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More talk, less sex: AIDS prevention through schools

Noerine Kaleeba, Joyce Kadowe, Daniel Kalinaki and Glen Williams

• Background

"Why is it that someone can at times have an erection even when he doesn't want it?"

"Is someone likely to get AIDS by kissing an infected person?"

"Can HIV be contracted after only one single sexual intercourse with an infected person?"

These are just a few of the frank questions about sex and HIV/AIDS which primary school pupils in Soroti District, Uganda are putting into their 'health letter boxes'. The health letter boxes are part of an innovative School Health and AIDS Prevention Programme, which has helped to dramatically reduce sexual activity among primary school pupils. The letters are read out to the children during morning assemblies and answered on the spot by specially trained teachers. As in many other countries, sex in Uganda has long been regarded as a taboo subject, which causes feelings of embarrassment or even shame when discussed in public. Yet this has not prevented large numbers of young Ugandans from becoming sexually active. A national survey in 1995 found that on average, girls became sexually active at the age of 16, and that 30% of girls had engaged in sexual intercourse by the age of 15¹. In some parts of Uganda, up to 62% of boys and 38% of girls were involved in unprotected sex before

¹ Statistics Department, *Demographic and Health Survey*, Ministry of Finance and Economic Planning, Entebbe, 1995.

completing primary school (Bagarukayo et al. 1993). This pattern of sexual activity was clearly exposing many young people in Uganda to a high risk of unplanned pregnancy, Sexually Transmitted Diseases (STDs) and HIV/AIDS.

In the early 1990s, the District of Soroti, in eastern Uganda, was struggling to emerge from several years of civil war. Many schools had been looted and damaged during fighting between dissidents and government forces and large numbers of children were attending classes in the open air. Although about 90% of children were reported to be starting primary school, (which covers the range of 6–20 years of age) only 40-50% were actually completing the full seven-year course. Many children were in their late teens by the time they left primary school.

Health education, including AIDS prevention, was already part of the primary school curriculum in Uganda at this time. However, teachers generally lacked the training and the skills needed to talk explicitly about human reproduction and sexual health, and to encourage their pupils to discuss intimate sexual matters.

• Programme strategy

In 1993 the African Medical and Research Foundation (AMREF), together with the Soroti District Administration, started a School Health and AIDS Prevention Project in 95 primary schools, with an enrolment of about 120,000 children, in two rural counties and Soroti town. A baseline survey of primary school pupils aged 13-14 in the project area in 1994 found that 42.9% were sexually active. Boys were more likely than girls to be

sexually experienced: 61.2% of boys claimed to have had sex, compared with 23.6% of girls (Shuey et al., 1999).

The project aimed to encourage safer sexual behaviour, particularly abstinence, amongst primary school pupils, through a three-pronged operational strategy:

- improved access to information about healthy sexual behaviour and decision-making;
- improved adolescent-to-adolescent interaction regarding information and decision-making relating to AIDS, sexuality and health; and,
- improved quality of the existing district education system in the implementation of the school health curriculum and in counselling/advice-giving to school pupils.

Beyond embarrassment

The new approach was not without risks. Objections were to be expected from traditionally minded parents, as well as cultural and religious leaders. The project made meticulous preparations, therefore, to minimise the likelihood of misunderstandings, social tensions and outright opposition. A District level Steering Committee was appointed to oversee the activities of the project. This consisted of officials from the Departments of Education and Health, local government personnel, religious leaders, representatives of parents, youth and women's affairs, and staff from AMREF-Uganda. Headmasters and local leaders (politicians, government officials, religious and local opinion leaders) were sensitised about the aims of the project through a series of one-day workshops. The project also organised meetings to discuss health and sex education with local parents, community leaders and teachers at each school and in each administrative zone. Teachers were also thoroughly prepared: Senior Women Teachers (SWTs), Senior Men Teachers (SMTs)²

² Senior Women and Men Teachers are experienced teachers designated by schools to

and Science teachers attended four-day health education training courses to improve their knowledge and health education skills. Looking towards the longer-term future, the project helped local teacher training colleges to introduce school health, AIDS prevention and Child-to-Child health learning techniques into their training courses.

