

Sex Education: Sexuality, Society and Learning, 2013
Vol. 13, No. 1, 40 – 53, <http://dx.doi.org/10.1080/14681811.2012.677184>

‘Sex education should be taught, fine...but we make sure they control themselves’: teachers’ beliefs and attitudes towards young people’s sexual and reproductive health in a Ugandan secondary school

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Although schools have been identified as important settings in which young people’s sexual and reproductive health (SRH) can be promoted, there has been limited research into the role of teachers in delivering sex education programmes. This paper describes findings from a qualitative study of teachers’ beliefs and attitudes towards young people’s SRH in a Ugandan secondary school, and discusses the ways in which conservative attitudes to young people’s sexual activity and an adherence to gender stereotypes can limit students’ access to SRH information and services. Teachers’ attitudes, beliefs and often superstitions relating to young people’s sexual activity inevitably affect the content and nature of school-based sex education. Findings from this preliminary study suggest that, rather than assuming teachers act as neutral delivery mechanisms in schools, these attitudes and beliefs must be taken into consideration and addressed in the development of school-based sex education programmes.

Keywords: young people; sexual and reproductive health; teacher attitudes; schools; Uganda

Introduction

Schools are widely regarded as key settings in which to educate young people about sexual and reproductive health (SRH; e.g. Mirembe and Davies 2001; Warwick and Aggleton 2002; Neema et al. 2006; Stone and Ingham 2006; Kibombo et al. 2008). In the global south, they potentially provide the opportunity to reach large numbers of young people due to increasing levels of school enrolment (UNESCO 2009), but also serve as an environment in which information can be discussed by teachers, who are ‘trusted sources of knowledge and skills in all education systems’ (Warwick and Aggleton 2002, 5; UNESCO 2009, 3). When carried out effectively, school-based sex education can encourage young people to change or reduce risky behaviours, thus reducing their vulnerability to HIV and other sexually transmitted infections (STIs), unintended pregnancies and coercive or abusive sexual activity (UNESCO 2009). Beyond this, by enabling young people to make informed decisions about their sexual lives, sex education can, ‘[unleash] the potential of young people themselves to alter the course of the [HIV] pandemic’ (Warwick and Aggleton 2002, 2).

Teachers in the classroom have a responsibility to act alongside parents and communities in ensuring the protection and well-being of children and young people (UNESCO 2009, 3), and are ‘important gatekeepers’ of SRH information and services

(Kibombo et al. 2008, 7). However, sex education is unlikely to succeed if teachers, ‘do not feel comfortable with the contents or the style of delivery, or have personal values which conflict with the programme’ (Ingham and Mayhew 2006, 222). Given that discussing sexual matters openly is regarded as a taboo in many societies (Kibombo et al. 2008, 15), this can become a significant barrier to effective sex education. In particular, teachers may have concerns about parents or guardians objecting to sex education being taught in schools, or believe that sex education promotes sexual activity (UNESCO 2009, 8), which can lead to a reluctance to discuss sexual matters with young people beyond providing biological information in strongly prohibitive terms.

This paper seeks to explore some of these issues within the context of a Ugandan secondary school. Recent findings by Kibombo et al. (2008, 16–18) suggest that Ugandan teachers do not feel comfortable discussing SRH issues with students due to a fear of parents’ reactions, nor do many feel that they have sufficient training or resources to deliver sex education effectively. This is of particular concern in light of Neema et al.’s (2006, 28) findings that young people in Uganda view teachers as a major source of information on SRH.

Kibombo et al. note that little is known about how adults facilitate or hinder young people seeking help on SRH issues, and this paper seeks to further contribute to a more in-depth understanding of this area. Recent findings from research by Mturi and Hennink (2005) in Lesotho and Mathews et al. (2006) in South Africa suggest that teachers are largely supportive of school-based sex education programmes; however, these studies do not examine teachers’ attitudes and beliefs surrounding, for example, young people’s sexual activity, what constitutes ‘appropriate’ content for sex education classes, and how these attitudes and beliefs may be gendered. As will be discussed, a consideration of teachers’ identities as members of communities and wider socio-cultural contexts suggests that school-based sex education should not simply be seen as a ‘reliable, neutral and regulated source of information’ (Mturi and Hennink 2005, 139), but as inevitably influenced by teachers’ values which may limit young people’s access to accurate and comprehensive SRH education.

