forms B-C address this issue in a meaningful way but the syllabi for the other grades are not as adequate. By describing gender norms without any critical perspective, the syllabi can easily reinforce harmful attitudes and behaviours. There is little attention to the consequences of these gender norms in most years. Nor is there content on how gender matters for 'individual' risk and protective factors, such as self-efficacy, goal-setting, "peer norms" for romantic/sexual relationships, intergenerational sex and multiple concurrent sexual partnering. [See *It's All One Curriculum*, Vol.1 Unit 2, and *International Technical Guidance on Sexuality Education* Concepts 3.3-3.4. Also see the detailed comments below on the gender theme.]

Human rights

The human rights theme is particularly strong on children's rights, especially at the primary level. However, issues addressed in other themes, such as violence, sexual abuse and gender discrimination, are not acknowledged as human rights concerns; whereas they should be. The fact that three-fourths of sexual minorities in Lesotho report having been verbally or physically harassed³⁷ shows that this topic needs greater attention. Of concern is that the syllabi include homosexuality in the list of relationships of abuse and power (this list also includes incest, sugar daddies, and teacher-learner sexual relationships), thus reinforcing discriminatory attitudes and myths; same-sex relationships are not inherently exploitative. [See the detailed comments below on the human rights theme.]

Effectiveness of teaching activities

The syllabi suggest a range of effective and participatory teaching methods. While some of the activities involve singing or talking about topics that are inherently emotional (e.g. PLHIV, violence, etc.), the learning objectives and content do not directly foster learners' reflection about their own experiences and feelings. The syllabus would be greatly enhanced by greater attention to affective learning objectives.

Detailed comments by theme

Although in the summary report we suggest a re-organization of the themes, our specific comments below follow the existing thematic categories and order so that they may be more easily referenced.

HIV, AIDS and STIs

Except for defining STIs in Standard 4, they are not mentioned again throughout the primary years; it would be appropriate to reference STI recognition and prevention within the sexual and reproductive health theme. It was also not clear whether Standard 4 prevention information includes sexual transmission. There is no presentation about sexuality during that year (or in fact, in most years) and prevention information is not adequate in general, for example, a key gap throughout the years is the lack of content on condoms; emphasis is solely on abstinence. In Form B, the learning outcome/topic 'analyse factors that promote transmission of HIV' highlights an important issue; however, since the syllabus does not specify what those factors are – and the teaching activity suggests brainstorming – it is not clear which factors are to be taught. Another learning outcome in Form B, 'effectively express a desire not to have sex before marriage' could be rephrased to make it less prescriptive, for example, 'expresses understanding of the disadvantages and risks of premarital sex'.

Form C is the strongest in this theme, including some critical thinking content, such as 'discussing how gender inequality may lead to HIV infection'. However, 'promoting gender sensitivity in families infected and affected by HIV and AIDS' is less specific; it could either 'honour' or 'critique' the disproportionate burden for care-taking by females.

Stress and anxiety

The theme could be framed more positively, for example, 'emotional well-being'. This would allow for fostering the values identified in this theme, such as openness, honesty, courage and self acceptance. Content should include defining emotional health and identifying sources of emotional well-being, including learning to handle stress and anxiety. The content in this theme is not always appropriate and some of the learning outcomes are also unrealistic,

for example, in Standard 6 where learners are advised to ‘avoid stressful situations’. There is extensive emphasis throughout the syllabus on avoiding dangerous or stressful situations, but relatively little on creating changes in gender norms and a zero-tolerance policy, as well as a reduction in perpetration of such violence.

Violence

Domestic violence should be more explicitly described as wrong, immoral, criminal or an abuse of human rights. There is a lack of direct attention to the social norms and attitudes that tolerate high prevalence of such violence. Standard 4 content lists three ‘causes’ of violence: forced sex, bullying and negative criticism. However, there are two problems with this: first, these are forms, not causes, of violence; and second, the list of examples seems to equate criticism with rape. This should therefore be changed to ‘forms of violence’ and list physical (including gender-based), sexual, verbal (including bullying) and possibly psychological violence.

In Standard 5, the list of ‘effects’ of violence is confusing (e.g. one item listed as an ‘effect’, divorce, can actually be an ‘escape’ from violence); it also includes underlying causes of violence. Because ‘causes of violence’ is quite broad (e.g. not conforming to social norms about heterosexuality, growing up seeing violence, tolerance of domestic violence, etc.) it is suggested that it be removed and the list then reframed as ‘factors and consequences in a cycle of violence’ to include emotional consequences (e.g. depression and isolation); physical health consequences (e.g. injury, death); sexual health consequences (e.g. HIV, STIs and unintended pregnancy); economic consequences (e.g. reduced productivity); and cultural consequences (e.g. climate of insecurity). In addition, the list should reflect research findings about key effects.

The issue of redundancy without detail can be seen in Form A. For example, although learners identify the ‘causes of violence’ as a learning outcome, a topic and a teaching activity, it is unclear what counts as a cause of violence, such as low self-esteem, external political conflict, drug use, poverty and unemployment, growing up in a violent home, gender norms that tolerate male domination and control, and a lack of punishment for violence. Form C is more effective in incorporating social norms into learning outcomes, topics and teaching activities related to violence. [For more detail, see *It's All One Curriculum*, Vol. 1, pg 26, 68-69 and *International Technical Guidance Key Concept 3.4.*]

Identity

In Standard 4, the learning outcome ‘demonstrate a high self-esteem’ may not be realistic and should therefore be removed. The change from personal self-awareness in Standards 4-5 to national loyalty and patriotism in Standards 6-7 does not seem grounded in personality theory and should possibly also be restructured.

Another example of the issue of redundancy without detail is in Form B, where ‘factors that enhance self-esteem’ are listed as an outcome, topic and activity, but the factors that should be included are not stated. For example, will teachers know to include freedom from discrimination? Form B also suggests ‘telling folktales that promote identity’, however, such tales might not promote identity and self-esteem among members of minority groups who are already more vulnerable to being marginalized because of their identity. Form C has a similar set of outcomes, topics and activities and may benefit from adding self-efficacy to self-esteem.

Human rights

In Standard 4, the concept of human rights is quite abstract for children at this age. Rather than teaching them a ‘definition of human rights and responsibilities’ and expecting children to ‘research and interview the community on human rights’, it may be more appropriate to teach basic concepts of fairness and respect. Following the values and attitudes that are listed into the content and activities would be useful here. [For further information, see *It's All One Curriculum*, Vol. 1, pages 22-23, and *International Technical Guidance on Sexuality Education Vol. II.*]

The Standard 5 section under this theme on children’s rights is very effective.

In Standard 6, the syllabus identifies ‘demonstrating support for the rights and responsibilities of vulnerable groups of people in their communities’ as a learning outcome, topic and suggested teaching activity. However, except for children, the primary level syllabus avoids identifying specific groups as vulnerable, such as women, sex workers, homosexuals, PLHIV, the physically disabled and others. Without this specific information, these lessons are apt to become subjective, thereby reinforcing prejudice.

Interpersonal relationships

Much of the content in this theme is appropriate and within the primary level, it is most developed in Standard 7 and in Forms A-C. However, there were certain areas that could be made even more appropriate, for example, characterizing extramarital relationships, polygamy and multiple sex partnerships as 'high-risk' rather than as 'unhealthy'; they are not 'unhealthy' *per se* and the term is not clearly defined. Forms B and C syllabi refer to 'unhealthy' relationships without any definition at all and similarly, the Form A syllabus refers to 'harmful' without defining what makes them harmful, such as sexual, physical or psychological abuse.

Characterizing incest, sugar daddy relationships and teacher-learner sexual relationships simply as 'socially unacceptable' would also be more appropriately framed within the context of being a human rights abuse, because they are morally wrong, a form of sexual violence, and may be deeply harmful to the victims. In addition, it is inaccurate and inappropriate to include lesbians and gays as the final item in this list. A homosexual relationship between mutually consenting partners is not a human rights abuse unless it is also somehow a form of exploitation (e.g. incestuous or intergenerational), as is the case with heterosexual relationships.

The teaching activities in this section are mixed. Some are quite effective, involving telling stories about their own experiences. Others are open to wide interpretation, for example, inviting a priest to address learners about acceptable and 'healthy' relationships may reinforce conventional norms about gender, sexual diversity, etc.

Poverty

In Standard 4, the causes given for poverty do not reflect prevailing research and policies, such as that the main 'causes' of poverty are being born into a poor family and facing reduced opportunities for education and employment. Therefore, 'causes' like lack of creativity and laziness would best be replaced with positive messages about creativity and perseverance and, perhaps more importantly, with opportunities to learn about opening a savings account, generating revenue and envisioning careers.

In Standard 5, different causes of poverty are suggested which are more appropriate, such as unemployment and shortage of resources.

Gender

Throughout Standards 4-5 and Forms A-B, the discussion of gender is generally wide open and does not include any values about equality and may in fact reinforce harmful gender norms. [See, for example, the learning outcomes 'Discuss roles of gender', 'Demonstrate gender roles' (Standard 4), 'Identify roles that they can play as boys and girls in their communities' (Standard 5), and 'identify gender roles within their own families and communities' (Form A).] The content is similarly ambiguous or reinforces negative gender norms, for example, the Standard 4 topic/content 'Discussion of roles of gender – families' (with the example given that the role of women in the family is to look after children while that of a man is to do constructive duties). Similarly, one of the suggested activities is discussing roles they can play as females and males as they grow in society.

In Standard 6, which focuses exclusively on gender-based violence, while support for victims is addressed, little attention is paid to the attitudes that allow such violence to continue. However, this section does have a very strong activity for composing and singing songs that promote prevention of such violence. The gender sections should therefore be revised to clarify the need to challenge prevailing roles and norms and to stress the importance of gender equality.

Standard 7 deals with this very well, although it could benefit from more attention to affective outcomes and learners' own feelings. A particular strength is that it asks learners to explain the relationship between gender inequality and HIV and AIDS, thereby not only drawing on critical thinking in a way that reflects reality, but that also links between themes in a way that the syllabus rarely does.

One of the suggested activities in Standard 7 which did lack clarity was the exercise in which learners are asked to 'role-play a situation which a boy or girl uses the skill of assertiveness by refusing to go to a party with big boys she is unfamiliar with'. The relevance of this to boys is unclear.

Form A lacks content on the harmful effects of gender inequality and how gender roles perpetuate inequality, including physical, emotional and economic suffering. Role plays that 'display' gender roles may in fact reinforce those roles, as there is no explicit attention to a critical perspective in the syllabus for that grade. However, this can easily be corrected, for example, the activity 'debate about factors that influence gender roles' can be modified to 'debate about the effects of gender roles'.

Forms B and C are excellent on this theme, but the content from this theme, such as 'analyse their own beliefs, intervene and discourage, get involved...', should be introduced in the primary years and carried throughout the syllabi. This syllabus would also benefit from more detail, for example, including content on boys, gender-based violence, forced sex, unequal career opportunities and double standards of sexuality and multiple partnerships.

Sexual and reproductive health

The values and attitudes listed under this theme include 'valuing one's sexuality' and 'acceptance of one's sexuality', however, the theme does not do much to impart these values; rather, the emphasis is on sexual abuse. More appropriate outcomes and content could include providing children with children basic information about their bodies and their right to bodily integrity (including good touch/bad touch) in Standard 4, and by Standards 5-7, information about reproduction (along with puberty). At the secondary level, it should include information about condoms and contraception, sexuality, sexual relationships, sexual consent/coercion, STIs and sexual diversity. [See *International Technical Guidance on Sexuality Education*, Vol. 1 or *It's All One Curriculum* Vol.1, Unit 3 for guidance.]

The schematic and sometimes vague nature of the syllabus can lead to gaps, for example, although the topic in Standard 6 is 'myths and misconceptions about changes during adolescence', none of the myths or misconceptions are actually specified. Similarly, in Standard 7, the syllabus refers to the 'causes of teenage pregnancy' but never identifies what they are, for example if they include girls' lack of power to negotiate condom use, poverty, child marriage, reduced access to condoms and contraception and low self-efficacy. The curriculum should therefore specify the list of causes.

Another example of a lack of necessary detail, even for a syllabus, is the information about abortion. Standard 7 mentions learning about the 'causes and effects of abortion' but does not clarify if this refers to the causes of unintended pregnancy (which are essentially the same as the causes of teenage pregnancy) or to the reasons that a girl may decide she cannot carry an unwanted pregnancy. It is also unclear what the term 'prudence' means as one of the main points to raise with regard to abortion. Medically and sociologically accurate information about abortion should review the reasons that many girls end up with an unintended pregnancy; the incidence of abortion; that it is a safe procedure when performed under proper conditions and a dangerous procedure when performed under improper conditions (including characteristic conditions in the country); the law in the country; and the great diversity of laws, attitudes, and access to safe abortion in Africa and around the world. [See *It's All One Curriculum* Vol.1, Unit 7 page 214-217 plus fact sheet on abortion for guidance.]

Highlights from the available literature

There is a lack of rigorous evaluation literature on HIV or sexuality education programmes in Lesotho. One key qualitative study with learners, carried out in 2005 (Mturi and Hennick)³⁸ reported on findings from 46 focus groups with learners, parents and teachers to gauge their attitudes towards the sex education and sources of information that were available to learners. The learners expressed a strong desire for information about sexual health and negotiation skills to be presented in a school setting and the majority of parents were also in favour of sex education being taught in schools. Learners identified that one of their main sources of information about sex was in initiation schools, places that traditionally prepare young men for marriage. Though attendance at initiation schools is declining, many people report that those who returned from initiation schools were abusive, aggressive and frequently raped women. The only other source of information was from their parents and guardians, however, most parents said they were unwilling to speak about sex with their children. Overall, girls were discouraged from speaking about sex and generally had less access to information. Most of the information parents gave was meant to discourage sexual behaviour and warn their children against the risks involved, particularly for their daughters. Teachers were supportive as well, but stipulated that they would need adequate training, materials and support. At the time of the study, according to the authors, 90% of schools were affiliated with churches and as of 2005, none of the church-affiliated schools offered sexuality education for their learners.

Tiendrebéogo et al (2003) cite a 1999 assessment which found that the Life Skills curriculum was heavily biased towards knowledge, with very little curriculum content or time during lessons to spend on the skills and attitudes needed for behaviour development and change. Moreover, head teachers had not received training on Life Skills, and many said they lacked the confidence to handle such sensitive topics. Coverage was unknown and the methods were deemed ineffective (with the exception of programmes implemented by a few (NGOs)³⁹. Similarly, Kolosoa and Makhakhane conducted an assessment of life skills education in Lesotho; the report accessed online is undated but contains references as late as 2007. According to the authors, the effectiveness of life skills is hampered by the fact that it is not an examinable subject at the time of their review⁴⁰. The Southern and Eastern Africa Consortium for Monitoring Education Quality similarly reported low levels of knowledge about HIV and AIDS among Lesotho pupils⁴¹.

A number of mass media or Information Education and Communication (IEC) interventions have been examined. The HIV Prevention Response and Modes of Transmission Analysis: Lesotho Study report (March 2009) reported that 23 such programmes aimed at behavioural change were identified, 15 of which had national coverage. The report states that 'most prevention programmes focus on the age group 12-35 for both males and females, and some target in-school young people and learners at educational institutions. Younger age groups are targeted through churches, schools and communities'. At the time of this report, several evaluations were in development or commencing⁴². This search identified one report which described an evaluation which is underway of a government-designed information campaign to prevent HIV infection aimed at young people in Lesotho. The study will compare the effectiveness of different prevention messages of abstinence/fidelity versus condoms/safe sex⁴³. Similarly, a search on Google scholar separately identified two researchers, Jakob Svensson and Martina Björkman, each of whom lists on their CV: 'Impact Evaluation of HIV Prevention Activities for Adolescents in Lesotho, 2007-2011'. However, no published reports of completed evaluation studies were found during this review.

38 Mturi, A. J. and Hennick, M. M. *Perceptions of sex education for young people in Lesotho*. Health and Sexuality, 7(2), 129:44. 2005.

39 Chendi (1999), cited in: Tiendrebéogo G., S.Meijer, and G. Engleberg. *Life Skills and HIV Education Curricula in Africa: Methods and Evaluations. Technical Paper No. 119*, Academy for Educational Development, Africa Bureau Information Center. July 2003.

40 Kolosoa, L.C. and B.Makhakhane. *Life Skills for National Development in Lesotho: Can ODL Do it?* Undated. www.col.org/pcf6/fp/zLS3125.doc.

41 *Pupil and Teacher Knowledge about HIV and AIDS in Lesotho*. Southern and Eastern Africa Consortium for Monitoring Education Quality Policy Brief 5. April 2011. www.sacmeq.org.

42 Khobotio, M. et al. *HIV Prevention Response and Modes of Transmission Analysis: Lesotho Study* Government of Lesotho, National AIDS Commission. March 2009. <http://docs.google.com/viewer?a=v&q=cache:bbQKlzWe2V0J:siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/LesothoMOT13April>.

43 World Bank. *Spanish Trust Fund for Impact Evaluation and Results-based Management in Human Development Sectors (SIEF) Cluster Fund SIEF-funded Impact Evaluations: Lesotho* <http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/ORGANIZATION/EXTHDNETWORK/EXTHDOFFICE/0,,contentMDK:22383030~menuPK:6508083~pagePK:64168445~piPK:64168309~theSitePK:5485727,00.html>. See HIV/AIDS Prevention Cluster Evaluations. Accessed September 14, 2011.

Sexuality Education Curriculum review:

Malawi

Introduction

The purpose of this review was to assess the content, quality and method of delivery of curricula used in Malawi for delivering life skills-based comprehensive sexuality education (SE) programmes, to serve as a resource for curriculum revision aimed at empowering young people to protect themselves from HIV and poor reproductive health outcomes⁴⁴. The review was commissioned by UNESCO, UNFPA and UNICEF for the HIV Prevention Working Group of the Regional AIDS Team in East and Southern Africa (RATESA). The work was conducted by Population Council's Rethinking Sexuality Education project, with technical input from the Joint Inter-Agency Team.

Documents reviewed

- Life Skills Series (Primary Level)
 - o Standard 2: Syllabus and Teacher's Guide
 - o Standard 5: Learner's Handbook and Teacher's Guide
 - o Standard 6: Syllabus and Learner's Handbook
- Life Skills and Sexual and Reproductive Health Education Series (Secondary Level)
 - o Form One: Sexual and Reproductive Health Education Book, Manual for Secondary Schools

This series aims to equip young people with the skills to address various life challenges. At the secondary level, it seeks to improve learners' understanding of family life, gender and human rights, and to reduce their risk of unintended pregnancy, abortion, sexually transmitted infections (STIs) and HIV. The majority of the content is delivered in the primary level. However, please note that the reviewers did not receive the entire series; their comments are therefore based on the review of those materials they did receive.

This series has numerous strengths, including: 1) the attention to building skills; 2) the effort to address social context issues (such as gender, social inequalities, social norms and human rights); and 3) excellent use of interactive activities and case studies to explore and reinforce key concepts.

The areas where this series needs strengthening include: 1) expanding information on human development, reproduction, sexuality and STI and HIV risk; 2) greater depth of questioning and critical thinking activities; 3) further guidance for teachers; 4) re-ordering of some topics and a standalone unit on gender (in addition to the gender-sensitive content in other units); and 5) more specificity to ensure that statements do not unintentionally transmit misinformation or harmful gender norms.

44 Other countries included in this ten-country review were Botswana, Kenya, Lesotho, Namibia, South Africa, Swaziland, Uganda, Zambia and Zimbabwe.

For each document reviewed, an overview is provided of (i) **content** (accuracy, thoroughness and age-appropriateness); (ii) **sexual reproductive health behavioural goals**; (iii) attention to **individual risk and protective factors**; (iv) attention to **social risk and protective factors** (gender, rights and living in a high HIV-prevalence setting); and (v) effectiveness of **teaching activities**. Detailed comments are also included.

Life Skills Series (Primary Level) and Life Skills and Sexual and Reproductive Health (Secondary)

Overview

Content: accuracy, thoroughness and age-appropriateness

Accuracy and thoroughness

There is some strong content on values clarification and other basic life skills, however, some necessary information is missing on human development, reproduction, sexuality and details about STI and HIV risk. This is a particular concern at the primary level, for which the curriculum often suggests relying on external 'resource persons' – individuals who act as experts to present on a topic (e.g. HIV, sexuality and AIDS care and support). The dependence on outside speakers in the absence of key learning outcomes and content means that what learners are taught is completely dependent on the knowledge and attitudes of the selected experts; the content will therefore vary in quality and substance. To address this, the material should be further detailed to include accuracy and thoroughness of key information.

In addition, greater care should be taken to not confuse attitudes and information. For example:

- The Standard 5 Teacher Guide (Unit 3, pg 19) asks learners to identify sources of high and low self-esteem. One of the examples is a boy who feels bad because he is short. Using this example shows a lack of sensitivity to shorter boys in the classroom, and may lead to public or hidden teasing, reinforcing self-esteem problems.
- The Secondary School Training Manual (pg 4) characterizes the statement 'Using condoms during sexual intercourse prevents HIV infection' as a values statement, whereas it is in fact an informational statement. Furthermore, it should more accurately state that condom use greatly reduces the risk of HIV infection from sexual intercourse.

The content does not always flow logically from the learning objectives. The section on hygiene in Standard 2 (pg 5), for example, aims to develop critical thinking and decision-making skills. However, the presentation of this content, for example, how to clean the ears, does not build these skills.

At times the content becomes too oversimplified to remain accurate. For example:

- Suggesting that low self worth frequently leads people to commit rape or that stress is the reason that people loot (Training Manual pg 34). Attributing these behaviours to low self-esteem and stress ignores the myriad of factors that may be at play and may be interpreted as excusing such behaviour. Important messages are lost in the process. [For guidance on teaching about rape, see *International Technical Guidance on Sexuality Education* Volume II Key Concept 3.4, or *It's All One Curriculum*, Volume 1, pg 70-71 and 106-107.]
- The Standard 5 Unit 6 (pg 33-34) content on gender is confusing. For example, the first paragraph seems to 'normalize' conventional gender roles, while the next states 'girls feel inferior'. Neither paragraph asserts that such patterns are harmful. This should be reframed to begin with an overarching statement about harmful aspects of conventional gender roles. The final paragraph, which is about beneficial practices, should come first. [See *It's All One Curriculum*, Volume 1, pg 48-50.]
- The information on 'how the practice of male circumcision can lead to HIV' (Standard 5, pg 38) needs to be clarified, with supporting evidence, to state that male circumcision performed in an unhygienic environment and where cutting instruments are shared can lead to transmission of HIV, especially given the promotion of this procedure to help reduce HIV.

- The discussion of sexual abuse in Standard 5 (Unit 9), which states that ‘This malpractice may occur between an adult and a child, even if the child accepts’. This should be changed to read ‘It is always wrong for an adult to engage in sexual activity of any kind with a child. Even if the child accepts, it is illegal and a violation of the child’s human rights’.
- The statement on child labour. Child labour is not only ‘making children ... work for payment’. Whether or not children are forced to work is irrelevant; moreover, children may not be paid for their labour. This statement should therefore either be removed or redefined as ‘the regular and sustained employment of a child or children.’

Age-appropriateness

Most of the material is age-appropriate and the content very useful, but the order of topics was sometimes confusing. For example, the early units focus on disease but fundamental topics such as knowing oneself, human rights, and morals and values only come later in the year. This order presents two problems. First, it teaches learners about such topics as STIs, HIV and AIDS in the absence of the personal and social content that actually shapes their ability to protect themselves against these diseases. Second, the current order casts most of the material about relationships and promoting one’s health in an unnecessarily negative light.

The primary level materials also have too little content in some areas, for example, the lessons about the body in Standard 2. Children this age should learn about their right to protect their bodies, including from ‘bad touch’ (sexual abuse); currently, this information is missing. Standard 2 does include puberty information (in Unit 22 on self-awareness), including growth of the sexual organs, appearance of pimples, menstruation, hair growth, etc, but this information would be more appropriate around Standard 5. [See *International Technical Guidance on Sexuality Education* Volume II Key Concepts 4.3 and 4.5, for further information.]

Sexual reproductive health behavioural goals

The series address the following behaviours:

- Sexual abstinence;
- Condom use;
- Not selling one’s body for sex;
- Preventing sexual abuse and rape;
- Preventing sexual harassment;
- Caring for people living with HIV;
- Not engaging in substance abuse;
- Accessing proper antenatal care.

Individual risk and protective factors

Some key individual risk and protective factors for STIs, HIV and unintended pregnancy include knowledge of these topics and of condoms and contraceptives; personal values about sex and abstinence; attitudes toward condoms; and intention to abstain or prevent STIs and pregnancy.

Many of the topics lay good groundwork for reducing these risks, for example, identity and self-esteem are addressed quite thoroughly. Standard 2 also has an excellent unit on coping with emotions, which relates both to these risk and protective factors, and to support and caring for people living with HIV. The content on decision-making was also particularly effective, for example, there are very engaging stories that feature learners who resolve issues with the help of their friends through good decision-making.

However, there were also some gaps in these individual risk and protective factors that should be addressed, namely:

Knowledge of STIs and HIV, unintended pregnancy, condoms and contraceptives

The material on reproductive anatomy and puberty are barely discussed. Although pregnancy prevention is a goal of this series, learners are not given instruction in how pregnancy occurs or how to prevent it. This needs much further development, especially in the middle grades. [See, for example, Key Concepts 4.1-2 and 6.1-2 of *International Technical Guidance on Sexuality Education* V.II, or *It’s All One Curriculum* Vol. 1, pg 170-176.]

Although HIV is mentioned throughout all levels and topics, it tends to lack depth and necessary detail. For example, the discussion on prevention (highlighting abstinence and condoms) is only a few sentences; it fails to help learners consider reasons or situations in which people might choose one prevention method over another. Other STIs are also given little attention. Moreover, in Standard 5 (pg 7), syphilis is listed first among the most common STIs (gonorrhoea and HIV follow). However, STIs should rather be listed in alphabetical order, in order of prevalence or in order of policy concern (a combination of prevalence and consequences). It is therefore suggested that unless syphilis is more common than gonorrhoea, chlamydia, HIV, chancroid, human papillomavirus (HPV) and other STIs, it should not lead off this section. [See *It's All One Curriculum* Vol. 1, Unit 7, part 1, and Fact Sheet on STIs in Vol. 1, pg 278, for useful detail.] It should also be noted that Standard 2 (pg 81) touches on a parent being sick, implying, but not specifying, that the parent has HIV. This is not appropriate because the message is so vague that it is confusing; HIV transmission is not an issue if a parent suffers from, for example, migraines or heart disease. The statement should therefore be more explicit that it refers to a parent who is HIV-positive. Finally, while sharing toothbrushes is generally not a good idea (particularly with regard to transmission of respiratory and intestinal microbes), it is not a means of HIV transmission unless blood is present. This should therefore be clarified.

The curricula also lack information on pregnancy prevention and information on abortion is very limited. If abortion is a common practice or serious health risk, it should be addressed in greater detail. Moreover, the Secondary School Training Manual (pg 60) inaccurately states that frequent abortions are a consequence of STIs. [See *It's All One Curriculum* Vol. 1, Unit 7, part 2 for useful detail on pregnancy prevention and abortion.]

Personal values about sex and abstinence

The content on relationships addresses healthy friendships and unhealthy sexual relationships; however, learners have no honest information about what a healthy sexual relationship requires. The syllabi tend to present sexuality in a negative light, for example, sexual abuse, the need to abstain and the risks of sex. However, information about what a safe and comfortable sexual relationship entails (self-efficacy, communication, mutual respect, self-awareness, trust, maturity, access to and use of protection and much more) can help young people identify if they are ready for sex, while laying groundwork for healthy sexual relationships in their lives. [For example, see *It's All One Curriculum*, Vol. 2, pg 95, or *International Technical Guidance on Sexuality Education* V.II Key Concept 1.2.]

Moreover, the many stories that refer to rape or an abusive sexual situation are presented without information on the principles that can help learners sort out these issues in a more meaningful way. For example, content on the right to bodily integrity and the notion of consent helps learners think critically about sexual situations so that they are better able to stand up for themselves and their peers, and to understand why perpetrating such violence is wrong. Also missing from these topics are details about how to find help and support after rape, as well as guidance for the teacher about reporting requirements should a learner disclose sexual abuse. [For detail on presenting this information, see *It's All One Curriculum*, Vol. 1, pg 70-72, 106-107.]

Self-efficacy and communication skills

Most of the content on self-esteem has strong detail, although the example in Standard 8 that suicide is an outcome of a poor relationship decision is too extreme and not appropriate.

Assertive communication, decision-making and problem solving are also all mentioned, including in the lessons on sexuality. However, the syllabi do not explicitly identify the content of effective communication, for example, what assertiveness is, what constitutes passive communication and typical problems associated with communication across power differences. [See for example, *International Technical Guidance on Sexuality Education*, Key Concepts 2.3 and 2.4. Also see *It's All One Curriculum*, Volume 1, Unit 5.] Moreover, in the English syllabi, the lessons on polite communication could encourage learners to be too passive.

Social risk and protective factors

Young people's social context is a powerful risk factor for HIV and key factors to address in a curriculum include gender norms, human rights and growing up in a high HIV-prevalence setting.

Gender norms

The Life Skills series lays the foundation for a solid introduction to gender equality; for example, Standard 2 (pg 96) mentions that 'It is possible for both boys and girls to perform tasks that are traditionally done by either sex'. The Standard 5 content on roles and status (pg 23-25) is similarly excellent.

The curricula address aspects of gender inequality and gender norms repeatedly and often integrate gender into lessons at appropriate points (although not always consistently). For example, Standard 5 (pg 34 explains) 'When women are not empowered they cannot negotiate for safer sex ... they can be infected with HIV/AIDS ... they think they cannot compete with boys at school'. Standard 8 also addresses the issue of why girls are more vulnerable to HIV than boys. Standard 5 (pg 36) includes an effective story about gender equality and the family as well. The units that integrate gender issues most effectively are entrepreneurship, for example, the Standard 5 Teaching Guide (pg 72) encourages both boys and girls to engage in entrepreneurial projects); and the secondary level Training Manual (pg 66), which engages learners in writing a story entitled 'A successful business woman'.

However, in many cases, references to gender lack depth and detail needed for meaningful learning. For example:

- The Standard 6 English syllabus involves dramatizing a story e.g. on gender. However, it is unclear what content, information, reflection or discussion informs the perspectives about gender that learners will bring to those stories.
- Where gender is raised as a factor in HIV prevention lessons, it is not clear how the topic will be developed or explained. Greater depth is needed on this critical issue. [For detail or guidance, see, for example, *It's All One Curriculum*, Vol. 1, pg 194-195.]
- The bible knowledge classes raise the topic of gender using the Bible as a guideline for a discussion of gender roles without offering the necessary detail to ensure positive messages.

Moreover, without a unifying set of ideas about gender, the series at points includes information that may reinforce harmful gender norms. For example:

- In describing their own bodies, the questions about learners' physical attractiveness can lead to negative feelings about their appearance. These questions enforce prevailing standards of beauty. This should therefore be removed or rephrased to emphasize that such ideals are unrealistic and harmful.
- In addressing sexual harassment, the material suggests that girls who dress or act in a suggestive way carry blame for provoking sexual harassment or abuse by males. Similarly, 'females provoking males' is listed as a form of harassment against men; such harassment is not defined and further shifts blame onto females for widespread male sexual aggression and violence. While it is helpful for girls to reflect on the effects of their own behaviour, such behaviour should not be framed – even by implication – as justification for male sexual aggression, harassment, or violence.

This series would be far stronger if it added a full unit on gender issues, preceding the unit on HIV, as well as integrating it systematically into key topics related to puberty, sexual behaviour, sexual abuse, violence and HIV. Moreover, many (if not most) 'peer norms' are gender-specific, for example, males proving their manhood to other males by having sex. Therefore, peer norms may be more effectively understood as gender norms that are reinforced by same-sex peer groups – and be integrated into a unit on gender. [For guidance, see *It's All One Curriculum*, Vol. 1, Unit 2, and *International Technical Guidance on Sexuality Education V.II Key Concept 3.3.*]

Human rights

The units on human rights are particularly strong. The content lays the groundwork for many of the principles and issues in earlier units, such as discrimination, stigma, gender inequality, sexual abuse, less privileged groups and treatment of people living with HIV. The Training Manual (pg 39) also explicitly defines and discusses prejudice. The content in Standard 2 (Unit 19) on commonalities among learners is excellent.

There are, however, some items that need consideration. First, this content should be tied directly and repeatedly to unwanted sex, early marriage and the treatment of specific ostracized groups, for example, how these principles apply to treatment of homosexuals. Concepts of fairness are often useful in the younger grades to lay a foundation for understanding human rights; and in the middle and older grades, examining the notion of human dignity is often effective. [For examples, see *It's All One Curriculum*, Vol. 1, pg 22-26.]

The text sometimes treats very serious social problems (orphanhood, stealing due to starvation, forced early marriage, abuse by step-parents) somewhat superficially or lightly. Such topics require careful consideration, including grounding them in basic human rights and referrals to any social support services. In the activities that ask learners to solve such difficult problems, it would also be helpful to acknowledge that such problems are well beyond the learners' control.

The content encouraging moral responsibility to less-privileged groups could be perceived as patronizing and it is therefore recommended that it be reframed as teaching young people to respect the rights of all people, with particular attention to those who are often marginalized or enjoy fewer privileges. In some cases, the text is unnecessarily judgmental, which can undermine meaningful learning or even reinforce harmful norms. For example:

- Lessons about the rights of people who have HIV and AIDS to care and support are contradicted by messages that blame their caregivers for not having time to earn income. The economic strain attached to having a sick family member can be acknowledged without a judgmental tone.
- Messages about the irresponsible sexual behaviour of people who have HIV and AIDS can reinforce stereotypes and stigma (e.g. pg 8 of Standard 5 Teacher Guide). This message also fails to acknowledge that many women who have HIV or AIDS have only had one partner.

Stories addressing misconduct by teachers, parents and other adults need to place clearer responsibility on those adults. The absolute responsibility of adults to not abuse children must be explicitly established.

Effectiveness of teaching activities

This series includes a range of teaching activities, such as case studies, brainstorming, discussion and debate. It successfully addresses affective learning needs and the values clarification unit is particularly good, including an excellent explanation of what a value is (Unit 2 of Junior Secondary). The case studies are also strong, for example, Chikondi's Dilemma (Standard 5, pg 36) is an outstanding example of an activity that requires personal reflection and critical thinking. These activities all foster meaningful affective learning, however, there are some pedagogic weaknesses which need to be addressed. Some activities may create an unsafe classroom environment. For example:

- Sexual abuse is mentioned repeatedly, but the materials lack guidelines for teachers on how to respond supportively and sensitively to learners who have suffered sexual abuse (including at home or school); guidelines for reporting requirements are also needed.
- In one activity (Junior Secondary level, pg 3), a learner wears a label of 'prostitute' without knowing it and must observe how people react. Students may experience teasing and humiliation, even in a simulation exercise. This should therefore be revised.

More effort could be made to realize the goal of promoting critical thinking skills. For example: The useful content on child marriage and related traditional cultural practices (such as passing widows to other family members) provide an opportunity for in-depth discussion about why these practices exist and whether they think they should continue.

- The content (Standard 2, pg 95) on 'Who controls the money in your family?' provides an opportunity to discuss whether girls and women can access money and why.
- The discussion of social norms (pg 51) focuses on enforcement without exploring when some norms (e.g. gender norms, which should be mentioned but are not) might be questioned.

Guidance for teachers is sometimes lacking. For example:

- The training manual (Unit 1) provides difficult values clarification statements and instructs the facilitator to guide the conversation to 'an agreeable position'. However, there is no clarity about what constitutes an 'agreeable' position or how to handle individuals or groups who embrace values that are discriminatory, dangerous or otherwise harmful.
- The Standard 5 Teacher's Guide (pg 10) does not provide teachers with the correct answers to the true/false activity.

