SEX AND AIDS EDUCATION IN SCHOOLS

The purpose of PSABH is to bring AIDS prevention programming into schools. In self-completion surveys teachers were clear that it was necessary and important that schools take on the responsibility of teaching about AIDS and that, though they anticipated certain difficulties, they were prepared to do such teaching so long as proper training and resources were available.

Readiness of Teachers

Teachers linked HIV prevention programming with teaching about sex. Their willingness to be part of teaching about sex and HIV was seen in survey responses and in their discussions in interviews. 93% said it was necessary to talk more openly about sex with pupils. 76% did not consider teaching about HIV/AIDS in upper primary school to cause more harm than good. In fact, teachers acknowledged that *not* teaching young people about AIDS would cause harm. Teachers, however, often expressed difficulties in talking to students about sexual matters, as well as confusion and conflict about what to say. Despite these difficulties, they felt that they must talk to students or they would be responsible for the consequences.

> *We feel ashamed [teaching about AIDS] and when we shy off [from teaching] the children also continue to shy off and they remain ignorant. As a result, they do sex before marriage ... and end up getting these diseases and pregnancies* (Teacher11_F: 88-100).

While teachers expressed willingness and even a desire to provide AIDS education for their students, they repeatedly expressed a need for training and preparation.

> *We are so much willing to help these children. But we need to have proper training so that we are confident with what we are saying or doing, so that we get the proper approach and we know how to handle these problems we are meeting* (Teacher4_F: 313-317).

> *If you are not well prepared you cannot be very confident but if you know what you want to talk about very well there is no problem* (Teacher7_F: 173-176).

AIDS and Sex Education in Schools

Self-completion surveys documented the presence and form of AIDS programming that already existed in schools prior to the introduction of PSABH. Most schools have the AIDS education syllabus provided by the Ministry of Education (81%) and 56% of teachers reported using this syllabus. In over 3/4s of the schools, teachers reported that AIDS was in the Master Timetable. However, while developing a scheme for teaching AIDS and an infusion plan were the most common first steps reported on surveys, these were reported by only 33% and 32% of teachers respectively, suggesting that AIDS had only begun to be adequately integrated into teaching.

One of the difficulties in integrating AIDS education into the curriculum was the limited time

available for teaching and the need to focus on examinable subjects – which AIDS was not

> *But with teachers, they have very limited time and when they go for the lessons, they only conduct lessons.* (Teacher26_M:248-249)
>
> *They* [teachers] *don't take it* [AIDS] *to be a very serious lesson, because it is not examinable* (Teacher20_M: 302-304).

A second difficulty that teachers repeatedly raised was an absence of resources and clear direction for teaching about AIDS.

> *The* [AIDS] *material is lacking so there might be some aspects, which you don't know about AIDS so in case such materials can be got it will be very easy* (Teacher3_M: 339-341).
>
> *There is no proper book, just pamphlets, not a book, its just a pamphlet* (Teacher15_M: 414-415).
>
> *We don't have the major syllabus and the student guide book...now it is up to you to go and look for the information which is not readily available* (Teacher16_M: 412-416).
>
> *The teaching* [instruction to teachers] *of AIDS in schools is given orally , without specifying what to deal with or what to talk about in particular* (Teacher14_M: 285-286).
>
> *Some of these teachers are not well informed so those who lack knowledge the ministry has not come out very well [in helping us]* (Teacher18_M: 397-399).
>
> *We should have films and people coming to talk about it maybe from social services. If we would have such groups chip in I think students will know about it* (Teacher30_M: 311-316).
>
> *There is a syllabus in the school, but we don't have the relevant books* (Teacher 9_F:291).
>
> *We don't have enough reference material, apart from the red book whish is the syllabus and the green which is the reference book, we don't have enough source* (Teacher19_M: 335-339).
>
> *We were only given a syllabus. What to teach becomes a major problem* (Teacher23_M: 73-79).

Teaching about AIDS necessitated talking about sex, a topic which, as seen in the section on Community Expectations, is not necessarily openly discussed and which is often fraught with taboos about who may speak with whom. While the majority of teachers claimed, both in surveys (62%) and in interviews, that they were comfortable talking to students about sex, they also spoke about sources of discomfort. The absence of resources to guide their teaching, for

example, contributed to their discomfort by leaving teachers struggling with community norms that proscribed communication about sex.