International approaches to school-based sex education

Miedema, Maxwell, and Aggleton (2011, 522) have recently developed a ‘new conceptual framework for categorising and drawing out the differences and similarities’ between the wide range of HIV- and AIDS-related education programmes for young people in different parts of the world, with scientifically informed, rights-informed and moralistically informed approaches forming three broad categories of response. As part of the wider context in which teachers’ attitudes and beliefs relating to young people’s SRH are to be considered, this paper will focus on rights-informed and moralistically informed approaches to school-based sex education on an international level, and national and local levels in Uganda.

As noted by Ingham and Aggleton (2006) and Obare, Birungi, and Kavuma (2011), rights-informed approaches predominate in international research, guidelines and norms

relevant to young people's SRH. The significance of human rights in response to HIV in particular dates back to the beginning of the epidemic, but was first explicitly recognised in the World Health Organisation (WHO)'s initial global response to HIV and AIDS in 1987 (Gruskin and Tarantola 2002). The recognition that human rights violations 'impact upon people's vulnerability to HIV infection' increased a commitment to 'participation', 'empowerment' and 'choice' in HIV prevention efforts (Miedema, Maxwell, and Aggleton 2011, 5). The notion of the right to SRH has been affirmed in several international conventions and agreements, including the 1994 Programme of Action of the International Conference on Population and Development (ICPD), which recognised that the 'rights of women and men to reproductive choice' include the right to safe and affordable sexual and reproductive care services, and the need to address the SRH issues which affect adolescents (WHO 2004, 8; Obare, Birungi, and Kavuma 2011, 152).

However, there have also been highly influential international approaches to sex education which have been informed by more conservative values. Under the Bush administration, the US government promoted abstinence-only sex education programmes in developing countries, with a 'specific earmark' in the 2003 President's Emergency Plan for AIDS Relief (PEPFAR) ensuring that fully one-third of all HIV prevention funds had to be used for 'abstinence-until-marriage programmes' (Parkhurst 2011, 241). Miedema, Maxwell, and Aggleton (2011, 7) specifically define 'moralistically informed' approaches to SRH education as building on 'a particular set of conservative moral beliefs concerning sexuality and sexual acts', which tend to 'normalise heterosexuality' and present young women's sexuality as particularly problematic, and they cite the abstinence-only programmes supported by the Bush administration in African countries including Uganda and Nigeria as examples of this kind of approach.

School-based sex education in Uganda

School-based sex education policy in Uganda has been notably affected by both international rights-informed approaches – Obare, Birungi, and Kavuma (2011, 152) note that Uganda was one of many countries to revise its reproductive health policies in accordance with the 1994 ICPD Programme of Action – and more morally conservative approaches such as PEPFAR, as noted by Miedema, Maxwell, and Aggleton (2011, 7). This dual influence is apparent in Uganda's key sex education policy, the Presidential Initiative on AIDS Strategy for Communication to the Youth (PIASCY),¹ in which rights-informed language is repeatedly used to promote a more moralistically informed approach to sex education. Although PIASCY includes 'the right to adequate and valid SRH information' under the sexual and reproductive rights of young people (MoES 2006b, 30), 'adequate' and 'valid' SRH information is inevitably defined in much narrower terms by PIASCY than in most rights-informed approaches. For example, teachers are warned at the beginning of their Resource Book that 'this book should not be given to students to read' (2006b, 9), presumably due to the frank and detailed

information on condoms (2006b, 89–91) and various other forms of contraception (2006b, 137 – 41) which are excluded from the Student Handbooks.