When the project entered primary schools, teachers initially encountered some reluctance on the part of pupils to discuss sexual matters and AIDS in a frank and open manner in the classroom. However, these inhibitions were soon overcome, and pupils responded positively to the more open approach (i.e. being frank and specific) to teaching about human reproduction, sexual health and AIDS.

Perhaps even more influential were the weekly 'guidance and counselling' sessions run by the SWTs and SMTs for pupils in years five, six and seven (aged between 11-14, but pupils can often be older). These sessions, often held in small groups sitting under a tree, gave pupils the chance to interact with one another informally, with guidance and support from teachers whenever necessary. They took the form of teacher facilitated group discussions, with the use of drawings and posters to support them. Particularly useful to the guidance and counselling sessions were copies of the newspapers *Young Talk* and *Straight Talk* supplied free to schools by the Straight Talk Foundation³. These provided accurate, factual information about sex, human reproduction and HIV/AIDS, and also stimulated discussions amongst pupils, and between pupils and teachers. Many pupils also wrote to one or other of these

give guidance and counselling to pupils, alongside their normal teaching duties.

³The Straight Talk Foundation is an organisation whose aims are: to increase understanding of adolescence, sexuality and reproductive health; and to promote safer sex, life skills and child/adolescent rights. It publishes two monthly newspapers – *Young Talk* and *Straight Talk*, which reach over 1 million young adolescents and youth, mainly through primary and secondary schools.

newspapers to seek advice or express their opinions.

Pupils began using 'health letter boxes' at school to ask questions about HIV/AIDS, STDs and other intimate matters related to sexual and reproductive health. In addition, pupils went to teachers for individual counselling, advice or practical help. *"Girls come to me,"* says Christine Oluka, Deputy Head of Soroti Demonstration School, *'for advice about their relationships with their boyfriends, or to complain about a boy who is pestering them. They also ask about their periods. Sometimes they get their period at school but they haven't brought a sanitary towel, so we can help them deal with that.'*

In every school involved in the project, groups of pupils also started extra-curricula school health clubs, whose members came together to share knowledge and experiences, and to support one another in following a healthy lifestyle. They also composed songs, staged skits and plays, and wrote poems and essays about HIV/AIDS, pregnancy and other health-related issues. The condom issue had to be handled very carefully, since many parents feared that teaching young people about condoms would encourage them to become sexually active. Most teachers confined themselves, therefore, to providing information about the condom, without showing samples or demonstrating how it should be used. Some teachers, however, brought condoms to school and demonstrated, albeit discreetly, their use to senior pupils, especially to those who are already sexually active⁴.

Increase in abstinence

In 1996, after the project had been fully operational for two years, a follow-up

⁴ AMREF also sells condoms and contraceptive pills to the general public. However, this project is separate from the School Health and AIDS Prevention Project.

survey was made of the sexual behaviour of a sample of pupils in year seven of primary school in the project area. An identical survey was also carried out in a 'control' group of schools in a neighbouring county, where the project was not operating. The survey found that, in the schools involved in the project, the percentage of pupils claiming to be sexually active had fallen dramatically: from 42.9% to 11.1%. Boys were still more likely than girls to be sexually active: 15.8% compared with 6.4%. By contrast, no significant changes in sexual behaviour were recorded among pupils in the 'control' group of schools (Shuey et al., 1999).

The survey also explored the reasons for this 74% decline in reported sexual activity among young people. It concluded that the main reason was greater social interaction between pupils and teachers, and among pupils themselves. This high degree of social interaction was not accidental, but was carefully fostered by the project. It was effectively reinforced by the thrice-yearly visits paid to schools by officials from the District Education Service to monitor activities and provide supportive supervision to teachers.

The channels of communication that have been opened up between the project and local families and communities have also contributed to the success of the project. Community leaders and parents were sensitised about the aims and activities of the project, and also offered the opportunity to express their views at local meetings. These efforts have helped local parents and community leaders understand and accept the aims and strategies of the project. While some parents have complained that the project has led to their children experimenting with condoms, most would probably agree with Salome Abuko, a small kiosk owner and mother of two primary school children in Soroti town, who says:

"It's good that the children are being taught about AIDS and sex at school. The teachers aren't spoiling them but are

helping to save their lives. In fact they are helping us to do our jobs of teaching our children”.