> *So you know sex is something which is regarded so confidential so people are not usually free talking about male sex* (Teacher6_M: 59-63).

> *As Africans we feel that ... sex should not be talked [about] when someone is hearing. We were brought up to know that sex is only done in the darkness and it should not be talked anywhere except when people are in bed* (Teacher11_f: 129-139).

As a result, even words that dealt with sexual matters were difficult to say.

> *You see when talking bout, quoting the actual words we tend to say they are dirty words. Some people were born that they are not able to say these words in the way they should actually be* (Teacher23_M:164-168).

And teachers did not know how to handle responses from students.

> *Some students may ask funny questions.* (Teacher9_F: 493)

> *At times the pressure in the peer groups [to laugh and joke about sex] is so strong that talking to them is not very easy* (Teacher21:399-400).

Some teachers specifically raised concerns about teaching about sex in classes that included their biological children, particularly in light of the traditional taboo against communication between parents and children about sex.

> *Especially at primary level we teach our children. So imagine your son in class and you go talking about sex, yah!* (Teacher8_F:45-46)

> *Due to the cultural background he [father] finds it uncomfortable talking about sex before a daughter who is in that class* (Teacher19_M: 67-77).

The seriousness of the AIDS epidemic, however, led many teachers to put aside their traditional silence in order to teach students about sex and AIDS

> *We have been teaching them and guiding them* (Teacher5_F: 197).

> *As I said it is just tradition. But right now most of us are overcoming that. You become frank. You don't shy out* (Teacher2_M: 197-198).

Such teaching, however, was most often done within the context of guidance and counseling rather than the classroom.

> *We have not been teaching it directly. But [through] guidance and counseling* (Teacher 7_F:299).

We talk to them in guidance and counseling (Teacher5_F: 226)

Actually, we don't handle it through the syllabus ... We handle it through our counseling group (teacher18_M:368-369

Beyond the lack of resources and the difficulties that teachers experienced speaking with children about sex and AIDS, teachers also expressed several specific concerns. They worried that speaking to young people about sex might actually promote sexual activity.

We find it difficult because when teaching it is as if we are promoting promiscuity or if I may say prostitution, careless sexual intercourse (Teacher4_F: 289-291).

Teachers felt caught between concern that their teaching might promote sexual activity and their fear that focusing on abstinence, which they felt most prepared and able to do, might not be enough.

Apart from telling them to wait...a method should be devised to [help them] *protect* [themselves] [this teacher spoke specifically about the female condom] (Teacher17_F: 435-436).

To wait is not bad...[but] *is not the final solution* (Teacher18_M: 471-473).

Teachers also feared that if they spoke of AIDS and specific prevention techniques they would be seen as talking from personal experience, i.e. that they had AIDS.

We tend not to teach because [students] *may think that I am suffering from AIDS* (Teacher12_M: 298-302).

Sometimes you might find this teacher might be involved in this kind of sex and shy off [from talking to students about it] (Teacher11_F: 488-489).

Their greatest concern was that despite all their efforts, children would not follow the lessons they were taught.

We may talk about it [sex and HIV]*, but they may not put it into practice.* (Teacher28: 267-268).

Despite these difficulties, many teachers stressed that such teaching was important, particularly with the high prevalence of AIDS in their communities. The dominant message they taught, however, was clearly abstinence. They used many reasons to explain to students why abstinence was the only option.

Playing sex early leads to disease [especially AIDS]
Early sex spoils young people
Young people are not ready for sex
Sex is sweeter if you marry a virgin
Premarital sex is wrong according to the Bible

Early sex ruins your future [cannot pursue education and proper family life]
Premarital sex can lead to pregnancy and then [school] *drop out* [for girls]

Teaching about Sex and AIDS

Shy Students

In surveys, 61% of teachers felt that students were too shy to talk about sexual matters. Dealing with shy students was a specific topic of discussion in interviews. Shyness made it difficult for teachers to get students to open up and talk during sex education lessons.

> *Some of them are very shy. They don't want to talk about sex.* (Teacher26_M: 100).

> *They are very shy, that's a topic they will not be asking questions about* (Teacher8_F: 166-167).