Highlights from the available literature

Data on outcomes of sex education in Malawi are sparse. Considerable research does document young people's desire for school-based sex education. A 2007 report issued by the Guttmacher Institute documented that for 71% of young people, the media (and particularly radio) are the prime sources of information about sexual and reproductive health. Over two-thirds of those aged 12-19 placed importance on school sex education⁴⁵. This support was strong among those aged 12-14 as well, who also cited a need for condom use information to avoid infection. A 2005 study (Moleni et al) assessed stakeholders' view of content for the Complementary Basic Education curriculum; out-of-school young people, parents and community leaders viewed psychosocial skills as higher priorities than HIV and reproductive health education⁴⁶. Several studies have also examined the nature of programme implementation and quality. Some of these studies may be out of date, but they suggest that problems of implementation, at least in 2007, remained a concern. Citing Moleni (2007), the Guttmacher Institute report states:

Two in three adolescents who had attended school reported that their schools did not offer classes or talks on sex education. Even among those who said that their school did offer such opportunities, many had not attended classes or lectures. Although sex education is now mandatory in all public schools, implementation remains somewhat problematic. For one, the introduction of sex education met with resistance from some teachers⁴⁷.

Embarrassment and personal beliefs among teachers were cited as major obstacles. A qualitative study (Shapiro 2010) documents related concerns about delivery of the sex education curriculum. The author notes 'While changes in the curriculum are forcing teachers to talk about condoms, they are still only talking about them in a negative framework'⁴⁸.

A modelling study intended to reduce the risk of HIV by universally treating men for trichomonas has implications for curriculum content. Price et al (2006) emphasize the degree to which high prevalence of trichomonas is exacerbating HIV risk in Malawi. Although their analysis suggests the cost-effectiveness of a clinical solution (treating all men for trichomonas, which they argue would decrease new HIV infections by 4.5%), the underlying association also argues for ensuring that sex education includes comprehensive information about trichomonas, including prevention and consequences for HIV risk⁴⁹. A 1996 analysis (Nduati and Kiai) identified several weaknesses of curricula at that time⁵⁰. In terms of evaluation, few rigorous studies exist; their quality and findings are mixed. Munthali et al (2004) reviewed a number of programmes. For example, the pilot Learning Skills Project (a life skills initiative) was evaluated, showing some positive effect, such as young people feeling more empowered to resist negative peer pressure⁵¹. The 1989 project by the National AIDS Control Program to increase learners' awareness about HIV prevention (among other aims) found that teachers lacked training and incentives to deliver the curriculum effectively⁵². An unpublished 2003 report on the abstinence-only 'Why Wait?' programme states that some teachers reported fewer pregnancies and improved class discipline. However, this was not a rigorous evaluation; moreover, the author found that teachers were ill-trained and basic materials were lacking⁵³.

45 Wittenberg, J. et al. *Protecting the Next Generation in Malawi: New Evidence on Adolescent Sexual and Reproductive Health Needs*. New York: Guttmacher Institute. 2007.

46 Moleni, C. M., Nampota, D. C., and Kadzamira, E. *Complementary Basic Education in Malawi: a Needs Analysis*, Zomba. Centre for Educational Research and Training, University of Malawi. 2005.

47 Moleni C, University of Malawi Centre for Education Research and Training, personal communication, Apr. 23, 2007. Cited in Wittenberg J. et al. op.cit.

48 Shapiro, H. *Applying Sociocultural Theory to International Interventions: The Case of HIV/AIDS Education in Rural Malawi*. 2010. Unpublished.

49 Price MA, Stewart SR, Miller WC, Behets F, Dow WH, Martinson FE, Chilongozi D, Cohen MS. *The cost-effectiveness of treating male trichomoniasis to avert HIV transmission in men seeking sexually transmitted disease care in Malawi*. J Acquir Immune Defic Syndr 2006, 43(2):202-209. In: *HIV prevention cost-effectiveness: a systematic review*, Galárraga, O., M.A. Colchero, R.G.Wamai and S.M. Bertozzi. MC Public Health 2009, 9(Suppl 1):S5 November 2009. <http://www.biomedcentral.com/1471-2458/9/S1/S5>.

50 Nduati, R., and Kiai, W. (1996). *Communication with adolescents on HIV/AIDS in East and Southern Africa*. Nairobi, Kenya: Regal Press. In: Tiendrebéogo, G. et al. *Life Skills and HIV Education Curricula in Africa: Methods and Evaluations*. Technical Paper 119. Africa Bureau Information Center, the Academy for Educational Development. July 2003.

51 Malawi Institute of Education. *Draft report on pre-testing of life skills education materials*. Malawi 1999. In: Munthali, A., A. Chimbi, and E. Zulu. *Adolescent Sexual and Reproductive Health in Malawi: A Synthesis of Research Evidence*. Occasional Report 15. December 2004. Alan Guttmacher Institute: New York.

52 Kadzamira EC et al. *The Impact of HIV/AIDS on Primary and Secondary Schooling in Malawi: Developing a Comprehensive Strategic Response*. Malawi Centre for Educational Research and Training, 2001. 2001. In: Munthali A. et al. op.cit.

53 Chendi H, *HIV/AIDS Life Skill Programs in Southern Africa: The Case of Malawi*, unpublished manuscript, 1998. In: Munthali A. et al. op.cit.

Another review included an after-school HIV-prevention programme, based on an educational board game for secondary school learners; this programme was not considered successful⁵⁴. A second evaluation was based on the Going to Scale: Sustained Risk Reduction Behaviour for Youth programme, carried out between 1997 and 2000 and consisting of anti-AIDS clubs and media campaigns⁵⁵. Again, the results were disappointing: there was only 'weak' evidence that the programme improved even knowledge of HIV and AIDS⁵⁶. The review that included this evaluation recommended designing programmes that address the underlying social and economic vulnerability to HIV and AIDS.

More encouraging results came from an evaluation of Malawi's Fourth Country Program, conducted in 2002 by the UNDP and UNFPA. This life skills curriculum was judged an effective means for introducing sexual and reproductive health information in primary and secondary schools and its peer education, community-based distribution services and interactive communication approaches were found to have positive effects on behavioural change among young people⁵⁷. In addition, during the programme's four years, the number of primary health care facilities offering reproductive health services grew, as did the number of community-based personnel providing such services, including condom distribution, to young people. However, the assessment also revealed that, despite strong demand for life skills curricula among parents and learners, teaching of sexual and reproductive health in schools encountered considerable resistance from religious leaders and some policy-makers.

The April 2011 Policy Brief (#5) from the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) report on Pupil and Teacher Knowledge about HIV and AIDS in Malawi found low levels of knowledge among learners⁵⁸. Such findings, along with data on gender inequality, HIV prevalence and unintended pregnancy rates, reinforce the recommendations of the above-mentioned Guttmacher report. Among these are that there remains a need for rigorous outcome studies to help guide decisions about which programmes are worth scaling up and which need modification. Further recommendations made were to:

- Bolster life skills education and teacher-training;
- Reach young people before they become sexually active, including through media;
- Discourage early marriage;
- Invest in young people-friendly services, condom distribution, and voluntary testing/counselling;
- Address girls' vulnerability to unwanted sex;
- Hold males accountable for their sexual behaviour.

54 Gallant M and Maticka-Tyndale E, *School-based HIV prevention programmes for African youth*, Social Science & Medicine, 2004, 58(7):1337–1351.

55 Görgens M et al. *Malawi: a national HIV/AIDS monitoring and evaluation system*. In: *MFDR Principles in Action: Sourcebook on Emerging Good Practices*. 2006. <<http://www.oecd.org/dataoecd/35/10/36853468.pdf>>.

56 UNFPA, *An evaluation of UNFPA support for preventing the spread of HIV/AIDS*, UNFPA Evaluation Report, 2002, No. 19, <<http://www.unfpa.org/monitoring/reports/hivaidsreport19.pdf>>.

57 UNFPA, *UNFPA Fifth Country Program Malawi*. 2007. <<http://www.unfpa.org/cp/mwi/mwi0206.pdf>>.

58 SACMEQ Policy Brief 5. *Pupil and Teacher Knowledge about HIV and AIDS in Malawi*. April 2011. www.sacmeq.org.

Sexuality education curriculum review:



Introduction

The purpose of this review was to assess the content, quality and method of delivery of curricula used in Namibia for delivering life skills-based comprehensive sexuality education (SE) programmes, to serve as a resource for curriculum revision aimed at empowering young people to protect themselves from HIV and poor reproductive health outcomes⁵⁹. The review was commissioned by UNESCO, UNFPA and UNICEF for the HIV Prevention Working Group of the Regional AIDS Team in East and Southern Africa (RATESA). The work was conducted by Population Council's Rethinking Sexuality Education project, with technical input from the Joint Inter-Agency Team.

Documents reviewed

- Life Skills Syllabi
 - o Grades 5-7
 - o Grades 8-10
 - o Grades 11-12

An article entitled *Stakeholder perceptions and attitudes towards sexual and reproductive health education in Namibia* (Mufune, P. 2008. Sex Education 8:2, 145-157) also provided useful context for understanding the concerns and priorities for the national sex education programme, specifically teacher capacity-building, lack of materials, sex education as non-examinable and parental support. However, as it is not a curriculum document, it was not open to a content analysis or scan. *My Future, My Choice* and *Windows of Hope* were referred to as well, but again, these are not formally included in the curriculum scan.

The stated rationale of the Life Skills programme is to help learners 'make meaning of life'. Upon completion of the programme, learners should have strengthened their sense of identity, decision-making skills, social responsibility, study skills and career path. The introductory section of each syllabus dictates that specific emphasis that should be placed on gender issues, the local social context and key aspects of personal social skills (self-awareness, relationships and citizenship). For each grade, the syllabus provides topics, objectives and competencies in three areas: career guidance, daily living skills and personal/social skills.

For each document reviewed, an overview is provided of (i) **content** (accuracy, thoroughness and age-appropriateness); (ii) **sexual reproductive health behavioural goals**; (iii) attention to **individual risk and protective factors**; (iv) attention to **social risk and protective factors** (gender, rights and living in a high HIV-prevalence setting); and (v) effectiveness of **teaching activities**. Detailed comments are also included.

59 Other countries included in this ten-country review were Botswana, Kenya, Lesotho, Malawi, South Africa, Swaziland, Uganda, Zambia and Zimbabwe.

Life Skills Syllabi

Overview

Content: accuracy, thoroughness and age-appropriateness

These syllabi lay the groundwork for a very comprehensive course in life skills. In general, the competencies link clearly to the stated objectives. In terms of content, particularly strong attention is given to economic independence and careers as part of life goals, support to people with HIV, and responsible behaviours.

Areas that are less strong include certain cognitive, affective and skill-based objectives and competencies that affect risk behaviours. These include, for example, communication and decision-making in relationships; gender norms and human rights; and sexual health topics, including HIV transmission and prevention, puberty, reproduction and contraception and condoms. A number of sexuality topics and objectives are not framed in ways that lead to positive behaviour change. In addition, a number of topics are presented too early or too late over the eight-year span of these syllabi.

Information that is either missing or inadequate, presented inaccurately or ineffectively, or inserted at an inappropriate age is presented in the detailed comments.

Sexual reproductive health behavioural goals

Upon completion of the syllabi, all learners are expected to have developed skills to cope with everyday life; there are several cross-cutting issues, one of which is HIV and AIDS. The behaviour goals are framed as competencies and, in addition to promoting abstinence, emphasize (either directly or indirectly):

- Respectful treatment of people living with HIV and AIDS;
- Avoidance of homosexual behaviour;
- Avoidance of abortion.

Please note that avoidance of homosexual behaviour could stigmatize those adolescents who fall into that category and avoidance of abortion, if not well handled, could force girls to resort to unsafe abortion and risk their lives.

Although this syllabus emphasizes abstinence, there is a brief mention of family planning.

Individual risk and protective factors

Because these are syllabi rather than complete curricula with activities, it is unclear how they will be precisely taught. However, as a whole, the syllabi appear quite uneven. For example, in some cases they emphasize empathy and respect, while on the other hand, a number of topics are framed in a judgmental way that emphasizes shame or fear. Framing issues in a less judgmental way is an approach that has shown to be more conducive to learning and to the development of responsible behaviour. A clearer foundation in human rights, dignity and gender equality would help address this issue (see detailed comments).

Social risk and protective factors

In some instances, the syllabi insert a competency related to human rights or gender equality; most frequently, this is with regard to the rights and needs of people living with HIV and AIDS. Beyond that topic, however, there is not much theoretical grounding in gender and human rights issues. This is critical not only because these issues are powerful risk and protective factors for abstinence, condom use, prevention of HIV and unintended pregnancy, bullying and domestic violence (topics included in the syllabi), but because gender equality and citizenship and rights are specifically identified as key cross-cutting concerns in the syllabi introductions.

Some of the examples where the syllabi can incorporate these issues are identified in the detailed comments.

Detailed comments

Self-awareness, self/others, relationships

In general, these topics are handled well, with emphasis on exploring the human qualities one seeks in a satisfying relationship. It is also notable that the grade 10 syllabus section on self-image/esteem (pg 24) mentions the contribution of external factors to self-image/esteem. This could be elaborated on in the competencies, for example, relating self-esteem to gender inequality and human rights e.g. stigma associated with HIV status, sexual orientation, poverty and physical disability. [For further guidance, see *International Technical Guidance on Sexuality Education* Volume II, Key concepts 1.2, 1.3, 4.4. Also see *It's All One Curriculum* Vol. 1, pg 123.]

Certain aspects of self and relationships were in need of strengthening:

- Orphanhood is not addressed until Grade 12, although this is a topic that will affect the youngest learners and should be addressed earlier.
- The discussion on domestic violence needs to make more explicit that it is a human rights violation (especially given high levels of tolerance for domestic violence).
- Goal setting and planning is addressed in the context of careers but could be expanded to include planning in relationships and for reproductive health decision-making.

Gender

Gender norms is a key risk and protective factor that permeate most other risk factors and many topics in the life skills syllabi, however, the ways that gender norms profoundly shape behaviour and health risks are underdeveloped, for example, Grades 5-7 do not include objectives related to gender (gender roles do not appear until Grade 8); yet highly gender-sensitive topics, such as domestic violence, rape, the need for savings accounts, caring for people living with HIV (PLHIV) and 'inferiority/superiority' in relationships, are introduced as if they are gender-neutral. In later years such topics as careers, child marriage, rape and adolescent pregnancy are also addressed as if they are gender-neutral. For learning about these topics to have meaning and logic, the ways that they are shaped by gender should be addressed.

To integrate gender into the curriculum effectively and at appropriate times, more substantive detail needs to be included under this topic in each year of the syllabi. Grade 5 is an appropriate age to define gender and introduce gender norms. Across the years and topics, objectives and competencies should also provide explicit examples for how gender can be incorporated into other topics.

Moreover, gender and rights perspectives closely intertwine. For example, the Grade 11 syllabus on career opportunities (pg 8) can include an objective to address and overcome the stereotypes and discrimination that distribute opportunity unequally. This could include competencies not only about the ability of women to carry out most jobs that men currently do and vice versa, but also the capacity of physically disabled people to carry out many jobs, increasing access of members of minority ethnic groups in the workplace, etc.

Human development, puberty, the body and reproduction

Knowledge about reproduction and prevention is a protective factor for positive health behaviours. While some issues are included (bodily integrity, body image and adolescent pregnancy), key topics are notably absent, including puberty, anatomy and how pregnancy occurs. Puberty information should be included in Grade 5 as a minimum. [For further guidance on staging information about puberty across the years, see *International Technical Guidance on Sexuality Education* Volume II, Key concept 4.3, pg 23; for further content, see *It's All One Curriculum* Vol.1, pg 164-166 and fact sheets on Puberty and Boys, Puberty and Girls.]

Information about reproduction is also lacking. Basic information about reproduction should be introduced in the upper primary grades as well. [For further guidance on staging information about puberty across the years, see *International Technical Guidance on Sexuality Education* Volume II, Key concept 4.3, pg 23; for further content, see *It's All One Curriculum* Vol.1, pg 170-1773 and fact sheet on Reproduction and Pregnancy.]

Of some concern is the way that pregnancy is presented. For example, the Grade 9 syllabus (pg 22) has an objective on the 'dangers of teenage pregnancy', but the word 'danger' is misleading. Pregnancy only presents a physiological danger in early adolescence and in girls who are suffering from common conditions of poverty (such as stunted

growth and anaemia). Therefore, risk factors for unsafe pregnancy include very early age, poverty and child marriage. A second concern is the degree to which the consequences of teenage pregnancy appear to be the same for boys and girls. For these reasons, a better objective might refer to 'consequences of early and unintended pregnancy, especially for girls'. This topic would also be well-placed with child marriage.

Sexuality and sexual behaviour

The syllabi give teachers an opportunity to define sexuality and also to discuss sexual diversity as well as briefly raise the complexity of sexual consent, wanted sex and rape. For example, in Grade 6, learners are asked to demonstrate that they can discuss responsible sexual behaviour, however, responsible behaviour is not clearly defined, such as what kind of conditions are required to enable such behaviour, what behaviours are considered responsible, and what the criteria are that would indicate that learners have achieved the goal.

The treatment of sexual morality topics is also problematic at points, such as where Grade 7 learners are expected to be able to discuss 'sexual morality', but the specific points they should understand are not specified. This is of particular concern given how 'sexual morality' topics are addressed in subsequent sections of the syllabi. For example, in Grade 8 (pg 10), 'define and discuss homosexuality' is vague and can actually reinforce myths and discrimination. This text should therefore either be removed or replaced with 'define heterosexuality, homosexuality and transgender'. If detail is added, consider:

- Explain that some people in every culture are attracted to others of the same sex (whether or not they consider themselves to be homosexual).
- Clarify that every human being deserves to live free of discrimination.

The topic appears again in the Grade 12 syllabus, which identifies as an objective to 'understand the impact of homosexuality'. It is not clear what this means. The impact of being homosexual depends on social norms regarding sexual diversity. The specific competencies should also be modified as follows:

- 'Define homosexuality' should be reframed as 'define heterosexuality and homosexuality and transgender'.
- 'Discuss the emotional impact of being part of a homosexual family' should be removed. Research does not support that being part of a homosexual family carries serious consequences.
- 'Discuss the responsibilities of a homosexual' should be removed or replaced with 'discuss the responsibilities of every person to respect the dignity and human rights of all human beings whether heterosexual, homosexual or transgender'.

[For underlying concepts of tolerance and respect toward all, see Key Concept 1.3 of *International Technical Guidance on Sexuality Education*, Vol. II.]

Another topic that was framed in a way likely to lead to confusion but not to changed behaviour was the dangers of pornography, discussed in Grade 11 (pg 11). This topic typically creates an uncomfortable and even unsafe classroom environment. This is an extremely difficult and tricky topic to address effectively. Unless the final Teacher's Guide and teacher preparation ensure that the classroom will be a safe and comfortable space with respect to this topic, this topic should be removed altogether. If it is retained, the following is strongly recommended:

- The word 'dangers' relies on fear tactics that do not help young people sort out their confusion about pornography. The objective might be rewritten as 'Learn about the harmful effects of pornography'.
- The competencies should be modified along the following lines:
 - 'Discuss that pornography reinforces notions of sexual intimacy that are based on alienation and exploitation rather than on authentic intimacy and mutual respect'.
 - 'Discuss that viewing pornography can reinforce unrealistic and exploitative ideas about sexual intimacy'.
 - 'Discuss the ways that use of cell phone and Internet technologies are being used to reproduce such exploitative and harmful pornographic messages'.
 - Also this section could include young people better understanding media messages that portray sexual violence and sexual activity without consequences.

Sexual and reproductive health

General discussion of sexual and reproductive health topics could benefit from strengthening in Grades 10-12 or earlier, such as Standard 7 and 8. Many girls in these grades may be close to having their first child so this would be an appropriate time to emphasize family planning and access to health services. When discussing health services, the syllabi direct learners to traditional healers. This would be an appropriate point to familiarize learners with health centres and to encourage them to access available services.

While the Grade 9 syllabus does mention family planning, it does not indicate which family planning methods are discussed. Learners should be given complete information about available family planning choices (pg 17). Of particular importance, condoms are not mentioned in any syllabus and should be discussed in detail, including:

- Understanding what male and female condoms are, and how to access and use them;
- How power differences in relationships undermine the ability to negotiate condom use and lead to pregnancy, sexually transmitted infections (STIs) and HIV;
- How to negotiate condom use.

While learning about family planning is important, adolescents and young people at this stage do not have families to plan, therefore, using the word contraception is more feasible as they may not relate to family planning.

The syllabi are quite strong on the subject of HIV and AIDS and consistent across the grades with regard to rights, respect, care and treatment of PLHIV. There is an objective related to HIV testing and counselling in Grade 8 (pg 10), however, the dilemma of disclosure and prevention is not addressed (disclosure of HIV status is only raised at a later stage and in the context of the workplace.) Adding a competency under this objective that asks learners to 'discuss dilemmas related to disclosure to sexual partners and prevention of further transmission' should be considered. Preventing re-infection with another strain of HIV and unwanted pregnancy in young people living with HIV (YPLHIV) and mother-to-child transmission should also be addressed.

The way the topic of abortion is addressed should also be reconsidered. For example, in Grade 7 (pg 19), it is placed in 'sexual morality', between rape and sexual abuse, both of which are universally understood as human rights abuses (typically of girls). This topic should rather be moved to the 'health care' topic that precedes it, because there is no evidence that a moralistic approach reduces reliance on abortion; instead, it simply punishes the girls and women who seek abortion.

This moralistic approach is again taken in the Grade 10 syllabus, where the topic is placed amidst depression and suicide, HIV testing and counselling, dangers of teenage pregnancy, and eating disorders, and wording such as 'be alerted to moral...issues; discuss the moral issues concerning abortion' are used. More appropriate competencies include that young people understand:

- Safety/risk: that abortion is safe when performed in proper conditions but carries serious risks when performed under improper conditions, as is often the case in Namibia.
- Legal issues: the circumstances under which abortion is legally allowed in Namibia, and whether safe, legally allowable abortions are actually made available.
- Social issues: the reasons women and girls choose abortion.
- Consistent use of contraception and specially condoms can prevent teenage pregnancies and hence unsafe abortions.

[For specific objectives, content, and fact sheets, see *It's All One Curriculum* Vol. 1, pg 214-217.]

Human rights and advocacy

The competency 'explain the importance of equality of all humans' is a very concrete and clear way to present human rights and children's rights, but this topic should be introduced earlier than Grade 9. The notion of fairness may also be useful, however, the topic of human and child rights as presented here should then be included starting in Grade 5. It provides a foundation for many of the other topics addressed in grades 5-12. [See *International Technical Guidance on Sexuality Education* Vol.II, Key concepts 1.3, 3.1, 4.5, and 6.3. Also see *It's All One Curriculum*, Vol. 1, Unit 1 of pg 22-26.]

In addition, while there are several instances where human rights and children's rights are inserted, a human rights perspective has not really been integrated throughout the syllabi. For example, the Grade 9 section addresses early and forced marriage within 'family life' (pg 16), rather than within a discussion of children's rights, but attitudes and risk factors for child marriage form before this time; it should therefore be raised earlier and repeated in this grade. The competencies should include informing learners of the legal age for marriage in Namibia and the right of children not to be married (pg 16). If available, it should point learners to resources in cases where they are at risk of forced marriage. Moreover, this section implies that child marriage is optional and does not reference child marriage as a violation of girls' human rights. This topic should be moved to a section on children's rights or on gender equality, and should include a competency on advocating (with one's peers, parents, community) such as 'explain why early and forced marriage is wrong and a violation of girls' rights'.

Communication and decision-making skills

Grade 7 learners are taught 'polite communication'. This unit should be modified to explain assertive, passive and aggressive communication. In addition, basic communication issues, including assertiveness, can be taught at an earlier level.

Highlights from the available literature

A landmark evaluation of school-based sexuality education from Namibia was conducted by Stanton et al in 1998. It was a randomized longitudinal study of the My Future Is My Choice HIV risk-reduction programme, which involved a range of games and narrative-based activities and drew largely on the experiences in Zimbabwe and Malawi. The results of this study showed delays in sexual debut (disproportionately among females) and increased use of condoms among those young people (particularly males) who were sexually active at baseline. Individuals in the intervention group were also more likely to discuss HIV risk with their partner and to avoid alcohol consumption. The findings led to scaling up of the programme. While this study was among the better designed in the region, it was based on a rather modest sample size. Moreover, one review (Gallant and Maticka-Tyndale, 2004, 1437) expressed caution about the findings, calling the result 'conditional'; these authors note that the 'true statistical significance' of the reported delay in sexual debut among girls was 'questionable' and that the gain in male condom use had disappeared at the six-month follow-up⁶⁰. Moreover, this study is based on a curriculum piloted about fifteen years ago.

Contemporary evaluation studies continue, although this review did not surface any focused on school-based programmes. For example, starting in 2010, C-Change began providing training workshops to build capacity in monitoring and evaluation of HIV prevention among organizations in Namibia⁶¹. The Ministry of Health and Social Services also partnered with the U.S. Centers for Disease Control and Prevention on a clinical trial to evaluate a toolkit aimed at reducing various risk behaviours among people living with HIV; it appears that results have not been published⁶².

60 Gallant, M. and E. Maticka-Tyndale. (2004). *School-based HIV prevention programmes for African youth*. Social Science and Medicine. 58: 1337–1351.

61 SBCC Training in Namibia: Measuring Behavior Outcomes in HIV Prevention Programs. March 23, 2010. <http://c-changeprogram.org/news/sbcc-training-namibia>.

62 HIV Prevention for PLHIV: Evaluation of an Intervention Toolkit for HIV Care and Treatment Settings. December 7, 2010. <http://clinicaltrials.gov/ct2/show/NCT01256463>.

Other studies have looked at ongoing implementation issues, particularly comfort levels of teachers. A review issued by the UNAIDS Interagency Task Force for Education cites several relatively recent studies to this effect⁶³. McGinty and Mundy (2009) found that many teachers still feel inadequately prepared or even unwilling to teach learners about HIV and AIDS⁶⁴. A 1999 report by Stanton concurred, also documenting that many teachers 'are still lecturing instead of using participatory methods'⁶⁵. The report from the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ, 2011) reinforces this finding, citing a large teacher-learner HIV and AIDS knowledge gap, as well as low learner knowledge with wide geographic variation⁶⁶. Qualitative studies by Mufune (2008) found that learners report that their male teachers ask boys to leave the room when they teach about female sexual anatomy (or conversely, for girls to leave during lessons on male anatomy); Mufune also cites research by Boler (2003a) suggesting that teachers default to 'selective teaching' and 'an overly scientific approach'⁶⁷. UNESCO has also documented that policies and curricular frameworks to build support for HIV-positive learners have not been adequately implemented⁶⁸.

A February 2010 UNAIDS Inter-Agency Task Team consultation on bold actions to empower young people to protect themselves against HIV identified 'strengthening school-based prevention among young people, with particular emphasis on comprehensive sexuality education as one of six key objectives, along with other actions to reduce vulnerability and provide supportive services'. The report of this consultation identified as a key problem that '... a crucial step had been missed, namely to ensure broad consensus on a common approach to HIV prevention for young people. A commitment to this common approach would be crucial to the success of implementation of the six bold actions. For example, there needed to be agreement on the type of interventions that were appropriate for age, and the key communication required'⁶⁹.

63 O'Meara, C. and F. Samuels. *Updated stocktaking report: Education sector responses to HIV and AIDS*. UNAIDS Interagency Task Force on Education/UNESCO. 2010.

64 McGinty, S. and K. Mundy. (2009). *HIV/AIDS educators: The challenges and issues for Namibian Bachelor of Education students*. Teaching and Teacher Education: An International Journal of Research and Studies, 25(1), 141–48. In: O'Meara, C. and F. Samuels, Ibid.

65 Stanton, B. (1999). *HIV prevention in formal curriculum of Ministry of Basic Education and Culture: targeting youth 10–14 years of age in Namibia*. University of Maryland, pg. 2. In: Tiendrebéogo, G. op.cit.

66 *Learner and Teacher Knowledge about HIV and AIDS in Namibia*. SACMEQ Policy Brief 5. April 2011.

67 Mufune, P. (2008). *Stakeholder perceptions and attitudes towards sexual and reproductive health education in Namibia*. Sex Education: Sexuality, Society and Learning, 8(2), 145–57. In O'Meara and Samuels, Ibid.

68 O'Meara, C. and F. Samuels. Ibid.

69 *UN Consultation on the Operationalization of UNAIDS Outcomes Framework Business Case on Young People and HIV in Namibia: Identifying Bold Actions that Empower Young People to Protect Themselves*. March 2010. Unpublished; accessed September 4, 2011 at: http://docs.google.com/viewer?a=v&q=cache:N1A2JR4jivsJ:www.unfpa.org/webdav/site/global/shared/iattyp/docs/Namibia%2520consultation%2520report.pdf+UN+Consultation+on+the+operationalization+of+UNAIDS+Outcomes+Framework+Business+Case+on+Young+People+and+HIV+in+Namibia+Identifying+Bold+Actions+that+Empower+Young+People+to+Protect+Themselves&hl=en&gl=us&pid=bl&srcid=ADGEEsijysgVZb_cK1pb_miluqf7OfDtq78P_SPukDqpYydcOo5JI1ELKHsTlceVbYn22Njaf9klmZ-Du_-a-l2OPIFrSUzIAZvWJ113CLaG5rMI01vSWszqZU1nVbl7VHkDyw3LP&sig=AHIEtbTnOe-49hnDPuMVPKzM16HUMs0KEQ.

Sexuality education curriculum review:

South Africa

I Introduction

The purpose of this review was to assess the content, quality and method of delivery of curricula used in South Africa for delivering life skills-based comprehensive sexuality education (SE) programmes, to serve as a resource for curriculum revision aimed at empowering young people to protect themselves from HIV and poor reproductive health outcomes⁷⁰. The review was commissioned by UNESCO, UNFPA and UNICEF for the HIV Prevention Working Group of the Regional AIDS Team in East and Southern Africa (RATESA). The work was conducted by Population Council's Rethinking Sexuality Education project, with technical input from the Joint Inter-Agency Team.

Documents reviewed

- Curriculum and Assessment Policy Statement (CAPS)*
 - o CAPS Life Skills (Grades R-3 and Grades 4-6)
 - o CAPS Life Orientation (Grades 7-9 and Grades 10-12)
 - o CAPS Religion Studies (Grades 10-12)
 - o CAPS Social Sciences (Intermediate and Senior Phases)
 - o CAPS Natural Sciences and Technology (Intermediate and Senior Phases)

** Curricula for all subjects above were reviewed. Most relevant for this review were the curricula for Life Skills, Life Orientation, and to a lesser extent, Religion Studies. Social Sciences and Natural Science and Technology contained little content related to this review.*

One of CAPS' overarching goals is to 'equip learners, irrespective of their socio-economic background, race, gender, physical ability or intellectual ability, with the knowledge, skills and values necessary for self-fulfilment and meaningful participation in society as citizens of a free country'. Each subject is divided into the Foundational Phase (Grades R-3), Intermediate (Grades 4-6), Senior (Grades 7-9) and Grades 10-12.

These documents are syllabi (not complete curricula), including guidance for teachers, specific time allotments for teach topic and recommended resources such as textbooks, newspapers and posters. However, with some exceptions (e.g. Life Skills Foundation Phase), they do not specify learning activities.

The CAPS series is a list of key topics, laid out week-by-week, with a designated number of hours for each topic each week. The most relevant sections for this review are Life Skills (LS) and Life Orientation (LO), however, even these subjects exclude much of the requisite information for effective sexuality education, particularly topics relating to sexual and reproductive health – including condoms and contraception. Information on gender and intimate partner violence (IPV) is also lacking. When topics are included, they often lack detail and do not build on each other or cohere; this makes learning seem isolated. Overall, the series adopts an objective tone that mostly avoids moralism, although it does tend to rely inappropriately on religious frameworks and (in their current form) do not frame the content in ways that engage learners personally. To adequately serve as the foundation for an effective

HIV prevention and sexuality education curriculum, the Life Skills and Life Orientation sections would require more thorough sexual health information and a more personalized approach to the content to allow learners to engage with it at an emotional level, as this is where much learning relevant to changing sexual attitudes and behaviours must take place.

The review of CAPS includes an overview of (i) **content** (age-appropriateness, accuracy and thoroughness); (ii) **sexual reproductive health behavioural goals**; (iii) attention to **individual risk and protective factors**; (iv) attention to **social risk and protective factors** (gender, rights and living in a high HIV-prevalence setting); and (v) effectiveness of **teaching activities**.

Curriculum and Assessment Policy Statement (CAPS)

Overview

Content: age-appropriateness, accuracy and thoroughness

Age-appropriateness

While the CAPS series addresses a wide range of concepts (from dinosaurs to diabetes), this has not left much room for meaningful attention to topics central to sexuality education. Moreover, topics (including those related to sexuality education) are often inserted in what appears to be a fairly isolated manner, instead of building on each other. For example, sexuality is a stand-alone unit in Life Orientation and relationships and well-being is addressed in grade 10, but is not supported by, or connected to, other lessons; rather the topic is introduced and then followed by a module on environmental responsibility. The unit on democracy and human rights (Grade 11, Term 4) focuses on gender in weeks 1-2 and addresses the role of sport in nation building in weeks 3-5. [Even in non-health topics, the logic behind some of the sequencing is not apparent: A lesson on dinosaurs (with the final point about 'safety with sharp objects', LS Grades R-3) is followed by cell phones, followed by communicable diseases.]

The staging of topics across grade levels was mostly appropriate, but there were some exceptions. For example, 'Changes in boys and girls: physical and emotional' (presumably in puberty) is not introduced in Life Orientation CAPS until Grade 7 (Term 3); however, by then, the time when many learners needed information about menstruation and puberty will have passed without the supportive input from the curriculum.

Accuracy and thoroughness of content

The content is mostly accurate, with a few exceptions, such as identifying diabetes as a communicable disease (LO Grades 7-9). Both the Life Orientation and Life Skills CAPS are extremely ambitious in their scope and cover a very wide range of topics, however, this also results in a lack of thoroughness. Although the document is intentionally schematic (only a few bullet points are listed for each 2-3 hour topic), it appears that some topics are addressed inadequately and others are missing altogether.

The number of hours dedicated to sexuality education topics is quite limited; this is emphasized by the fact that the information that is included is spread out across the years. For example, Life Orientation learners have three hours on puberty in Grade 7, three hours on sexuality-related topics in Grade 8, and three hours on these topics in Grade 9. Gender is addressed quite late on. Overall, the package is not adequate for prevention of HIV, teenage pregnancy and gender-based violence. It is difficult to consolidate learning when it is not reinforced in a more concentrated period.

Sexual reproductive health behavioural goals

The CAPS Life Skills and Life Orientation series emphasizes the development personal skills to enable multiple behaviours.

In the CAPS Life Skills Foundation Level, specific aims are to develop learners' skills to:

- Maintain safety measures with strangers, in transport, etc;
- Report abuse;
- Deal with bullies;
- Demonstrate empathy and sympathy, care for the sick etc;
- Maintain personal hygiene.

In the CAPS Life Orientation, the broad behavioural games are for learners to exercise constitutional rights and responsibilities and to respect the rights of others; make informed and responsible decisions about health, environment, subject choices, further studies and careers; and speak positively about themselves. Specific skills relevant to sexual health behaviour include:

- Developing (and ending) relationships;
- Problem-solving and goal setting;
- Communicating and asserting oneself;
- Creating relationships that reflect an understanding of gender and power dynamics;
- Decision-making, resisting peer pressure related to sex, bullying, rebelliousness;
- Honouring and protecting human rights;
- Refusing sex;
- Seeking help.

Individual risk and protective factors

There are a number of subtopics that would be useful in a more smoothly structured sexuality education curriculum, such as the content on how to initiate, sustain and end a relationship appropriately in the Life Orientation Grades 7-9. However, some essential concepts and topics do not seem to be adequately addressed as outlined here below.