• **Feedback from project participants**

The following section provides some feedback from a selection of the project's participants, both students and teachers alike, in which they share some benefits, outcomes and learnings that have been a direct result of the project thus far.

Jesca Harriet Acao: class 7 pupil

Fourteen year-old Jesca is in class 7 at Katine Tiriri Primary School, about 20 kilometres north of Soroti.

"The greatest worry in my life is AIDS. It has killed four of my sisters and brothers. My surviving sisters at home tell me how I could get AIDS and they advise me to behave myself so that I can stay safe. We talk about AIDS in our free time here at school, and we also read the Young Talk newspaper which comes to the school. I also borrow Straight Talk from the teachers. I also listen to 'Capital Doctor' on Capital Radio on Tuesdays, and I have learned a lot about AIDS from that. We have learned about AIDS in class - how we can get it, prevention, taking care of yourself, and teaching other people back home in the village so they do not get it also.

"My parents feel happy that I am learning about AIDS and sex at school, because whatever they teach us here I pass on to them. They tell me I will have a better life in future because of what we are learning at school.

Joseph Julius Omio: science teacher

Joseph is a Science teacher at Katine Tirere Primary School. He was trained by the AMREF School Health and AIDS Prevention Project:

"As a teacher, I am now much more open with my pupils. I don't hide any facts when I am teaching about sex or AIDS in the classroom. In the past, I could feel uneasy when talking about such things. But now, even if my own child is in the class, I talk quite openly. The children sometimes have problems being open. At first they are shy and afraid to use the language to describe sexual matters. I just encourage them not to be afraid and to speak out. We also talk about AIDS at school functions, like Parents' Day and Open Day, where the pupils sing songs depicting AIDS and other social problems.

"Not everyone agrees with what we are doing. Some parents bounce the problem back to us, and say we are trying to teach their children irrelevant things, and causing them to be interested in sex at too early an age. But the Project recently ran a peer group seminar on AIDS and sexual issues for school pupils, and afterwards some of the pupils went and explained it all to their parents. I also talk to people in my community about AIDS. The death rate from AIDS seems to be decreasing, but the problem is that the people at the grassroots, who don't have radio or television, still lack information. But we shouldn't try to hide anything about AIDS. The problem is already with us so we cannot hide from it”.

Grace Ebunyo: senior woman teacher

As the Senior Woman Teacher at Soroti Demonstration Primary School, Grace is responsible for the weekly guidance and counselling sessions for pupils in the top three classes of the school. She is 39 years old, married, with five children. Her life has been deeply marked by the HIV epidemic.

"AIDS has affected me a lot. In 1995 I lost my brother, who was teaching in Teso College - he had just finished his university degree. I also lost my other brother just after his training, and my

sister died when she was in her last year in teacher training college. I spent a lot of money helping my brothers and sister get a good education, but they all died so young! I'm really worried about my own children. Whenever I lose a close relative to AIDS, I take them there to see, and I even tell them the cause of death, but still I'm worried for their sake. As a teacher, I'm worried about my pupils. Today's children learn many bad things from TV and from one another".

Grace is strongly in favour of teaching about sex, human reproduction and AIDS in primary schools:

"AIDS is covered in the school curriculum, but only from Primary 5 to 7. But with UPE⁵, we are now getting big boys and girls, even 15 year-olds, in Primary 1. So the curriculum should cover AIDS right from P1.

"We try to emphasise abstinence from sex as the best method of AIDS prevention, but children cannot easily avoid temptation. We have to tell children about condoms. I even show condoms to the big ones. My brother is a doctor and he has condoms in his clinic, so I can easily get them. The parents are generally very positive about the teaching of AIDS prevention in school. Many have lost their children to AIDS, so they support of what the school is trying to do.