Some teachers, however, spoke of how they helped students overcome their shyness,

> *I normally tend to build confidence, I remain humble to them, I tell them that ok, this thing you are going to tell me, I shall not tell it to anybody* (Teacher13_M: 189-192).

> *Shy children cannot be assisted without a plan . You should identify them first and then try to take them slowly. Ask them simple questions related to the question* (Teacher14_M: 163-166).

and several spoke of particular successes they had with shy students.

> *I have a student, she is very shy...she is very free she's one of the victims of sex. She likes playing sex. So when I came here I just picked her* [and told her] *you are now the school deputy captain. She is now good. This morning she is the one who was at assembly* (Teacher15_M: 250-258).

> *I have a shy student and am trying to encourage* [her] *orally and in written form. Especially the written work that she does I always write for her that this is good* [encourages her to express herself] (Teacher17_F: 230-234).

Gender-Based Needs

Given the differences in gender scripts related to sexuality and the cultural reticence about speaking about things sexual, teachers were asked their views about teaching boys and girls together or separately. While there was general agreement that boys and girls should be taught together, supported by the sentiment that, "AIDS is the same for both," teachers did identify gender specific issues in teaching boys and girls. Boys were uniformly seen as more difficult to teach and to handle than girls.

> *Boys they come up they laugh a lot they make funny gestures like that* (Teacher21_M: 153).

The young boys, I can handle them, though, when it comes to big boys, it needs a man (Teacher24_F: 141-145).

As in survey responses, girls were considered to be shy and to have "difficulty" with the subject.

With girls, mostly they are shy, they are not free especially when it's being said in public. (Teacher21_M: 151-152).

Especially the girls. When you start speaking ...most of them look offended (Teacher2_M: 77).

Several teachers commented on concerns that were specific to girls that had to be addressed. This included the need to work on self confidence and assertiveness with girls, particularly since the consequences of sex for girls were more dire than for boys.

Yes [they should be taught together], *only I still think that girls should be spared more time as compared to boys...naturally girls are weak and easily lured by young men or boys* (Teacher19_M: 368-371).

I think so, but stress on the girls because girls...sexual upset interferes with them a lot (Teacher21_M: 341-343).

What Should Be Taught?

Teachers presented a comprehensive list of topics that they felt should be covered with their pupils.

- "Reality of AIDS in Kenya"

  It has killed many people. (Teacher12:M: 31-34)

  They should know...the problem is here with us. (Teacher18_M: 35-38)

- Seriousness of AIDS

  It is a killer disease and it is not cured. (Teacher11_F: 67-69).

- Transmission

  They should know ways in which AIDS spread so that they may tell other people in the village (Teacher21_M: 43-45).

  And [they] will be able to know how to avoid it (Teacher18_M: 44-45).

- Symptoms

They should be aware of symptoms (Teacher13:M: 26-28)

- Social and economic consequences

  How AIDS is affecting us both socially and economically (Teacher21_M: 36-37)

- Personal vulnerability

  It is not only killing the old people. It is affecting everybody (Teacher10_F: 22-26).

  They should also know that even them they can have AIDS. You know, many children think that big people that is the adults are the ones who have it. So they should be told that even them they can have it (Teacher29_F: 193-197).

- Interacting with those with AIDS

  How to behave with those who have contracted the disease (Teacher26_M: 34-36).

Prevention

The most important messages to teach were about prevention,

They should know how to prevent themselves from it (Teacher17_F: 31).

and the most important prevention message was that 'young people should abstain from sex'.

They should know that it is important to avoid sex before marriage (Teacher6_M: 27-28).

The best thing is abstinence because actually they have not reached that age where they are supposed to be thinking of sex in any way (Teacher10_F: 29-31).

For teachers, use of the condom to prevent HIV was always introduced within the context of an abstinence message.

In case they don't abstain they should use condoms (Teacher4_F: 383).

Prevention messages also included cautioning students on the use of unclean needles

Be careful about the needles that they use in the hospitals. They are supposed to use new needles (Teacher7_F: 58-61).

As well as the importance of going for an HIV test before marriage.

Tell them that when they are married is when now they can go for a test to ensure that they have chosen the right partner (Teacher13_M: 41-42).