Reproduction, STIs, condoms/contraception and HIV

There is little to no information on sexually transmitted infections (STIs), reproduction, unintended pregnancy, condoms or contraception. STIs and HIV and AIDS are briefly included in a unit on human factors that cause ill-health (LO Grade 12), however, this 9-hour unit also addresses cancer, hypertension and diseases of the heart and circulatory system, tuberculosis, smoking, alcohol abuse, eating habits, lack of exercise, 'prevention and control – where to find help', and psychological, social, religious, and cultural practices. If this section is intended to address STIs and HIV and AIDS, it is not explicit, nor is there adequate time, given the range of topics. Elsewhere (LO Grades 7-9), HIV is listed along with such infections and diseases as diabetes, measles and chickenpox; given the consequences and prevalence of HIV in South Africa, one would expect more emphasis on HIV and AIDS, even if learners are receiving separate HIV education.

Information about caring for people living with HIV was addressed superficially and was combined together with other aspects of HIV that would be more appropriate to include with sexually transmitted infections, safe sex, sexuality and contraception. In fact, HIV prevention is a very different topic from care and support towards people living with HIV and should involve different content and learning domains.

Teenage pregnancy

The Life Sciences curriculum dedicates little or no attention to human anatomy, puberty and reproduction. Instead, teenage pregnancy is mentioned in a lesson together with rape and sexual abuse. The purpose of teaching about teenage pregnancy is to encourage delayed sex or contraceptive use; it is essentially a lesson about health, life-planning and decision-making. While rape and abuse may result in pregnancy, lessons about rape and abuse are essentially lessons about human rights. These topics should therefore be taught separately.

Personal values and decision-making about sex, abstinence and avoiding pregnancy and STIs

Sexual decision-making does not seem to be adequately addressed, and abstinence is mentioned only briefly in 'behaviours that lead to abstinence' (whereas abstinence is itself a behaviour.) The section in LO Grades 7-9 on responsible personal decision-making related to health addresses road safety – but does not include information about STIs, HIV, sexual decision-making or access to health services.

Social risk and protective factors

Helping young people analyse and critique social norms is essential for empowering them to reduce HIV, IPV and rape. However, key areas that would need to be addressed to support effective learning on HIV and sexual health are gender and human rights, and neither of these topics are strongly handled.

Gender norms

Overall, the content on gender is quite sparse and is introduced too late. Gender norms are one of the key drivers of HIV and are at the root of IPV, sexual coercion/rape and economic inequalities. Gender issues should therefore appear earlier in the series, be given more emphasis and be integrated throughout other topics e.g. democracy and human rights, development of self, and health. It should also be more deeply incorporated into the Social Sciences CAPS e.g. in 'prominent women in history'.

Some of the lessons that are included could benefit from strengthening, for example, the Life Orientation lessons include a discussion about 'qualities and behavioural patterns associated with boys and girls', but it is not clear whether the related discussion and activities will serve to underscore and reinforce gender roles, or allow learners the opportunity to analyse and question traditional roles (Senior LO). Similarly, the Life Orientation CAPS has a unit on gender that asks learners to interview people from different backgrounds about gender in their religion but does not provide substantive information about the objectives of this activity. This does not appear to be a useful exercise to promote critical thinking and belief in gender equality. What learners are meant to learn or conclude is not stated and there is little guidance for the teacher in the materials that were reviewed. Moreover, the rights of women and girls is a matter of the state; it is unclear why a cultural exploration would privilege religion. It is therefore suggested that this be removed or relocated to the sections where CAPS asks teachers to discuss inequalities within religion.

Human rights

The Natural Science lessons include human rights within the lessons on plant and animal rights, as well as in relation to sound pollution. This is not well-placed and could mean that highly prevalent and dangerous human rights abuses, such as rape and gender-based violence (GBV), are actually ignored or trivialized.

Abortion is reasonably placed within the unit on democracy and human rights (LO Grade 12), but is framed as a moral and spiritual/religious issue of 'right to life', which is inappropriate – particularly since abortion is legal in South Africa. Rather than exploring religious perspectives on the topic, it would be more useful to address this issue by focusing on factors leading to abortion, factors determining whether it is safe or unsafe and the legal status of abortion.

The Foundational Phase (Grades 4-6) addresses sexual abuse, however it focuses on potential abuse by strangers; children need to understand that such acts may be perpetrated by trusted family members or people they know, and that they are wrong no matter who the perpetrator is.

Many psycho-social, health and human rights issues that are typically part of sexuality education are subsumed under religion studies or are framed as religious matters. For example, a recurring aspect of learning about rights focuses on discrimination against religious minorities. The Life Orientation CAPS (Grade 4), which addresses individual identity, respect for your own body and other people's bodies, and providing safety from sexual abuse and violence, presents these issues within a religious framework; moreover, it does not specify whether or how religion actually ensures such respect and safety. In Grade 11, 'relaxation and leisure from an ethical point of view' is raised without identifying what the ethical (or religious) points of view might be. These topics should be explored as issues of health, civil and human rights, and democracy.

Many other important topics and ideas are also subsumed under religion, for example constitutional values of citizenship, human rights, equality, freedom from discrimination and freedom of conscience, religion, thought, belief and opinion, democracy, etc. Yet human rights are not addressed at all within the Social Sciences CAPS. The Religion CAPS does address many of these issues, but could do so more effectively. For example, although fostering human rights is one of the goals of the Religion CAPS, religious freedom, a basic and accessible concept with which to introduce human rights, is not included until Grade 12. It is also not clear what content should be covered or what the learning goals are in the 'interviews' section on gender issues (Grades 10-12).

Effectiveness of teaching activities

These documents intermittently provide some guidance for teaching. For example, the Foundational Phase encourages teachers to use Language and Arts lessons to further develop a basic topic for each week and includes general guidance, such as reminding teachers that some learners live in a child-headed household (LO Grades R-3) and that they should 'always greet children by name and with appropriate respect'. In the older Grades, quite a few lessons are based on research projects that can, with adequate supervision and follow-up, allow learners to explore topics independently and effectively. However, for the most part, CAPS is a syllabus of required competencies that lacks detail or teacher guidance.

This document would need to be developed into a full curriculum (with activities) to be useful. Ideally, it should build on opportunities for learners to reflect on their experiences and to reconcile their feelings and experiences with the material. Moreover, learning activities will be needed to link the content from different topic areas.

Highlights from the available literature

There is a considerable body of research on sexuality and HIV education in South Africa. The emphasis in this review is on quasi-experimental outcome studies of curriculum-based interventions. Harrison et al (2010) published a review of eight HIV prevention interventions among young people specifically in South Africa⁷¹. Two of these trials – Stepping Stones and Intervention with Microfinance for AIDS and Gender Equity (IMAGE) – used biomarker and behavioural outcomes. The other trials examined behaviours in the following interventions: HealthWise, Mpondombili Project, South Africa Tanzania (SATZ) health programme, Tshwane Peer Education and Support Programme, HIV/AIDS Prevention Study (HAPS), and Adolescent Livelihoods.

Jewkes et al (2008) assessed the Stepping Stones curriculum to examine impact on actual sexual health outcomes (HIV and herpes simplex virus type 2, HSV-2), as well as behavioural outcomes. Stepping Stones is a 50-hour programme that uses participatory learning to build knowledge, risk awareness and communication skills and to stimulate critical reflection about gender norms. The cluster randomized controlled trial involved 1,360 men and 1,416 women aged 15-26 in 70 villages in the Eastern Cape; villages were randomly selected for the intervention or a three-hour session on HIV and safer sex. Interviews were conducted at baseline and at 24 months; blood tests were used to measure health indicators. Results showed that Stepping Stones reduced the incidence of HSV-2 by approximately 33% but there was no statistically significant effect on the rate of HIV; however, as noted by Mavedzenge et al (2010), the study was not adequately powered to detect changes in HIV incidence⁷². The programme also reduced reported risk behaviours in men, with a smaller percentage of men reporting perpetration of IPV across two years of follow-up and less transactional sex and problem drinking after 12 months. Women showed no changes in desired behaviour; those in the intervention group reported more transactional sex at 12 months⁷³. Pronyk et al (2006) assessed IMAGE, a curriculum that combined a microfinance programme with gender and HIV education for adult women in Limpopo and that sought to detect changes in HIV incidence. Outcomes were measured among intervention and control participants (cohort 1), their household members (cohort 2) and people in their communities at large (cohort 3). In cohort 1, IPV was reduced by 55% over a two-year period. A blood sample was tested to measure HIV incidence in cohorts 2 and 3 using the enzyme-linked immunosorbent assay (ELISA) but the study lacked adequate power to detect changes in HIV incidence among the subgroup of young people. The study had no effect on the rate of unprotected sex with a non-spousal partner in cohort 2, and no effect on the rate of unprotected sex at last occurrence with a non-spousal partner or HIV incidence in cohort 3⁷⁴.

71 Harrison, A., et al. 2010. *HIV Prevention for South African Youth: which intervention works? A systematic review of current evidence*. BMC Public Health, 10(102).

72 Mavedzenge, SN, A Doyle, D Ross. *HIV Prevention in young people in sub-Saharan Africa: A Systematic Review*. February 2010. London School of Hygiene and Tropical Medicine: London, UK. <http://www.evidence4action.org/images/stories/documents/srgreview.pdf>. Accessed 19 October 2011.

73 Jewkes, R., et al. 2008. *Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial*. BMJ, 2008; 337: 1-11.

74 Pronyk, P., et al. 2006. *Effects of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial*. Lancet, 368: 1973-83. http://www.who.int/social_determinants/resources/articles/lancet_pronyk_kim.pdf. Accessed 26 October 2011. Also cited in: Harrison, A., et al. 2010. *HIV Prevention for South African Youth: which intervention works? A systematic review of current evidence*. BMC Public Health, 10(102). Also cited in: Mavedzenge, SN, A Doyle, D Ross. February 2010. Op.cit.

Smith et al (2008) evaluated HealthWise South Africa, a leisure, life skills and sexuality education intervention for Grade 8 and 9 learners. Longitudinal data was analysed using logistic regression of multiply imputed data. HealthWise effectively increased the perception of condom availability for both genders, regardless of their sexual activity. Compared to controls, intervention participants had less steep increases in recent and heavy alcohol use and cigarette use. Review at wave 5 indicated that HealthWise boys were somewhat less likely to become sexually active; however, Healthwise girls were more likely to become sexually active⁷⁵.

Exner et al reported on the Mpondombili Project, which aimed to delay sex, promote condom use and foster positive gender role norms among Grades 8-10 in rural secondary schools in KwaZulu-Natal. This project involved training peer educators to co-facilitate the intervention with teachers in classrooms. Baseline and follow-up surveys were carried out in two non-randomized interventions and two comparison schools. The intervention school received a standard life skills/life orientation curriculum, while the control group received shortened versions of the curriculum. There were statistically significant positive outcomes for ever use of condoms, condom use at last sexual intercourse, and ever had sex. Other statistically significant outcomes were found in self-efficacy for sex refusal and for condom use, and communication with partners about condoms⁷⁶.

The SATZ project was a school-based HIV prevention programme among 12- to 14-year-old learners in Cape Town and Mankweng (as well as Dar es Salaam, Tanzania); several articles report on this intervention (Aarø et al. 2006, Mukoma, W. et al. 2009, Namisi, F. et al. 2009). The quasi-experimental study included 13 intervention schools and 13 control schools. The success of implementation varied within and across schools, with some teachers implementing the programme with more fidelity than others. Although the results demonstrated an increase in knowledge, attitudes and self-efficacy in the intervention schools, there were no effects on behavioural skills and intentions for risk reduction and no significant changes in sexual risk behaviour (ever had sex, transition to sexual activity, condom use at last sex)^{77,78, 79}.

Visser (2007) evaluated a peer education and support programme in 13 secondary schools in Tshwane. Young people were identified by their peers, trained and supported to implement the programme in their schools with the help of a teacher and post-graduate learners. The peer educators organized HIV awareness activities, facilitated class discussions on risk behaviour and gender relationships and helped learners solve personal problems. The percentage of learners in the experimental group who had ever had sex remained unchanged over the time period of 18 months; however, there was a significantly increased percentage of learners in the control group who had ever had sex after the same time period. The intervention showed a negative effect on 'more than one partner in the past three months' and on 'sex without consent' (reported by 17% of learners). Condom use did not change in either group⁸⁰.

Karnell et al (2006) adapted a school-based US intervention programme to use with Grade 9 learners in five township schools in KwaZulu-Natal. The revised intervention (HAPS) was based on the Project Northland alcohol prevention and Reducing the Risk safer sex programmes, and sought to reduce sexual and alcohol risk-taking behaviour; the final adapted curriculum was called *Our Times, Our Choices* and consisted of 10 units of 30 minutes each and was delivered over an 8-week period. The results showed significant differences from baseline to follow-up between the intervention group and the control group on intention to use a condom, drinking before or during sex, and, among females, sex refusal self-efficacy⁸¹.

75 Smith, E. et al. 2008. *Substance Use and Sexual Risk Prevention in Cape Town, South Africa: An Evaluation of the HealthWise Programme*. *Prevention Science*, 9(4): 311-321.

76 Exner T, et al. 2006. *Schoolbased Intervention reduces Sexual Risk and Changes Gender Role Norms: The Mpondombili Project in Rural South Africa*. XVIth International AIDS Conference, Toronto, Canada, August 13-18th, 2006. In: Harrison, A., et al. 2010. *HIV Prevention for South African Youth: which intervention works? A systematic review of current evidence*. *BMC Public Health*, 10(102).

77 Aarø, L., et al. 2006. *Promoting sexual and reproductive health in early adolescence in South Africa and Tanzania: Development of a theory- and evidence-based intervention programme*. *Scandinavian Journal of Public Health*, 34(2): 150-158. In: Harrison, A., et al. 2010. *HIV Prevention for South African Youth: which intervention works? A systematic review of current evidence*. *BMC Public Health*, 10(102).

78 Mukoma, W., et al. 2009. *Process evaluation of a school-based HIV/AIDS intervention in South Africa*. *Scandinavian Journal of Public Health*, 37(2): 37-47. http://sjp.sagepub.com/content/37/2_suppl/37.full.pdf+html. Accessed 27 Oct 2011.

79 Namisi, F., et al. 2009. *Sociodemographic variations in communication on sexuality and HIV/AIDS with parents, family members and teachers among in-school adolescents: a multi-site study in Tanzania and South Africa*. *Scandinavian Journal of Public Health*, 37(2): 65-74. http://sjp.sagepub.com/content/37/2_suppl/65.full.pdf+html. Accessed 27 Oct 2011.

80 Visser, M. 2007. *HIV/AIDS Prevention through Peer Education and Support in Secondary Schools in South Africa*. *Sahara* 4(3): 678-694.

81 Karnell AP, et al. 2006. *Efficacy of an American alcohol and HIV prevention curriculum adapted for use in South Africa: results of a pilot study in five township schools*. *AIDS Education and Prevention*, 18:295-310. <http://www.uky.edu/~drlane/research/ISLESA/karnell.pdf>. Accessed 25 Oct 2011. Also cited in: Michielsen, K., et al. 2010. *Effectiveness of HIV prevention for youth in sub-Saharan Africa: systematic review and meta-analysis of randomized and nonrandomized trials*. *AIDS*, 24(8): 1193-202.

Hallinan et al (2007, 2010) reported on Adolescent Livelihoods, a four-year longitudinal study of out-of-school young people aged 16-24 and in-school young people aged 14-20 in KwaZulu-Natal. The purpose of the quasi-experimental study was to develop, implement and evaluate a school-based health education programme that would promote correct, consistent condom use and delay sexual debut, in combination with a livelihoods component. It focused on Grade 8 learners, ages 12-14 years old, from 13 intervention schools and 13 control schools. The programme focused on creating safe spaces and social networks for young people, financial management and HIV and AIDS awareness. Girls who participated in the intervention were more likely to have an HIV test (57% at endline compared to 34% at baseline); intervention group girls also were more likely to speak to their partners about avoiding or delaying sex (61% to 76%), while numbers decreased among the control group (77% to 66%)⁸².

In their review of these studies, Harrison et al draw a number of conclusions from the aggregated experiences. First, the magnitude of effects on reported sexual risk behaviour and biological outcomes within the interventions was limited. Nevertheless, they were able to identify common elements related to impact on secondary outcomes and aspects of intervention delivery. The authors first note that more successful interventions focused on at least one specific social/structural risk factor, such as gender, poverty, or alcohol; they state, for example, Mpondombili (as was true with Stepping Stones and IMAGE) '...focused on gender equity, adopting an empowerment approach to challenge negative gender values' (Harrison 2006, 8). Additional elements of more effective programmes included: the use of group-based delivery to affect social norms; a demonstration of the need for additional personnel, often from outside the school setting, to deliver interventions to aid teachers; and intervention efforts that were geared towards schools and individuals.

A number of recent studies not included in Harrison's review bear mention. Jemmott et al (2010) tested the efficacy of a school-based HIV/STI risk-reduction intervention in primary schools in the Eastern Cape. The intervention consisted of six sessions focused on HIV/STI risk-reduction and targeting sexual risk behaviour; the control group received six sessions focused on health issues unrelated to sexual behaviour. The evaluation involved a cluster-randomized, controlled design study with assessments of self-reported sexual behaviour collected before the intervention with follow-ups at 3, 6, and 12 months after the intervention. Results showed a significantly smaller percentage of intervention participants reported having unprotected vaginal intercourse, vaginal intercourse and multiple sexual partners compared to controls. Averaged over the three follow-ups, the intervention reduced by approximately 50% the proportion of adolescents who reported unprotected vaginal intercourse compared with the control participants. Moreover, this effect remained consistent throughout the three follow-up assessments. Although the intervention significantly reduced self-reported vaginal intercourse, it did not delay sexual debut⁸³.

Magnani et al assessed the impact of the Life Skills Education programme in KwaZulu-Natal, based on a panel study of 2,222 14-24 year-old (middle and secondary school) young people from several population subgroups. They found significant effects on condom use at first and last sex. Rates of condom use at first sex showed an increase of 10-12 percentage points for females, ethnic/racial (black) Africans and younger people. However, rates of condom use at first sex remained substantially lower among black Africans compared to young people in other racial groups. Similar observations were made in regard to consistent condom use and condom use at last sex with statistically significant increases in both indicators. There were no consistent effects on age of sexual debut, secondary abstinence or partnering behaviours⁸⁴.

82 Hallinan K, et al. 2007. *Enhancing financial literacy, HIV/AIDS skills, and safe social spaces among vulnerable South African youth*. New York: Population Council, *Transitions to Adulthood Brief No.4*. <http://www.dfid.gov.uk/r4d/PDF/Outputs/ABBA/brief4.pdf>. Accessed 20 Oct 2011. Also cited in: Harrison, A., et al. 2010. *HIV Prevention for South African Youth: which intervention works? A systematic review of current evidence*. BMC Public Health, 10(102).

83 Jemmott, J. et al. 2010. *School-based randomized controlled trial of an HIV/STD risk-reduction intervention for South African adolescents*. Archives of Pediatrics and Adolescent Medicine, 164(10): 923-929.

84 Magnani R. et al. 2005. *The Impact of Life Skills Education on Adolescent Sexual Risk Behaviours in KwaZulu-Natal, South Africa*. Journal of Adolescent Health, 36(4) : 238-304.

James et al (2006) evaluated the effectiveness of the Department of Education Life Skills programme on HIV and AIDS prevention among Grade 9 learners in 22 randomly allocated schools in KwaZulu-Natal. The findings demonstrated a significant increase in learner knowledge about HIV and AIDS but no changes in safe sex behaviour, attitude or self-efficacy. A process evaluation among teachers revealed that of the 11 schools that were part of the intervention group, 7 had implemented the programme fully while 4 had done so only partially. Further analysis showed that learners who had received the full intervention were more positive in their perceptions about sexual behaviour and social connectedness at a 10-month follow-up and reported less sex and more condom use at a 6-month follow-up versus their partial and control group counterparts⁸⁵.

The Medical Research Council of South Africa and the Horizons Programme (Reddy et al, 2001) carried out an evaluation of the Life Skills Grade 9 Curriculum introduced in the Pietermaritzburg region of KwaZulu Natal. The 16-hour curriculum was taught at least once a week as part of a 'Life Orientation' class. Learners completed surveys at baseline, immediately after the course was completed, and again four months later. The authors found that: 1) the programme did not increase sexual activity, and those who participated in the intervention were slightly less likely to have had intercourse than those in the control group; 2) intention to have sex did not increase among learners, but a significant proportion of learners in the intervention group who intended to have sex planned to use a condom instead of having unprotected sex compared to those in the control group; and 3) males in the intervention group reduced their number of sexual partners more than the control group, although the difference was statistically negligible. A questionnaire for teachers at the end of the programme found that: 1) teachers focused on the HIV and AIDS information rather than on the life skills components and felt unsure of how to teach sensitive topics; and 2) most teachers requested more information, training and technical support⁸⁶.

Several innovative educational approaches have also been assessed. Harvey et al (2000) evaluated Drama Approach to AIDS (DramAide), a Grade 8 drama in-education programme that resulted in an increase in the proportion of learners who reported ever using a condom. Controls were provided with an HIV and AIDS information pamphlet. A total of 1,080 learners participated in the first survey, while 699 participated in the second. The programme led to a sustained increase in condom use. There was no effect on the proportion of learners engaging in sexual intercourse or on the number of sexual partners. The authors suggest that this may be attributed to the fact that a larger proportion of these older learners were already sexually active when the programme began^{87,88}.

Sonke Gender Justice commissioned an evaluation of its One Man Campaign in Limpopo, Eastern Cape and KwaZulu Natal. Workshops were held for males, with an emphasis on reducing GBV, but also on several HIV-related behaviours. A telephone survey in the weeks following the workshops indicated significant changes in short-term behaviour with 25% having accessed voluntary counselling and testing (VCT) and 61% reporting increased own use of condoms. There was no control group⁸⁹.

Several relatively early studies found no significant behaviour change. Kuhn et al (1994) evaluated an AIDS education programme in a poor, urban high school in Cape Town. The programme addressed the entire school community and sought to raise awareness about AIDS using many different educational methods. Learners and teachers actively participated in creating and implementing the intervention. The study improved knowledge, awareness and attitudes towards AIDS and had a small impact on behavioural intentions⁹⁰. Visser (1996) reported on the First AIDS Kit, an AIDS and lifestyle education programme developed by the Department of National Health and Population Development. The intervention targeted rural teenagers in Standards 6-9 at 11 schools from different language groups. Despite increases in some knowledge scales, there were no significant improvements in either behavioural intentions or perceptions about condom use⁹¹.

85 James S. et al. 2006. *The Impact of an HIV and AIDS Life Skills Programme on Secondary School Learners in Kwazulu-Natal, South Africa*. AIDS Education and Prevention, 18(4): 281-294.

86 Reddy, P. et al. 2005. *Programmeme for HIV Prevention in South African Schools: A Report on Programme Intervention*. South Africa: Horizons Programme.

87 Harvey, B., Stuart, J., & Swan, T. (2000). *Evaluation of a drama-in-education programme to increase AIDS awareness in South African high schools: A randomized community intervention trial*. International Journal of STD & AIDS, 11, 105-111. In: Gallant M., and E. Maticka-Tyndale. 2004. *School-based HIV prevention programmes for African youth*. Social Science and Medicine, 58(7): 1337-1351.

88 Harvey, B., J. Stuart, and T. Swan. 2000. *Evaluation of a drama-in-education programme to increase AIDS awareness in South African high schools: a randomized community intervention trial*. International Journal of STDs and AIDS, 11(2): 105-111. <http://www.ncbi.nlm.nih.gov/pubmed/10678478>. Accessed 24 October 2011.

89 Colvin, C. 2009. *Report on the Impact of Sonke Gender Justice Network's 'One Man Can' Campaign in the Limpopo, Eastern Cape and KwaZulu Natal Provinces, South Africa*. Johannesburg, South Africa: Sonke Gender Justice Network. <http://www.genderjustice.org.za/search?searchword=colvin>. Accessed 2 April 2011.

90 Kuhn, L., Steinberg M. 1994. *Participation of the school community in AIDS education: an evaluation of a high school programme in South Africa*. AIDS Care 1994; 6:161-171. <http://www.tandfonline.com/doi/abs/10.1080/09540129408258627#preview>. Accessed 25 October 2011. Also cited in: Michielsen, K., et al. 2010. *Effectiveness of HIV prevention for youth in sub-Saharan Africa: systematic review and meta-analysis of randomized and nonrandomized trials*. AIDS, 24(8): 1193-202.

91 Visser, M. (1996). *Evaluation of the First AIDS Kit, the AIDS and lifestyle education programme for teenagers*. South African Journal of Psychology/Suid Afrikaanse Tydskrif vir Sielkunde 26: 103-13. Ref ID 8680. In: Tiendrebéogo, Georges, et al. 2003. *Life Skills and HIV Education Curricula in Africa: Methods and Evaluations*. USAID Technical Paper No. 119.

The Soul City life skills curriculum targeted adolescents between the ages of 14 and 18 years old⁹². To evaluate the curriculum, the authors surveyed a randomly selected sample of learners from within a representative sample of schools where the intervention operated. Exposure to the curriculum was positively associated with condom use at last sex, as well as knowledge (about puberty, the body and HIV and AIDS) and accurate perception of HIV risk. There was no control group. Several publications report jointly on the Soul City curriculum and the organization's media 'edu-tainment' campaign (Samuels et al, 2000, 2001; Peltzer and Promptussananon, 2002)^{93,94,95}.

YouthNet (Adamchak 2006) issued a paper on the elements of successful peer education programmes in reproductive health and HIV and AIDS. The conclusions reflected a comprehensive review and consensus process. The following elements were identified as crucial to a successful peer education programme: 1) Clear goals, standards of practice and measurable objectives; 2) Stable capacity for tailored training and technical assistance; 3) Common indicators and a unified management information system; 4) Cross-sector collaboration; and 5) An understanding that peer education needs to be more than simply conveying awareness, slogans and messages. This led to the *Rutanang* series, which includes standards of practice tools, three implementation guides (for schools, higher education and NGOs), a training manual and lesson plans⁹⁶.

92 Speizer, I., R. Magnani and C. Colvin.2003. *The Effectiveness of Adolescent Reproductive Health Interventions in Developing Countries: A Review of the Evidence*. Journal of Adolescent Health 33(5): 324-348.

93 Samuels T, Mollentz J, Olusanya R, et al. *An Evaluation of Soul City 4*. Community Agency for Social Enquiry, October 2000. In:Speizer, I., R. Magnani and C. Colvin, ibid.

94 *Soul City: Theory and Impact (Synopsis)*. August 2001. Soul City: Johannesburg.

95 Peltzer, K. and Promptussananon S. 2003. *Evaluation of Soul City School and Mass Media Life Skills Education Among Junior Secondary School Learners in South Africa*. Social Behaviour and Personality, 31 (8): 825-834. http://findarticles.com/p/articles/mi_qa3852/is_200301/ai_n9209281/?tag=content;col1. Accessed 24 October 2011.

96 Adamchak, S. 2006. *Youth Peer Education in Reproductive Health and HIV/AIDS: Progress, Process, and Programming for the Future*. Youth Issues Paper 7.Arlington: Family Health International, YouthNet Programme.

Sexuality education curriculum review:



Introduction

The purpose of this review was to assess the content, quality and method of delivery of curricula used in Swaziland for delivering life skills-based comprehensive sexuality education (SE) programmes, to serve as a resource for curriculum revision aimed at empowering young people to protect themselves from HIV and poor reproductive health outcomes⁹⁷. The review was commissioned by UNESCO, UNFPA and UNICEF for the HIV Prevention Working Group of the Regional AIDS Team in East and Southern Africa (RATESA). The work was conducted by Population Council's Rethinking Sexuality Education project, with technical input from the Joint Inter-Agency Team.

Documents reviewed

- HIV prevention (Module 1): Delayed sexual debut; preventing, identifying and reporting abuse (PDF manuscript, undated)

[Note: This resource, which seems to be a joint publication of the government of Swaziland and UNICEF, appears to be nearing final publication; the version received for review was undated but contains author queries as well as 2009 references. Because Module 1 was received only, a scanning form to assess whether all topics are included was not completed.]

- Guidance and Counselling Programme for Primary School: Scope and Sequence for Grades 1-7
 - Baseline Survey of Life Skills Education in Schools, Swaziland: Summary of Findings (2009)
- Primary School Syllabus:
 - Science (2007)
 - Social Studies (2010)
 - Religious Education (2010)
- Grades 6-7 Syllabus: Home Economics (2010)
- Junior Certificate Syllabus:
 - Science (for 2012-2014)
 - History (for 2012-2014)
 - Development Studies (for 2012-2014)
 - Junior Certificate Syllabus: Religious Education (for 2012-2014)
 - Junior Certificate Syllabus: Home Economics (for 2012-2014)

[Syllabi for additional subjects were reviewed; however, only those syllabi that contained content relevant to sexuality and HIV education are included in this report. Please note that no full curricula were received, only syllabi.]

97 Other countries included in this ten-country review were Botswana, Kenya, Lesotho, Malawi, South Africa, Uganda, Zambia and Zimbabwe.

For each document reviewed, an overview is provided of (i) **content** (accuracy, thoroughness and age-appropriateness); (ii) **sexual reproductive health behavioural goals**; (iii) attention to **individual risk and protective factors**; (iv) attention to **social risk and protective factors** (gender, rights and living in a high HIV-prevalence setting); and (v) effectiveness of **teaching activities**.

HIV prevention (Module 1): Delayed sexual debut; preventing, identifying and reporting abuse

Overview

This module focuses on two topics: delayed sex and sexual abuse. For each, it provides background information, target outcomes and key content for three age-groups (ages 6-9, 10-14 and 15-19) and also identifies content that is particularly relevant for girls or boys. It does not include teaching activities. The last section of the document addresses secondary audiences who can help create a more enabling environment for young people to grow up free of HIV. The review of this document includes an overview of content, including strengths and limitations. The matrix that effectively links the module to a detailed set of broader social and legal changes required to reach the same aims is included at the end of this report.

Structure and sequencing of topics across the grades

The module develops certain material across the years, while recognizing that certain material bears repetition, at least at the level of outcomes (teaching approaches for achieving those outcomes may still vary, but these are not included in the module). The three age-clusters seem an optimal way to break down the content of this module.

Content

Because this module addresses only one aspect of HIV prevention, comments have been limited to an overview of its strengths and limitations. A section on sexual reproductive health behavioural goals is also included.

Strengths

This is an excellent resource with many strengths and great potential. For example:

- The 'Overviews' provide salient and compelling background information.
- Much of the content is rights-based and gender-sensitive, directly tackling male attitudes, unequal power in sexual relationships and local social norms that normalize these patterns.
- The learning objectives are articulated in a personal and accessible manner, speaking directly to the learner as 'you' or stating outcomes in the first person, such as 'I have the right to...'
- The emphasis is on empowering young people with the knowledge, skills, confidence and social power to protect themselves and respect others.
- It promotes a healthy view of sexuality while still helping young people understand why it is in their interest to delay sexual debut.

The final section – on actions required across society to change the context in which young people's norms, behaviours and sexual health evolve – bears special mention. This is an impressive and fairly detailed (eight-page) grid outlining key outcomes at the social and environmental level and identifying specific actions needed by teachers, administrators, parents, the media, legislators, the justice system and others. For example, for eradicating teacher-learner sex, it clarifies the role that each of these audiences must play. It also calls for educator involvement and for funding for girls empowerment clubs.

Limitations

In its current form, this document has one key limitation, which is pedagogic. The aims of this module are ambitious: it seeks not only to inform learners, but to change their underlying attitudes about gender, rights and sexuality; to foster their confidence; and to empower them as agents in their own lives (and communities).

However, this kind of learning requires personal reflection, critical thinking and meaningful dialogue. To give life to this promising module, teachers will optimally have access to adequate training; as a minimum, they will require a full curriculum with guided activities and materials.

Sexual reproductive health behavioural goals

This module has two very explicit behaviour outcomes:

- Delaying sexual debut;
- Preventing, identifying and reporting sexual abuse.

Guidance and Counselling Scope and Sequence for Grades 1-7

Overview

The *Guidance and Counselling Scope and Sequence for Grades 1-7* aims 'to develop an individual to be able to understand him/herself, his/her environment, make informed choices and move smoothly from one point to another in life', as well as to complement parents in the 'production of responsible citizens'. According to the *Baseline Survey of Life Skills Education in Schools Swaziland: Summary of Findings* (2009), 19% of schools have this document.

It includes two main sections: the first offers fairly detailed definitions of terms and concepts to guide teachers; the second is a framework of key concepts and objectives within thematic areas. The more relevant themes for sexuality/HIV education include: understanding self, personal health, communication skills, interpersonal relationships, self-esteem, values, assertiveness, decision-making, abuse, peer pressure resistance, and HIV and AIDS.

It was unclear how this document interfaces with the Subject Syllabi or with the HIV Prevention Module; for this reason, separate narrative reports on each of these latter resources were submitted. The Baseline Survey (2009) was reviewed as a background document only.

Much of the content that is included is outstanding. Rather than playing on fear and negativity, it emphasizes positive aspects of relationships while helping young people identify signs of harmful interactions. Communication, relationships and values are particularly thoughtful sections. The limited information on gender comes too late but is excellent; importantly, it stresses that gender norms change. Several useful topics often omitted in curricula are also included (e.g. menstrual management, wet dreams and dating).

However, unfortunately there are some significant gaps in this document as well. Even in primary school, learners should be taught about their bodies, about the role of media in shaping their attitudes and expectations, about gender norms and roles, and about fairness and human rights. The sections on sexual and reproductive health (including HIV and AIDS) are inadequate. Some, but not all, of the missing content is covered in the syllabi of other primary level subjects, particularly Home Economics Secondary Level – but this is only taught to girls.

One way that this otherwise useful resource could be strengthened is by ensuring that the content is integrated or synthesized so that information is reinforced across themes where appropriate, rather than fragmented. It should also draw from the new Swaziland HIV prevention series, which (judging from Module 1) is a state-of-the-art resource.

Content: accuracy, thoroughness and age-appropriateness

Accuracy and thoroughness

This document is a framework rather than a fleshed-out curriculum. In some cases, the information included is adequate to convey a sense of how the topic is framed and what basic messages learners will be taught. In all cases, the information is accurate – a significant achievement. However, some of the content is so skeletal as to seem like a 'placeholder' for filling in later (even for a document like this one). An example is that for every grade, the HIV and AIDS section consists of only seven sub-topics (e.g. transmission, prevention and positive living) with no further

elaboration. It is unknown, for example, if 'prevention' includes condoms or only abstinence and is perhaps too vague to adequately shape curriculum development.

In addition, the content would be more adequately addressed if the final curriculum integrates the content of different topics with each other (e.g. gender and HIV, communication and assertiveness), as noted above.

Age-appropriateness and structuring of topics across and within the grades

The topics that are included are mostly very age-appropriate. A notable exception was the direct treatment of rape (not only other forms of abuse) in Grades 1 and 2; these topics are confusing and frightening to children that age. Some topics (e.g. HIV and AIDS) are not fleshed out differentially by grade, so it is difficult to assess how the content will develop over the years.

Additionally, a few topics were inserted into the scope and sequence rather late. Most notably, gender (which is emphasized in the teacher guidance section at the start of the document as needing special attention) is addressed only in Grade 7; although this is a belated appearance, the framing of gender in Grade 7 is intelligent and thoughtful. However, younger children – certainly by age 10 – also need to learn about gender equality and gender norms that can sometimes be harmful.

For the most part, the structuring of themes was quite logical (including puberty under 'understanding self' which was atypical, but apt.) However, the order of the themes sometimes seemed choppy and was not uniform across grades. More important, the content was not synthesized or integrated smoothly across different topics. For example:

- The assertiveness content is completely separate from the communication section, whereas it should actually be integrated into this section. While the assertiveness section gives clear messages, the communication section stresses other types of communication behaviours, such as being polite. However, particularly for girls, being polite can actually be an impediment to assertiveness and their ability to say what they want and feel with confidence. (There is a brief mention about communicating 'clearly' in Grade 5 and 'directly' in Grade 6.)
- Content on gender is not integrated into the various topics where it is relevant (e.g. relationships, communication, careers, HIV, etc.).