While the influence of the PEPFAR abstinence-only funding is evident from the presence of the USAID logo on the four key PIASCY Post-Primary publications,² it is stressed throughout these documents that the focus on abstinence is ‘consistent with Uganda’s religious, cultural, moral and spiritual values’ (MoES 2006a, 2). The official construction of national culture from a policy document is perhaps not the most authentic reflection of a country’s socio-cultural context, but the construction of ‘normal’ sexual behaviour,³ as well as the construction of problematic femininity and dominant masculinity,⁴ in the PIASCY documents seem consistent with Muhanguzi’s (2011, 722) recent description of the sexual landscape in Uganda as one characterised by, ‘homophobia, misogyny, male domination, female marginalisation...[and] control of female sexuality’. Mirembe and Davies (2001) and Muhanguzi (2011) are among those who also argue that, as a result of the perpetuation of socio-cultural phenomena such as ‘hegemonic masculinity, gendered discipline patterns, sexual harassment and “compulsory” heterosexuality’ (2001, 402), schools in Uganda cannot simply be viewed as agents of change which promote students’ SRH, but can themselves constitute a risk factor in the lives of young people. Moralistically informed responses to SRH are inevitably gendered in Uganda, as they are all over the world (Stone and Ingham 2006, 201), with ‘sexual double standards’ and ‘common strands of gender inequality rooted in patriarchal beliefs’ characterising the norms relating to gender and sexuality in the country (Wolff, Blanc, and Gage 2000, 304; Mirembe and Davies 2001, 402).

Dominant patriarchal ideologies in Ugandan society which ‘define men as active and dominant and women as passive and submissive’ (Muhanguzi 2011, 716–7) have serious implications for young people’s SRH; Muhanguzi (2011, 716) in particular notes that gendered sexual expectations and power imbalances within schools cement a ‘deep-seated lack of female sexual autonomy’. Women’s ability to control their own sexuality has been described as ‘central to control over both reproduction and the transmission of disease’ (Wolff, Blanc, and Gage 2000, 303), and in schools, girls’ lack of sexual autonomy is associated with transactional relationships with teachers or older men for grades, gifts or money, and vulnerability to sexual abuse and/or harassment by both boys and teachers (Neema et al. 2006, 52–3; Leach and Humphreys 2007, 54; Muhanguzi 2011, 719). Such gender violence may be associated with negative psychological as well as physical after-effects, including unwanted pregnancies, the risk of HIV and other STIs.

In light of the sexual pressures of the school environment, cultural norms surrounding the discussion of SRH issues between adults and young people serve as a further risk to young people’s SRH. Obbo (1996, 90) reports adults’ reluctance to speak to young people about sex and condoms in Uganda ‘because they fall into the category of proscribed, taboo subjects’, which ‘cannot be broached without appearing to be promoting promiscuity among the young’. Kinsman et al. (2001, 96) and Kibombo et al. (2008, 5) report similar findings; while parents, healthcare providers, teachers and community leaders in Uganda all recognised that teenage pregnancy and STIs were

significant risks to young people, teachers in particular expressed reluctance to discuss these issues openly with students.

As Ingham (2006, 44) argues, recognition of the environmental and social contexts which act as levers for, or barriers to, the adoption of healthier lifestyles is crucial to understanding young people's SRH choices, as well as how best to support them in making safer decisions. In emphasising the role of contexts rather than individual risk behaviour, Ingham argues that a key issue is: 'the extent to which we regard young people...as being primarily "agents" or individuals largely constrained and directed by their circumstances' (2006, 44). While young Ugandans' access to SRH information may be 'largely constrained' by the attitudes and actions of adults such as teachers, parents and healthcare workers, adults' values are equally influenced by social norms surrounding gender, sexuality, and the discussion of sexual issues. A more in-depth understanding of the way in which wider socio-cultural contexts affect teachers' decisions to divulge or withhold SRH information is crucial if they are to be involved in implementing school-based sex education initiatives.

Context

This study took place in a private co-educational, day/boarding secondary school in Wakiso District, Uganda, around 30 km from Kampala. The school is supported by a UK– Uganda non-governmental organisation (NGO) which aims to provide 'low-cost, high- quality' secondary education across the country. The school has been running since 2008, with 500 students (from 12 to 19 years old) enrolled at the time of this study. According to the school's Headmaster and the Financial Director, the students are largely from economically disadvantaged backgrounds, with the majority facing problems paying their school fees.⁵ According to the NGO's policy, the school is officially secular; however, Christian prayer is held at the beginning of every school day, and students learn about Christian values through subjects such as Christian Religious Education (CRE).

The school is registered with the Uganda National Examination Board, and so students follow the national curriculum and sit O-level and A-level exams. According to teachers, SRH issues are covered on the curriculum during Biology and CRE classes, including topics such as personal hygiene, sexually transmitted diseases, HIV prevention, contraception and pregnancy. The PIASCY curriculum is not yet taught at the school, although the Headmaster stated that there are plans to implement the curriculum in the next academic year.