"People in the community are much better informed about AIDS, and they are much more supportive towards people with AIDS. In the past they were afraid to touch the sick, or even to carry the body of someone who had died of AIDS to be buried. But now they know that touching someone with AIDS is not risky, so they nurse and care for the sick. And they no longer waste time analysing how someone got AIDS, which was the case in the past. There are some school children who share their knowledge of HIV and AIDS

with their parents. I have a friend who divorced her husband 16 years back. They were planning to reconcile but her daughter, who was in Primary 6 at the time, said 'Mum, you've been away from each other for such a long time. We are not sure whether father is free from HIV/AIDS.' My friend thought seriously about what her daughter said, and in the end she declined his proposal."

Caroline Imalingat: class 7 pupil

Fifteen year-old Caroline is in class 7, her final year at Soroti Demonstration Primary School. When her teacher first started talking about sex in class, she was uncomfortable:

"I used to feel so embarrassed when the teacher was talking about sexual matters in class. I felt that such things were not supposed to be talked about in class like that. Now I don't feel embarrassed at all, because I know that such things are important and should be discussed. But some of my fellow pupils still say it's bad to discuss such things openly. I also discuss sexual matters with the Senior Woman Teacher, and with my mother, and they advise me about what to do. I think sex is very dangerous because you can get diseases which cannot be treated. It can also cause you to get married early because you become pregnant. Some parents can even chase you from home. Sex is only good when you have finished your studies and got a job and want to have children.

"I have learned about AIDS here at school, and through reading. I read Young Talk and Straight Talk at school. My friends and I, we talk about AIDS during lessons and in our free time. We have agreed to stay safe so that we do not get infected, because AIDS cannot be cured. I tell my parents what I am learning about AIDS at school. They are happy about it. They say that the teachers are helping them.

"I have good friends who are boys. I think it is possible to be a close friend with a

⁵ Universal Primary Education – a government programme which began in 1998 and which aims to enable each family to have four children educated to complete primary school.

boy without playing sex. I do not have a boyfriend and have never had one. A boy can make you neglect your studies because you are thinking about him all the time”.

- **Expansion and sustainability**

In late 1998 the project expanded to cover all 213 primary schools in Soroti District and 154 schools in the neighbouring District of Katakwi - a total of 367 schools with a total enrolment of 192,000 children.

The project employs only one full-time health educator, who is scheduled to leave the project in March 2000. The prospects for the longer-term sustainability of the benefits of the project, however, are good. Firstly, the project is based on the existing health education curriculum. It is implemented on a day-to-day basis by local teachers and officials from the Soroti District Education Department, and pays no allowances to staff outside of normal government policy (i.e. for travel expenses and to cover the costs of attendance at workshops etc.).

Moreover, the social interaction approach adopted by the project has been incorporated into the curriculum of the two teacher training colleges, which supply most new teachers for the two local Districts covered by the project. There is every prospect, therefore, that the new approach will become institutionalised, and that future generations of primary school pupils will also be equipped with the knowledge and skills they need to postpone sexual activity until they are physically, socially and emotionally mature

- **Noerine Kaleeba**, UNAIDS, 21 via Appia, 1211 Geneva, Switzerland. Email: kaleeban@unaid.org, **Joyce Kadowe**, Uganda AIDS Commission, P.O. Box 10779, Kampala, Uganda. Email: namulondo@yahoo.com, **Daniel Kalinaki**, Department of Mass Communication, Makerere University, Kampala, Uganda. Email: kalinakid@yahoo.com, and **Glen Williams**, Strategies for Hope, 93 Divinity Road, Oxford, OX4 1LN, UK. Email: stratshope@aol.com

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NOTES

This article is an abridged version of a chapter from book no 15 in the Strategies for Hope series entitled, '*Open Secret: Facing up to HIV and AIDS in Uganda*'. ActionAid, London 2000.

It is available from TALC, P.O. Box 49, St. Albans, Herts, AL1 5TX, U.K. Email: talcuk@btinternet.com

For further information on the Straight Talk Foundation, please contact Kathy Watson or Ann Akia at Straight Talk Foundation, PO Box 22366, Kampala, Uganda. Email: strtalk@swiftuganda.com

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