Finally, there is very good content in the values sections across the grades, however, there is some confusion between values and social norms (including gender norms). It would be helpful to recognize that social norms exert influence on behaviour even when they do not affect one's 'values'.

Sexual reproductive health behavioural goals

The document is organized around broad goals that will enable learners to:

- Get along with others, develop family and family relationships, practice social skills and practice manners and etiquette;
- Reduce unsafe sex practices (fairly unspecified);
- Reduce substance use/abuse;
- Prevent suicide.

Individual risk and protective factors

Among key individual risk and protective factors for unintended pregnancy, sexually transmitted infections (STIs) and HIV are knowledge of these topics and of condoms and contraceptives; attitudes toward condoms; personal values about sex and abstinence; and intention as well as self-efficacy and communication skills to abstain or to prevent pregnancy/STIs/HIV and AIDS. These topics, appropriately addressed, can be introduced at the upper primary grades [For sequencing, see Key Concept 6.1 of *International Technical Guidance on Sexuality Education*, Vol. II.]

Knowledge of, and attitudes towards, STIs, HIV and AIDS, pregnancy, condoms and contraceptives

As noted above, the sections on HIV and AIDS are too schematic to know what information will be included under each sub-heading, for example, if 'prevention' refers to condoms or only to abstinence education, and if it addresses the issue of disclosure of HIV status to one's sexual partner. The particular risk associated with concurrent multiple partnerships and with having sex with an older partner, male circumcision as a protective factor (only partial and only for males) and the role of gender inequality in driving the epidemic are also not addressed.

Other sexual and reproductive health topics (STIs, pregnancy, condoms, contraceptives, abortion and sexuality) are almost completely absent. The information on puberty does not mention reproduction and fertilization (where babies come from), even in the older primary grades. The puberty lessons ('understanding self' in Grade 5) should also acknowledge that at puberty, young people – especially girls – find themselves being treated very differently by adults; this shift can be the most confusing or salient aspect of puberty. [See *It's All One Curriculum*, Vol. 1, pg 160-167.]

Some of this information is provided in other disciplines, especially Home Economics Junior level, which is taught only to girls. Ideally, however, it would be included at a basic level as part of Guidance. [See *It's All One Curriculum*, Units 6 and 7 for key content; for sequencing guidance, see *International Technical Guidance*, Vol.II, Concepts 4-6.]

Self-efficacy and communication skills

These sections are thorough, thoughtful and of a very high standard. They are both theoretically sophisticated and have a simple, human approach, for example, the unique 'I am lovable concept' which should appear in more curricula. The details are also practical and authentic. The groundwork laid for healthy and satisfying friendships and other relationships in this document is very compelling and age-appropriate as well. The only concerns were:

- Part of self-efficacy is having a sense of agency, which derives in part from one's social power. Power differences owing to gender, class, physical disability, HIV status, or other factors should be addressed (see comments on human rights below).
- As noted above, assertiveness should be part of (not distinct from) communication skills and the communication skills sections should emphasize assertive, aggressive and passive behaviours, not just politeness.
- Actual activities related to communication (and other topics) will need to engage learners in extensive hands-on reflection, role-playing, writing and dialogue. [See *It's All One Curriculum* Vol. 2 for numerous sample activities.]

Personal values about sex and relationships/intention to abstain or avoid unsafe sex

The way that this document engages primary school learners to think about values in a general way is age-appropriate and effective. Moreover, it lays a strong foundation for them, as they mature, to be able to think about their values regarding sex.

The content on values is excellent, but is weakened a bit by some confusion between values and norms. It would be helpful to clarify the difference between, for example, community values and social norms, and also to teach learners specifically about social norms (which are easier than values to analyse and critique, and which may exert an influence on a young person's behaviour even without altering his/her values). [For more detail on norms and values, see *It's All One Curriculum* Vol.1, pg 22-23 and Unit 1 Glossary on pg 37-38.]

The sections on relationships in the older primary grades are very good in that they help learners understand the factors enhancing good relationships (not only of negative or dangerous ones); mutual respect and trust might be added to the list of factors. The section on decision-making in Grade 4 is particularly concrete and useful.

Social risk and protective factors

Young people's social context (especially gender inequality) is a powerful risk factor for HIV. Key factors to address in a curriculum are gender (and other social) norms, human rights and growing up in a high HIV-prevalence setting.

Gender norms

The first section of the document, defining key terms and concepts, defines gender and identifies gender inequality as an especially important topic to highlight in the Guidance subject. While the text on gender in Grade 7 is very good, wisely emphasizing that gender norms change, overall this topic is lacking in the concepts and objectives across the grades.

First, this topic comes too late; it can be introduced in an age-appropriate manner starting in Grade 1. [See *It's All One Curriculum Vol. 1*, pg 48, and *International Technical Guidance*, Volume II, Key Concept 3.3.] In reality, the document may send unintentional messages starting in Grades 2-3, for example, the very first item is 'understanding self', and after one's name, the first quality children are expected to declare is their sex. This sends a message that one's sex is the most important feature of a person, and divides boys and girls unnecessarily. It is therefore suggested that the items at the end of the long list – such as what makes you happy, angry, sad; what do you like and dislike – be moved to the top of the list, and that physical traits be moved to the bottom. In this way, learners can identify similarities and differences that are not immediately defined by their sex. (Note: The Grade 1 treatment of 'understanding self' is better. Second, gender issues can also be raised to deepen learning in other topic areas, such as negotiating condoms and vulnerability to AIDS, tolerance for sexual coercion and gender-based violence, career planning, and assertiveness and communication. Moreover, 'peer norms' are often gender norms being reinforced by same-sex peer groups; understanding them as gender norms enables learners to deconstruct them much more deeply and to create the enabling conditions to resist 'peer' pressures. The Grades 4-5 sections on peer pressure resistance should include that equalizing relationship power is key to resisting such pressure.

The juxtaposition of wet dreams and menstrual management in the puberty section was also noted. What they have in common is that they involve release of bodily fluids from the reproductive organs, beginning at puberty. However, education about wet dreams entails discussion of male sexuality (erection and ejaculation/pleasure, often, although not always, involving sexual feelings). On the other hand, education about menstrual management is about hygiene, cramps and moodiness. This split in puberty education serves to normalize male sexuality while leaving female sexuality invisible (with messiness, smell and pain management as its stand-in). It is important for young people to learn both about menstruation and about wet dreams, but not as counterpart activities. Teaching about the emergence of sexual feelings among both male and female adolescents is therefore suggested.

Given the very strong sections on relationships, there was a notable absence of attention to how power operates in relationships (e.g. sexual harassment, gender-based violence, bullying). Establishing norms and rules regarding such behaviours in primary school can have lasting effects as learners enter adolescence and transition to adulthood. When taught effectively, young people respond well to education about these topics. [For further content and activities on gender, see *It's All One Curriculum*, Volume 1, Unit 2. For sequencing the topic across grades, see also *International Technical Guidance*, Volume II, Key Concept 3.3.]

Finally, the sections on values at the early grades addresses cultural and religious values without any acknowledgment that different families and individuals in society may have different ideas about what is good or bad, and that this is fine as long as everyone is respected. The fact that values change as people acquire more knowledge and factual information should be mentioned as well. It is also important to emphasize that values shape people's behaviour and whether they are comfortable with that behaviour. Therefore, clarifying values is important for acquiring protective behaviours.

Human rights

Human rights (including children's rights), like gender, was one of the few special topics highlighted in the first section of the document as meriting special attention 'because of their importance and relevance to guidance and counselling'. This background text explains the rationale for including a human rights perspective in teaching Guidance and defines and discusses various human rights, yet these topics hardly appear in the actual list of concepts and objectives (in the second section) that presumably form the basis for a curriculum. The most important acknowledgement of this issue is that 'tolerance' is listed as a personal value, as well as an important quality in relationships; however, without grounding this in a human rights perspective, tolerance here can be interpreted as, for example, being patient with a friend, rather than refusing to engage in bullying, use derogatory terms for learners from other ethnic groups, or disrespect a person living with HIV. Most of the human rights-related content is within the sections on abuse. These sections could be strengthened in several ways:

- Rather than beginning with 'What is abuse?', it is useful to start with positive principles i.e. that we all have a basic human right to be treated with dignity and respect, and to live free of violence. This provides a moral compass for thinking about abuse as more than 'how to avoid abuse'.
- Clarify that boys also suffer abuse (including sexual abuse), although females are more vulnerable to such mistreatment.
- Tomorrow's perpetrators are in today's classroom. Aim the content not only at potential victims but also at potential perpetrators (for example, critical thinking about masculinity).

As with gender, human rights can be taught on a stand-alone basis and may be integrated into other existing topics, such as living positively, sexual abuse, assertiveness and decision-making. [For content and discussion questions on this topic and on sexual rights, see *It's All One Curriculum*, Vol. 1, Unit 1, as well as 'Points for Reflection' (in the gold margins) throughout Vol.1.]

Living in a high HIV-prevalence setting

There was a surprising absence of attention to what it means to grow up in a setting with a very high prevalence of HIV and AIDS. Although the HIV and AIDS section (once it is developed) will have detail under the positive living, antiretroviral drugs (ARV) and voluntary counselling and testing (VCT) sub-headings, the topic of orphanhood was notable for its absence. Nor was there any indication that teachers will offer guidance to learners on the difficult question of disclosure. More importantly, there was almost no acknowledgment or integration of HIV issues in other sections of the document. Better integration of topics into a more synthesized approach will strengthen learning in this area. Moreover, the new Swaziland HIV prevention series (judging from Module 1) appears to be a superb resource that can vastly strengthen the Guidance curriculum.

Effectiveness of teaching activities

The document includes a wide range of topics that are highly amenable to diverse, participatory teaching methods that foster creative thinking, critical thinking and learner engagement. This document is not a curriculum and so does not include specific teaching activities; however, under 'objectives', it lists verbs such as discuss, identify and list. The *Baseline Survey of Life Skills Education in Schools Swaziland: Summary of Findings* (2009) indicated that by far, lecture and discussion dominate as teaching methods. However, the curriculum itself will hopefully include small-group discussion, narrative and creative writing, games, group exercises and the like to ensure learning by doing.

The document does not shy away from emotional topics; many of the concepts and objectives deal with young people's feelings. Again, however, effective education about these topics will require teaching methods (such as narrative writing) that encourage young learners to identify and explore their own feelings in safe but meaningful ways.

The teaching guidance section at the start of the document includes a compelling section on gender and rights as key issues, including in the classroom itself. This point is crucial, and one that is typically overlooked. However, on its own, this short text is not adequate to prepare teachers to begin transforming the classroom environment, their way of teaching, or the content of a curriculum that is not already explicitly addressing these issues. Training and fuller guidance – as well as activities that explicitly explore how gender and human rights issues play out at school – are needed.

Primary School and Junior Certificate Syllabi for subjects other than Guidance

Overview

These syllabi provide the learning outcomes for each of the subjects reviewed, namely Science, Social Studies, Religious Education (Primary); Home Economics (Grade 6-7); and Science, History, Development Studies, Religious Education and Home Economics (Junior Certificate). The level of detail varies somewhat from subject to subject (and between primary and junior level syllabi), but in general they are not highly detailed. Nor are they curricula; they do not include teaching activities and in most cases do not indicate how topics should be taught.

It is unclear how the content in these syllabi relate to the other documents reviewed. Some of the materials seem to be complementary but there is also apparent redundancy.

Many, but not all, of the gaps in the *Scope and Sequence for Guidance and Counselling (Grades 1-7)* document are filled in here. This includes: fertility/reproduction (Science and Home Economics), puberty (Guidance, Science, Religious Education and Home Economics), and sexual abuse (Guidance and Home Economics). Puberty is the most commonly included topic (taught in four disciplines and in multiple grades by some of them.) It is not clear whether this reflects a carefully worked out and effective interdisciplinary approach, or if it is simply a hit-and-miss effort by all subjects to include learning outcomes relevant to HIV and adolescent health and well-being.

Much of the material is well-organized and lays a good groundwork for a fuller syllabus. However, some items need attention, for example:

- Some topics only appear at junior level that should be included at the primary level.
- By offering such topics as contraception, caring for the sick and gender norms only to girls (in Home Economics), schools send a message to all learners that these issues are the responsibility and concern of females only.
- Outcomes related to abuse focus on potential victims, rather than addressing potential perpetrators (e.g. by teaching about masculine gender norms that may underlie abusive behaviours).

Primary School Syllabi

At the primary level, various aspects of sexuality and HIV education are integrated into the syllabi of subjects other than primary-level Guidance. The two subjects that provide the most information are Home Economics and Science.

The **Home Economics** syllabus (taught in Grades 6-7 only) supplements Guidance lessons on understanding oneself, gender and puberty. It also introduces new topics, including marriage; pregnancy; and limited information about rights. Unfortunately, according to the documents, this course (and hence, this information) is offered to girls only. While girls and boys have somewhat different learning needs in the area of sexuality and HIV prevention, and while it can be beneficial to provide opportunities for them to discuss and learn in single-sex activities, boys should not be excluded from basic information about such topics as marriage, rights, gender and puberty. Indeed, by reinforcing the expectation that issues of marriage, reproductive health and gender equality are of interest and importance only for girls, this type of programming can unintentionally perpetuate gender inequality.

The primary level **Science** syllabus fills in several important topics absent from the Guidance course, particularly the reproductive systems, puberty, HIV and AIDS, and other STIs. It also supplements the sexual abuse content offered in other disciplines. These sections make Science class a key source of sexuality and HIV education, especially for boys. However, the lack of detail makes it impossible to determine what material will be covered, or how it will be taught.

Other primary level syllabi also include relevant information. For example, the **Religious Education** syllabus touches on puberty. It also has references to aspects of human rights, such as moral concepts of rights and responsibility (Grade 5), tolerance and difference (Grade 6) and information about various religions. The **Social Studies** syllabus similarly promotes learning about civic engagement and public life for all, for example, by voting (Grades 3 and 7).

Junior Certificate Syllabi

No junior level Guidance and Counselling syllabus was included in the documents received for review. It may be that there is a course but that it is not examinable (the junior level syllabi received were produced by the Examinations Council). However, if junior learners do not study Guidance, then their other subjects become particularly important for sexuality and HIV education. As was the case at the primary level, the Home Economics and Science classes play a major role in sexuality and HIV education at the junior level.

In junior level **Home Economics**, learners have lessons on family structure, sexual abuse, family conflicts (including about sex), puberty, fertility and reproduction, birth care, various aspects of HIV and AIDS (including nutritional needs of people living with AIDS), contraception, and abortion. These topics are critical to cover because they represent a significant portion of what constitutes conventional sexuality and HIV education. However, the lack of detail made it impossible to assess the quality, thoroughness or effectiveness of this content. The information on contraception (which is not included in any other subject or grade level) should be expanded upon. Moreover, as was the case at primary level, only girls are taking this course. This reinforces the expectation that responsibilities such as using contraception and feeding the sick are the sole responsibility of girls.

The **Science** syllabus continues to address a number of relevant topics in the junior grades. Key topics include sexual and reproductive anatomy and physiology, fertilization and reproduction, pregnancy, and HIV and AIDS. Notable (and admirable) is that the Science syllabus also describes sexual intercourse, rather than leaving learners in the dark about what sex actually entails (as is the case for many curricula).

In addition to Home Economics and Science, other disciplines contribute some relevant content at the junior level: **Religious Education** continues to address puberty; the **History** syllabus has some attention to gender issues (for example, the role of women in the independence struggle); and the **Development Studies** syllabus highlights children's rights.

Several factors mentioned above make it difficult to draw conclusions about the strengths and weaknesses of sexuality and HIV education in Swaziland. These factors include:

- The syllabi are not full curricula; as such, they lack depth and detail that would clarify what learners will actually learn about each topic.
- It is not clear how the learning outcomes in one discipline are linked to those in another (e.g. how learners link their Science lessons on reproduction to the Home Economics lessons on contraception) or whether the teaching of puberty in four different subjects is a worked-out complementary programme, needless repetition, or actual contradictory teaching.
- It is not clear how these course syllabi will complement the HIV prevention modules.
- The content is scattered across different subjects and it is therefore difficult to assess if it is taught to all young people who go through the school system.

Sexual reproductive health behavioural goals

Both the primary and junior level syllabi promote the development of skills that can enable a range of behaviours, including:

- Delaying sex;
- Identifying and responding to sexual abuse;
- Managing menstruation (for girls' classes only);
- Accessing proper antenatal care (for girls' classes only);
- Avoiding abortion.

Highlights from the available literature

Few formal evaluation studies of HIV prevention curricula in Swaziland appear in the literature, and the results of existing studies are less than encouraging. Burnett and colleagues (2010) conducted a small (135 adolescents) randomized control trial of a 13-week intervention in one school using the It's Our Future Too! programme. This programme, designed in the United States and adapted for Swaziland, was based on self-efficacy theory and protection motivation theory. The evaluation found some improvements in knowledge about HIV and self-efficacy in the intervention group. However, the evaluation did not provide definitive evidence that this self-efficacy model strengthened HIV protective behaviours for adolescents⁹⁸.

An evaluation of the ten-lesson iMatter HIV and AIDS school-based curriculum was carried out in 2007 among 479 learners in Grades 4-7 (plus a control group of approximately equal size). The findings showed that the curriculum did not result in increased understanding of how HIV is transmitted. Learners in the intervention arm did report a greater sense of self-worth compared to the control group, and a slightly better understanding that the decisions they make today will affect their future. The evaluation also identified several concerns. First, learners who completed the iMatter programme were found to stigmatize people who are HIV positive. Second, 25% of learners in the programme and 12% of the control group reported experiences of sexual abuse; additionally, expectations of sexual activity in the next six months were higher among learners who had been abused. The evaluation recommended fuller attention to these topics in the curriculum. The evaluation was issued as a report by the sponsoring organization (Hope Education); no peer-reviewed reports appeared in this review. According to Hope Education 2011, as of that year, the curriculum had been implemented in 100 schools in Swaziland to reach 46,000 learners⁹⁹.

⁹⁸ Burnett, S.M. et al. *Evaluation of an Intervention to Increase Human Immunodeficiency Virus Testing Among Youth in Manzini, Swaziland: A Randomized Control Trial*. *Journal of Adolescent Health*, 48 (2011) 507–513.

⁹⁹ *Measuring the Effectiveness of iMatter Training on Swaziland School Children*. January 2008. Hope Educational Foundation.

Reports on programme implementation also cite challenges. On one hand, HIV and AIDS education is increasingly integrated into life skills education at both the primary and secondary level; Burnett reported that in 2008, 51% of schools in Swaziland included life skills based education for HIV¹⁰⁰. However, the literature suggests that teachers and schools are often ill-prepared to deliver these programmes. A multi-agency report prepared by the International Planned Parenthood Federation (IPPF), produced under the umbrella of the Global Coalition on Women and AIDS, found that training and administrative support for HIV prevention are lacking in many schools¹⁰¹. A 2003 review by Tiendrebéogo cites a report from Chendi (1998) that the School-Based HIV/AIDS and Population Education Programme (SHAPE) was handled rather haphazardly and might or might not be taught, depending on the commitment of the head teacher and the ingenuity of the teacher who had been trained by SHAPE¹⁰². The 2011 Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) found that pupils continue to have low knowledge levels (varying more by socioeconomic status than by region) and that a significant teacher-learner knowledge gap persists¹⁰³.

The Swaziland HIV and AIDS Research and Evaluation Inventory lists 289 documents related to HIV and AIDS in the country, some of which are relevant to education. These include formative research on sexual attitudes, knowledge levels, etc. It references an evaluation of Project HOPE, which was monitored for completion of activities and for anecdotal reporting of outcomes, but was not systematically evaluated. It also lists other studies (e.g. of the Catholic Health Programme) that examined such outcomes as awareness, rather than behaviour change or STI or pregnancy rates. Quite a few of the listings are formative research that may serve as baselines for interventions, but for which no end-line reports are included. Several describe the content of curriculum programmes (such as SHAPE)¹⁰⁴. More definitive and rigorous evaluation studies are needed in Swaziland to help assess the effectiveness of current curricula.

100 Burnett, S.M. et al. op.cit.

101 *The Government of the Kingdom of Swaziland (2006 – 2008): The Second nation Multisectoral HIV and AIDS Strategic Plan*. In: *Report Card: HIV Prevention for Girls and Young Women/ Swaziland*. IPPF/Global Coalition on Women and AIDS. www.unfpa.org/hiv/docs/report-cards/swaziland.pdf.

102 Tiendrebéogo, G. et al., *Life Skills and HIV Education Curricula in Africa: Methods and Evaluations*. Academy for Educational Development. 2003.

103 SACMEQ. Policy Brief 5. *Pupil and Teacher Knowledge about HIV and AIDS in Swaziland*. April 2011. www.sacmeq.org.

104 Swaziland HIV and AIDS Research and Evaluation Inventory. http://gametlibrary.worldbank.org/FILES/1003_HIV%20research%20database-Swaziland.xls.

Swaziland matrix on social and environmental level outcomes

Note: this is from Module 1/Delayed Sexual Debut.

Ten things everyone should know about violence against children and young women in Swaziland. A brief from UNICEF Swaziland, March 2008.

SWAGAA presentation with guidance for how to help a victim of abuse and the Do's and Don'ts of helping a victim

<http://www.swagaa.org.sz/HowTOHelpAVictimOfAbuse.pdf>

SWAGAA brochure with guidance for what to do if you have been raped. <http://www.swagaa.org.sz/Emvakokudlwengulwa2.pdf>

SOCIAL AND ENVIRONMENTAL LEVEL OUTCOMES for DELAYED SEXUAL DEBUT

For all primary target groups there are a number of secondary audiences who need to be reached. These secondary groups either interact with the primary target group at an interpersonal or community level, or they are in a position to influence and change the environment in which early sexual debut takes place. The table below lists suggested secondary audiences for under 10s and 10-14 year olds; and separately for 15-19 year olds.

Under social outcomes details are given of changes in social interactions and cultural norms and practices which will support the individual changes outlined in the earlier sections of the module. In the last column are listed the changes that need to take place at the environmental or structural level to enable the proposed social support and normative changes by each secondary target group, and to support individual changes by the primary target group.

In some cases environmental outcomes need to be in place for specific social outcomes to be achieved by specific secondary target groups. E.g. teachers need capacity-building and access to tools and materials (Env. Outcome) so that they can integrate delayed sexual debut into their teaching effectively (Social outcome). In this instance the capacity-building will have to be done by other stakeholders/secondary target groups such as MOET, UN and NGOs.

In other cases the environmental outcomes are directly linked to the secondary target group which is responsible for their implementation. For example, Ministry of Education and school boards will need to increase resources for supervised recreation activities for children. There is some repetition of social and environmental outcomes over the main target groups.

TARGET GROUPS		SOCIAL OUTCOMES (changes in social interactions and norms that will support and enable individual behaviour change)	ENVIRONMENTAL OUTCOMES (changes to laws and policies, goods and services, and broader structural conditions, that will enable and sustain social and individual behaviour change)
Primary target group	Secondary target group	Increase social support for delayed sexual debut and reinforce social and group norms that support delayed sexual debut	Increase environmental support for sexual debut
Under 10s and 10-14 year olds	Parents, caregivers, guardians, trusted relatives, older siblings	<ul style="list-style-type: none"> • Be positive role models and provide appropriate socialization and caring family environment to children in their charge • Provide accurate information on sex and sexuality, HIV and AIDS to children in their charge • Refrain from condoning or colluding in arranged marriages or sexual partnerships of children under 16 • Provide adequate supervision to children in their charge, at home, in the neighbourhood, and enroute to and from school. 	<ul style="list-style-type: none"> • Provision of support in cash and kind to vulnerable households to reduce poverty and prevent early sexual debut by young people, especially OVCs and those in vulnerable households/fragile families • Capacity building for parent-child communication on sex, sexuality, child rights and family values, including Increased awareness of sexual offences bill making it illegal for parents to collude in arranged marriages or sexual partnerships among under 16s • Provision of materials for parents to engage children on issues around sexual debut • Successful and well-publicised prosecution of those who violate laws concerning arranged marriages or sexual partnerships among under 16s (if/when promulgated) • Community campaigns and actions to make neighbourhoods, schools and routes to school safer for children (e.g. organise a 'walking bus' where children walk together to school under supervision of parents who take turns).
	Teachers and carers at primary school, lower classes of secondary schools, day centers, and NCPs	<ul style="list-style-type: none"> • Provide accurate information on and opportunities to discuss sex and sexuality with children in their charge • Organise in and out of school activities e.g. anti-AIDS and girls empowerment clubs to support children to delay sexual debut • Provide increased protection and supervision of girls and boys in daycare and school settings 	<ul style="list-style-type: none"> • Skills building and materials provision for integration of curriculum-based sexuality and lifeskills education in school and community youth programmes • Skills-building and provision of incentives and materials to teachers to organise school Anti-AIDS clubs or similar • Increased awareness and skills among teachers to implement school-based child protection policies and measures

Primary target group	Secondary target group	Increase social support for delayed sexual debut and reinforce social and group norms that support delayed sexual debut	Increase environmental support for sexual debut
Under 10s and 10-14 year olds	MOET, School boards, administrators		<ul style="list-style-type: none"> Integration of curriculum-based sexuality and life skills education in school and community youth programmes School-based child protection measures to be integrated into education administration, school policies and practices Increase resources for supervised recreation activities for children
	NERCHA, MOHSW, HIV/AIDS stakeholders, UN		<ul style="list-style-type: none"> Develop national Delayed Sexual Debut communication strategy Lobby policy-makers to increase support in cash and kind to OVCs and vulnerable households to reduce poverty and prevent early sexual debut among girls Lobby policy-makers for allocation of resources to children's sport and other recreational activities
	Police, courts, legal representatives,		<ul style="list-style-type: none"> Effective and uncompromising prosecution of those who violate laws concerning arranged marriages or sexual partnerships among under 16s (if/when Sexual offences bill promulgated)

TARGET GROUPS		SOCIAL OUTCOMES (changes in social interactions and norms that will support and enable individual behaviour change)	ENVIRONMENTAL OUTCOMES (changes to laws and policies, goods and services, and broader structural conditions, that will enable and sustain social and individual behaviour change)
Primary target group	Secondary target group	Increase social support for delayed sexual debut and reinforce social and group norms that support delayed sexual debut	Increase environmental support for sexual debut
15-19 year olds	Parents, caregivers, guardians, older relatives, neighbours	<ul style="list-style-type: none"> • Provide appropriate socialization and caring family environment to young people in their charge • Provide accurate information on sex, human rights, family values and HIV and AIDS to young people • Increased awareness of sexual offences bill making it illegal for parents to collude in arranged marriages or sexual partnerships among under 16s • Introduce and reinforce protective norms around delaying sexual debut, transactional and intergenerational sex 	<ul style="list-style-type: none"> • Provision of support in cash and kind to vulnerable households to reduce poverty and prevent early sexual debut by young people, especially OVCs and those in vulnerable households/fragile families • Capacity building for parent-child communication on sex, sexuality, child rights and family values, including increased awareness of sexual offences bill making it illegal for parents to collude in arranged marriages or sexual partnerships among under 16s
	Youth opinion leaders	<ul style="list-style-type: none"> • Conduct mobilisation for peer reinforcement of abstinence and safer sex • Promote new norms around the transition to adulthood, especially manhood, as a time of taking responsibility, respecting others and setting goals, and not only (if at all) as being defined by sexual activity 	<ul style="list-style-type: none"> • Training and support to youth leaders to mobilise young people around abstinence and safer sex issues • Engage in discussions to define new norms around manhood, adulthood, safer sex, transactional and intergenerational sex.
	Teachers, lecturers, counsellors, mentors at secondary schools and tertiary institutions	<ul style="list-style-type: none"> • Provide guidance to young people on strategies for abstaining until they are ready to deal with consequences of sex and/ or able to have sex safely • Organise school, college and community-based activities for young people • Adhere to teachers' service act 	<ul style="list-style-type: none"> • Increase skills, knowledge and tools for teachers, lecturers etc, to guide young people to make safer choices about sex • Increase skills and incentives to facilitate extracurricula youth programmes • Increase familiarity with teachers' service act

Primary target group	Secondary target group	Increase social support for delayed sexual debut and reinforce social and group norms that support delayed sexual debut	Increase environmental support for sexual debut
15-19 year olds	Health workers	<ul style="list-style-type: none"> Provide counseling and information that addresses delayed sexual debut, FP and safer sex in a nonjudgemental way 	<ul style="list-style-type: none"> Increase skills, knowledge and tools to integrate delayed sexual debut, FP and safer sex into community and facility-based health education
	Media houses and personalities	<ul style="list-style-type: none"> Media/Celebrity role models endorse new norms around transactional sex and age-disparate relationships Media/Celebrity role models publicly speak out about risks associated with transactional sex and age-disparate relationships 	<ul style="list-style-type: none"> Develop soap operas and other programmes that model new norms and positive portrayals of delayed sexual debut (and risk reduction measures); & which explore negative outcomes of early sexual debut. Develop campaigns and programmes that explore factors contributing to early sexual debut such as income inequality and poverty, gender inequality, fragile families
	Religious leaders	<ul style="list-style-type: none"> Publicly promote and reinforce positive norms around delayed sexual initiation and discourage age-disparate sex Initiate dialogue around norms relating to sexual debut in sermons and bible study groups 	<ul style="list-style-type: none"> Skills building for religious leaders in promoting and reinforcing delayed sexual intercourse and discouraging intergenerational sex in religious instruction
	Traditional leaders	<ul style="list-style-type: none"> Publicly promote and reinforce positive norms around delayed sexual initiation 	<ul style="list-style-type: none"> Skills building for traditional leaders in promotion and reinforcement of delayed sexual intercourse in <i>Timbali</i> and <i>Tingatja</i> training Engage in discussions about how Swazi customs that promote chastity such as <i>Umhlanga</i>, <i>Umchwasho</i> and <i>Lusekwane</i> can be modified in line with gender equality and human rights considerations

Primary target group	Secondary target group	Increase social support for delayed sexual debut and reinforce social and group norms that support delayed sexual debut	Increase environmental support for sexual debut
15-19 year olds	MOET, School boards, administrators		<ul style="list-style-type: none"> Support integration of curriculum-based sexuality and life skills education in school and community youth programmes through policy formulation, training and resource allocation Integrate school/college-based child/youth protection measures into education administration, school and college policies and practices Enforce teachers service act: create zero tolerance for sexual harassment, intergenerational and transactional sex by adults in positions of responsibility with young people in their charge Increase resources for supervised recreational activities for young people Review and revise broader educational curricula to reflect economic development/job-skill needs in Swaziland in consultation with appropriate govt. Ministries and employer organisations (e.g. more entrepreneurship and vocational training for key growth sectors such as agri-business, tourism, IT).
	Employer and business associations, Ministry of Labour, IOM, ILO, Unions		<ul style="list-style-type: none"> Introduce measures such as codes of conduct to prevent sexual harassment and abuse in the workplace Fund, design and implement training, apprenticeship and income-generation programmes for young people, especially women, to allow them economic independence
	NERCHA, MOHSW, HIV/AIDS service organisations, UN		<ul style="list-style-type: none"> Develop national Delayed Sexual Debut communication strategy incorporating Family Planning and Safer sex information and skills

SOCIAL AND ENVIRONMENTAL LEVEL OUTCOMES for PREVENTING, IDENTIFYING AND REPORTING SEXUAL ABUSE

TARGET GROUPS		SOCIAL OUTCOMES (changes in social interactions and norms that will support and enable individual behaviour change)	ENVIRONMENTAL OUTCOMES (changes to laws and policies, goods and services, and broader structural conditions, that will enable and sustain social and individual behaviour change)
Primary target group	Secondary target group	Increase social support and social/group norms for preventing, identifying and reporting sexual abuse	Increase environmental support for preventing, identifying and reporting sexual abuse
Under 10s, 10-14 year olds and 15-19 year olds, especially girls, OVCs and disabled	Parents, caregivers, guardians, trusted relatives, older siblings	<ul style="list-style-type: none"> • Increase carer/family-initiated communication about sexual abuse especially for children living with their father only, or without any parent • Increase action on signs and symptoms of abuse amongst children in their care • Reduce sexual, physical and emotional abuse of children by carers/family members responsible for their care • Increase adult supervision of girls and boys at home, in the neighbourhood and en route to and from school 	<ul style="list-style-type: none"> • Increase support in cash and kind to OVCs and vulnerable households to reduce poverty and prevent sexual abuse of children/minors • Increase knowledge and skills of parents and caregivers on relevant issues including: <ul style="list-style-type: none"> • awareness of levels and types of abuse, including sexual abuse, of children/minors • knowledge of how to identify signs of possible sexual abuse, what to do and where to go for help • understanding and assessment of potential risks to children/minors in their care • communication skills about sexual and other abuse
			<ul style="list-style-type: none"> • Increase awareness of harm done by sexual, physical and emotional abuse to children and young people • Provision of materials for carers to engage children in their care on issues around sexual and other abuse

Primary target group	Secondary target group	Increase social support for delayed sexual debut and reinforce social and group norms that support people to delay sexual debut	Increase environmental support to delay sexual debut
Under 10s, 10-14 year olds and 15-19 year olds, especially girls, OVCs and disabled	Teachers, lecturers, carers, mentors in tertiary, secondary school classes, primary schools, day centers, and NCPs	<ul style="list-style-type: none"> Identify and report cases of abuse to relevant authorities Provide accurate information on and opportunities to discuss sexual, physical and emotional abuse with children in their charge Organise and support extra-curricular activities for children and young people Increased adherence to teachers' service act Provide increased protection and supervision of children and young people in daycare and educational settings 	<ul style="list-style-type: none"> Increased skills for identifying abuse amongst children and young people in their care Increased skills and tools for teaching about abuse within lifeskills curriculum and sexuality education Increased skills and incentives to organise and support school Anti-AIDS clubs, girls empowerment clubs or similar Increase familiarity with teachers' service act and sanctions that are applied if violated
	MOET, School boards, administrators,		<ul style="list-style-type: none"> Support integration of issues relating to sexual abuse (and physical and emotional abuse) within the lifeskills curriculum (or other subjects) through policy formulation, training and resource allocation Enforce teachers service act: create zero tolerance for abuse against children including sexual abuse by adults in positions of responsibility with children in their charge Expand SCCS programme to all schools
	NERCHA, HIV/AIDS and human rights organisations, UN		<ul style="list-style-type: none"> Lobby for, support and monitor implementation of recommendations from UNICEF/CDC study of sexual violence against children in Swaziland Lobby for fast enactment and enforcement of relevant legislation to protect children (Sexual offences bill, Child Justice Act, Human trafficking Act, Women and Girls Protection Act etc.) Identify ways to increase support in cash and kind to OVCs and vulnerable households to reduce poverty and prevent sexual abuse of children Lobby for and provide support to tollfree helplines to keep them operational for children to call at any time

Primary target group	Secondary target group	Increase social support for delayed sexual debut and reinforce social and group norms that support people to delay sexual debut	Increase environmental support to delay sexual debut
Under 10s, 10-14 year olds and 15-19 year olds, especially girls, OVCs and disabled	Law enforcement agencies, courts		<ul style="list-style-type: none"> • Increase speed of judicial system in cases of sexual violence and abuse
	Traditional leaders, community leaders, community police, LLs	<ul style="list-style-type: none"> • Increase social disapproval of and community action on cases of sexual and physical abuse • Make home, neighbourhood, play and school areas safe for children 	<ul style="list-style-type: none"> • Receive training and skills building in child rights and child protection including awareness of loopholes in customary law (e.g. Customary Law considers a girl ready for sex once she menstruates regardless of age; permits a man who has sex with an underage girl to compensate her family).
	Media houses		<ul style="list-style-type: none"> • Design targeted media interventions, campaigns, programmes addressing adults' responsibilities to protect children in their charge • Provide information about existence of services available to protect and support victims of abuse (PEP, child-friendly courts, tollfree lines etc.)
	MOHSW	<ul style="list-style-type: none"> • Health workers provide adequate medical attention and support to victims of abuse • Health workers understand where they can refer victims to for further support and legal aid 	<ul style="list-style-type: none"> • Roll out PEP throughout Swaziland so it is widely available and accessible to sexual abuse victims • Train health workers to improve support to victims of abuse

Sexuality education curriculum review:



I Introduction

The purpose of this review was to assess the content, quality and method of delivery of curricula used in Uganda for delivering life skills-based comprehensive sexuality education (SE) programmes, to serve as a resource for curriculum revision aimed at empowering young people to protect themselves from HIV and poor reproductive health outcomes¹⁰⁵. The review was commissioned by UNESCO, UNFPA and UNICEF for the HIV Prevention Working Group of the Regional AIDS Team in East and Southern Africa (RATESA). The work was conducted by Population Council's Rethinking Sexuality Education project, with technical input from the Joint Inter-Agency Team.