All students at the school also receive sex education through termly 'class days' which are held at the school, during which teachers cover 'life skills' topics including 'Social Health and Relationships', and 'Sexual Health'. Teachers also mentioned that external organisations which focus on preventing HIV/AIDS come and give talks at the school, showing films and answering students' questions about HIV prevention.

Several teachers within the school are assigned specific pastoral roles to support

students on SRH issues. The ‘senior woman teacher’ is a Science teacher who is PIASCY- trained, while the ‘senior man teacher’ is the Headmaster, who has a certificate in ‘Strong Life Plan Skills in adolescent sexual reproductive health’. These teachers are primarily responsible for addressing students’ SRH issues. The Matron and Warden are in charge of the female and male boarding students, respectively, and attend to students’ general health and welfare. In addition to this, all members of staff at the school referred to their role in providing students with informal ‘guidance and counselling’ on SRH issues.

Methods

The first author carried out this study in July 2011, and due to the small, non-probability sample of adults who took part in the study, the findings of this research cannot be said to be representative. Thirteen research participants were selected in total, and the sampling approach aimed at ‘information-rich cases’ (Patton 1990, 167) rather than generalisability. From the school, nine members of staff were selected; these included teachers assigned specific pastoral roles, senior members of the school administration and teachers who have experience of teaching SRH issues either on the school curriculum or in the sessions related to sex education during class days.

In addition, two members of staff from the UK–Uganda NGO were selected for the research process; the Director of Education is directly involved with the content and quality of students’ education, while the Managing Director influences the issues that the NGO prioritises in its schools. Two members of staff from the Ugandan NGOs Straight Talk and Reproductive Health Uganda (RHU) were also selected for the research process due to these organisations’ involvement in providing young people with SRH information in schools. After the research had been explained to several members of staff at Straight Talk and RHU, two respondents volunteered themselves to participate in the study. Although more respondents would have ideally been selected from these NGOs, the two respondents who took part did express more rights-informed perspectives on young people’s SRH issues than teachers. Their involvement enabled the study to engage with a greater variety of attitudes and beliefs surrounding young people’s SRH and school-based sex education.

The research process began with a focus group discussion (FGD) at the school with seven teachers. Following this, in-depth, individual interviews were carried out with all research participants. The interviews generally lasted between 30 and 50 minutes, were carried out in English (all participants were fluent speakers), digitally recorded and then transcribed. The FGD and individual interviews were guided by overarching research questions including: what teachers perceive as the key SRH issues which affect students and whether these are differentiated by gender; what the current provision for students’ SRH in the school is; and how teachers perceive their role in the promotion of students’ SRH in school. Through the semi-structured, conversational style of the FGD and the interviews, participants were encouraged to reflect upon their experiences and personal views on these areas.

This study was reviewed and approved on ethical grounds by the University of Sussex, Social Sciences Cluster Research Ethics Process.

Findings

SRH issues among students as identified by teachers

Pregnancies, transactional relationships and ‘coupling’, or relationships between students, were identified as the major SRH issues among students at the school. According to the Headmaster, five girls have left the school due to pregnancy since it opened in 2008, and these girls reportedly either dropped out voluntarily or were asked to leave the school permanently by the school administration.⁶ These pregnancies were often attributed to girls’ relationships with older men, or ‘sugar daddies’, who pay for their school fees in exchange for sex. Such relationships were first referred to in the FGD:

And then the other one, these fast-growing girls, these early-maturers, they are being given out to elder men⁷, who work, who pay the[ir] schools fees.

(Grace – Economics teacher, age 29)

When I asked whether this happened at the school, this provoked laughter and denial, and I was told that it was ‘in different schools’ that such relationships occurred. This directly contradicts all but one of the participants’ responses in subsequent interviews,⁸ in which these relationships were characterised as being common among girls at the school, but the initial denial is consistent with a tone set in the FGD of discussing problems at ‘other schools’, rather than referring to specific occurrences at their own school. This seemed to be out of a desire to present a positive image of the school, perhaps influenced by the presence of colleagues or the fact that it was the first time the teachers were discussing these issues with me. In subsequent interviews, teachers and other participants openly referred to specific examples of female students at the school engaging in ‘sugar daddy’ relationships. In addition to relationships with older men and women, participants discussed issues of coupling at the school itself. Although teachers seemed to imply that relationships between students were inevitable, they emphasised that they actively discourage coupling at the school:

...everywhere, when opposite sexes meet, basically, [coupling] is being expected...So we try to tell them, the importance of having their academic as their priority, and then do what they want in future... Because I know they are changing, and they are human beings... I understand that nature starts demanding, but they have to control that!