Parents' Attitudes toward sex education

In surveys, teachers were divided on whether parents were reluctant to have sex and AIDS taught to their children with 46% feeling they were reluctant and 41% that they were not. In interviews, teachers felt most of the parents were well-informed and would not oppose such teaching.

> *We have a well-informed group of parents. To them, there's no problem about it* (Teacher18_m:274-275).

> *These days with AIDS we don't have many problems [with parents]* (Teacher15_M:285-290).

Teachers also volunteered their own views on why some parents might resist. These included lack of knowledge or exposure to ideas,

> *Some parents are illiterate. But the learned ones who read magazines are a bit co-operative* (Teacher1_F: 172-174).

and concern that sexual activity would result (especially for girls),

> *To them when you teach their kid, especially girls about sexually related matters, they think you are encouraging them* (Teacher16_M: 268-271).

and expose their children to greater danger.

> *Some parents think you are exposing their children to danger. By teaching the child about sex, you are creating awareness and most of the children would like to experiment. So if you teach them about sex most of them will go and experiment* (Teacher8_F: 229-234).

Those who adhered to traditional cultural beliefs related to teaching about sex or to particular religious dogma might also object.

> *The traditional taboos that such things should be left to special people to take care of like the old grandmothers* (Teacher17_F: 262-264).

> *Yes, some parents are against this because of the tradition. You know we have this culture, the same with the B culture, it doesn't allow to tell the children, to talk about sex in public* (Teacher27_M: 122-124).

> *Some parents who are not informed like the religious groups of people who tend not to teach their children about sex, they say you teach about sex you are enlightening their children who are young which may spoil them* (Teacher12_M: 222-225).

Dealing with parental concerns was difficult since parents did not bring these to the attention of

the school.

> *They will not come to us directly in school, but you hear them complaining...You know they act in rumors you just hear teachers complaining that mother so and so is saying this and that* (Teacher8_F: 241-244).

The absence of specific complaints from parents left the school without a reason to talk to parents.

> *First of all I haven't seen any importance of talking with them since they never opposed. If they had been opposed the thing is when I could now have brought them in* (Teacher13_M: 242-244).

As in teachers' comments on teaching sex education, the structure of schools did not encourage teachers to initiate conversations with parents. Teachers cited *lack of time*, *absence of a set protocol for talking to parents about it*, and *talking to parents only if their child was a problem* as reasons for not initiating conversations.

When teachers did speak with parents, they spoke of:

- *How to protect their children from AIDS*
- *How to discuss sexual matters with their children*
- *The importance of teaching young people about sex at school and home*
- *The importance of working as a team (parents and teachers)*
- *How AIDS was transmitted*

Despite the apparent barriers to parent-teacher dialogue, the power of such dialogue is seen in the following interview excerpt:

> *Yes, there was one* [parent] *who did not want* [sex education taught in school]. *This person I'm telling you we called and talked to and explained to him why it was introduced and he saw the sense and said then, there is no problem, you can continue because you will be helping me as well* (Teacher4_F: 239-243).

School AIDS Prevention Activity

When asked about how AIDS should be taught in the schools or what should be done to prevent HIV transmission among youth, teachers called for a more collaborative approach to HIV prevention.

> *This issue should be dealt with like a Harammbe now in this case parents, the stakeholder, teachers, pastors should join hands at least to teach the young ones the goodness or badness of having sex before marriage* (Teacher11_F: 1052-1056).

They spoke of the additional resources and activities that were needed for an effective programme:

- Seminars and films [on the topic of AIDS]
- Teaching aids [charts, diagrams]
- Financial assistance from donors [money to fund HIV/AIDS prevention activities]
- Guest speakers [from outside the schools]
- More lessons on HIV/AIDS
- Guidance and counseling committee
- More school clubs [e.g. singing, debating, drama]
- Pastoral Ministry within the school
- Environmental changes [make it safer for girls to walk to school without being harassed]
- HIV/AIDS education in all class [the younger the better]
- Provide children with role models [bring in young adults who are abstaining]
- Educate parents
- Monitoring teacher implementation
- Monitoring of student behavior [with sanctions if it violates school rules]
- Field trip to hospitals [meet people living with AIDS]

But, they also spoke of success stories, examples of the successes they had in breaking down barriers and in communicating with students to effect change.