Documents reviewed

- Life Planning Skills for Primary and Secondary (2009)
- Adolescent Sexual Reproductive Health/Life Planning Skills O-Level Curriculum Series (2009)
 - o English Infused Topics (Syllabus)
 - o English (Curriculum)
 - o Biology Infused Topics (Syllabus)
 - o Biology (Curriculum)
 - o Geography (Syllabus)
 - o Geography (Curriculum)
 - o Christian Religious Education Infused Topics (Syllabus)
 - o Christian Religious Education (Curriculum)
 - o Islamic Religious Education Infused Topics (Syllabus)
 - o Islamic Religious Education (Curriculum)

The Life Planning Skills for Primary and Secondary is a comprehensive curriculum for use at all ages; it does not specify separate content for different age groups. It is not clear whether or how this series links to the Adolescent Sexual Reproductive Health/Life Planning Skills series for O-Level subjects; they appear to overlap.

The Adolescent Sexual Reproductive Health/Life Planning Skills O-Level Curriculum series aims to incorporate reproductive health and life planning skills education knowledge across multiple school topics (English, Biology, Geography, Christian Religious Education and Islamic Religious Education). For each discipline there is a syllabus and a curriculum.

For each document reviewed, an overview is provided of (i) **content** (age-appropriateness and accuracy); (ii) **sexual reproductive health behavioural goals**; (iii) attention to **individual** and **social risk and protective factors** (gender, rights and living in a high HIV-prevalence setting); and (iv) effectiveness of **teaching activities**. Detailed comments per subject for the Adolescent Sexual Reproductive Health/Life Planning Skills O-Level Curriculum Series are also included.

Life Planning Skills for Primary and Secondary (2009)

Overview

This curriculum is comprehensive in terms of breadth and depth. Along with providing key information, it includes opportunities for learners to reflect (for example, about harmful traditional practices). More emphasis could be given to fostering decision-making and negotiation skills as well as self-efficacy – especially in the area of sexuality. In addition, a wider range of lively and creative activities could strengthen the curriculum. Furthermore, some sort of breakdown across grades (e.g. primary, junior, and upper secondary) is needed to be able to assess its usefulness and appropriateness, for example, what content is taught at what age, what material is reinforced over the years, what materials and teaching activities are used at different ages, how much depth and time is allotted to various topics in different years, etc.

The following quote from the curriculum (pg 94) was noted with appreciation as it applies to both the evolution of better curricula (that contribute to reduced HIV and pregnancy, gender equality and human rights, and critical thinking skills and justice-oriented curricula), and to the evolution of safer and healthier behaviour in Uganda's next generation:

'We change what we believe and what we practice when more effective ways of doing things are found or when some of the practices become invalid.'

Content: age-appropriateness, accuracy and thoroughness

Age-appropriateness and structuring of topics across and within the grades

As noted above, this curriculum did not seem to designate a particular learner age group. Much of the content and activities appear to be appropriate for learners in late primary grades. A six-year span (e.g. Grades 7-12) might be workable, but a full primary through secondary curriculum without identified content for general age clusters is not practical or appropriate. The sequencing of the lessons also needs to be clarified. [See *International Technical Guidance on Sexuality Education* Vol. II for recommended sequencing of topics across age groups.]

Accuracy

Overall, the curriculum manages to keep an accurate eye on the big picture, such as a realistic sense of adolescent relationships and the very real threats posed by early marriage, forced sex and other practices. However, there are some inaccuracies that require attention or reconsideration, namely:

- Sexuality (pg 77 and 126): The definition of sexuality includes 'having sex appeal and being sexy'. However, sexiness is a quality of a person, whereas sexuality is a dimension of life. This text should therefore be removed from what is otherwise a reasonable activity about sexuality. The text also states (pg 126) that homosexuality is covered elsewhere. However, it appears that this activity (in unit 7) was intentionally removed. Ideally, an activity teaching learners the principles of respect for diversity and non-discrimination should be inserted. Alternatively, the reference to the activity should be removed.
- Sexual reproductive health (SRH)/ HIV knowledge and attitudes towards condoms (pg 98): The text briefly mentions health benefits of male circumcision without explaining the link between it and HIV transmission. This needs expansion.

- Personal values about sex and abstinence (Annex 1, pg 287): This includes a very detailed list of information about various sexual practices, including fetishes such as sex with the elderly and practices involving faeces. Even for older learners, this is unnecessary information and can cause discomfort for teacher and learners alike. For younger learners, it is highly inappropriate and could cause serious political backlash for a programme. Between the current curriculum and this annex there is plenty of room for useful information about negotiating sexual experience and so this annex should be removed.

Sexual reproductive health behavioural goals

Content focuses on the knowledge and skills for the following behaviours:

- Delaying sex;
- Using condoms and contraception;
- Preventing forced sex, eliminating harmful practices;
- Reducing bullying and harassment;
- Preventing substance abuse;
- Respecting and caring for people with AIDS.

Individual and social risk and protective factors

Some key individual risk and protective factors for unintended pregnancy and STIs and HIV include knowledge of these topics and of condoms and contraceptives; personal values about sex and abstinence; attitudes toward condoms; intention to abstain or prevent pregnancy and STIs; and self-efficacy and communication skills.

Young people's social context also functions as a powerful risk and protective factor for sexual health outcomes, including risk of HIV; among the most important factors to address in a curriculum are gender norms and human rights, with special sensitivity to growing up in a high HIV-prevalence setting.

The curriculum includes an excellent breadth of topics and is more comprehensive than the O-Level subject curricula. It also includes significant attention to topics that are often omitted or superficially addressed in other curricula. The following selected examples include the risk and protective factor with which it is associated in brackets:

- A meaningful section on active listening (builds self-efficacy and communication skills);
- A values clarification section (personal values about sex and the intention to delay sex or pregnancy);
- A subtopic on date rape (related to gender and human rights);
- Information on emergency contraception and on the female condom (contributes to sexual and reproductive health knowledge);
- Content on gender in the careers unit (part of promoting gender equality and intention to delay sex or pregnancy);
- Attention to harmful practices such as dowry, bride price, wife inheritance, female genital mutilation (FGM) (part of promoting gender equality and human rights). This includes a clear critique of the consequences of early marriage for a girl, including that she is deprived of her opportunity to complete schooling and typically forced to begin early childbearing;
- A list of ways to promote gender equality, including having more women in ministries and parliament (part of promoting gender equality and intention to delay sex or pregnancy).

The only significant gap is in preparing learners to develop and negotiate intimate relationships. Along this line, clear content would be useful in the areas of sexuality; sexual decision-making and negotiation; and creating responsible, mutually respectful, equal and safe sexual relationships. (The premise for many of the stories is good, but the stories typically fail to acknowledge the unequal power within many intimate adolescent relationships.)

Other topics that could be added or expanded include social aspects of puberty (e.g. girls being more heavily monitored or encountering sexual advances from adult males); peer pressure; the impact of the media on gender and sexual norms; sexual rights of young people living with HIV (YPLHIV); homophobia/tolerance of sexual diversity; and a fuller treatment of gender inequality and vulnerability to HIV.

Effectiveness of teaching activities

Compared to the Adolescent Sexual Reproductive Health/Life Planning Skills series for O-Level subjects, this curriculum has a less judgemental tone and greater emphasis on building learners' decision-making skills and empowering them with the information to think for themselves. Many of the case studies reflect situations faced by adolescents with which learners can relate and empathize and which are relevant to HIV protection. For example, one story (pg 202) describes a boy who is abstaining from sex but who is caught with a condom he has been keeping in case of an unplanned situation. Another (pg 112) is about a girl who tries to buy condoms but is refused by the cashier.

However, the activities themselves could be strengthened in design to make this already strong, comprehensive curriculum even stronger:

- Too many of the activities rely on lecture and discussion. Learners should be engaged in more personal reflection, narrative writing, creativity-based exercises, games, small-group work, and other participatory methods.
- In some cases, the activities lack adequate teacher guidance or depth. For example, an interesting activity (pg 51) asks learners their opinions on issues of forced sex, favouritism of sons and transactional sex, but does not offer any guidance to the instructor, nor does it allow time for the teacher to deepen the discussion or provide input.
- Occasionally, the activity is not the best fit with a stated objective (competency). For example, the aim of 'reduced bullying of girls by boys' is well thought out; the accompanying lesson and activity (about girls knowing about their bodies) is also good. However, the link between the competency and the activity is a tenuous one.
- One activity (pg 211) that aimed to be more engaging actually raised concerns about the safety of the class environment: The teacher instructs the learners to make specific types of contact with each other according to a series of instructions to be given aloud. The teacher is given instructions to begin with more benign forms of touch such as hands-to-hands, then shoulder-to-shoulder, and then to progress until the activity provokes discomfort, for example by stating 'lips-to-lips'. The idea is to simulate a situation for assessing a threshold for discomfort and for practicing refusal skills. However, the learners are not told that they can refuse to comply with any request that makes them uncomfortable; the assumption is that they will spontaneously refuse on their own. It is completely inappropriate for a teacher to instruct learners to touch lips, and it is plausible that some learners will be reluctant to disobey despite their discomfort. Moreover, even if learners are told in advance that they may refuse to obey an instruction, the public nature of the classroom, along with power dynamics among the learners (and teacher) may create its own pressure, as well as unpredictable and unseen consequences afterwards. This is a hazardous game that should be removed to ensure student safety.

Adolescent Sexual Reproductive Health/Life Planning Skills

O-Level Curriculum Series (2009)

Overview

The syllabi are presented in brief, schematic grid format, identifying topics/subtopics, time allotment, objectives, key content items and suggested teaching strategies. The curricula have more fleshed-out content for activities and are age-appropriate. Taken as a synthesized whole, they provide solid content on a number of key topics, including puberty, anatomy and physiology and traditional harmful practices. However, overall, these curricula are uneven and need to be revised. Some concerns include:

- The lack of information about condoms and contraception (present only in Islamic Religious Education).
- Judgements about, for example, homosexuality, abortion, masturbation, abortion and sexuality in general, are often presented as facts. Some of these statements are not accurate and/or conflict with the messages about human rights.
- There is a wide variation in the teaching approach: some activities encourage young people to think for themselves. However, often they are not engaging, are overly didactic, and/or too heavily based on fear and moralistic perspectives that have not been shown to affect behaviour in the long term.

Content: accuracy, thoroughness and age-appropriateness

Age-appropriateness and structuring of topics across and within the grades

As a rule, the content of this curriculum is very age-appropriate. One exception is that quite a bit of time is given to thorough lessons on puberty; this is a topic that should be taught in the upper primary grades. Also, at this age, when learners have developed critical thinking skills, the highly prescriptive approach to guiding adolescent behaviour is less appropriate pedagogically.

Much of the sequencing is logical; however, there are exceptions. For example, the Biology curriculum addresses abortion prior to pregnancy and in Geography, abortion is taught before contraception. Moreover, some subtopics do not belong in the unit they've been placed (e.g. HIV is part of the biodiversity unit of Biology, under the learning objective of preservation of living organisms). The English curriculum contains some of the key content on gender, a critical topic for programme effectiveness. However, it comes towards the end of the curriculum, so that it is difficult to apply to other topics.

Some problems arise as a result of having the curricula delivered across subject classes, and the messages conveyed by the different curricula do not always concur. For example, one curriculum insists that learners must abstain from sex, while another provides information on condoms and contraceptives. In addition, some information (e.g. hygiene) is repeated numerous times.

Accuracy

There were several inaccuracies in these curricula that were cause for concern. Typically, these statements reflected negative attitudes about sexuality and contraception, for example:

- Oral sex is characterized as 'leading to becoming a homosexual or a prostitute'.
- Lessons on STIs were placed under 'Excretion in Animals' and contain misinformation, such as that gonorrhoea is transmitted through unprotected sexual intercourse with an infected person (however, it can also be transmitted via oral sex), causes frequent urge to urinate in females (whereas this should refer to males), and is characterized by painful urination in both males and females, pus-like discharge from the urethra in males and through the vagina in females and itching around the genitals (this should refer to males and should mention it may be asymptomatic in females).
- There are many false statements about condoms and contraceptive methods e.g. that intrauterine devices (IUDs) cause cancer (in Geography) and that oral contraceptives interfere with sexual relations (this latter item may have been an unintentional typographical error). The Islamic Religious Education unit is most thorough in addressing condoms.

- Value statements (e.g. 'abortion is murder' and 'masturbation is deviant') are presented as if they are factual rather than religious perspectives.
- One curriculum states that teen pregnancy can lead to AIDS and another states that 'teen pregnancy is illegal'. (This latter item was in a section on abortion, so this may have been a typographical error, intended to say that abortion is illegal.)

Such teaching approaches have not been shown to be effective in preventing sexual activity.

Some of the accuracy is compromised by grammatically confusing language. For example, instead of stating that certain practices are actually harmful, the Christian Religious Education curriculum states that 'Many people consider practices such as wife beating, wife inheritance, FGM and early marriage to be harmful especially for women'. Language editing is also needed where relationships are defined as 'the way in which two people or two groups have towards each other. Friends play a big role in shaping which we are'. Definitions of sexuality is also muddled and do not concur with each other. Suggested corrections are included in the detailed comments below, but the complete text should be reviewed for clarity.

Sexual reproductive health behavioural goals

The various O-Level curricula (English, Biology, Geography, Christian Religious Education and Islamic Religious Education) at different times complement, reinforce or conflict with each other. At least one of these curricula directly or indirectly encourages the following behaviours:

- Abstaining from sex;
- Using condoms and contraception (Islamic Religious Education syllabus only);
- Avoiding homosexuality, abortion, oral sex and masturbation;
- Preventing rape;
- Not engaging in harmful traditional practices.

Individual and social risk and protective factors

Overall, the majority of the topics needed in a sex and HIV education curriculum are included in one or more of the O-Level series. Below is a summary of some of the key individual and social risk and protective factors for teen pregnancy and STIs/HIV addressed in the curricula:

Communication skills

There are numerous sections on communication skills that involve very clear and realistic dilemmas. However, the curricula neglect skill-building for healthy intimate relationships.

Sexual and reproductive health knowledge/attitudes toward condoms

Anatomy and physiology are explained, however, there are major gaps in the areas of condoms (and contraception). Also, sex is not explained. (The Islamic Religious Education curriculum is most thorough in acknowledging aspects of healthy sexuality (although this curriculum, like others, defines healthy sexuality in a rather narrow way).

Intention to avoid sex or pregnancy

The curricula seek to foster abstinence; however, they do not include content helping learners to develop their own understanding of why early and unprotected sex is unwise. Because of the overwhelming emphasis on abstinence, there is no overview of contraceptive methods except in the Islamic Religious Education curriculum.

Gender norms

Gender norms are addressed in various ways, most notably in the English curriculum. Mostly, but not always, the messages support gender equality.

Human rights

The curricula identify several human rights violations related to sexual and reproductive health outcomes, such as bride price and early marriage. The Geography and Islamic Religious Education curricula have particularly effective units on FGM. (The Geography unit fosters awareness of the fluidity of cultural norms and laws and engages learners in thinking about how change occurs; the Islamic unit emphasizes the importance of young people knowing their rights and acknowledges that adults may have some harmful attitudes.) The Christian Religious Education curriculum includes effective content on justice, including its relationship to gender equality.

Growing up in a high HIV-prevalence setting

The information on HIV and AIDS is incomplete, for example, while HIV and AIDS are defined, information about transmission and on treatment could be strengthened. Content on prevention and the role of gender inequality in driving the epidemic is also not adequate. Some statements (about HIV-positive people and about the positive effects of the epidemic for society) are offensive and irresponsible.

Effectiveness of teaching activities

There are activities that allow learners to think and formulate their own opinions about complex topics (such as GBV, Topic 5 of the Christian Religious Education). However, often, the curriculum is quite judgemental and prescriptive, relying on fear and shame in the hope of regulating adolescent sexual behaviour. Learners are not encouraged to reflect on their own feelings and attitudes often enough, nor do they learn about what healthy relationships entail (nearly all examples of relationships are unhealthy or abusive). [Overall, the Islamic Education section is the most objective and straightforward curriculum, including about some (but not all) aspects of sexuality, focusing on development of judgement.]

Some of what learners are taught is incorrect, and can even be quite frightening (see the section on accuracy above), and occasionally the curricula may create an unsafe classroom environment. For example:

- Teachers are instructed to show images of sexual exploitation and rape (Christian Education); this can be traumatic for many learners and may be treated flippantly by some.
- Homosexuality is described as deviant in various curricula; this is a judgement not supported by medical science. Some lessons erroneously suggest that everyone becomes attracted to the opposite sex.
- The Geography curriculum teaches that ‘people with HIV have become rapists and commit a lot of crime’.

Most of the lessons include strategies for assessing whether objectives were realized. However, many of these strategies are underdeveloped, impractical or highly subjective.

Detailed comments

English

The English curriculum within the Adolescent Sexual Reproductive Health/ Life Planning Skills Curriculum is one of the stronger in the series. For example, the objectives, skills and guiding questions align well and the section on values is clearly articulated. However, some concerns were noted, as follows:

Order of topics:

- The section on gender should be moved to just before or after the section on adolescent growth. Adolescence is the time when gender roles consolidate and profoundly affect adolescent experience in terms of relationships, sexuality, communication, etc.

Structure:

- A key message about hygiene (pg 9) does not fit the activity about infatuation.
- The communication topic repeats a topic covered in another subject.
- It should be clarified (pg 9-10) that not all adult behaviour is acceptable; inappropriate touch or sexual harassment by an adult is a form of abuse and should be reported to a trusted adult.
- The sections on communication are very clear and present real dilemmas, but they repeat to some degree the communications lessons taught in other subjects.

- The distinctions between sex and gender are very clear and helpful. This whole section could come much earlier in the curriculum (and in younger grades).

Accuracy:

- Causes of teenage pregnancy (pg 17) is imprecise in parts:
 - The section should be re-titled as: Reasons that teens have sex. [See *It's All One Curriculum*, Vol.1, pg 103-105.]
 - 'Defilement' (which refers to girls only) should be replaced with gender-neutral language.
 - It should be clarified that first sex itself is not 'dirty', although forced sex is.
- It is stated (pg 17) that teenage pregnancy is illegal in Uganda. This may have been a typographical error, intended to say that abortion is illegal.
- 'Abortion is murder' (pg 17) is a value judgement, and is not scientifically accurate. It should be clarified that abortion is safe or unsafe, depending on the conditions under which it is performed.
- It is misleading to state that 'most STIs can be cured' (pg 23). Chancroid, gonorrhea, chlamydia, syphilis and trichomonas can be cured, however, Hepatitis B, Herpes simplex, HIV and human papillomavirus (HPV) cannot. [See *It's All One Curriculum*, Vol. 1, pg 278.]
- 'If a person suspects that a person with a sexually transmitted disease (STD)/STI is likely to get and spread HIV more easily' (pg 23) should be changed to 'Infection with certain STIs increases the risk of acquiring or transmitting HIV'. [See *It's All One Curriculum*, Vol. 1, pg 277-278.]
- Death, madness and loss of concentration are not common signs of STIs (pg 26). Language on body damage is also vague. These points should be removed and replaced with a statement that certain STIs may have no signs or symptoms, especially among women.
- The statement (pg 38) that 'Her mother made her understand that it is natural for a girl in her teens to begin to get interested in the positive sex' is perhaps a typographical error that should read 'opposite sex'. This section also assumes that all young people develop attraction toward the opposite sex and that none develop attraction to the same sex. This is inaccurate and may reinforce negative feelings in young people who do not fit the norm.

Teaching activities:

- This section repeats the relationships section taught in other classes.
- The section on achieving one's goals with resilience/flexibility is good. It deserves further response, for example, asking learners how this story made them feel, whether 'Eria' should be satisfied, if everyone should have a backup plan and what can help them achieve their dreams.
- Scenario 1 (pg 31-32), which asks learners to role-play a gang rape scenario (even symbolically), is inappropriate and disturbing and places more blame on the father than on the rapist. This activity should be removed or changed, for example, for a lesson focused on communication, it might be better to have the girl escape without the trauma.
- The case study on page 31-32 is a good activity, particularly because it avoids blame. However, it needs more explanation of what happened, for example, whether 'Regina' wanted to have sex, whether she tried to negotiate condom use, and how her friend can best help.
- The case study on page 40 is too formulaic (There is only one obvious answer).

Gender:

- It is not clear what the rationale is for recommending the shaving of pubic hair (pg 6) or whether shaving pubic and underarm hair is recommended for both boys and girls or just girls.
- The objective 'Appreciate different gender roles' (pg 41) is vague and could be interpreted in different ways. [See *It's All One Curriculum*, Vol.1, pg 43 and *International Technical Guidance for Sexuality Education*, Vol.II, Concept 3.3 for further guidance or content.]
- The role play exercise asking what is expected of females/males (pg 43) requires follow-up questions such as if it is natural or socialized, fair etc. The 'home-building is a woman's responsibility' essay was also unclear and should be changed to incorporate learner's points of view as well as to dovetail with the next activity challenging gender stereotypes.

Knowledge of contraception:

- Female condoms should be included (pg 27).
- In terms of the assessment (pg 27), learners are unlikely to feel free to respond to the question 'what are you doing to prevent getting infected with STIs?' in a classroom where the curriculum strongly encourages abstinence.

Rights:

- The activity on stereotypes (pg 46) is good, but could benefit from discussion about stereotypes, such as whether they are socially constructed, place expectations on young people, and limit their options.

Biology

The following concerns were noted relating to the Biology curriculum:

Accuracy:

- The statement 'AIDS has no cure, but can be prevented with good treatment, care and support of the infected and affected persons' is inaccurate and should be corrected or clarified. In the statement 'Proper personal hygiene involves cleanness and purity of body, clothes, shoes and personal property', the words 'and purity' should be removed because 'purity' is either redundant or moralistic in this instance.
- The section on penile cancer could be improved. It should be clarified that penile cancer is rare and HPV vaccines for males (if available) should also be mentioned. Avoiding sexual intercourse with a woman with cervical cancer or multiple sexual partners does not necessarily avoid contracting HPV.
- Andropause should not be listed under personal hygiene (pg 30).
- The discussion on abortion is unscientific, especially for a biology class. It is described as illegal and it is therefore redundant to describe it as criminal. If abortion is still allowed to save the life of the mother, the text should be corrected. 'Inhuman' is a value judgement rather than a biological fact. It should also be clarified that abortion is safe when performed under proper conditions but unsafe when performed under improper conditions; unsafe abortion is a serious risk to girls and women's health in Uganda.
- The section on 'factors that lead to teen pregnancy' should be reframed as 'factors leading to unwanted sex and unsafe sex, especially among adolescents'. [See *It's All One Curriculum*, Vol. 1, pg 207-208.]
- Emotional stress should be removed from the list of proven causes of spontaneous abortion.

Structure:

- HIV does not belong under biodiversity. The learning objective which says learners should be able to preserve and protect living organisms should be expanded to indicate understanding of the ways that different organisms interact (whether symbiotically or parasitically), or should be moved to another section (although the sections in the biology syllabus are inadequate for case topics, but the closest is sexual reproduction in animals).
- The content on STIs (condom use, fat persons being able to harbour an STI, etc.) should not be contained in the subtopic on sexual reproduction in animals.
- The section on abortion should come after the unit about sex and pregnancy. Also, under factors that lead to abortion, 'unintended/unplanned pregnancy' should be at the top of the list.
- FGM is under the objective 'The learner should be able to understand the mechanism by which living organisms produce their offspring and sustain their life on earth' and should be relocated (as with HIV being located under biodiversity above, the biology syllabus needs reframing to better include case material).
- The (incomplete) population section is inappropriate to include in a reproductive health unit. It is more appropriate within an ecology unit of biology.

Teaching activities:

- The emotional challenges of getting tested should be explored, rather than buried, to help learners resolve their conflicts about it. [See *It's All One Curriculum*, Vol. 1 pg 198-201.]
- How this biology content develops self-awareness, self-esteem and empathy should be clarified.

Individual values regarding sex:

- The text lists ways to avoid HIV, such as avoiding discos. However, the potential risk in many situations thought to be 'safe', such as early marriage and trans-generational sex with a known person, should also be emphasized. Institutions such as family, school and church are also not always safe.

SRH knowledge:

- Under the discussion on menstruation and female puberty, the onset of 'secretion of cervical mucus' or 'vaginal mucus discharge' should be added because girls often develop the belief that their natural mucus discharge means they have an infection and that they are dirty.

- The 'emotional' aspects of adolescence/puberty result not only from hormones but from changes in the way that other people, including adults, treat a young person at that age. Girls may find themselves more tightly monitored, subject to comments or harassment by adult males, etc. These experiences can also carry significant emotional consequences.
- The term sexual intercourse (pg 37) needs explanation. [See *It's All One Curriculum*, Vol.1, pg 112.]

Geography

This component has numerous good elements, for example, the unit on FGM, which includes discussion on laws, is based on critical thinking, human rights and on an awareness of the fluidity of cultural norms/practices. It is respectful of the tribal groups themselves and of tradition, while criticizing harmful practices and acknowledging the reasons people choose this practice. This is the kind of critical thinking approach that would be helpful to apply to all topics, such as 'why people do not use condoms, choose abortion, or tolerate high levels of gender-based violence'. However, numerous items that need correction or clarification were noted:

Structure:

- The population growth section is inappropriate to combine with teaching about contraception. Messages that people should use contraception to help curb population growth have not been effective in shaping voluntary individual reproductive decisions, and have also been questioned as infringements on individual/family decisions.
- A separate table for parasites that can be transmitted through sharing clothes or inadequate hygiene should be considered. People who have never had sex may contract these parasites.

Accuracy:

- The section on causes of teenage pregnancy (pg 9) actually describes some of the reasons that some teens have sex. The term 'defilement' should also be replaced by a gender-neutral and less moralistic term like 'first sex'. [See *It's All One Curriculum*, Vol.1, pg 103-105 for sample content.]
- The list of effects of teenage pregnancy (pg 9) assumes that all teenage mothers are unmarried and should be modified to clarify that this is not always the case. Abortion is described as deliberate (pg 11) but then both induced and spontaneous abortion are defined. It is therefore suggested that the earlier description is removed. The term 'non-international' should be corrected to 'non-intentional'.
- The second 'facts about abortion' (pg 11) is a religious or personal view, not a fact, and should be modified to 'Abortion is viewed as a sin by some religions' or 'Attitudes about abortion vary; some people believe that women need access to safe abortion, while others believe it is a sin and should not be made available'. The law restricting access, including any exceptions that allow abortion, should also be clarified. The statement on factors that contribute to unsafe abortion is useful. [See *It's All One Curriculum*, Vol.1, pg 214-217 and pg 247 for sample ways to address abortion in a curriculum.]
- Under the section on the effects of abortion, the statement 'Stress and depression as a result of guilt because abortion is equivalent to murder' is a value statement, not a scientific one. Abortion can lead to relief, shame or other feelings and this statement should therefore be removed. Adding that abortion is unsafe and legally restricted in most of Africa, but is legal and performed safely in a few African countries, should be considered.
- Family planning (pg 14) does not reduce the spread of HIV and AIDS per se – condom use does. This should therefore be modified to 'When condoms are used, risk of HIV and other STIs is also reduced'.
- The entire section on family planning (pg 15-18) should be revamped to correct inaccuracies. [See *It's All One Curriculum*, Vol. 1, pg 252-253 plus Contraception fact sheet for sample content.]
- The table on contraceptive methods includes many errors, for example:
 - o Natural methods have advantages, but they tend to be significantly less effective than other methods. Given the risk associated with unintended pregnancy, this information must be accurate. Text on the advantages of the Billings method should be changed from 'effective' to 'no physical side effects' and optionally 'Allows user to anticipate when menstruation is due'.
 - o 'Effectiveness' should be included in the advantages of barrier, long-acting and permanent methods.
 - o Many of the negative statements about condoms (such as 'condoms are associated with promiscuity') are untrue and harmful, given the HIV epidemic.
 - o To say Depo-Provera prolongs the ability to get pregnant is confusing and inaccurate and should be removed.
 - o The statement that IUDs can cause cancer is not true.
 - o It is confusing to combine information about oral contraceptives and emergency contraception. As an emergency contraception, oral contraceptive must be taken in a high dose, not daily.

- o Lactational amenorrhea to prevent pregnancy does not require 'hourly' breastfeeding. Users must breastfeed frequently, exclusively (no formula or food) and on demand.
- o It is not correct that oral contraceptives 'interfere with sexual interactions'.
- Circumcision should be changed to male circumcision.
- Bride price and polygamy (pg 22) are named under both useful practices and harmful ones.
- Male and female condoms as prevention methods should be added to the STD chart (pg 27), while clarifying that abstinence is the only 100% effective method. 'Fear of exams' as a cause of candida should be removed.
- Where the syllabus uses an outdated, more generic term (venereal warts) and states it leads to cervical cancer, it should rather refer to HPV, some strains of which can cause cancers, including in males. [*It's All One Curriculum* has an STI table (Vol. 1 pg 277-279); however, some information about HPV has been updated in a later version, downloadable at www.itsallone.org. Or consult a WHO or other reliable site.]

SRH knowledge:

- Typically, contraceptive methods are divided into natural, barrier (or temporary 'user-controlled'), long-acting (working inside the body) and permanent surgical. This curriculum divides the methods into natural (which come first) and artificial (non-natural), which is everything else (from condoms to sterilization) and, as mentioned above, the table on contraceptive methods includes many errors. [See *It's All One Curriculum*, Vol. 1pg 252-253.]

Gender:

- Background information correctly clarifies that some girls become pregnant because of forced sex but is overly denigrating of girls who become pregnant from consensual sex. In both cases, girls may lack power to negotiate condom or contraceptive use.
- Since child and forced marriage lead to many early pregnancies, any section on pregnancy among adolescents should reinforce negative messages about child and forced marriage.

Rights:

- The statement that family planning helps control population growth has been construed as an infringement on family's decisions about reproductive health and should therefore be removed.
- The list of positive impacts of the AIDS epidemic (pg 29), that is that it helps control population size, provides jobs in condom factories, etc. is both inaccurate and inappropriate. (Note: the 'positive impact' and 'negative impact' lists have accidentally switched titles and so the list currently under 'negative impact' should be removed.)
- The statement 'People with HIV have become rapists and commit a lot of crime' is extremely misleading and fomenters fear and stigma. It should therefore be removed.

Personal values about sex:

- Almost every example of a sexual relationship throughout the curriculum is negative and dangerous. Young people also need modelling of positive, responsible and safe relationships (including those that are abstinent and those that include sexual intimacy), or they will not be prepared to negotiate safe, respectful relationships.

Christian Religious Education

This curriculum appropriately addresses questions of ethics or morals. In some cases, this is extremely strong. For example, there is an excellent section on justice, encouraging learners to consider what justice is, how it can be brought about for all, and how people can work for it. The section on gender is also good, tying gender justice to other forms of justice. However, there are areas of concern, including inaccuracies and stigmatization, as follows:

Structure:

- This is a good section but respect for truth is a value (pg 8) and communication is a skill that can be harnessed to convey either truth or untruth; effective communication might therefore fit better under a section on building healthy and respectful relationships.
- Abortion and AIDS do not belong in the same section.

Accuracy:

- The 'factors leading to moral degeneration' in the section on values is too simplified. Peers may also exert a positive influence, mixed cultures can foster tolerance and understanding, science can save lives, desperate behaviour may arise out of extreme poverty, etc. [See *It's All One Curriculum*, Vol. 1 pg 22-23 for sample ways to present values.]

- The definitions provided of sexuality vary in accuracy and clarity and do not conform with each other. [See *It's All One Curriculum*, Vol.1, pg 113, or *International Technical Guidance on Sexuality Education*.]
- Oral sex should be removed from the 'types of sexual relationships' section as it is a practice, not a type of relationship.
- The statement that 'gay marriage is common in the western world, especially America' (pg 30) is inaccurate. This should be modified to say that gay marriage is legal in some countries or that it is not common but is growing in acceptance and is legal in some countries (e.g. South Africa).
- Many of the statements about oral sex are inaccurate.
- The section on causes of teenage pregnancy should be re-titled as factors contributing to teenagers having unprotected sex. [See *It's All One Curriculum*, Vol.1, pg 207- 208 for another way to classify these factors.]
- In the section on consequences of teenage pregnancy, the risk of fistula in very young teens should be added to the section on why teenage pregnancy makes it easier to acquire HIV and STIs.
- The section on effects of abortion is very judgemental and includes inaccuracies. [See *It's All One Curriculum*, Vol.1, pg 247 for a factual treatment of abortion.]
- The statement 'Due to wrong sexual relation, some young people expose themselves to HIV and AIDS' is vague. The sources of risk should rather be categorized as lack of information, skills, access to protection; lack of agency/ power to refuse unwanted, unsafe sex, or coercive sex; or conflicting/unresolved feelings about condoms. [See *It's All One Curriculum*, Vol.1, pg 194-195.]

Rights/accuracy:

- The values sections should distinguish between rituals or practices (such as prayer, FGM, naming ceremonies etc) and values (e.g. respect, tolerance for others, honesty and dignity).
- The otherwise good section on justice should include examples of justice denied, particularly since the following section is on sin; the justice section should be clear that justice extends to all.
- The section on family life has numerous statements that are inappropriate and an affront to human dignity. Descriptions of homosexuality, oral sex and masturbation as deviant and dangerous are value judgements and should either be presented as representing a certain religion or subjective value, or removed. Statements about 'dangers' should be deleted unless they are scientifically accurate. In a list of problems facing families, it is inappropriate to characterize homosexuality, oral sex and masturbation along with domestic violence, poverty, cross-generational sex, HIV and harmful traditional practices. 'Women manipulation' is not well defined and should be removed.
- The statement that oral sex leads to becoming a homosexual or prostitute is not true and should be removed.
- The statement that prostitution causes sterility is not true and should be removed.
- The statement that 'human development depends on one's goals' could be expanded to include the fact that human development also depends on one's social circumstances.
- Most of the bullet points under 'homosexuality and its dangers' are inaccurate. The entire section should be removed.
- The section on transactional sex should include others dangers of sex work, such as increased vulnerability to HIV and STIs; increased vulnerability to violence; and stigma.
- The statements on the positive effects of HIV and AIDS should be removed as they are untrue and harmful.
- The characterization of homosexuality/lesbianism, oral sex and masturbation as deviant should be clarified as a religious view; far better would be to remove this section. Cross-generational sex tends to entail highly unequal power arrangements in which one person is vulnerable to mistreatment as well and so this should not be conflated into one list.
- The otherwise good section on harmful traditional practices (pg 36) should not attribute changes in attitudes to western culture. Although the rise of awareness about gender equality is global, opposition to FGM, wife inheritance and early marriage are well rooted in many African communities (although traditionally, perhaps not among those with social power).
- The list of harmful practices ranges between some practices that are profound abuses of human rights (e.g. denial of girls education, FGM and early marriage) and others that are not always, or necessarily, harmful (e.g. tattooing). Wife beating is not even mentioned in this curriculum or in this list – until the final 'key points' which should be modified.
- The statement in Key Facts that 'Many people consider wife beating, wife inheritance, FGM and early marriage harmful especially for women' is weak; these practices are harmful, wrong and an abuse of human rights. These practices also vary so much in their consequences that the most common, serious ones should each be addressed separately.