(Julius – Warden, age 23)

From the way that coupling was discussed, it was unclear whether these relationships were always of a sexual nature, but the implication was that boys in particular pursued such relationships in the hope of gaining sexual experience:

The boys are on [the girls'] neck! ...they keep preying, stopping them, you know? They want to have sex with them ...

(Edith – CRE teacher, age 32)

The majority of participants discussed HIV and AIDS, often as one of the key reasons why students are discouraged from engaging in relationships with each other or in inter-generational relationships with men and women outside the school. The Headmaster also mentioned that there were, to his knowledge, four HIV-positive students at the school; the other students have not been told about these students' HIV status due to concerns about potential bullying. Although the Headmaster emphasised that the HIV-positive students are not given special treatment, teachers have been told about their HIV status in case the students require any extra support, particularly with physical tasks on the school compound:

...we're in a community [where] you have to get water, you have to do [physical work] ...we don't handle them with the gloves... you must be normal. But if [an HIV-positive student] says 'I'm weak, I'll not come to school', then you have to take it.

(George – Headmaster, age 40)

Although the Headmaster referred to some of the problems faced by boys during puberty ('they need to know about wet dreams...many of them come to me [for advice]...'), all other participants who discussed issues related to students 'growing up' focused on the challenges faced by girls at the school due to menstruation:

...you find that some of them ...use the rags to manage their menstrual flow. They have...a lot of problems in managing their menstrual flow. (Joanne – Science teacher, age 49) [For] the girls, the issue of menstruation is a very big challenge...you have to make them [understand that] ... it's not a disease, it's not a sickness.

(George – Headmaster, age 40)

Sexual knowledge and sexual activity

Teachers frequently portrayed influences from outside the school as having a negative impact on students' beliefs and attitudes towards sexual activity. Parents, for example, were accused of providing too much or too little exposure to SRH issues, either setting a bad example through their own sexual activity or failing to guide their children by counselling them on sexual matters:

We believe that they see these things from the environment that they're exposed to at home...if [the mother] is used to getting men over and over, what do you expect the daughter to do?

(Julius – Warden, age 23)

...some of the parents are just shy telling their children, what sex is all about...they feel... it will maybe open the eyes of the children and they [will] start [being sexually active].

(Susan – English teacher, age 22)

Consistent with Miedema, Maxwell, and Aggleton's (2011, 7) definition of moralistically informed approaches to sex education, teachers expressed strong disapproval of students' sexual activity, as well as their access to contraception, which was consistently linked to encouraging sex:

Julius: When you look at a condom, what do you get in mind?

Jonathon: Of course, already the mind is electrifying! [*laughter*]

Julius: So that's the bad thing of these things.

(Teacher FGD)

A particularly striking example of teachers linking sexual knowledge with sexual activity occurred in the FGD, when Joanne described the need for teachers to be more vigilant of boarding students' behaviour while sex education is being taught:

During the... period they are taught such sex education... they need a lot of supervision... Because, [sex education] excites their hormonal flows, and controlling themselves becomes a problem. So, sex education should be taught, fine, but we ensure that we supervise, we keep around, to help them control their feelings.

(Joanne – Science teacher, age 49)

Although the Headmaster mentioned that the school takes an 'ABC'⁹ approach to sex education, it was clear that teachers almost exclusively focus on abstinence when talking about sexual matters. The Financial Director explained why the school did not want to provide contraception for the students:

...there are schools which go ahead and give out condoms, give out pills, but I don't want to be one of those schools... I think [that] would be giving them a leeway [to become sexually active] ...We can tell them condoms are there, but...this is not the right time to use condoms. The only thing that you can do to avoid pregnancy, to avoid HIV/AIDS, is to abstain.

(Francis – Financial Director, age 41)

Other teachers described emphasising the importance of virginity to the students; this message was reinforced by 'talking compound' signs around the school such as 'Virginity is a Virtue – Avoid Early Sex':

when you know that you're a virgin... you're so proud of it, you feel there's so much value in your life... I was trying to tell them... keep your virginity: when you're a virgin, you have value.