> *I was telling her* [girl student] *now you see a problem can happen with you and this boyfriend of yours...and she told me madam in fact that is what happened to me ...So I found that the girl had become free at last, we could discuss freely...when they have became friendly* [to teacher] *they can be able to tell you the truth* (Teacher11_F: 325-346).

> *I had a case where a student was found somewhere with a boy...I talked [about] what repercussions are in sex before marriage. Then I let this child understand that I was there to help her. So she was very free and talked to me a lot* (Teacher19_M: 214-227).

> *We had a case last year where a boy had* [an] *STD...We talked to him. He could not accept it easily because* [he] *was a boy... I approached a male teacher who went to talk to him until he accepted, and after accepting we called the parent and explained the problem* (Teacher4_F: 420-432).

Above all, teachers were aware that children are the most promising targets for HIV/AIDS prevention in the midst of the epidemic.

> *It's important* [HIV/AIDS education] *because their lives have to be protected...the old generation like us may have AIDS...If I die...I would like my children to carry on with life...That is why...the youth in primary from class three they should be told about prevention...They should be told* (Teacher17_F: 446-458).

And the fate that lies ahead for young people if there are no interventions.

> *The younger generation should replace the older generation..If the older people are all*

dead then the young generation are all sick, life is not going to continue. Its going to stop (Teacher17_F: 41-51).

Summary

Teachers are ready to engage in AIDS prevention. Their major need is resources and instruction in how to do this.

QUANTITATIVE AND QUALITATIVE RESULTS IN DIALOGUE

Based on the analysis of survey results, several of the responses to the questions on the self-completion survey were identified as puzzling and in need of explanation. As interview results were analysed, the interpretation of additional survey questions was first called into question and then modified. Although survey administration was accompanied by assurances that there were not necessarily right or wrong answers to the questions and that what was important was that respondents provided answers that reflected their views, beliefs, knowledge and experiences, in at least some cases, survey responses appear to have reflected what some respondents felt were the 'correct' answers, rather than their own opinions. This was particularly the case for students, but at times seemed to be present for teachers as well. At other times teachers appeared to be struggling with competing realities or 'voices' which led to contradictory or inconsistent responses. This section applies quantitative and qualitative results to several of these puzzling areas in an attempt to piece together a coherent picture.

Are teachers comfortable teaching about sex and AIDS?

In surveys, 62% of teachers disagreed with the statement that they were uncomfortable teaching about sex; suggesting most were teaching about sex. However, as discussed in the section on AIDS Education in the Schools, when interviewed, teachers spoke at length of various forms and reasons for feeling uncomfortable. In addition, while fewer female teachers reported discomfort on surveys, more of them elaborated on what made them feel uncomfortable during interviews. This could be indicative of greater discomfort among female teachers, or of a greater ability or willingness among females as compared to other teachers to articulate areas of discomfort.

Though expressions of comfort were rare in qualitative interviews, the response of one teacher demonstrated the importance of having resources and how these contributed to a teacher's comfort which probably contributed, in turn, to students' positive response to the lessons.

> *We teach it very comfortably, we have the books we have the syllabus, we have the reference book. It's a lesson they [students] really enjoy, they even want it more, than one lesson per week* (Teacher8_F: 367-371).

Results suggest a sizable proportion of teachers are uncomfortable but that adequate preparation and resources can alleviate this discomfort.

How are pupils sorting through information about transmission and prevention?

In survey results, a sizable proportion of pupils answered HIV/AIDS knowledge questions incorrectly. Errors were so common that the mean and median percent of correct answers to a series of knowledge questions were only 38% and 42% respectively. However, when boys and girls talked about HIV transmission and prevention in focus groups, they consistently listed appropriate methods of prevention.

They were clear that medical attention was needed to establish whether one was HIV+ or for

those who were infected:

> *You should be going to hospitals to be treated there* (Girls9: 1249).

And understood the social obligations that resulted with HIV infection:

> *A man should not go for a second wife* (Girls16: 1492).

When pupils offered incorrect information about transmission or prevention, their explanations made it clear that they had carefully thought out or learned reasons behind their answers.