Personal values about sex:

- The 'effects of sexuality on behaviour' list (pg 6) is extremely negative. This list is a combination of consolidation of socially determined gender roles, developing cognitive capacity and psychological simplifications. 'Calling for identity among girls and boys' is unclear but may be a consolidation of gender roles. [For ways to address sexuality, see *It's All One Curriculum*, Vol.1, Unit 3, or *International Technical Guidance on Sexuality Education*, Key Concept 5.]

Interpersonal relationships/skills:

- The list entitled 'healthy relationships' (pg 34) is actually a list of behaviour tips to reduce the risk of unwanted sex, unsafe sex and GBV. Healthy relationships are built on trust, mutuality, honesty, respect, communication, shared responsibility, nonviolence and relative equality.

Teaching Activities:

- Showing learners images of sexual exploitation or rape (pg 9) is highly inappropriate and should be removed.
- Many points lack detail to guide the discussion, for example:
 - o Discussion about obstacles to friendship;
 - o Discussion about challenges of sexuality and how to cope with them;
 - o Sex deviations;
 - o Factors leading to moral degeneration: influence of science and technology.
- Asking learners to demonstrate walking in a seductive way is inappropriate and can cause teasing and humiliation. Care should be taken to promote a safe classroom environment.
- The otherwise excellent section on justice in society (pg 25) would benefit from engaging learners in deeper personal reflection about their own feelings, experiences and attitudes. [See, for example, *It's All One Curriculum*, Vol.1 pg 44 Points for Reflection and Vol. 2 Activity #6.]
- The section on cross-generational relationships is an example of where the curriculum could encourage critical thinking and dialogue, asking why people engage in these relationships e.g. for cash for school fees, because they are pressured to do so or because they are flattered. Questions around who else has responsibility for this and how society can address those unmet responsibilities can also be raised.
- Regarding the debate on abortion law, if the teacher and the curriculum have already defined abortion as a religious sin, then this is not an appropriate topic for debate. The lesson should be reframed in terms of life skills and empathy i.e. what leads women to choose abortion.

Gender:

- The otherwise good section on attitudes boys and girls have toward each other needs to address the question of gender inequality.
- The Theme 4 'Man in changing society' should be modified to 'People (or humans) in changing society'.

SRH knowledge:

- The 'types of sexual relationships' list only those types outside the prevailing norm. It is suggested the examples are modified to: sexual relationships between two people of opposite sex; between same-sex partners; within a committed relationship, a casual relationship, or a commercial relationship; within a relationship of relative equality or of inequality (e.g. cross-generational sex).

Islamic Religious Education

Overall, this curriculum has numerous strengths. Chief among them are:

- It is the only curriculum in the O-Level series that includes information on proper condom use and it has the best section on contraception.
- It is the only curriculum in the series that addresses sexual expression e.g. it acknowledges that 'every person is a sexual being from birth to death'.
- By focusing on the causes of early sex, rather than the dangers of pregnancy, it helps learners understand how to change both individual and underlying social risk factors.
- The morality unit acknowledges that many parents do not do talk to their children about sex.
- Learners are encouraged to understand and control their own body.
- The language is more objective, straightforward and realistic than other curricula in the series.

- The curriculum recognizes that young people do make mistakes and empowers them to reconsider and change their behaviour. For example, in the section on substance abuse, instead of simply denouncing intoxicants as dangerous, it also acknowledges that 'many adolescents still use intoxicants' (the list of factors contributing to substance abuse is also much more accurate than in other components of the curriculum).
- The competencies and some of the activities suggest critical thinking and development of judgement, not just fear of exaggerated consequences (e.g. the exercise on pg 13 about the girl at the blackboard is realistic and compelling.)

However, a number of inaccuracies and concerns (including human rights concerns) were noted, including:

Structure:

- In the section on male puberty (pg 13), checking the testicles for lumps is not part of managing wet dreams/ erections; it is self-care. There is no reason to connect ejaculation and cancer in boys' minds.

Accuracy:

- In the unit on drugs, many but not all drugs affect organs of the body, lead to depression, etc. This should be clarified.
- In the section on puberty, the statement that girls experience a change in voice the way that boys do should be removed. The confusion or stress caused by other people treating them differently e.g. tighter parental monitoring and sexual advances by adult males, should be added to the list of emotional changes.
- The section on traditional practices (pg 10) has inaccuracies or imprecise statements, including:
 - o 'Pulling (labia) might not be so necessary'. Pulling is not at all necessary and this statement should therefore be modified. Twin ceremonies may be problematic from a human rights perspective, but it is not accurate to state that they 'lead to adultery, commitment of shirk and fornication';
 - o Vulgar language should not be classified as a 'harmful traditional practice' as it does not violate someone's body or rights. It is communication that is disrespectful and reinforces negative messages about relationships and sexuality. Nor is it considered 'traditional'.
- Not all of the practices listed on page 15 are scientifically defined as harmful.
- In the otherwise good section on sexual abuse, it should be clarified that certain situations (e.g. dressing a certain way) may – not will – lead to abuse. It should be reinforced that the abused person is never at fault.
- The statement that sexual abuse does not start suddenly is not always accurate and should be modified.
- In terms of the effects of child sexual abuse, 'stress' seems an inadequate way to characterize the mental health effects. Depression, hopelessness and shame are common feelings that should be included.
- In the sexual deviation section, most of the dangers attributed to masturbation and homosexuality are scientifically unfounded. Learners need to understand which of their religious teachings are supported by scientific knowledge and which are supported by Islamic teachings. This should therefore either be removed or clearly identified as Islamic perspectives on sexual deviation.
- The otherwise good section on maternal health could be strengthened by:
 - o Adding that pregnancy carries added risk only among younger teens or those who are malnourished;
 - o Specifying the social consequences for married versus unmarried adolescent mothers;
 - o Clarifying that pregnancy does not increase the risk of HIV.

Personal values:

- This list of 'things people value' (pg 15) equates practices with values, e.g. prayer is a practice; piety is a value. This should therefore be re-titled as 'Practices that people engage in'. Ways for learners to explore the values that underlie these practices, for example, underlying substance abuse reflects a value about caring (or not caring) for one's body and underlying FGM is a value placed on patriarchal control of female sexuality, should be added. [For clarity on values, attitudes, practices, beliefs, see Vol.II, pg 12 of *International Technical Guidance on Sexuality Education*.]

Gender:

- With regards the consequences of early sex, this should acknowledge that girls suffer greater social consequences. Learners can debate the fairness of a double standard of sexual morality.
- The section on careers is outside the scope of this review, but it was noticeably effective. Adding discussion of more careers opening up to females should be considered.

- The example of the expectant mother working harder than the father (pg 45) is a common example of 'gender-inequality'. It is only violence if he is forcing her to over-work.

Rights:

- The consequence for the perpetrator of rape should not be grouped with the consequences to the victim. The terminology needs revisiting, with attention to their meaning in Uganda but also to the law. The following should also be clarified:
 - o Rape refers to sex against someone's will, regardless of circumstances. It may take place at any age, with a relative, etc;
 - o 'Defilement' should be replaced with 'child sexual abuse; It may be more appropriate to refer to sexual coercion taking place in different contexts, such as incest (perpetrated by a relative); child sexual abuse; within marriage (those forced into marriage are especially vulnerable); or forced to have unwanted sex out of economic desperation. [See *It's All One Curriculum*, Vol. 1 pg 106-107 for more detail.]

Teaching activities:

- Teachers should be reminded that the topic of sexual abuse may cause serious distress and/or lead a student to disclose abuse. Teachers' reporting requirements should also be included.

SRH knowledge:

- While the section on family planning is by far the best among the O-Level curricula, information on emergency contraception and on female condoms is needed. [See *It's All One Curriculum*, Vol. 1, fact sheet on Contraception.]

Highlights from the available literature

Uganda has a fairly long-standing school-based sexual health education programme; findings point not only to the importance of a strong curriculum, but to adequate teacher training and ongoing programme monitoring. Tiendrebéogo et al report that a 1994 evaluation of the School Health Education Programme (SHEP) led to increases in knowledge about health issues, but had little impact on attitudes and values and no impact on behaviour. In response, the 1994 Life Skills Programme was launched, aimed at focusing more specifically on behaviours and practices. It began with a national sensitization seminar for senior policy-makers, opinion leaders and NGO representatives, as well as baseline surveys in primary and secondary schools and the development of Life Skills manuals for educators with a separate reference for out-of-school children and young people facilitators.

A one-year trial of the Life Skills Programme was conducted with 100 primary and 32 secondary school teachers in the Masaka District using the WHO/UNESCO in-school Life Skills Manual. There was also a control group of schools. The programme focused on knowledge, attitudes and practices related to HIV and AIDS, STIs and sexual behaviour. No significant difference in outcomes between the control group and the intervention group were found. The failure of the intervention was attributed to: 1) teachers' lack of confidence with experiential learning activities, such as role plays; 2) teachers' avoidance of sensitive topics such as condom use because of their personal religious beliefs or fear of job termination; 3) the subject was not examinable, so it was deemed unimportant; and 4) a large portion of the curriculum was not taught¹⁰⁶.

Kinsman et al (2001) conducted a quantitative and qualitative study of a 19-activity extra-curricular school-based AIDS education programme that was delivered over one year in rural south-western Uganda¹⁰⁷. The questionnaires and focus group discussions revealed that the programme had very little effect: Seven of the nine key questionnaire variables showed no significant difference in score after the intervention. The poor outcomes were attributed to a

¹⁰⁶ Tiendrebéogo, Georges, et al. 2003. *Life Skills and HIV Education Curricula in Africa: Methods and Evaluations*, USAID Technical Paper No. 119.

¹⁰⁷ Kinsman, J. et al. 2001. *Evaluation of a comprehensive school-based AIDS education programme in rural Masaka, Uganda*. Health Education Research: Theory and Practice vol. 16, no. 1: 85-100.

shortage of classroom time, teachers' fear of controversy and, ultimately, incomplete implementation. An evaluation of a Ugandan primary school programme (Shuey et al, 1999) revealed significant, positive improvements in reports of sexual initiation and number of sexual partners¹⁰⁸. The intervention targeted primary school learners (average age 14, with an equal number of girls and boys) in Soroti district of Uganda with an emphasis on improved access to information, improved peer interaction and improved quality of performance of the existing health education system. The authors report:

'A cross-sectional sample of learners, average age 14 years, in their final year of primary school was surveyed before and after two years of interventions. The percentage of learners who stated they had been sexually active fell from 42.9% (123 of 287) to 11.1% (31 of 280) in the intervention group, while no significant change was recorded in a control group. The changes remained significant when segregated by gender or rural and urban location. Learners in the intervention group tended to speak to peers and teachers more often about sexual matters. Increases in reasons given by learners for abstaining from sex over the study period occurred in those reasons associated with a rational decision-making model rather than a punishment model.'

There was little difference between the intervention and control groups in terms of knowledge and their source of information about AIDS; the deciding factor in the intervention groups was the higher rate of interaction between learners and an increase in discussions – rather than simple transmission of factual information – between teachers and learners. The intervention was most effective with those who had not yet initiated sexual activity, and hence can be considered a delay in sexual debut. However, since there was no long-term follow up, it is not known whether or for how long the reported effect was sustained. The study also showed that affecting a change in sexual debut is much easier than producing abstinence among learners that are already sexually active. The evaluation found a decrease in sexual activity following the intervention, although it was not statistically significant. This study involved a small sample size of learners used for this study; however, reported changes were statistically significant. The authors also note that it was not the same group of learners answering the questions in 1994 and 1996.

More recently, Williams et al (2004) evaluated the African Young people Alliance (AYA) programme, a three-country effort aimed at young people aged 17-22, involving a behaviour change communication programme, young people-friendly services at clinics, and livelihood skills training integrated with sexual health information¹⁰⁹. The evaluation, which was based on a post-test, found that HIV and AIDS knowledge, as well as confidence in insisting on condom use, was higher in Uganda compared to the other countries, perhaps because Uganda was one of the first countries to implement measures to prevent HIV and AIDS. The intervention was shown to have a significant positive impact among females and males for spontaneous HIV and AIDS knowledge and confidence in obtaining condoms. However, with both males and females, a slight negative impact was seen in confidence in insisting that partners use condoms, although overall levels for the variable were relatively high (89% to 91% among males and females); the reason for this outcome was not known. Among females, AYA had a substantial positive impact on first sex, last sex, ever using condoms, consistent use of condoms and the use of contraceptives at first and last sex. No impact was seen among females for sexual debut or number of partners and a negative impact was shown for abstinence. Among males, no significant impact was observed for any of the behaviour variables.

Dente et al (2005) evaluated a two-arm intervention in 22 secondary schools in northern Uganda: one group received sexual health information and voluntary counselling and testing for HIV; the second group received the education component only. A group of control groups were from schools similar to intervention schools. The education-only group reported a positive effect on age at first sex on percent of casual partners in the past year. However, this evaluation had only post-intervention assessment and no randomization scheme was used to assign intervention¹¹⁰.

108 Shuey, D. A., Babishangire, B. B., Omiat, S., & Bangarukayo, H. 1999. *Increased sexual abstinence among in-school adolescents as a result of school health education in Soroti district, Uganda*. Health Education Research, 14(3): 411–419. In: Gallant, Melanie and Eleanor Maticka-Tyndale. 2004. *School-based HIV prevention programmes for African Youth*. Social Science and Medicine 58(7): 1337–1351. <http://her.oxfordjournals.org/content/14/3/411.full>. Accessed October 4, 2011.

109 Williams, Tim, et al. 2007. *Evaluation of the African Youth Alliance Program in Ghana, Tanzania, and Uganda: Impact on Sexual and Reproductive Health Behavior Among Young People*. Boston: John Snow Inc. Research and Training Institute.

110 Dente MG, Fabiani M, Okwey R, Conesta N, Opira C. *Impact of voluntary counselling and testing and health education on HIV prevention among secondary school students in northern Uganda*. Health Policy and Development. 2005; 3(1):1–11. Cited in Sue Napierala Mavedzenge, Aoife Doyle, David Ross. *HIV Prevention in young people in sub-Saharan Africa: A Systematic Review*. February 2010. London: London School of Hygiene and Tropical Medicine: London. <http://www.evidence4action.org/images/stories/documents/srgreview.pdf>.

Rijsdijk et al (2011) evaluated *The World Starts with Me* (WSWM), an online sexual and reproductive health and rights curriculum for young people aged 12-19¹¹¹. Launched in 2003 by SchoolNet Uganda, World Population Foundation and Butterfly Works, WSWM emphasizes adolescent development, behaviour change and human rights, with 14 evidence-based lessons on self-esteem, sexual development, independence, the social environment, gender equality and sexual rights. A diverse range of activities help learners personalize information and explore their attitudes, while virtual peer educators provide detailed information on the topics; there are separate components for learners and for teachers¹¹². A pre-survey/post-survey found that, compared to learners in a control group, those exposed to the programme had better knowledge about pregnancy prevention, more positive perceptions about social norms for delaying sexual debut and stronger intention to delay intercourse. Similar positive effects were found for attitudes, self-efficacy and intention regarding condom use and for self-efficacy in dealing with sexual coercion and violence. A negative effect was found for knowledge regarding non-causes of HIV (petting, fondling and deep kissing). Follow-up analyses had mixed findings about the effect of schools that implemented only part of the curriculum. The authors concluded that teachers were reluctant to promote condom use, that the criminalization of homosexuality makes it impossible to talk about homosexuality as a human right, and that lack of computers and time undermined sound implementation of the programme. As of 2008, WSWM was being used in 100 schools. The website indicates that it has had positive feedback and that they expect the programme will be recognized by the Ministry of Education and Sport¹¹³.

Adamchak et al (2008) evaluated *Straight Talk* (ST), a mass media communication programme operating since 1993^{114, 115}. ST produces multilingual radio shows and newspapers, along with health fairs and other community and school-based activities. The evaluation found that the radio broadcasts were the most popular product, followed by the newspapers. A household-based survey of 2,040 adolescents (equal numbers of boys and girls) found that adolescents exposed to ST had significantly higher knowledge outcomes. The analysis also found males exposed to all three ST products were 38% as likely to be sexually active as their unexposed counterparts; no clear or significant pattern was shown among females. Males with the highest level of exposure to ST were three times more likely than unexposed males to report practicing secondary virginity; the pattern among females is not as clear, partly due to a small sample size. Exposure to ST also correlated with some increase in condom use, but it was not significant.

111 Rijsdijk, Liesbeth et al. *The World Starts With Me: A multilevel evaluation of a comprehensive sex education programme targeting adolescents in Uganda*. BMC Public Health, 2011, 11:334. Accessed October 14, 2011.

112 SchoolNet Uganda. *The World Starts with Me*. <http://schoolnetuganda.sc.ug/projects/on-going-projects/the-world-starts-with-me.htm>. Accessed October 18, 2011.

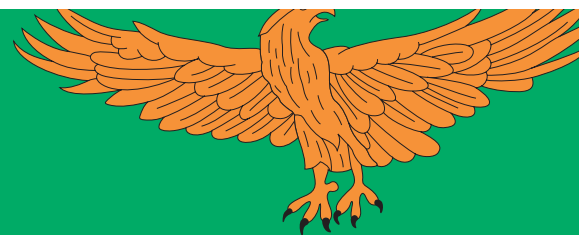
113 SchoolNet Uganda. <http://www.wpf.org/project/702>. Accessed October 18, 2011.

114 Adamchak, Susan E., et al. 2007. *The Straight Talk Campaign in Uganda: Impact of mass media initiatives, summary report*, Horizons Final Report. Washington, DC: Population Council. 20 October 2011. <<http://www.popcouncil.org/pdfs/horizons/UgandaStraightTalk.pdf>.

115 O'Meara, Claire and Fiona Samuels. 2009. *Updated Stocktaking Report: Education Sector Responses to HIV and AIDS*. Geneva: UNAIDS Inter-Agency Task Team on Education.

Sexuality education curriculum review:

Zambia



I Introduction

The purpose of this review was to assess the content, quality and method of delivery of curricula used in Zambia for delivering life skills-based comprehensive sexuality education (SE) programmes, to serve as a resource for curriculum revision aimed at empowering young people to protect themselves from HIV and poor reproductive health outcomes¹¹⁶. The review was commissioned by UNESCO, UNFPA and UNICEF for the HIV Prevention Working Group of the Regional AIDS Team in East and Southern Africa (RATESA). The work was conducted by Population Council's Rethinking Sexuality Education project, with technical input from the Joint Inter-Agency Team.

Documents reviewed

- Life Skills Framework (2010)
- Basic Education Syllabi Grades 1-7 (2003)

These two documents did not cohere closely enough to be reviewed in a synthesized manner. For example, the list of competencies directly or indirectly related to HIV and AIDS and to pregnancy is different in each of these documents. They have therefore been reviewed separately.

For each document reviewed, an overview is provided of (i) **content** (accuracy, thoroughness and age-appropriateness); (ii) **sexual reproductive health behavioural goals**; (iii) attention to **social risk and protective factors** (gender, rights and living in a high HIV-prevalence setting); and (iv) effectiveness of **teaching activities**. Detailed comments are also included.

Life Skills Framework (2010)

Overview

The stated rationale for teaching life skills is to help young people prevent (and cope with) a range of problems, including HIV, violence, substance abuse and 'promiscuity'. The general organization and underlying conceptual basis for this framework is extremely strong and clear. General and specific outcomes are identified for a list of core life skills (adapted from the World Health Organization list of core life skills) and for other cross-cutting themes, including HIV and AIDS, reproductive health, child abuse, substance abuse, gender, environment, governance, religion, entrepreneurship and careers. This document is not a full curriculum with activities; rather, it is a schematic framework identifying learning outcomes for a range of life skills and applying them to the selected cross-cutting topics.

¹¹⁶ Other countries included in this ten-country review were Botswana, Kenya, Lesotho, Malawi, South Africa, Swaziland, Uganda and Zimbabwe.

The framework identifies outcomes for most key topics; admirably, there are general and specific outcomes across the years both for gender and democracy/rights and none of the outcomes suggested contain any inaccuracies in content. However, there were some key topics were missing and these are identified below, grouped by general topic area.

It was noted that Zambia's country action plan identified needing to draw from the *International Technical Guidance on Sexuality Education* and *It's All One Curriculum*. For the former, it will be most useful to reference Volume 2, where selected objectives and key topics for different ages can be found. Vol. 1 (Guidelines) of *It's All One Curriculum* may be referred to for specific learning objectives, key topics, full content, discussion questions and links to fact sheets and to sample activities (specific pages of where this information can be located is denoted with each missing sub-topic below.

Content: age-appropriateness, accuracy and thoroughness

Age-appropriateness and sequencing of topics

For the most part, outcomes in each skill and cross-cutting area are developed logically from pre-school to grade 12. For example, good/bad touch is introduced in the early primary years; puberty and the dangers of early sex are addressed in grade 5-6. However, condoms are not mentioned until grade 10 – and then it is in the context of discussing religious teachings in relation to abstinence, be faithful and condom use (A.B.C.). Similarly, 'risky sexual behaviours' and 'family planning' are not explicitly addressed until grade 12; these topics should be included in earlier years. Additional minor suggestions for sequencing across the years are included in the grade-specific comments below.

Accurate, thorough and age-appropriate content is missing on:

Human development, puberty, the body and reproduction

This topic, which includes the outcome 'Talk about functions of the reproductive organs', was not included, except in Grade 9. However, it is not clear if this includes 'where babies come from' or how sex leads to pregnancy. [See *It's All One Curriculum*, Vol.1, pg 172-173 + fact sheet on Reproduction and Pregnancy.]

Self awareness, relationships, self and others

The following topics were not included:

- How growing up in a high-prevalence setting affects romantic/sexual relationships and experience;
- Sexual transactions: exchanging sex for cash or gifts, sugar-daddies/mommies;
- Changing norms about relationships.

Sexuality and sexual behaviour

This area is quite sparse. None of the sexuality topics scanned for were included, other than sexual abuse. For example, there is virtually no attention to:

- Defining sexuality and sexual behaviour [See *It's All One Curriculum*, Vol.1, pg 84, 102];
- Messages about sex/sexuality from media and from religion [See *It's All One Curriculum*, Vol. 1, pg 86-88, pg 54, 62-63];
- Sexual diversity [See *It's All One Curriculum*, Vol. 1, pg 94-97];
- Sexual expression [See *It's All One Curriculum*, Vol 1, pg 91-95];
- Creating responsible, mutually respectful sexual relationships [See *It's All One Curriculum*, Vol.1, pg 108, 123-129];
- Sexual consent (rape is mentioned, but not the concept of assuring consent) [See *It's All One Curriculum*, Vol. 1, pg 106-107];
- Peer pressure regarding sex (Note: Peer pressure is addressed in a generic way but not with regard to sexual behaviour) [See *It's All One Curriculum* Vol. 1, pg .103-105];
- Sexual decision-making/motivations for having and not having sex (Note: although there is one outcome 'Discuss decision-making process in relationships', this is only in grade 12 and implicitly linked to sexual decision-making) [See *It's All One Curriculum* Vol. 1, pg 103-105].

Although the treatment of sexuality is not adequate, it was noted that the Zambia country presentation mentioned that teachers are not prepared to handle the topic of sexuality effectively; it may be better to avoid some topics than

to have them taught poorly. Until such time as teachers are adequately prepared, it may be advisable to emphasize the enabling conditions for avoiding early, unwanted and unsafe sex, as emphasized by the national Ministry of Education (untitled) document.

Sexual and reproductive health

HIV and AIDS is covered comprehensively. However, missing topics include:

- Young people's right to health services [See *It's All One Curriculum*, Vol. 1, pg 186-187];
- Male circumcision [See *It's All One Curriculum*, Vol 1, pg 193];
- Why people have unsafe sex; why gender equality is key to fighting AIDS [See *It's All One Curriculum*, Vol 1, 194-197];
- Sexual and reproductive rights of young people living with HIV and AIDS [See *It's All One Curriculum*, Vol.1, pg 198-199];
- STI and HIV disclosure (rights and responsibilities) [See *It's All One Curriculum*, Vol. 1, pg 200-201];
- Reproductive tract infections [See *It's All One Curriculum*, Vol.1, pg 203-204];
- Condoms (One outcome states 'Suggest safest ways and practices to prevent HIV infections', however, it is unclear if this will include condoms or just abstinence. A second outcome states 'Discuss religious teachings in relation to A.B.C'. Neither of these implies clear lessons about accessing and properly using condoms for those who are already sexually active) [See *It's All One Curriculum*, Vol. 1, pg 192-196, 211, plus Fact Sheet on HIV];
- Contraceptive methods (It is unclear what 'Talk about family planning' means. It may include details on methods, including emergency contraception and female condoms, or it may refer only to the idea of family planning among married couples) [See *It's All One Curriculum*, Vol. 1, pg 200-213, plus Fact Sheet on Contraception].

Sexual reproductive health behavioural goals

It was difficult to ascertain the specific practices that will be emphasized in the Zambia programme. For example, the framework specifies:

- Emphasizing safest ways and practices to prevent HIV. (However, it does not specify if this includes condoms or just abstinence);
- Discussing religious teachings in relation to A.B.C (However, it does not clarify a position with regard to A.B.C.);
- Talking about family planning. (However, it does not clarify if this refers only to married couples).

The framework also aims to address topics related to specific behaviours, including, for example:

- Intimate partner violence;
- Coerced sex;
- Care and respect for people with AIDS.

Social risk and protective factors

In terms of whether the framework explores the impact of gender norms across topics and considers other social inequalities and high HIV prevalence, it does not pay much attention to outcomes specifically related to the problems identified in the Zambia country presentation. For example:

- HIV across all age groups carries a woman face;
- Poor attitudes among health workers (the framework could emphasize the right to respectful services);
- Inter-generational sex; transactional sex;
- Sexual and gender-based-violence (GBV);
- Child marriage.

Many of the challenges of living in a high HIV-prevalence setting are addressed, primarily through the learning outcomes related to coping; however, as noted above, the special challenges involved in developing romantic or sexual relationships in high-prevalence settings is not explicitly addressed.

Gender (and to a lesser degree, human rights) is also addressed consistently; however, the outcomes are generally focused on careers and home chores. There is one outcome that asks learners to 'discuss girls' vulnerability to sexual risks, both biologically and socially', however, the gender outcomes could be more fully linked to sexual relationship power, communication and other risk factors for STIs and HIV.

Effectiveness of teaching activities

Because this is a framework only, it will be up to the curriculum developers to ensure that the learning activities aim to make the material feel relevant to learners, and help them clarify their own feelings, values and attitudes. The Framework does include numerous appropriate affective outcomes related to emotions and coping. However, the absence of material on sexual decision-making makes the sexual health information seem somewhat removed from personal experience. In addition, the outcomes on gender would be strengthened with affective outcomes related to that topic.

Additional comments

Many outcomes are addressed in isolation and could be more effectively linked. For example:

- Linking the outcomes on gender and HIV;
- Linking outcomes on self-awareness/self-esteem with outcomes on social attitudes (which affect self-esteem);
- Using messages about respect across ethnicity and religion as a way to introduce or reinforce concepts of stereotyping and discrimination that apply to gender;
- More effectively linking outcomes related to critical and creative thinking skills to the content areas.

In some cases, the language needs to be more precise, for example, the difference between gender and gender equality, and many of the outcomes seem to describe what topics and attitudes learners will discuss, rather than identifying precisely what knowledge or attitudes they will develop. Lastly, while some outcomes are narrow and precise, others are very general and do not specify how and to what degree they should be developed. For example, the outcomes 'talk about family planning' and 'talk about risky sexual behaviours' seems a bit vague and it is unclear whether the intent is to develop them into three-minute lectures or a three-day lesson plan.

Detailed comments

The framework is organized by grade, and under each grade, by specific life skill or cross-cutting topic. The following comments address each grade but for further guidance about sub-topics at different ages, refer to *International Technical Guidance on Sexuality Education*, Vol.2. For most of the content that needs strengthening, refer to *It's All One Curriculum*, Volume 1, which provides specific objectives, content, discussion questions, links to fact sheets and links to sample teaching activities. Some content should be adapted in developing curricular materials aimed at younger children.

Pre-school

Self-Awareness (pg 5): To lay a foundation for affective outcomes, such as having a sense of comfort with one's body, adding 'identify pleasant (or preferred) physical activities' should be considered.

Interpersonal relationships for ages 2-6 (pg 5):

Age 0-6 is too wide a developmental window for assigning a single set of relational outcomes; at the least, insert a qualifier that outcomes should be modified according to the specific age of the learners.

Emotions and stress (pg 6): These are excellent in the way they proceed from self to others but perhaps the outcome 'Mention things that make people feel sad' could refer to a wider range of feelings e.g. 'things that make people feel upset or unhappy'.

Decision-making and problem-solving (pg 6): Including 'Identify cause-and-effect for simple decisions or actions' could be considered.

Critical and creative thinking (pg 6): To link to other topics, adding 'Depict human feelings through language or art' should be considered.

Cross-cutting themes/HIV (pg 7): The outcome 'Discuss ways in which one can get HIV and AIDS' is open to very wide interpretation and may benefit from specifying what this means with regard to pre-school children.

Gender (pg 8): The outcome 'Create awareness about gender sensitivity' is a bit too general; gender sensitivity can mean different things to different people and so modifying this to 'Create awareness about gender equity' or 'gender respect, fairness and equality' is suggested. The second and third gender specific outcomes state 'Talk about different things done by boys and girls' and 'Demonstrate chores that need to be done at home and school'. These outcomes state the different social roles assigned to boys and girls, without questioning the fact that they are arbitrary and may actually normalize and reinforce conventional gender norms. It is therefore suggested that they be reworded to 'Talk about all the things that both boys and girls are capable of doing' and 'Talk about a fair way to divide chores at home'.

Governance (pg 8): The specific outcome 'Talk about basic rights (home, class)' is perhaps too abstract for this age-group and changing it to 'Talk about basic principles of fairness (home, class)' should therefore be considered. The difference between the specific objectives 'Identify leaders in class' and 'Choose leaders in class' was not clear and so modifying the first outcome to 'Identify traits of good leaders' should be considered.

Religion (pg 9): Integrating specific outcomes from other areas, such as relationships, should be considered, for example, 'Demonstrate respect for diverse ways that people practice (or do not practice) religion'.

Careers (pg 9): Adding 'Talk about if women can perform many of the occupations currently dominated by men, and if men can perform many careers currently occupied by women' should be considered.

Grade 1

Self-awareness (pg 10): 'Talk about social differences between boys and girls (hair, dress)' and 'Draw pictures of a boy and a girl' emphasize differences and reinforce such roles as 'normal'. It is therefore suggested that these are changed to 'Talk about all the things that both boys and girls are capable of doing' and 'Talk about some of the ways that boys and girls are pressured to behave in certain ways (e.g. in general behaviour, types of play, dress and chores).

Interpersonal relationships (pg 10): Adding 'Talk about what makes a relationship feel safe, happy and comfortable' is suggested.

Coping with emotions and stress: (pg 11): 'Talk about things that make them happy or sad' should be modified to 'Talk about things that make people happy or sad, proud or ashamed, confident or fearful, hopeful or hopeless'. This lays good groundwork for feelings associated with the topic of good and bad touch.

Critical and creative thinking (pg 11): Linking this to other outcomes should be considered e.g. 'Depict different emotions using art or language'.

HIV and AIDS (pg 12): Awareness about HIV and AIDS includes two outcomes that are redundant, namely 'Talk about how HIV is transmitted (blood)' and 'Discuss ways in which one can get HIV and AIDS'. This should be incorporated into one outcome of 'Talk about the ways that HIV is transmitted'.

Gender (pg 13): 'Gender sensitivity' can mean many different things to different people so this should be modified to 'Create awareness about gender equity'. The specific gender outcomes reinforce differences between girls and boys rather than commonalities without questioning that they are arbitrary and therefore, as mentioned above (pre-school), may 'normalize' and reinforce conventional gender norms. These should therefore be changed to 'Talk about all the things that both boys and girls are capable of doing', 'Talk about all the things that both fathers and mothers are capable of doing', 'Talk about a fair way to divide chores at home' and 'Talk about a fair way for parents/guardians to share home responsibilities'.

Governance (pg 13): To lay groundwork for healthy governance, the outcome 'Talk about the need to be obedient' should be modified to 'Talk about the need to be obedient and also to participate in democratic culture'. 'Talk about basic rights (home, class)' should also be modified to 'Talk about basic fairness and rights (home, class)' to be more concrete and to extend it to community.

Religion (pg 14): Integrating religion with outcomes from other areas is suggested, for example, 'Demonstrate respect for diverse ways that people practice (or do not practice) religion'.

Careers (pg 14): The general outcome could be expanded from 'Create awareness and appreciation of different occupations' to 'Create awareness of different occupations and appreciation of most people's ability to perform various occupations'.

Grade 2

Self-awareness: (pg 15): For laying the groundwork for self-efficacy, adding 'Mention one thing that you feel you do well' may be a good idea. It is unclear what the aim is for the outcome 'Discuss what you like about being a boy or a girl' and it may reinforce stereotypical gender norms, possibly in harmful ways e.g. 'I like being a boy because men are the head of the family'. It is therefore suggested that this is removed from here and from under Gender, or modified to 'Talk about some of the things that boys generally do that girls can also do; talk about some of the things that girls generally do that boys can also do'.

Decision-making and problem-solving (pg 16): Adding an outcome that lays the groundwork for non-violent conflict resolution should be considered e.g. 'Talk about how to solve a disagreement about sharing'.

Child abuse (pg 17): Adding an objective that addresses the main reason abuse goes unreported should be considered e.g. 'Talk about why it is important to report abuse, even if someone tells you not to'.

Gender (pg 17): As noted in other grades, the outcome 'Create awareness about gender sensitivity' should be modified to 'Create awareness about gender equity' or 'gender respect, fairness and equality'. The specific gender outcomes 'Talk about different chores done by older people in homes' and 'Participate in class chores (sweeping, mopping, cleaning)' should be reworded to 'Talk about all the chores in the home. Are men able to do those chores that women typically do? Are women able to do most of the chores that men typically do?' and 'Participate in class chores, regardless of your sex'.

Governance (pg 18): 'Talk about the importance of following rules' could be expanded to 'Talk about the importance of following rules and of participating in democratic culture'. This lays a fuller groundwork for healthy governance. 'Talk about basic fairness and rights (home, class, community)' may also be added.

Careers (pg 18): To avoid reinforcing conventional gender roles, the outcome 'Draw pictures depicting different occupations (nurse, teacher, police officer)' could be expanded to 'Draw pictures depicting different occupations (nurse, teacher, police officer), remembering that women and men can serve in all these occupations'.

Grade 3

Decision-making and problem-solving (pg 20): Adding a critical-thinking dimension to the decision-making outcomes should be considered e.g. 'Explain what a decision is and give an example of a decision you have made'.

Child abuse (pg 21): Although reporting was included as an outcome in an earlier grade, the importance of reporting to a trusted adult needs to be mentioned each time that this topic is addressed.

Gender (pg 21): As noted in other grades, the outcome 'Create awareness about gender sensitivity' should be modified to 'Create awareness about gender equity' or 'gender respect, fairness and equality' This also helps clarify the underlying aim of the outcome i.e. achieving gender equity. The specific outcomes 'Identify different occupations found in the locality' and 'Mention jobs parents/guardians do' similarly reinforce conventional gender roles as 'normal' and could be revised to 'Discuss that both men and women are capable of doing almost every occupation (e.g. teacher, police officer, nurse, vendor, politician)' and 'Talk about all the ways that both men and women can rear children and carry out home chores'.