(Susan – English teacher, age 22)

Born-again Christian values seemed to significantly influence teachers' attitudes towards young people's sexuality as something that must be controlled; one teacher described the Headmaster and at least four other members of staff at the school as 'saved-ees'. Grace in particular spoke about the role religion could play in encouraging students to abstain:

We should emphasise maybe by instilling more religion... if we had Bibles, it could make them abstain. Like there when you're talking about abstinence, you can even quote for them verses, from the Bible. Because for me...a Bible is a weapon [against sexual activity].

(Grace – Economics teacher, age 29)

Teachers emphasised students' lack of knowledge about SRH issues by giving examples of myths that students have expressed:

...some of them have the belief that, they cannot conceive or even contract AIDS if they [have] ... sex during menstruation.

(Joanne – Science teacher, age 49)

They've got a lot of wrong information... [they believe that if] you abstain for so long, you'll not be able to produce good children...

(George – Headmaster, age 40)

However, several teachers also revealed their own lack of knowledge on SRH issues. Three teachers argued that girls should not use contraception because it causes permanent 'barrenness', and during the FGD, all the teachers expressed strong disapproval of a mother who had allowed her daughter (a student at the school) to have a contraceptive implant fitted, implying that the mother had inserted the implant herself and against her daughter's will.

Attitudes towards gender roles

In addition to their negative attitudes towards young people's sexual activity, teachers in this study subscribed to gender stereotypes which present young women's sexuality in particular as problematic. This is consistent with Mirembe and Davies (2001) and Muhanguzi's (2011) characterisation of gender roles in Uganda, as well as the representation of girls and boys in the PIASCY documents discussed above. Stereotypes of dominant masculinity and vulnerable femininity appear to be reinforced at the school through teachers' informal advice to students outside the classroom as well as the formal curriculum and interactions between girls and boys in the classroom:

[The] girls, when they reach [the classroom], they shut up. You'll never ever realise they're alive in class . . . it's always the boys who are speaking . . . in senior 5, I only have girls [and] those girls are very free . . . there is no problem, but in these lower classes, where there are boys, the girls have not got [a] chance.

(Susan – English teacher, age 22)

The description of two novels covered in the Literature syllabus which provide 'examples' for students, 'My Rich Dad' and 'The First Daughter', provided a telling example of the formalised differentiation of gender roles within the school. According to Susan, 'My Rich Dad' inspires (presumably male) students:

To emulate what that person did, to become a rich dad... [I encourage them] to make out your future... how about if you came upon your own innovation and the next day, you've made a job, you're a jobmaker...

(Susan – English teacher, age 22)

By contrast, 'The First Daughter' (a title appropriately reminiscent of Eve's original sin) tells the story of a Ugandan girl whose parents sell all their possessions so that she can go to school – however, at school she falls in love with a boy from a wealthy family, becomes pregnant, and is expelled:

So she had actually ruined her future...after [I tell this story], some of the [girls] would come over and [ask]... 'do you think the parents forgave her and took her back to school?'... and I tell them no... that was the end of her. I really want them to learn something, so that they move away from such practices.

(Susan – English teacher, age 22)

In line with this portrayal of gender roles in the curriculum, the Headmaster stated that it is crucial that boys are aware that they are 'in charge of their lives' and 'self-independent, compared to women'. By contrast, Edith asserted that girls are 'of course... a weaker sex'. This was linked to boys' and girls' differentiated ability to earn money, and was cited as the reason that girls sought to make money through relationships with older men:

...at least the boys have the opportunity to work. Some...make bricks, others are digging at home, to make their own, and, but... a girl child, now where do you expect her to make the money from? Apart from going out with these men... Because that's the only way the girl child can easily get... money.

(Edith – CRE teacher, age 32)

The idea that sex with older men is a way to earn money was also reportedly expressed by students themselves:

[the girls were saying] if somebody is giving me clean money, that I don't toil for, why not have a relationship with him? He pays my tuition, and at the end of it all... I drop him and... I move on with my life.