> *Sharing clothes especially if a victim has a wound and you wear the same clothe like when you too have body sores* (Boys11: 782-783).

> *If I have a wound and my friend also has a wound and he if infected with AIDS then the wounds come in contact that will make me have AIDS* (Boys13: 927-929).

> *Your friend* [who has AIDS] *buys sugar cane...Now after eating if...some blood comes out and you also bite and the blood gets into your wound you also get AIDS* (Girls9_1206-1209).

In the question about circumcision, young people acknowledged this as a transmission route ONLY when it was performed with unsterile razor blades.

> *When the children are being circumcised* [if] *they use one razorblade* [and] *if one* [person] *has AIDS you all get it* (Girls9: 1233-1234).

What these quotations suggest is that young people appear to have actually learned about how HIV is transmitted rather than merely memorizing a list of modes of transmission and prevention. Though some responses were incorrect based on international guidelines, the reasoning that had been applied in producing the answers was well founded. What pupils are missing are knowledge about the fragility of HIV and a sense of degree of risk (i.e. some modes of contact have a theoretical risk, but it is low and no cases have been recorded where this was the mode of transmission, so they are considered to be absent of risk).

Condom Knowledge and Attitude Questions

As already discussed, many students responded to questions tapping knowledge and attitudes toward condoms in a contradictory or inconsistent manner (72%). From interviews it is apparent that youth are receiving contradictory messages about condoms. Additional analyses have begun to identify the factors that contribute to this inconsistency. Based on preliminary analyses, it appears that certain sources of information contribute to greater inconsistency and that students who feel they cannot prevent HIV infection are most likely to provide inconsistent answers.

Personal Agency: Are young people in charge of their sexual lives?

There were several questions on the self-completion survey for youth that tapped feelings of personal control and agency both with respect to one's life in general and also with respect to sexual matters. Across most of these questions, the majority of youth answered in such a way as to indicate that they perceived themselves to have agency, control or responsibility for their own lives, including what happened to them sexually. In focus groups, however, the descriptions of typical sexual encounters and young peoples' perceptions of their roles in these encounters consistently portrayed situations where both boys and girls lacked control of what happened to them. The events of their sexual lives were embedded in beliefs, social customs, and obligations over which they had no control. They frequently used words such as *force* and *had to*, and described severe negative consequences if they did not adhere to expected patterns of behavior. Peers, family, and community members all colluded to insure obligations were met and they fully understood and expected the consequences that resulted from these obligations. The discussions among youth in focus groups, together with the descriptions of youthful sexuality by adults, made the research team doubtful that either girls or boys have personal agency in the sexual domain. If this is the case then youth may have difficulty taking action to reduce their own risk of HIV infection, both as youth, or eventually in adulthood, without a change in the social customs and obligations within which sexual activity is embedded. The experience of youthful sexual activity are more fully elaborated in the section on *Sexual Scripts*.

Are sizable proportions of young people really being forced to play sex?

In the questionnaire, 34% of pupils who had played sex indicated that they had, at some time, been forced to play sex. When asked about playing sex and being forced to play sex it was clear that although, for girls, being physically forced to play sex was not uncommon, young people ascribed *force* to a wide array of experiences that did not include being physically forced by another. The association of playing sex with social obligation and compulsory sexual scripts translated into an experience of forced sex in multiple instances that are more fully described in the section on *Sexual Scripts*. The diversity of situations in which sex is experienced as beyond one's control calls the interpretation of responses to the survey question on 'forced sex' into question. While it is valid to conclude that 34% of youth have experienced sex as 'forced,' it is not valid to conclude that such force was either external to the individual or that it constituted something similar to rape. On the other hand, the familiarity of youth with numerous rape scenarios and their treatment of rape as mundane and expected in numerous instances, also calls into question whether 34% is an underestimate of the 'rape' experiences of young girls. Ultimately, focus group discussions call into question whether a single understanding of force can be applied to interpretations of survey results.

Virginity: How can one have played sex and be a virgin?

In the questionnaire, 53% of pupils who had never played sex responded in the affirmative to the statement, *I shall be a virgin when I leave secondary school*. 54% of pupils who had already played sex also answered in the affirmative. The responses of this latter group were quite puzzling. A specific question about the interpretation of virginity was not asked during focus group discussions or interviews. However, views on virginity that were volunteered by community leaders, teachers and pupils offer some insights to the apparent contradiction in survey responses. These contradictions may be explained by one or a combination of the following factors.