Governance (pg 22): See previous grades regarding governance and participation.

Religion (pg 22): See previous grades regarding religious practice/non-practice and respect.

Grade 4

Child Abuse (pg 25): See previous grades about including the importance of reporting whenever addressing child abuse.

Gender (pg 25): See previous grades about the general outcome (change from gender 'sensitivity'). Note: The Grade 4 specific outcomes are a good model for earlier grades as well.

Grade 5

Self-awareness (pg 27): 'Discuss being a boy or a girl' is too imprecise and can lead to reinforcing harmful gender norms. Modifying to 'Talk about whether girls and boys are treated equally in society' and/or 'Talk about how you have been treated as girls or as boys and how you feel about this' is suggested.

Interpersonal relationships (pg 27): This is an age when bullying is often exacerbated and therefore adding 'Discuss what bullying is and why people bully others' should be considered. This can lead into the decision-making outcome that follows ('Talk about what you can do if you are bullied').

Coping with emotions and stress (pg 27): Modifying the specific outcome 'Talk about what makes people feel jealous (passing an exam, nice things)' to 'Talk about what why some people feel jealous of others' success or possessions but others do not' is suggested.

Reproductive health (pg 29): The second objective states 'Discuss some of the challenges associated with growing up (deviant behaviour)', however, deviant behaviour by adolescents is not the only challenge that accompanies growing up; upon reaching puberty, many young people (especially girls) face deviant behaviour by adults. The unwanted attention, comments and touching (as well as additional monitoring) can be major sources of confusion and unhappiness during puberty.

Child abuse (pg 29): 'Identify ways of preventing sexual abuse' is vague and may imply that children bear the responsibility for preventing sexual abuse. While it is important for children to be aware of ways that they can reduce their vulnerability, most abuse takes place with 'trusted' adults and therefore this objective should be revised to 'Talk about the fact that it is the responsibility of adults in families, schools, churches and in the community to prevent child abuse'.

Gender (pg 29): See previous grades about the general outcome (change from gender 'sensitivity'). The specific objective 'Debate gender issues (education, jobs, chores)' allows for a teacher or dominant individuals in a class to conclude that females have too much power or that gender inequality does not exist. A debate is not a learning outcome and this should therefore be reworded to 'Identify how attitudes about gender roles affect education, chores and jobs'. 'Sing songs that promote gender sensitivity' should also be reworded to 'Sing songs that promote gender equality'. As noted above, 'gender sensitivity' is open to many interpretations.

Religion (pg 30): See previous grades.

Careers (pg 31): It is worth consistently emphasizing gender equity in careers. Expanding girls' and women's livelihoods is key to achieving greater economic prosperity and reducing HIV. Adding 'Discuss whether women and men are sometimes unfairly restricted from entering certain careers' should therefore be considered.

Grade 6

Self-awareness (pg 32): The specific outcome 'Tell how to control different body feelings' is unclear (what forms of control are to be promoted is left unstated). It might be less punitive and more specific and effective if it were expanded to 'Discuss that having different body feelings should not lead to inappropriate or disrespectful behaviours'.

Reproductive health (pg 34): One of the specific outcomes is 'Discuss the advantages and disadvantages of traditional initiation practices that boys and girls undergo when growing up'. If there are practices that are actually harmful, it is important to state that within the objective, otherwise those harmful practices can get reinforced in the classroom as positive. If the practices constitute an actual human rights abuse, for example, as in the case of female genital mutilation (FGM), the outcome needs to be stated much more strongly; it may be advisable to break it into two outcomes, e.g. 'Talk about why the culture celebrates young people's passage to adulthood' and 'Talk about whether any of the specific initiation practices are harmful'.

Gender (pg 34): See previous grades regarding language (expanding 'gender' to 'gender equality' in the general outcome and replacing 'gender sensitivity' with 'gender equality' in the specific outcome). Additionally, the specific objective related to GBV should be less open-ended. A suggestion is 'Talk about why GBV (male and female) is wrong'.

Child abuse (pg 34): As with the point made in Grade 5, the outcomes are very non-judgmental about abuse. Young people tend to internalize blame (and be blamed) for their abuse and it is therefore important to add 'The abused person is never at fault. Abuse is the fault of the abuser. It is important to report abuse to a trusted adult; if that person does not listen, speak with a different trusted adult'.

Careers (pg 36): Adding an outcome along the lines of 'Discuss that children growing up in poverty can choose professional careers if they have equal opportunity to education' should be considered.

Grade 7

Reproductive health specific outcome (pg 39): Adding an outcome to incorporate the sometimes marked shift in the way that others treat adolescents may be considered e.g. 'Discuss how you feel about the changes in the ways that other people treat you after puberty and how you can deal with those changes. There are specific negative messages about the dangers of early pregnancy and abortion, without promoting alternatives such as 'Talk about why you are too young to have sex' and 'Discuss the right to say no to unwanted sex'.

Gender (pg 39): The general outcome 'Develop knowledge, skills, values and positive attitudes about gender' should have the word 'equality' or 'equity' added at the end. The specific outcome 'Discuss ways in which women/men and girls/boys are discriminated against' should be expanded to include '... and the consequences this has for people's lives'. Because this is an age at which young people are more cognitively ready to begin addressing GBV and sexual harassment, these can be added as dimensions of gender discrimination. The outcome 'Discuss the preferred occupations for men and for women' appears to reinforce traditional norms and should be changed to 'Discuss careers that used to be predominantly male but are now more open to females'. Lastly, 'Design posters depicting gender sensitivity' should be changed to 'Design posters depicting gender equality in careers'.

Governance (pg 40): The specific outcome 'Demonstrate how human rights are violated in Zambia' could be expanded to include '... including against women, the disabled and other groups'.

Religion pg 40): To avoid reinforcing discrimination against those who do not belong to a religious group, changing this outcome to 'Discuss some of the reasons people belong to a religious group' should be considered.

Grade 8

Interpersonal relationships (pg 41): Adding 'Identify and demonstrate how power imbalances between people can affect relationships' is suggested.

Emotions (pg 41): Building on the notion of power imbalances should be considered by adding an outcome 'Talk about how it feels when one person abuses his or her power in a relationship'.

Decision-making and problem-solving (pg 42): As above, building on the notion of power imbalances should be considered by adding 'Describe how to resolve a conflict arising from a power imbalance in a relationship (e.g. between a girl and an older male)'.

HIV and AIDS (pg 43): Again, building on the notion of power imbalances should be considered by adding 'Discuss how power imbalances in sexual relationships increase vulnerability to HIV transmission'.

Reproductive health (pg 43): The changes associated with puberty were addressed in the two previous years; by grade 8, emphasizing male puberty and explaining how reproduction occurs may be considered.

Child abuse (pg 44): As noted above, the importance of reporting to a trusted adult should be included whenever teaching about child abuse.

Gender (pg 44): As noted in previous grades, it is suggested that specific language is used, for example, replacing 'positive attitudes to deal with gender issues' with 'positive attitudes to eliminate gender inequality'. Changing 'Discuss the roles of men and women in the communities' to 'Discuss how socially constructed gender roles can limit growth and opportunities for both males and females' should be considered. Likewise, 'Discuss whether girls and boys have equal opportunities to progress academically' should also be replaced.

Religion (pg 45): To avoid subtle discrimination against those who do not practice religion, the outcome should be modified to 'Identify different types of spiritual and moral practice, including praying, worshipping and spiritual or moral practices that are not necessarily part of religion (such as meditation, non-violence, etc.)'.

Workplace and careers (pg 46): 'Discuss the need to work in a safe workplace' should be expanded to 'Discuss the right to work in a safe place, and some of the inappropriate conditions (e.g. chemicals, sexual harassment) that some workers face'.

Grade 9

Self-awareness (pg 47): 'Discuss the importance of building positive self-image' should be modified to 'Discuss ways to build positive self-image'.

Coping with emotions and stress (pg 47): Adding 'Describe some of the different emotional pressures that girls and boys may experience' is suggested.

HIV and AIDS (pg 48): At this age, the outcome 'Discuss challenges that young people vulnerable to HIV infection face' may merit considerable expansion. For example, it may be expanded to:

- 'Discuss the social and biological pathways by which girls become particularly vulnerable to HIV infection';
- 'Discuss how growing up in a world with HIV affects young people's feelings and attitudes about relationships and sex';
- 'Discuss the role of forced and pressured sex in the spread of HIV and AIDS';
- 'Explain why child marriage is a risk factor for HIV'.

Child abuse (pg 49): Adding 'Discuss child and forced marriage as a violation of girls' human rights' should be considered.

Child abuse/substance abuse (pg 49): Note: The text on child abuse and drug/substance abuse needs editing (child abuse appears twice as a header on this page; the second time is within the section on drug and substance abuse and is followed by a second general outcome for drug and substance abuse.)

Gender (pg 49): See previous grades regarding more precise language e.g. adding the words 'discrimination and inequality'. Modifying the second specific outcome to incorporate critical thinking is also suggested e.g. from

'Identify the common gender roles in the community' to 'Identify the common gender roles in the community and discuss the ways that such roles may limit people's potential in life'.

Governance (pg 50): The outcome 'Discuss characteristics among different ethnic groups (racial, cultural and tribal)' may easily lead to reinforcing negative stereotypes and should therefore be modified to 'Discuss how the country can foster mutual respect and social harmony among different ethnic groups (racial, cultural and tribal)'.

Religion (pg 50): As noted in previous grades, this can build critical thinking skills and non-discrimination to include an outcome such as 'Discuss whether some people can practice a moral and spiritual life without being religious'.

Workplace and careers (pg 51): Young people at this age are able to address such issues as 'Discuss some of the ways that work enriches people's lives' and 'Discuss the discrimination that some people face in seeking employment or a promotion because of their sex, age, ethnicity or race'.

Grade 10

Self-awareness (pg 52): Adding the following is suggested:

- 'Analyse ways that stereotyping, stigma and discrimination related to ethnicity, gender or sexual orientation affect young people's self-esteem';
- 'Discuss how child/forced marriage can harm a girl's emotional health';
- 'Discuss the emotional consequences of sexual abuse for girls and boys'.

HIV and AIDS (pg 53): Making the general outcome more precise is suggested, that is, from 'Acquire knowledge, values, skills and positive attitudes towards HIV and AIDS' to 'Acquire knowledge, values, skills and attitudes that will reduce your vulnerability to contracting or transmitting HIV'. Addressing social dimensions of HIV at every grade and lesson is suggested and adding the following should be considered:

- 'Discuss how differences between two people in age, gender or wealth can put the disadvantaged person at risk of unwanted and unsafe sex';
- 'Discuss why researchers say that gender inequality is key to combatting HIV';
- 'Discuss whether responsibility for caring for sick family members falls equally on girls and boys – and the effects of such responsibilities on academic progress'.

Reproductive health (pg 53): Adding critical thinking/empathy outcomes on abortion is suggested, such as:

- 'Discuss some reasons that a girl or woman might seek an abortion despite the serious risk' (to build on empathy and critical thinking outcomes);
- 'Discuss Zambian abortion law (including circumstances under which abortion is allowed in Zambia) and discuss whether this law is enforced (whether legally allowable procedures are actually available)'.

Child abuse (pg 54): The specific outcome 'Mention some forms of child abuse experienced in schools' should be modified to 'Mention some forms of child abuse (e.g. physical abuse, sexual abuse) experienced in schools'.

Drug and substance abuse (pg 54): Adding 'Discuss how substance abuse increases the risk of HIV and unintended pregnancy' is suggested.

Gender (pg 54): See previous grades regarding adding the word 'equality' to the general outcome. Adding the following specific outcomes is also suggested:

- 'Discuss the pressures on boys to fulfil unrealistic expectations of "masculinity"';
- 'Explore how gender norms and roles shape attitudes about homosexuality';
- 'Discuss how gender norms are changing'.

Governance (pg 55): Adding a critical or creative thinking outcome, such as one of the following, should be considered:

- 'Describe an event in which an individual or group advocated for their own rights';
- 'Write a story in which an individual or group advocates for their own rights'.

Religion (pg 55): Including the critical thinking outcomes that currently appear in Grade 11 is suggested, namely:

- 'Analyse Zambian proverbs with gender implications contrary to religious teachings';
- 'Analyse religious teachings about marriage'.

Grade 11

Self-awareness (pg 57): The specific outcomes might benefit from fuller development e.g:

- 'Analyse different personal qualities in yourself';
- 'Identify a personal quality in yourself that you could develop further and consider how to do this'.

Effective communication (pg 57): Adding 'Identify how power imbalances between individuals can affect their communication and discuss the possible consequences' is suggested.

HIV and AIDS (pg 58): The general outcome should be specified by changing it to 'Acquire knowledge, values, skills and attitudes that will reduce your vulnerability to contracting or transmitting HIV and AIDS'. The statement 'Discuss different HIV prevention methods' could also be expanded to 'Discuss different HIV prevention methods, including abstinence, safe intimate behaviours and proper condom use'. It is suggested that the following is added as well:

- 'Discuss obstacles to condom use (including power imbalances that make it difficult to insist on condom use), how to address these obstacles, how to access condoms and how to use condoms correctly';
- 'Talk about the role of intimate partner violence, child marriage and gender inequality in unwanted and unsafe sex that could lead to contracting HIV';
- 'Identify the type of situation that you feel may pose the greatest risk of HIV to you individually and discuss how to avoid that situation';
- 'Discuss the impact of HIV and AIDS on families, communities and the nation (health care, education and economy)'.

Reproductive health (pg 58): Purely negative messages about sex that do not acknowledge people's desire and potential for enjoyment can seem less relevant. It is therefore suggested that an outcome is added, such as 'Consider the reasons that adolescents often do not feel safe or comfortable or do not experience enjoyment with sex (e.g. lack the conditions for mature communication, mutual trust and respect, comfort with one's body, ability to insist on condom and contraceptive use, ability to insist on stopping at any time, knowledge of one's own and one's partner's health status, etc). Adding a critical thinking outcome should also be considered, such as 'Discuss the dilemma of disclosure: how to balance the right of an HIV-positive person to privacy and non-discrimination with another person's right to protect themselves against HIV (or another STI)'.

Child abuse (pg 59): Adding a creative thinking outcome on the emotional effects of child abuse should be considered e.g. 'Illustrate in art or language the emotional effects of child or sexual abuse'.

Gender (pg 59): See previous grades. It may be a good idea to also build in a critical thinking outcome, such as 'Discuss how gender norms are changing'.

Grade 12

HIV and AIDS (pg 63): The first specific outcome should be modified from 'Identify cultural practices which expose people to HIV infection' to 'Identify cultural practices and gender norms which expose people to HIV infection'. The second specific outcome should also be modified from 'Explain the impact of HIV and AIDS on a nation (family, health care, education and economy)' to two separate outcomes and further specific outcomes added as follows:

- 'Explore and discuss the impact of HIV and AIDS on young people and on the formation of intimate relationships';
- 'Discuss the impact of HIV and AIDS on families, communities and the nation (health care, education and economy)';
- 'Talk about the role of intimate partner violence, child marriage and gender inequality in unwanted and unsafe sex leading to HIV';
- 'Discuss proper condom use'.

Reproductive health (pg 63): Although this document is only a framework and not a curriculum, the outcomes for reproductive health could benefit from further elaboration. It is suggested that these are broken down further, as follows:

- 'Talk about sexual behaviours that pose risks for STIs and HIV';
- 'Identify specific consequences (infertility, cervical cancer) that may follow specific STIs other than HIV';
- 'Talk about sexual behaviours that pose risks for unintended pregnancy';
- 'Talk about risky sexual behaviours';
- 'Discuss the barriers to avoiding unwanted or unsafe sex';
- 'Talk about family planning, with emphasis on condom use';
- 'Discuss risk factors and consequences of complications of pregnancy and childbirth';
- 'Talk about the role of intimate partner violence, child marriage and gender inequality in unwanted and unsafe sex that could lead to STIs and unintended pregnancy'.

Drug and substance abuse (pg 64): Adding the specific outcome 'Discuss why substance abuse increases risk of STIs, HIV and unintended pregnancy' should be considered.

Governance (pg 65): To link this topic to others in the framework, consider adding the following specific outcomes:

- 'Discuss why gender equality is a dimension of a meaningful democracy';
- 'Discuss why the exercise of human rights is a dimension of a meaningful democracy'.

Basic Education Syllabi Grades 1-7 (2003)

Overview

The Basic Education Syllabi for Grade 1-7 is a long list of competencies, spread across the following subjects: Literacy and Languages; Integrated Science; Creative and Technology Studies; Mathematics; and Social and Development Studies. However, because this is a general list of competencies for all major subjects in grades 1-7, a comprehensive detailed scan was not carried out.

Content: age-appropriateness, accuracy and thoroughness

This document does not appear to directly inform the Life Skills Framework, reviewed above, and the list of competencies directly or indirectly related to HIV and AIDS (and to pregnancy) is different in each. While this document only occasionally mentions gender, in contrast to the consistent attention to this issue in the Life Skills Framework, it does include numerous competencies related to civic participation, human rights and democracy. It also does well by including some competencies directly related to adolescent sexual health that are not addressed specifically in the Life Skills Framework, for example:

- 'Explain what is meant by unprotected sex';
- 'Explain what is meant by the terms conception and pregnancy';
- 'Explain the term sexually transmitted infections'.

Although some of the religious studies competencies are based in non-scientific ways of understanding and knowing, none of the stated competencies related to sexuality education suggest inaccurate information. But while this document intentionally lacks detail, various important topics are missing or barely mentioned, including:

- Relationships;
- HIV prevention (in the upper grades);
- Decision-making;
- Sexual harassment/bullying;
- Child marriage;
- Forced sex;
- Consequences of adolescent pregnancy;
- Sexuality/sexual diversity/sexual norms;
- Male circumcision;

- HIV disclosure (rights/responsibilities);
- Abortion;
- Communication skills.

For these reasons, updating the Basic Education Syllabi is important to better inform the Life Skills Framework and Curricula.

Age-appropriateness and sequencing of topics

Overall, the content on HIV and reproductive health was not sequenced in an age-appropriate manner. Topics such as communication, negotiation and gender norms should be introduced in Grades 1-4 and detailed lessons on sexual health and HIV should begin later. For example, HIV and AIDS prevention is introduced as a topic in Grades 1-2, but it would be more appropriate to explain what HIV is and discuss how it may affect learner's families at this age. More advanced and detailed conversations about HIV prevention and transmission should be directed to learners in Grades 4-7. In Grade 5, HIV transmission (but not prevention) is addressed, however, means of prevention are important to stress in the upper primary grades.

Social risk and protective factors

These syllabi emphasize a number of competencies that are not specifically sexual health topics but that lay some foundation for exercising one's rights, for example, critical thinking skills, community life and civic participation, social rights/participation and democracy, and livelihood skills. These allow for integrating social context risk/protective factors into a fuller syllabus.

Effectiveness of teaching activities

Because these syllabi are essentially a list of competencies, it is not possible to determine whether the topics will be presented in a way that is personally engaging for learners or helps them to clarify their own feelings and attitudes. However, there is a good integration of critical thinking competencies, often linked to HIV and AIDS. The syllabi also employ creative skills (art and music) to reinforce key competencies, including many of those relating to HIV and AIDS.

Detailed comments

It may be useful to group together the HIV and AIDS-related competencies within Listening & Speaking, and again with Reading, Writing, etc. To assist in that process, the sexuality and HIV education-related competencies by grade, as they appear in the syllabi, that bear direct or indirect relationship to sexuality and HIV education are listed below.

Grade 1

Literacy and Language:

- Describe common illnesses such as malaria and HIV and AIDS;
- Read storybooks and other materials on road safety and HIV and AIDS;
- Write meaningful stories based on posters depicting topical issues such as HIV and AIDS, corruption, child abuse and road safety.

Integrated Science:

- Identify the external parts of the human body;
- Name the stages in the human life cycle (baby, toddler, infant, child, teenager, adult, aged person);
- State what the letters HIV and AIDS stand for;
- Mention ways through which HIV can be passed on from an infected person to a person who is not infected;
- Discuss how some methods of traditional healing can pass on HIV;
- Discuss how HIV transmission can be prevented.

Creative and Technology Studies:

- Sing traditional songs on HIV and AIDS, gender and child abuse.

Social and Development Studies:

- Discuss why it is good to obey and to respect differences;
- Participate in civic issues in the local community.

Grade 2**Literacy and Language:**

- Talk about personal experiences;
- Discuss the activities of different people: parents and children; men and women; boys and girls;
- Write known stories in own words;
- Write short stories based on known events, own experiences, imagination, pictures and folktales (environments, HIV and AIDS, child abuse, road safety).

Integrated Science:

- Discuss where babies come from (mother);
- Discuss what adults should do to keep you healthy and happy;
- State what HIV and AIDS stand for;
- Discuss how HIV transmission through blood can be prevented;
- Explain why it is not good to touch human blood and to share sharp instruments (razor blades, needles).

Creative and Technology Studies:

- Discuss HIV and AIDS;
- Discuss how to prevent HIV infection;
- Sings songs that express facts on HIV and AIDS, evils of corruption and child abuse.

Social and Development Studies:

- Explain the importance of living together in the community;
- Mention characteristics of a good friend and a bad friend;
- Participate in civic issues in the local community;
- Mention the causes of anger, jealousy, fighting, hatred, revenge and fear;
- Discuss how anger, fighting, insulting and conflict can be resolved;
- Discuss how we can help and comfort those who are afraid and angry.

Grade 3**Literacy and Language:**

- Use socially acceptable language, express feelings and thoughts in order to develop the skills of living together.

Integrated Science:

- Identify some common drugs in the community; discuss how people who take harmful drugs behave; explain the effects of drinking too much alcohol;
- Distinguish between infectious and non-infectious diseases (TB, AIDS, measles and malaria);
- Discuss different ways of preventing diseases (personal hygiene, good sanitation, vaccination).

Creative and Technology Studies:

- Draw pictures based on a given theme (HIV and AIDS, gender, governance, water and sanitation);
- Sing a variety of traditional and contemporary songs on HIV and AIDS, gender, child abuse, road safety, substance abuse and governance.

Social and Development Studies:

- Mention basic human needs;

- Mention children's rights;
- Participate in decision-making in the school and community;
- Participate in civic issues in the local community.

Grade 4

Literacy and Language:

- Learn to express personal feelings and rational thoughts;
- Discuss the life skills needed for living together happily;
- Compose a story on topical issues such as HIV and AIDS, child abuse, corruption and substance abuse.

Integrated Science:

- Discuss the physical changes that take place at puberty;
- Discuss the changes in mood and feelings which accompany adolescence;
- Explain what is meant by unprotected sex;
- Explain what is meant by the terms conception and pregnancy;
- Explain the term sexually transmitted infections;
- Discuss how HIV and AIDS and sexually transmitted infections are contracted.

Social and Development Studies:

- Discuss ways of helping the vulnerable in the district;
- Discuss socio-economic problems in the district;
- Mention basic needs and rights of a citizen;
- Mention the obligations and duties of the citizen;
- Discuss sex and gender roles;
- Participate in civic issues in the local community.

Grade 5

Literacy and Language:

- Debate cross-cutting issues and themes such as health, environmental issues, gender, HIV and AIDS, child abuse, etc;
- Express opinions and discover those of others;
- Express sympathy, interest, concern, hope, apology and forgiveness.

Integrated Science:

- Discuss ways in which HIV and STIs are transmitted;
- Discuss what happens to the body when an HIV-positive person develops AIDS;
- Discuss the care and treatment of AIDS patients (nutritious meals).

Creative and Technology Studies:

- Discuss ways of eradicating poverty through, for example, the development of sewing skills;
- Sing a variety of traditional and contemporary songs on HIV and AIDS, gender, water and sanitation, nutrition, health and governance;
- Make posters using different typefaces on different crosscutting issues such as HIV and AIDS, gender, substance abuse, child abuse, sanitation, nutrition and health.

Social and Development Studies:

- Discuss the roles of men, women and children during the Iron Age;
- Discuss social and economic problems in the province;
- Discuss possible solutions to social and economic problems;
- Explain the rights of the citizen;
- Discuss examples of violations of human rights;
- Identify organizations in the society which protect human rights;
- Discuss factors that determine family size in the society;

- Describe the traditional ceremonies a Zambian girl or boy goes through when they reach puberty and the significance of these ceremonies.

Grade 6

Literacy and Language:

- Report facts on an issue e.g. HIV and AIDS, human rights and democracy;
- Identify, classify and use information about countries, people, customs, law and order, agriculture, conservation, current affairs, historical subjects and topical issues such as HIV, democracy, gender and governance;
- Find out about the thoughts, feelings and beliefs of other people;
- Express personal meaning in terms of prediction, satisfaction, surprise, regret, gratitude and speculation;
- Express ideas in the form of concepts;
- Keep a diary.

Creative and Technology Studies:

- Compose songs based on various themes using rhythmic and harmonic melody lines (e.g. HIV and AIDS, child abuse, water sanitation, human rights, governance, gender, substance abuse, nutrition and health, road safety).

Social and Development Studies:

- Explain how women contributed to the production of wealth in the past;
- Discuss women's changing roles in production today;
- Discuss how the distribution of wealth in the country causes world-urban migration;
- Explain how voluntary organizations carry out their work;
- Explain how international organizations promote peace and cooperation;
- Define democracy; discuss the characteristics of democracy; and explain how democracy protects and promotes human rights;
- Discuss ways in which women and girls are discriminated against;
- Identify organizations in Zambia which protect human rights;
- Discuss child abuse and child labour;
- Participate in civic issues in the local community;
- Discuss what made people happy in traditional Zambian life; identify events and relationships which make people happy today.

Grade 7

Literacy and Language:

- Debate issues of national importance such as corruption, governance, child abuse, substance abuse, human rights, environmental issues, HIV and AIDS, using formal procedures;
- Describe, narrate and report own and other people's experiences, past events, arrangements and intentions;
- Deny, affirm or correct facts and popular opinions;
- Express personal opinions through stating preferences, approval and disapproval, indifference, enthusiasm, intentions and future arrangements;
- Use language socially in situations such as making complaints and enquiries;
- Influence other people through polite requests, persuasions, refusing permission or giving advice;
- Narrate stories, tales, legends and myths on gender, HIV and AIDS, etc;
- Answer and pose questions on any cross-cutting issue (HIV and AIDS, gender, substance abuse, child abuse, water and sanitation etc);
- Answer multiple, surface and inference questions on any cross-cutting issues;
- Narrate stories, tales, legends and myths on gender, HIV and AIDS, etc.

Integrated Science:

- Discuss the effects of cholera, tuberculosis, malaria and HIV and AIDS on individuals and families;
- Explain why HIV and AIDS is a threat to Zambians;
- Discuss the effects of diseases on the population (cholera, tuberculosis, malaria and HIV and AIDS);
- Discuss the prevalence of diseases in relation to the provision of health services.

Social and Development Studies:

- Suggest possible solutions to world problems;
- Distinguish between the different kinds of rights;
- Discuss the rights of people with special needs;
- Demonstrate respect for other people's rights;
- Participate in civic issues in the local community;
- Discuss the values of marriage; discuss the qualities of a marriage partner;
- Mention the traditional customs involved in choosing a marriage partner;
- Discuss the need for a good relationship between husband and wife;
- Describe the relationship between parents and children in the Zambian family;
- Explain the consequences on HIV and AIDS on food security.

Highlights from the available literature

The need for effective HIV prevention education before young people become sexually active is widely documented. According to Tiendrebéogo et al, one Zambian study found that within a year of becoming sexually active, 18% of young women surveyed were HIV-positive¹¹⁷. The sprinkling of evaluation studies of sexuality/HIV education in Zambia have examined diverse approaches and suggest they had mixed results to date. However, there is a lack of data on the effects of curriculum-based programmes on sexual risk behaviours or outcomes.

The Society for Family Health (SFH) peer-education sexual health intervention, carried out in Lusaka in 2000, was reported on by Agha (2002) and by Agha and Van Rossem (2004)^{118,119}. The intervention promoted abstinence and condom use among learners. Peer educators aged 18-22 years old were trained by a professional peer education trainer to impart correct factual information about HIV prevention and transmission. The peer intervention was implemented in three schools; two schools were used as controls. Three rounds of data from male and female learners in Grades 10 and 11 were collected at baseline, with two follow-ups. Learners in the experimental group schools received a 105-minute peer-led sexual health education session on HIV and AIDS aimed at influencing knowledge and normative beliefs about abstinence, condom use and personal risk perception regarding HIV; those in the control group received a sixty-minute session on water purification. The authors found learners self-reported higher knowledge, greater adherence to normative beliefs about abstinence and condoms, and higher personal risk perception in the intervention groups¹²⁰. Learners were more likely to use condoms immediately following the intervention, but these results were not sustained during the six months following.

Seifert (1997) reported on a process evaluation of an effort to replicate the community-based Morehouse/YMCA HIV/AIDS Prevention Programme in a larger, school-based context¹²¹. Lessons from the Morehouse/YMCA project included that: 1) the use of varied methods and extended contact with learners maximized behavioural change; 2) involving the target audience in programme planning and monitoring resulted in more smoothly operating and audience-responsive programmes; and 3) using a combination of same-sex and mixed-sex group discussions proved most effective. (Same-sex sessions allowed learners to talk about sensitive topics and mixed-group sessions allowed them to practice negotiation skills through role-playing.) The model was deemed transferable to the school setting. Feters et al (1999) and Urdang (2007) report on the outcome of a four-arm community-based intervention carried

117 Tiendrebéogo, Georges, et al. 2003. *Life Skills and HIV Education Curricula in Africa: Methods and Evaluations*, USAID Technical Paper No. 119.

118 Agha S. 2002. *An evaluation of the effectiveness of a peer sexual health intervention among secondary-school learners in Zambia*. AIDS Education and Prevention 2002, 14:269-281. <http://guilfordjournals.com/doi/abs/10.1521/aeap.14.5.269.23875>. Accessed October 14, 2011. Also cited in: Paul-Ebhohimhen, Virginia A., Amudha Poobalan, and Edwin R van Teijlingen. 2008. *A systematic review of school-based sexual health interventions to prevent STI/HIV in sub-Saharan Africa*. BMC Public Health 2008, 8:4.

119 Agha S., and R. Van Rossem. 2004. *Impact of a school-based peer sexual health intervention on normative beliefs, risk perceptions, and sexual behaviour of Zambian adolescents*. Journal of Adolescent Health, 34(5):441-452. In: Michielsen, K., et al. 2010. *Effectiveness of HIV prevention for youth in sub-Saharan Africa: systematic review and meta-analysis of randomized and nonrandomized trials*. AIDS, 24(8): 1193-202.

120 Randall, Njoki M. 2009. *A Comparative Study of the Effectiveness of a Peer-led and Adult-led HIV/AIDS Education Among Adolescents in Lesotho*. Washington, D.C.: The Catholic University of America. 18 Oct. 2011. <<http://books.google.com/books?id=YVQpvP1LpsoC>>.

121 Seifert, K. (1997). *Early intervention: HIV/AIDS programmes for school-aged youth*. SD Publication Series, Paper No. 55. Office of Sustainable Development, Bureau for Africa, USAID. ABEL Technical Paper No. 7. C. J. Prather (ed.). Washington, D.C.: Creative Associates International, Inc. www.dec.org/pdf_docs/PNACA818.pdf. In: Tiendrebéogo, Georges, et al. op.cit.

out by CARE International and Planned Parenthood Association of Zambia aimed at reducing sexual risk behaviours among out-of-school young people. The four arms were: a peer education/condom sales agents strategy aimed at promoting condom use and providing accurate information about sexual and reproductive health; a young people micro-finance loan scheme aimed at promoting a more positive view of oneself and one's future through building livelihood skills and opportunities; an intervention involving both of these elements; and a control site^{122,123}. However, the peer educator/condom sales agent strategy did not result in high sales of condoms and the loan programme resulted in low rates of repayment, especially among boys. The programme appeared to have a significant impact on sexual risk behaviour among the peer educators but an inconsistent impact on the young people in their intervention site communities.

Mass media campaigns have been shown to have some effect. A television and radio HIV prevention campaign – the Helping Each Other Act Responsibly Together (HEART) Campaign – found that young people ages 13-19 reached by the programme were 1.68 times more likely to report primary or secondary abstinence, as reported by Underwood et al (2001, 2006)^{124,125}. Young people, including HIV-positive young people, were included in the team that designed the campaign. Key messages were tested and comprehension was assessed through focus group discussions, interviews and post-broadcast surveys of 533 male adolescents and 656 female adolescents. Those reached by the broadcasts were 1.91 times more likely to have used a condom and 1.63 times more likely to report condom use during their last sexual encounter than those who were not reached. Among girls who were sexually experienced, 82% of those reached reported that they were confident in their ability to say no to unwanted sex, in contrast with 69% at baseline and 64% of those not reached. Almost 86% of those reached recognized a person may look healthy may still be HIV-positive, compared with 72% of those who were not reached by the broadcasts. Although results were adjusted for age, sex, residence and educational level, it should be noted that this is not a randomized study.

An assessment of various young people peer education programmes analysed inputs (including cost) as well as outputs in terms of HIV prevention behaviours. Implementation varied widely across sites, including, for example, group discussions, dramas, one-on-one counselling, sensitization and awareness programmes, videos, debates, quizzes, local radio and television programmes, and printed materials. They also worked at clinics providing referrals for young people at young people-friendly corners. The evaluators (Svenson et al, 2008) concluded that exposure to these programmes was associated with some sexual and reproductive health (SRH) risk-reduction behaviours, appropriate referrals and use of SRH services by highly vulnerable young people. However, this was a post-intervention national cross-sectional survey without random assignment. Results were not stratified by gender¹²⁶.

Teacher skill has been documented as a significant concern in the implementation of effective HIV and AIDS education. Malambo (2000) reported on a situation assessment of the delivery of HIV education in Zambian schools. Among her findings with teachers were that: 1) teachers had not been trained and had not received any teaching/learning materials; and 2) they felt inadequately prepared to teach about HIV and AIDS, citing a shortage of time, rare opportunities to go into detail, and lack of teaching/learning material as contributing factors. Learners reported wanting their teachers to: 1) be more engaged when teaching the subject; and 2) themselves practice the sexual behaviour change that they were encouraging among their pupils. Among the key findings from speaking with parents was that a small number of parents reported discussing HIV and AIDS with their children, but the majority think their children are too young to discuss sex and children feel they cannot broach the topic with their parents¹²⁷. As is true elsewhere, education exerts a protective effect on its own for Zambians. Michelo et al tracked the

122 Urdang, Stephanie. 2007. *Change, Choice and Power: Young Women, Livelihoods and HIV Prevention*. International Planned Parenthood Association (IPPF), United Nations Population Fund (UNFPA), and Young Positives.

123 Feters, Tamara, Fines Munkonze, and Julie Sol. 1999. *Investing in Youth: Testing Community Based Approaches for Improving Adolescent Sexual and Reproductive Health*. CARE Zambia and Population Council. In: Urdang, Stephanie. 2007. *Change, Choice and Power: Young Women, Livelihoods and HIV Prevention*. International Planned Parenthood Association (IPPF), United Nations Population Fund (UNFPA), and Young Positives.

124 Underwood, C., H. Hachonda, E. Serlemitsos, and U. Bharath. 2001. *Impact of the HEART Campaign: Findings from Youth Surveys*. Baltimore, Maryland: Johns Hopkins Population Communication Services Project. Cite in: <<http://www.whatworksforwomen.org/chapters/9/sections/23/evidence>>.

125 Underwood C., et al. 2006. Reducing the risk of HIV transmission among adolescents in Zambia: psychosocial and behavioural correlates of viewing a risk-reduction media campaign. *Journal of Adolescent Health*, 38(1):55e1–55e13. In: Michielsen, K., et al. 2010. *Effectiveness of HIV prevention for youth in sub-Saharan Africa: systematic review and meta-analysis of randomized and nonrandomized trials*. *AIDS*, 24(8): 1193-202.