(Susan – English teacher, age 22)

A focus on girls' bodies and the 'biological disadvantages' (Beatrice, Managing Director) they face was also common among participants. A concern surrounding girls' unfortunate...biological nature' (Beatrice) was evident in the use of compulsory

pregnancy tests at the school; it was indicated that the primary reason for these tests was to identify and expel pregnant girls in order to set an example for other students. One teacher described the expulsion of a girl who had gone home and had an abortion:

...we could not let her remain in the school! Because she could contaminate these others.

(Edith – CRE teacher, age 32)

The prospects for pregnant girls who are expelled were portrayed as fairly bleak, and one teacher discussed giving her students the ‘live example’ of women who have dropped out of school after becoming pregnant:

Especially those women, who sell [vegetables] on the highways . . . maybe they got out of school at an early age, because they are not too much old. So you tell [the students]... ‘if you get pregnant and I find you on the way, I will call on you and laugh at you’.

(Grace – Economics teacher, age 29)

Although teachers gave examples of boys harassing, or ‘conning’ girls at the school, and also portrayed boys as particularly interested in coupling, the teachers consistently gave the impression that ‘girls are the ones who cause all the problems’ (Francis, Financial Director) in terms of SRH issues. By contrast, boys’ sexuality in general appeared to be ignored or excused, as was evident from a story told during the FGD:

[in the dormitories] we found [that] half of the boys... had condoms... and we had an argument as per whether, we should pretend we haven’t seen it or we should remove them... finally we said, let’s pretend we haven’t seen it!

(Joanne – Science teacher, age 49)

It was also insisted that the pregnancies that have happened at the school ‘have not occurred from within the school’:

We’ve proved beyond doubt that the pregnancies have not occurred from within the school... No school has discovered an inside pregnancy... [they’re caused by] boys [and] men from the village...

(Joyce – Director of Education, age 45)

It was not clear how this had been ‘proved beyond doubt’, but this assertion (supported by teachers at the school) was consistent with participants’ construction of gender roles, and their differentiated attitudes towards girls’ and boys’ sexual activity.

Limitations

The preliminary nature of this research and a limited amount of time in the field led to various important perspectives on young people's SRH being excluded from this study. For example, although not represented in this study, parents and the home environment are also highly influential in terms of young people's knowledge, perceptions and beliefs relating to SRH (Kibombo et al. 2008, 7).

Most participants expressed strong views relating to parents' influence on young people's SRH, while Kibombo et al. have noted that teachers in Uganda may be unwilling to discuss sexual matters at school due to a concern about parents' reactions. Recent findings by Mkumbo and Ingham (2010), however, suggest that parents in Tanzania are highly supportive of their children receiving sex education at school. In light of these potential contradictions between teachers' portrayal of parents' involvement (or lack thereof) in their children's sex education and parents' own views, an insight into how parents perceive their role in promoting young people's SRH would have been valuable to further understanding the context surrounding students' SRH at this school.

In addition to this, the importance of including young people in the research and development of effective SRH programmes has been emphasised (e.g. Warwick and Aggleton 2002; Gallant and Maticka-Tyndale 2004; Wood and Aggleton 2004). Although teachers described vividly the SRH challenges facing students at this school, since these accounts were not confirmed by students themselves, the possibility that teachers provided examples which confirmed their perceptions of young people's sexual activity rather than those which reflected students' reality cannot be excluded.

Finally, the fact that the research took place at one NGO-run private school in a periurban setting means that, as mentioned earlier, the findings cannot be said to be representative. Future fieldwork would ideally include teachers from government and private schools in urban and rural areas to elicit a more diverse sample of beliefs and attitudes surrounding young people's SRH.

Discussion

Students' sexuality seemed to be simultaneously observed and ignored by the teachers who participated in this study. In light of the reported number of girls leaving school due to pregnancy, incidents of transactional relationships and the apparent prevalence of coupling at the school, limiting SRH information to messages emphasising abstinence seems to be an inadequate response. Teachers' enthusiasm to spread this message, often as a result of their religious convictions, means that they are not providing students with accurate and comprehensive SRH information.

The examples of gender roles given to students within the curriculum – such as 'My Rich Dad' and 'The First Daughter' – are an example of the way in which gender inequalities from wider Ugandan culture are reinforced within the school context. While boys are presented with images of enterprising masculinity to aspire to, girls are

reminded of their inherently flawed and potentially sinful femininity in order to scare them into ‘acceptable’ behaviour. The implication made by teachers that girls at the school believe that ‘the only way they can earn money’ is through sexual relationships is of particular concern. The reinforcement of gender stereotypes which portray girls as ‘the weaker sex’ may be increasing their susceptibility to STIs including HIV, as well as early pregnancies which ensure the loss of their educational opportunities.