- It was clear in focus groups and interviews that a high value was placed on virginity. On several occasions comments were made that indicated that if a girl had played sex, even if not by choice, there was no longer any point in abstaining since she had lost her virginity. This combines with a clear focus on abstinence or celibacy as the only method to prevent HIV. Together these strongly held beliefs can foster denial of loss of virginity.

- A second explanation of the apparently contradictory answers relates to the use of secondary school completion as the reference point in this question. Few youth in this region complete secondary school. A well-acknowledged dictum in survey research suggests that students may have related to the question as asking about something that was unlikely or impossible for them. Some may have read the question as asking about what would be the case (i.e. virginity) if they completed secondary school. The unrealistic scenario contributes to unrealistic answers.

- Finally, as with the inconsistency in answers to the condom questions, what may be happening here is confusion as a result of conflicting messages or, perhaps more likely as a result of the sexual scripts in these communities. Students may have responded to what they saw as an ideal (virginity and secondary completion) but unrealistic situation.

In all likelihood, there is no single explanation that applies to all responses to this question since different students probably had different thoughts when answering. What is clear from focus groups that students are aware that virginity means never having engaged in sexual intercourse and that once virginity is 'lost' it cannot be regained.

Conclusion

The devastation and seriousness of AIDS is well recognized. In many instances however, the enormity of the impact and the seeming impossibility of affecting a change fosters a reluctance to openly acknowledge that the disease is a threat or problem within one's own community. To acknowledge and own the disease may necessitate taking action against it. But, action appears impossible when multiple, conflicting messages impinge upon people's ability to form a single and coherent understanding of, and response to, AIDS.

It is clear that the communities studied herein acknowledge and accept that AIDS has wrought devastation. Beyond this, they also recognize the necessity of doing something to prevent further spread of HIV/AIDS, especially for youth. The fact is, however, that they are torn between multiple influences which render them unable take effective steps toward reducing the spread of HIV/AIDS in their communities. Specifically:

- According to past tradition, marriage ensued soon after the age of puberty. Today however, education has pushed the age of marriage to a later date, often into young adulthood. This leads to a conflict between norms that promote abstinence until marriage and those that promote sexual activity once biological maturity (i.e., puberty) has been reached. Given these conflicting norms, the struggle becomes one of maintaining abstinence until marriage and sexual activity. How are young people supposed to remain virgins until they finish their education?

- According to religious doctrine, abstinence until marriage is required. There are no acceptable alternatives, thus no safety net (i.e. condoms) for those who are not able to abstain. However, cultural beliefs that puberty awakens sexual drives that must be acted on, together with the postponement of marriage to accommodate educational needs, clearly conflict with religious doctrine. This conflict places youth in a situation where they struggle to reconcile religious doctrine with traditional beliefs. The question then becomes one of how to find a common message that satisfies both religious and cultural beliefs?

- Diverse gender expectations place boys and girls into oppositional roles and place sexuality into a discourse of force. Boys are supposed to prove their male virility while girls are supposed to remain chaste. The effect is for both boys and girls to speak of being forced to play sex. This creates a framework within which neither boys nor girls experience agency, power, or control over their sexuality. Both abstinence and condom use require a sense of agency or control over one's sexual choices and actions.

- Poverty, together with norms that obligate girls to provide sex in exchange for gifts place girls in a situation where they are encouraged to use their sexuality to meet their own and their family's material needs. If abstinence were to be enforced, poor girls and their families would lose one of the few avenues they have to meet their material needs. If condoms are not available as a harm reduction strategy, poor girls are placed in an

exceedingly vulnerable situation.

In the face of these multiple and, often times, conflicting messages, teachers are still motivated to teach about sex and AIDS. They struggle, though, with how to deliver a coherent message that does not conflict with the major, yet opposing beliefs and practices. In this, teachers need training, resources and assistance. Also clear, is that youth require a single coherent message which they can integrate into their sexual scripts in such a way as to ensure safer sexual practices. Such a message needs to be consistently and repeatedly delivered to them at school, in church, and within the community.