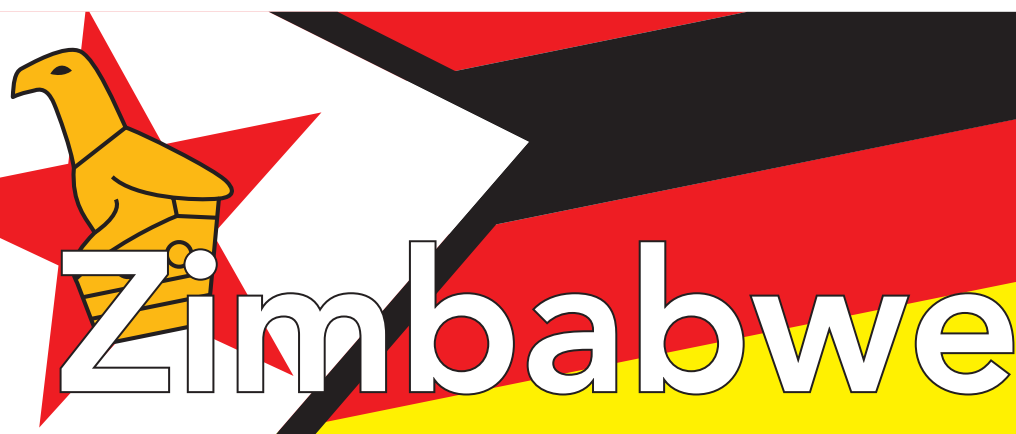
126 Svenson G, Burke H, Johnson L. *Impact of Youth Peer Education Programmes: Final Results from an FHI/YouthNet Study in Zambia*. Research Triangle Park: Family Health International; 2008.

127 Malambo, Rosah Moonga. 2000. *Teach Them While They Are Young, They Will Live to Remember: The views of teachers and pupils on the teaching of HIV/AIDS in basic education: a case study of Zambia's Lusaka and Southern Provinces*. Accessed 18 Oct. 2011. <www.tc.edu/cice/Issues/03.01/31malambo.pdf>.

relationship between education and HIV prevalence in Zambia using population-based surveys over an eight-year period (1995-2003) in which participants had been tested for HIV¹²⁸. Over the years, males and females with higher educational achievement in the age group of 15-49 years showed a significant decrease in HIV prevalence, although this was less significant among rural males. Prevalence rates among less educated groups remained the same or even increased over the period of study. The authors note that reduced prevalence among young people aged 15-24 provided the strongest evidence for the pattern of higher education and reduced HIV rates because infections were more likely to have occurred more recently, while with older groups, the changes may have been influenced by mortality rates. Nevertheless, the majority of Zambian young people are enrolled in school and efforts to increase the effectiveness of HIV and AIDS education curricula in schools merit further study.

128 Michelo, C., Sandoy, I. and Fylkesnes, K. 2006. *Marked HIV prevalence declines in higher educated young people: evidence from population-based surveys (1995-2003) in Zambia*. AIDS, 20,1031–38. In: O'Meara, Claire and Fiona Samuels. 2009. *Updated Stocktaking Report: Education sector responses to HIV and AIDS*. Paris: UNAIDS Inter-Agency Task Team on Education.

Sexuality education curriculum review:



I Introduction

The purpose of this review was to assess the content, quality and method of delivery of curricula used in Zimbabwe for delivering life skills-based comprehensive sexuality education (SE) programmes, to serve as a resource for curriculum revision aimed at empowering young people to protect themselves from HIV and poor reproductive health outcomes¹²⁹. The review was commissioned by UNESCO, UNFPA and UNICEF for the HIV Prevention Working Group of the Regional AIDS Team in East and Southern Africa (RATESA). The work was conducted by Population Council's Rethinking Sexuality Education project, with technical input from the Joint Inter-Agency Team.

Documents reviewed

- HIV/AIDS and Life Skills Education Primary School Syllabus Grade 4-7 (2003)
- AIDS Action Programme for Schools: Let's Talk (Grade 6 Teachers Book) (1996)
- AIDS Action Programme for Schools: Think About It! (Grade 7 Teachers Book) (1994)

The HIV/AIDS and Life Skills Education Primary School Syllabus aims to provide information on HIV and AIDS and life skills; empower learners with life skills that promote positive behaviour change; strengthen the management and mitigation of the impact of HIV and AIDS on individuals, particularly children in difficult circumstances (including those with disabilities); promote behaviours that prevent and reduce HIV infection; and establish a school-community partnership in HIV and AIDS education, prevention and care.

The syllabus is structured around five themes: relationships; human growth and development; health; values and beliefs; and care, management and mitigation. For each theme, there are various subtopics, each of which has specific objectives, key concepts, suggested life skills and a brief list of ideas for teaching activities. The syllabus is designed to be delivered in weekly 40-minute (one class period) sessions, over four years. Among the life skills it aims to develop are communication/assertiveness, interpersonal and empathy skills, decision-making/problem-solving, critical thinking, and creative thinking skills.

Strengths of this syllabus are that it follows a clear and coherent structure, utilizes a highly effective range of learning activities (including for building communication skills), addresses many 'self and others' topics effectively, and has a strong unit on care and support. The main weakness is that content related to key risk and protective factors is either missing or inadequate. Perhaps because the syllabus is too schematic, it was difficult to determine whether information on key topics such as human development, sexual behaviour and sexual and reproductive health, such as pregnancy, sexually transmitted infections (STIs) and HIV prevention, including condoms, would ultimately be provided and at what age level. Such knowledge is a key individual protective factor against HIV. There are also gaps related to HIV treatment and children living with HIV and key environmental protective factors shown to influence curriculum effect. The universal ethics informing moral behaviour are based on religion, rather than on human rights, and the gender content could also be strengthened.

The AIDS Action Programme for Schools' overarching goal is 'to develop the knowledge, attitudes and emotional support to maximize individuals' and their communities' commitment to the safest protective behaviour possible'. The material seeks to provide basic information as well as to develop learners' awareness in four areas: relationships, life skills, human growth and development, and health. The two Teachers Books, which are components of the programme, also include introductory material emphasizing participatory teaching methods and providing background information about HIV and AIDS. Each book contains learning activities for 20 sessions of half an hour each (plus homework time), to be delivered over two terms. Note: while the reviewers did request the four learner books (one each for Grades 4-7) which, in addition to the two Teachers Books, make up the whole AIDS Action Programme for Schools, they did not receive them and therefore, this review is of limited scope.

These materials emphasize self-awareness and self-esteem, character, gender equality/stereotyping, social and leisure life, and sexual abuse. There are also lessons on values, communication, careers, social pressures, decision-making, myths about AIDS, and other topics. However, the content does not comprise a complete sexuality or HIV education curriculum. Given they represent Grades 6 and 7, it was notable that there was no information about condoms, gender imbalances in power, reproduction or human rights. There was also some concern that many of the activities in the books may not be effectively completed in the allotted time if properly conducted, possibly resulting in many important topics being addressed too quickly. Additionally, some of the introductory information about HIV is out-of-date (these materials are over 15 years old).

Nevertheless, for the most part these books stand up well, using strong and dense activities to address basic underlying individual and social risk factors for early and unsafe sex. The case studies are practical and realistic and avoid stereotyping. Based on these books, the AIDS Action Programme for Schools has a supportive but empowering approach towards teachers and leaves many topics open for learners to discuss and consider on their own. At times, this may go too far, such as in suggesting that learners consider their own attitudes about certain practices that are actually human rights violations, for example child marriage and giving men the right to sexually fondle their wives' younger sisters. Overall, however, the activities (which make up the bulk of the books) are excellent.

For each document reviewed, an overview is provided of (i) **content** (age-appropriateness, accuracy and thoroughness); (ii) **sexual reproductive health behavioural goals**; and (iii) effectiveness of **teaching activities**. Detailed comments are also included.

HIV/AIDS and Life Skills Education Primary School Syllabus Grade 4-7 (2003)

Overview

Content: age-appropriateness, accuracy and thoroughness

Age-appropriateness and structuring of topics across and within the grades

Each of the five themes threads across the years in a smooth and coherent way. They do not overlap unnecessarily, but they do reinforce each other in key ways. The content is not detailed but, as presented, it is age-appropriate. However, there are many topics that are missing, for example, reproduction, condoms and contraception, and relationships. Unfortunately, as the reviewers did not receive the version of this document for upper grades, they were not able to determine whether these are addressed later on.

Accuracy and thoroughness of content

As noted above, the content is very schematic; it is essentially a list of objectives and key concepts. Therefore, while nothing in these lists immediately suggests inaccuracies, there is not adequate detail to ascertain whether what learners are ultimately taught is completely correct or not, or how thoroughly the topics are addressed. However, a considerable amount of key content appropriate for this age group is missing (see *International Technical Guidelines for Sexuality Education*, Vol. II). The gaps reflect areas of content that address both individual and environmental (social-context) risk and protective factors for HIV and sexual health outcomes, including:

- Basic concepts of human rights: tolerance, prejudice, stigma, bullying, harassment;
- Gender norms/inequality, gender-based violence (GBV), media influence, changing gender norms;
- Confusion and difficult feelings at puberty including around changes in adult behaviour towards adolescents;
- Love vs. infatuation.

Content on the following individual risk and protective factors should also be inserted, at age-appropriate levels:

- Basic information about the body, reproductive anatomy, sex and how pregnancy occurs;
- Basic information about STIs and HIV, prevention of STIs and HIV and safer sex, including abstinence, use of condoms, use of antiretroviral drugs (ARVs) for prevention of sexual transmission and mother-to-child transmission, male circumcision, reduction of number of partners and intergenerational sex, avoiding injecting drug use etc;
- Assertiveness and support for responding to sexual advances by adults;
- Basic information about contraception.

Specific themes are addressed in the detailed comments below and further content on the topic is referenced in Volume 1 of *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education*.

Sexual reproductive health behavioural goals

This material emphasizes delaying sex as well as promoting the following behaviours:

- Treating others with respect and compassion;
- Identifying sexual abuse;
- Reducing sexual abuse (as a community practice/responsibility);
- Avoiding substance abuse;
- Observing religious teachings about the body;
- Practicing empathy towards people living with HIV and AIDS.

Effectiveness of teaching activities

Although this document does not have fully fleshed-out activities, each topic does include several brief suggestions for activities. These activities include many learner-centred approaches, such as role-plays, case studies, letter-writing (including for advocacy), group discussion, decoding pictures, debate, surveys, brainstorming, narrative and creative writing, and community service activities. Moreover, the activities are generally well suited for the topics for which they are suggested. Given the degree of personal reflection involved in changing attitudes and behaviour related to romance and sexuality, it would be helpful to have more activities that engage learners in reflecting on their own situation, experiences, and feelings and taking appropriate action. For example, learners are asked to 'list' who does chores at home, but not to talk about whether they feel the allocation of chores to boys versus girls is equitable.

Detailed comments

Details on the topics needing further attention are addressed according to the themes of the syllabus below.

Theme 1: Relationships

The syllabus encourages individual qualities in relating to others. However, except for teaching collective compassion and respect for people living with HIV (PLHIV), it ignores socially tolerated group behaviours of exclusion. Bullying and stigma are common behaviours in this age group and should be addressed as a matter of group and individual ethos i.e. every person has a right to not be discriminated against, to have a zero-tolerance policy for bullying, and should respect the rights of others at all times.

The relationships lessons smoothly flow within each year from family to friendship, and community to conflict. However, by Grades 6 and 7, young people also begin to have many questions about love and marriage and unfortunately, male-female relationships are portrayed in a mostly negative light, as a problem to be avoided or managed. There is a lesson involving 'discussion of how sexual behaviour is influenced by the community', but the

objective is simply to identify these matters, not to reflect upon them critically. These topics should be explored in an age-appropriate way, for example, helping learners critique whether the media portrays relationships in a realistic way.

Gender issues should also be much more heavily emphasized throughout this syllabus. By puberty, gender norms are consolidating; Grades 4-7 are therefore an ideal time to begin challenging gender inequality. There are several places where gender roles are mentioned without making clear what the intended messages are, for example, talking about what causes family conflict (Grade 4) without examining underlying social factors, or identifying what chores learners do at home (Grade 6) without analyzing how these differ by gender and whether that is equitable. However, without emphasizing a critique of these norms, the activities may actually reinforce existing norms. Even the Grade 7 lesson identifying gender stereotypes in the family seems to lack a critical approach; the activity simply asks learners to list their duties and responsibilities to the family. Gender inequality should also be addressed here because it affects peer and romantic relationships, as well as gender-based violence (not only sexual abuse), which is a very common and serious concern¹³⁰.

In Grade 4, there is a learning objective to 'Identify good friendships that prevent HIV infection'; examples of risky children's games are also used. However, because there is no explanation of sexual behaviours, Grade 6 learners may be confused or even frightened. Grade 4 also includes a lesson on abuse that specifically refers to family members, which could lead to disclosure; guidelines (and training) for teachers on identifying and reporting abuse are therefore needed.

The Grade 6 objective on differentiating between exploitation and victimization could be confusing because both represent human rights abuses; the difference seems more semantic than substantive, especially for this age group. Since the issue of forced first sex is a major problem in the country, this age is the appropriate time to establish new norms among both boys and girls¹³¹. Focusing only on victimization seems to emphasize the victim (typically the girl); boys, too, must actively be encouraged to think about how traditional masculinity links to forced sex. Even at this age, they can learn that forced sex is illegal and that they should report it, and that communities should protect children and adolescents from it.

A number of excellent activities are suggested in Grade 7, including:

- Narrative writing about the experience of heading up the family as a child (narrative writing is a powerful therapeutic tool as well as an educational one);
- Discussing ways that a community can help reduce child abuse (this is an outstanding example of creative and critical thinking, and is based on a recognition that social norms affect individual outcomes);
- Playing devil's advocate on substance abuse (which acknowledges the short-term pleasures people may derive from substances).

[For building a fuller curriculum on relationships see *It's All One Curriculum*, Vol. 1, Unit 4 (Interpersonal Relationships) and Unit 2 (Gender).]

Theme 2: Human growth and development

In the sex and sexuality section, Grade 4 has a lesson listing the 'positive and negative points of playing house' without saying what these are. However, if these are not fleshed out in an activity, there is a risk that children will be stigmatized for games in which they are simply playing or exploring their bodies in an emotionally and physically harmless way.

The material on puberty should provide full information for girls about menstrual management. There should also be a clearer treatment of the 'changes' young people experience. Specifically, it should clarify that adolescents are not the only ones who change at puberty; typically, many adults also change the way they relate to young people – especially girls – who have reached puberty. Boys may gain new freedoms, while girls may find their mobility, dress and behaviour more closely monitored and restricted and find that adult males may view them as having achieved

130 P. Masike et al. MOESAC. *Country Presentation: Zimbabwe*. Presented at the UNFPA/UNESCO/UNICEF Regional Training on Comprehensive Sexuality Education in the Eastern & Southern Africa Region. May 23, 2011, Johannesburg.

131 P. Masike et al. *ibid*.

sexual maturity and begin to harass or attempt to seduce them. It is this change of adult behaviour that may underlie much of the confusion, risky behaviour and even 'moodiness' among young people going through puberty. Boys, too, may experience new pressures to take risks.

It is inaccurate to suggest to young people that their own hormones are responsible for all of this change. Learners in this age group are also old enough to understand human reproduction and anatomy, including how pregnancy occurs. It makes more sense to discuss puberty and avoiding sex if there is a clear understanding about the bodily systems and activities that are involved. Overall, sex and sexuality are approached in a negative way throughout the syllabus, but at age-appropriate levels, learners should be taught that sexual activity is a natural and mature way of adults showing care and affection. UNESCO's International Technical Guidance on Sexuality Education document states that 9- to 12-year-olds should be able to 'describe sexuality in relation to the human life cycle', including the following key ideas: 'human beings are born with the capacity to enjoy their sexuality throughout life; many boys and girls begin to masturbate during puberty or sometimes earlier; masturbation does not cause physical or emotional harm but should be done in private'. This document also highlights that 9- to 12-year-olds should be able to 'demonstrate willingness to listen to the opinions of others regarding sexuality', including the key idea that 'Respect for human rights requires us to consider others' opinions on sexuality'¹³².

[For building a fuller curriculum on human growth and development see *It's All One Curriculum*, Vol. 1, Unit 6 (The body, puberty and reproduction).]

Theme 3: Health

There are key lessons in Grades 5 and 6 explaining what STIs, HIV and AIDS are, how they are contracted, means of prevention and myths. However, there is no detail on or mention of sex, condoms, mother-to-child transmission, blood contamination, male circumcision or testing and treatment. Specific information is needed by Grades 6 and 7 about the particular risk of multiple concurrent partnerships and of the added risk of young women having sex with adult men to form a clear understanding about these factors before sexual activity begins for most learners. Most of these issues were identified as key factors driving the HIV epidemic in Zimbabwe.

Grade 7 includes the 'broader types' of STIs, noting 'sores, genital discharges and bubos' (the latter is a lymphogranuloma presentation of chlamydia). It also notes the link between STIs and HIV and AIDS and the importance of seeking early treatment. There is an accompanying activity involving conducting local surveys on the prevalence of STIs as well, however, while getting into the community and doing research on topics that are normally not discussed is a creative idea, it seems inappropriate and somewhat unfeasible to have learners in this age group surveying respondents about STIs.

By Grade 7, learners, especially in settings with high HIV prevalence, should also be receiving clear information about condoms, along with basic information about contraception, to be reinforced and detailed in following grades. It is inappropriate to teach young people about STIs and not tell them all the ways that they can protect themselves. Fuller lessons to help learners understand the drawbacks of adolescent pregnancy would also be useful.

[For building a fuller curriculum on (Sexual) Health, see *It's All One Curriculum* Vol. 1, Unit 7 (Sexual Health).]

Theme 4: Values and beliefs/values and health

Instead of human rights and equality, the framing ethos in the syllabus of universal values is that of religion. For example, there is a learning objective to 'Discuss the origin of man', with the content (presented as fact) that 'human beings are created by God'. This objective contradicts the evolutionary theory, which should be addressed in a biology unit. Moreover, it is the only statement in the entire syllabus about where people come from, and could be misunderstood as explaining where 'babies come from'. Also, discussions of good qualities of human beings are important, but do not need to be linked to religion. People who are not religious have an equal obligation to be ethical and respectful, and may have their own moral compass equally deserving of respect. (In Grade 7, both the 'golden rule' and specific religious teachings are included.) It is also important to emphasize that people's values are not only derived from religion, but from other sources as well, such as their families, community norms and education.

The point of the Grades 5-7 lessons on views, teachings or practices of different denominations and sects with regard to HIV and AIDS was unclear, that is whether this is to address the practice of polygamy, male circumcision, dry sex, strong sanctions against condom use, premarital sex, homosexuality or some other 'view'. Moreover, what is important is not the religious teaching, but the actual practice, which may or may not be practiced by all members of that religion.

There is no explicit attention given to the concept of human rights, and as mentioned earlier, more attention also needs to be given to gender norms as a source of values and beliefs key for HIV prevention. As noted in the relationships theme, where gender is mentioned, it is only descriptive, for example, 'identify chores performed by children in a family'. While critical thinking is included as a suggested life skill, as is 'social adjustment' (which appears to be dominant), the activities simply call for discussing these topics with no guidance on the need to promote gender equality. One part of the activity does identify roles (and family chores) of boys and girls in different cultures, but there is no learning objective attached to the point, nor examples to guide teachers.

Grade 6 includes what could be an important and fundamental lesson on the influence of cultural practices on HIV and AIDS, under the topics 'culture and gender'. The activity involves writing essays on how HIV and AIDS affect males and females as a result of different cultural practices. Unfortunately, without detail to guide teachers, this lesson can reinforce harmful gender norms. It would be helpful by the older grades to include more depth about how cultural and gender norms shape 'values' about having or not having sex; such lessons can help learners see more clearly how such norms (including girls' desires to find love, or boys' internalized pressures to prove their manhood), social pressures, power imbalances, short-sighted desires for material goods and other factors drive these decisions. The lesson on valuing one's own body and respecting others' bodies is well placed and useful.

Young people this age often become much more attuned to messages from the media; there should therefore be lessons that help them to critically analyse the images and messages about gender, sexuality, and relationships they receive. The activity in Grade 7 in which learners write letters to the editor on problems faced by learners affected by HIV and AIDS was very effective, both giving voice to young people's feelings and experiences and giving them the power of amplifying that voice. The risk of sexual abuse is mentioned repeatedly. There is also a brief mention of the reasons to delay sexual activity. For this age, these are reasonable topics to emphasize, however, a more positive view of safe and respectful sexual relationships for the future should also be included, or learners will have no way to integrate what they are learning at school with what they are seeing in the media, hearing about from older adolescents or adults, etc.

[For building a fuller curriculum on values and beliefs, see *It's All One Curriculum* Vol. 1, Unit 1 (Why Sexual Health Requires Human Rights) and Unit 2 (Gender).]

Theme 5: Care, management and mitigation

Overall, this topic is handled very thoroughly and effectively, with attention to learner's own experiences, feelings and sense of compassion and respect. It also actively involves learners in helping activities (e.g. writing get-well cards) and identifying referral systems in the community. However, it would be helpful to explore whether the burden for care affects boys and girls equally and what is fair in this regard.

Cross-theme issues

A number of topics and activities across themes give learners the opportunity to role-play and to practice communication skills. However, there is no explicit emphasis on self-efficacy or agency, which also implies knowing one's rights (and is also often conditioned by gender). These issues should be integrated into the communication lessons. Moreover, because abuse is mentioned but sex is not addressed in any detail, the ability of the syllabus to help children differentiate between sexual abuse and appropriate, consensual relationships is quite limited.

[For building a fuller curriculum strengthening communication skills, see *It's All One Curriculum* Vol. 1, Unit 5 (communication and decision-making skills).]

Overall recommendation

Developing this syllabus to include more detail and address missing topics – including key behaviours and the risk and protective factors that affect these behaviours – at least at the introductory level (to be built upon in later grades), will produce an excellent curriculum and can take full advantage of the creative and rich approach to teaching and learning embodied in this resource.

AIDS Action Programme for Schools

Overview

Content: age-appropriateness, accuracy and thoroughness

Age-appropriateness and structuring of topics across and within the grades

As noted in the introduction, these two books, *Let's Talk* (Grade 6 Teachers Book, 1996) and *Think About It!* (Grade 7 Teachers Book, 1994), represent a two-year slice of a four-year programme (Grades 4-7). It is therefore difficult to assess the complete evolution of the curriculum across all grades, but the content in the two books is appropriate for the ages it represents. The flow of topics through the years also proceeds smoothly. The Grade 6 curriculum ends with a useful session (involving a crossword puzzle) that reinforces the previous 19 lessons.

Accuracy

Some of the technical information in the introductory section is now out of date or in need of revision. For example, the information on treatment reflects mid-1990s options; the same is true for the description of the means of testing for HIV. There is also a full page essay suggesting that infection by mosquitos is 'very unlikely', when in fact it is not possible at all. Additionally, the text states that it is wise to get a test only if someone has been involved in risky behaviour; this does not account for mother-to-child transmission or partner's behaviour and is a harmful caveat. Moreover, the 'look at current statistics' does not mention any gender imbalance in HIV prevalence or the added risk of multiple concurrent partnerships, especially with older partners. Similarly, the concept of rights had not yet found its way into HIV education of that era. Understandably, given the publication date, these books especially need a complete update on all aspects of HIV and AIDS – prevention, care, support and treatment – as well as enabling environments.

Thoroughness

There are a number of gaps in the areas of content that address both individual and environmental (social-context) risk and protective factors for HIV and sexual health outcomes. This is the case for such topics as building respectful intimate relationships, condoms and contraception, and gender-based violence. [See *International Technical Guidelines for Sexuality Education*, Vol. II for a list of topics to present at this age group.] This programme is aimed at the psycho-social factors affecting vulnerability more than the information components that young people may be able to access more easily in writing or other avenues; nevertheless, many topics still need deeper exploration than their allotted 30 minutes allow if they are to lead to meaningful attitude and behaviour change. For example, the places addressing gender inequality are well designed, but much fuller learning and reflection is needed to achieve change in this basic driver of HIV. The same is true for lessons on puberty. [For further detail (content and sample activities) to extend the gender-sensitive, personalized approach to HIV prevention of this programme, see *It's All One Curriculum*.]

Sexual reproductive health behavioural goals

The aim of this programme is for learners to engage in 'the safest protective behaviour possible', however, condoms are not discussed. The additional behaviours that were promoted include:

- Recognizing, reporting and avoiding abuse;
- Refusing unwanted sex;
- Recognizing and responding to bullying;
- Practicing qualities of good friendship;
- Developing healthy leisure interests.

Effectiveness of teaching activities

The teaching methods are the strongest aspect of this programme. The case studies are compelling but realistic and laid out in simple fashion. The graphics are simple but accessible. Most importantly, there are many activities that involve learners' reflecting on their own experiences, self-perception and feelings and values – and learning of this nature is more deeply personalized and internalized.

Detailed comments

Both books have many compelling and effective activities that address individual and social-context risk factors for HIV. Below are a number of unit specific suggestions about ways that they might be further strengthened if updated. It is also worth expanding certain topics, even at the expense of others.

Grade 6

- Unit 3: Overall, the answers relating to recognizing and avoiding abuse are not clear, for example, why learners should be advised against writing down license plate numbers.
- Unit 6: The questionnaire to assess one's confidence is not entirely appropriate, for example, the willingness to appear on television or to take part in the Miss or Mr Zimbabwe competition are not necessarily indicators of inner confidence; they can also represent hunger for attention. The role-plays are quite good although it is confusing to high scorers to be told that they 'might even be too confident!'
- Unit 7: The quiz about gender stereotyping is based on a good idea but a number of the questions are ambiguous as to whether respondents think they are describing reality or reflecting their own attitude.
- Unit 9: Overall, this is a practical and realistic activity to reflect on fairness of parental rules and for learning to communicate feelings about these rules. However, an exercise about conflicts over household chores should reinforce unit 7 and mention that the household chores are often disproportionately placed on girl children.
- Unit 10: This lesson, about good and bad gangs, is another realistic and practical activity, however, one of the seven examples shows three boys assaulting a girl; two of them are assaulting her sexually while the third one laughs and tries to grab her bag. This behaviour is dramatically more serious than the other anti-social behaviours depicted in the activity and including it without acknowledging that fact can make it even more disturbing to view.
- Unit 11: This lesson involves recognizing, understanding and being able to respond to bullying. The message in this exercise that bullies are actually weak is a good one, however, the activity would be more effective if it helped young people acknowledge that occasionally, bullies may endanger their peers and if they are suffering or scared, they should not to be afraid to seek help.
- Unit 12: This lesson on the qualities of a good friend and the things that make us lose friends has a fun game (snakes and ladders); for this topic, however, narrative writing that goes in depth into situations and allows learners to express their feelings and reflect on past experiences might be more effective.
- Unit 16: This lesson on 'growing up' is appealing but does not provide adequate information about puberty.
- Unit 17: This lesson about safe/unsafe fun activities aims to help learners distinguish what risk may accompany common activities. It wisely clarifies that some 'safe' activities can also carry risk. However, it does not actively engage learners in talking about their own experiences and the peer pressures they may face to take part in activities that do not make them comfortable.
- Unit 18: This lesson on heroism builds confidence and ambition and is appealing; however, like many of these activities, it may not have any influence on HIV risk because it is only 30 minutes long and part of a curriculum that is only 10 hours long in total.

Grade 7

- Unit 2: This lesson on 'Facts and experiences related to puberty' challenges various myths, including about the danger of masturbation and shame attached to menstruation; it is a good lesson but it needs more time than its allotted 30 minutes.
- Unit 3: This lesson on hygiene, grooming and exercise is another good activity that lacks sufficient time to reinforce the objective. However, while building self-esteem is valuable, the link to HIV prevention is tenuous; it may be more appropriate to deepen other topics instead.

- Unit 4: Assessing strengths and weaknesses in one's own personality is actually a double activity; the first part is about building satisfying relationships based on positive personality traits, and the second part is about sexual norms. Both are valuable but neither are likely to lead to change based on the short amount of time given to them.
- Unit 7: This lesson about identifying and responding to abuse has a very effective activity about emotional and physical abuse that allows learners to write a happy ending to a story of abuse. Teachers are advised to 'look out for stories which may be a cry for help' but are not advised what to do if such a story appears.
- Unit 9: This lesson on sexism in family life is another excellent activity but could benefit from more than the 30 minutes allotted.
- Unit 11: This lesson on leisure activities encourages healthy rather than risky activities, however, it does not address the underlying drivers of high-risk activity.
- Unit 13: This lesson on sexual decision-making has excellent discussion questions to go along with the case studies, as well as a diagram exercise to understand transmission patterns for HIV. However, this is too substantial a topic to address effectively in 30 minutes.
- Unit 14: This lesson on decision-making has useful and personalized elements, but it might be more effective if it also included the steps involved in making a decision.
- Unit 15: This lesson on sexual abuse includes realistic and powerful case studies. However, several practices that are explicit human rights abuses are framed as matters open for discussion, including child marriage and the practice of allowing a man to fondle the breasts of and 'play with' his wife's younger sisters.
- Unit 16: Asking learners to read a script about the sensitive subject of 'good and bad touch' may not be effective in all cases, as some learners may laugh out of nervousness or for other reasons. The activity also needs to be more explicit about reporting requirements and other appropriate responses to be taken by teachers who learn of abuse.
- Unit 18: This lesson on social pressures and communication skills includes realistic and practical situations and provides learners with opportunities to think about what they should say in a sexually uncomfortable situation. However, 30 minutes is inadequate, especially given how important this skill is for HIV prevention.

Highlights from the available literature

Even though Zimbabwe still has one of the highest HIV prevalence rates on the continent, several studies suggest changing sexual behaviour patterns in different segments of the society have contributed to a decline. In a longitudinal study, Muchini et al (2008) reported a change in social norms with reduced acceptability of casual sex and transactional sex¹³³. Similarly, surveillance data between 1998 and 2003 in Manicaland among a population cohort of 9,454 adults found evidence for delay in the onset of sexual activity among adolescent men and women¹³⁴. Finally, epidemiologic data from mortality tables, HIV prevalence data from antenatal care clinics and Demographic Health Survey (DHS) sexual behaviour data corroborate that behavioural changes in the late 1990s contributed to substantial reported reductions in unsafe sexual behaviours and in reductions in HIV incidence¹³⁵.

Evaluation data from sexuality/HIV education programmes suggest that such education may also be contributing to beneficial effects. In 1992, the Ministry of Education and Culture (MOEC) offered a school-based HIV/AIDS and Life Skills Education Programme, one of the first of its kind in the east and southern Africa region. The AIDS Action Programme for Schools targeted learners and teachers in grades 4-7 in all primary schools and Forms 1-6 in all secondary schools. It sought to change attitudes and behaviour among learners and reduce the risk of HIV infection, while developing learners' life skills, such as problem-solving, informed decision-making and avoidance of risky behaviour. A follow-up with teachers (Woelk et al, 1997) found that only one-third of teachers had ever received in-service training and that many were uncomfortable with handling sensitive topics related to sex and HIV and AIDS¹³⁶. Teachers also reported that they preferred single-sex sessions for discussing puberty, sex, reproduction or gender-specific relationship issues, but that mixed-sex sessions encouraged respect and communication between peers and should begin at an early age.

133 Muchini, B., R. Mate, D. Halperin, T. Magure, O. Mugurundi, C. Benedikt, B. Campbell and K. Ampomah. 2008. *HIV Decline in Zimbabwe. Update on Results from Qualitative Research and Historical Mapping of HIV Prevention Programming*. Abstract TUPE0330. XVII International AIDS Conference. Mexico City, Mexico. August 3-8.

134 Gregson, S., G. Garnett, C. Nyamukapa, T. Hallett, J. Lewis, P. Mason, S. Chandiwana and R. Anderson. 2006. *HIV Decline Associated with Behaviour Change in Eastern Zimbabwe*. Science 311: 664-665.

135 Hallett, T., O. Mugurungi, E. Goma, S. Gregson, B. Lopman, C. Benedikt and B. Campbell. 2008b. *What Caused HIV Prevalence to Decline in Zimbabwe? Results from Comprehensive Review*. Abstract TUPE0346. XVII International AIDS Conference. Mexico City, Mexico. August 3-8.

136 Woelk, G., et al. 1997. *Training teachers to lead discussion groups on HIV/AIDS prevention with adolescents in Zimbabwe*. Washington, D.C.: ICRW. In: Tiendrebeogo, Georges, et al. 2003. *Life Skills and HIV Education Curricula in Africa: Methods and Evaluations*, USAID Technical Paper No. 119.

Some lessons may also be gleaned from evaluations of out-of-school sexuality education programmes in the country. Frances M. Cowan and colleagues conducted a randomized controlled study to evaluate the Regai Dzive Shiri Project. A total of 30 rural communities were selected for early or deferred implementation of the intervention, which was based on the social learning theory and the stages-of-change model. Of note is that content on gender was added in year two. The intervention involved both in-school and community-based sessions over a four-year period. Surveys were fielded among 4,684 18- to 22-year-olds to measure effect on HIV and pregnancy rates. Cowan et al (2010) found that the intervention failed to lower HIV or herpes simplex virus type 2 (HSV-2) rates or to have an impact on self-reported behaviour. However, it modestly improved knowledge and attitudes of the young men and women in the community and reduced the number of reported pregnancies in the participants¹³⁷.

P.E. Terry and colleagues evaluated Sustainability, Hope, Action, Prevention, Education (SHAPE), a comprehensive HIV and AIDS education programme that included workshops, topical seminars, clubs and sports teams for university and school-aged young people. A survey of 933 university learners in Harare, aged 20-24, found that learners who had participated in the programme were less likely to have ever had sexual intercourse and had fewer sexual partners in the past year. They found that 'SHAPE participants were more likely to have discussed AIDS in the past month (95% to 83.4%), have been tested for HIV (85% vs. 76%), get treatment for AIDS, consider abstinence as a prevention practice for HIV, and more likely to have seen a female condom'¹³⁸.

Several interventions have aimed to examine alternative modes of delivering information. In a comparison of two HIV-prevention interventions with student teachers, one group was given information-based training while a second group was given skills-based training. Wilson et al (2001) reported that the skills-based training was significantly more effective at producing improvements in knowledge, attitudes and sustained behaviour¹³⁹.

A six-month mass media (not curriculum-based) campaign encouraged abstinence among young people in Zimbabwe who had no sexual experience and also promoted condom use and reduction in partners for those who were already sexually active. The project utilized many different mediums including posters, leaflets, newsletters, radio shows, launch events with popular musicians, community theatre presentations and peer education. The intervention also set up 26 young people-friendly clinics that conducted a one-week training with a provider for each clinic in counselling young people. A survey was conducted with 1,426 randomly sampled adolescents with a follow-up survey a year later with 1,400 participants. Kim et al (2001) found that young people in the campaign target area reported having refused sex 2.5 times more than young people in non-participating areas¹⁴⁰. Young people in campaign areas were also 4.7 times more likely to visit a health centre and 14 times more likely to visit a young people centre than their unengaged counterparts.

137 Cowan, Frances M., et al. 2010. *The Regai Dzive Shiri Project: Results of a randomized trial of an HIV prevention intervention for young people*, AIDS, Vol 24, issue 16.

138 Terry, P. E., M. Mhloyi, T. Masvaure and S. Adlis. 2006. *An Examination of Knowledge, Attitudes and Practices Related to HIV/AIDS Prevention in Zimbabwean University Learners: Comparing Intervention Programme Participants and Non-participants*, International Journal for Infectious Diseases, 10: 38-46.

139 Wilson, David, Albertina Mparadzi, and Susu Lavelle. 2001. *An Experimental Comparison of Two AIDS Prevention Interventions Among Young Zimbabweans*, The Journal of Social Psychology 132(3): 415-417.

140 Kim, Y., A. Kols, R. Nyakuru, C. Marangwanda, and P. Chibatamoto. 2001. *Promoting Sexual Responsibility among Young People in Zimbabwe*, International Family Planning Perspectives 27(1): 11-19.