Mirembe and Davies (2001) and Muhanguzi (2011) have identified aspects of the school environment as a potential risk to young people’s SRH in Uganda, including sexual relationships between teachers and students, but given the potential sensitivity of this topic, it was not raised during interviews with teachers in this study. Only one of the participants from outside the school (Mary, Straight Talk representative) referred to transactional relationships between teachers and female students, but this was in a university context. Whether or not such relationships occur at the school in this study, teachers did give several examples of sugar daddies waiting for girls ‘along the way’ as they returned home from school in the evenings. The money required for secondary school fees, and the belief that sex is a valid means of gaining access to this money, means that accessing education itself presents a significant SRH risk to girls. In addition to this, the construction of female sexuality as problematic has also led to boys’ SRH and general healthcare being neglected at the school. Although the health check-ups for girls include pregnancy tests, the Matron reported that STIs as well as other health problems such as hernias have been identified during these checks. Any similar ailments among boys are presumably undetected since they are perceived to ‘have fewer problems than girls’, and so do not undergo any regular health check-ups. As well as neglecting boys’ sexual and general health, the reinforcement of dominant masculine stereotypes at the school leads to teachers’ implicit acceptance of boys’ sometimes aggressive pursuit of sexual activity. Deprived of adequate information on condoms, boys are equally at risk from STIs including HIV, while the implicit acceptance of the idea that boys are sexually dominant leaves girls vulnerable to sexual harassment and violence.

Despite their best intentions, the teachers who took part in this study appear to be serving as a means to perpetuate socio-cultural values which limit students’ access to accurate SRH information and services, and so place their SRH at risk. In particular, by insisting on an almost exclusively abstinence-only approach to sex education, teachers deny students crucial information on contraception and condoms which could protect them from unwanted pregnancies and STIs. By allowing girls to perceive themselves as the weaker sex, they inadvertently encourage transactional relationships with sugar daddies, and by problematising girls’ sexuality, boys’ sexual and general health is neglected.

These findings support the importance of ensuring that teachers are ‘well-trained’ before they implement school-based sex education (UNESCO 2009), but also underline the complexity of such training. Using scientific facts to counter superstitions grounded in cultural fears, such as those surrounding contraception, may have a limited impact among both students and teachers. It would, therefore, be important to establish whether

individuals such as Ugandan or non-Ugandan NGO workers, or perhaps even church leaders, would be more effective as sources of accurate SRH information who are trusted and respected. Providing teachers with an opportunity to discuss their beliefs and concerns in ‘myth-busting’ sessions with such individuals could serve to better educate them on SRH issues.

Since the school in this study is run by a UK–Uganda NGO, students’ SRH issues can perhaps be addressed in more direct ways than at a government school. For example, if providing information on contraception (or contraceptives themselves) is too controversial at the school, a policy of not excluding girls who fall pregnant would at least mean that girls would not have to bear the brunt of the social shame and the loss of educational opportunities associated with sexual activity. Providing girls with sanitary towels was seen as problematic due to the implied costs, but the NGO could also support girls through initiatives such as the locally produced ‘maka-pads’ (sustainable, hygienic sanitary towels which can be washed and reused), which would ensure that girls are not prevented from participating fully in school life. However, as mentioned earlier, any interventions by the NGO should make it clear to teachers and students alike that SRH is not just a female ‘problem’; boys’ SRH, as well as their attitudes towards sexual activity, must also be addressed.

From a rights-based perspective, teachers’ current moralistically informed (and scientifically misinformed) approach to SRH education remains problematic. Rather than providing students with accurate information and so giving them the opportunity to make well-informed SRH decisions, teachers are perpetuating superstitions and myths which fuel further confusion and increase students’ vulnerability to SRH risks. Future research should importantly focus on these alternative discourses surrounding SRH, how they impact upon young people’s SRH, and how they can be addressed, so that young people’s rights to health and education are promoted and not endangered by their school environment.

Notes

1. Introduced by the Ministry of Education and Sports (MoES) in 2003 for primary schools and later developed for secondary school use in 2006.
2. The four PIASCY policy documents are: a ‘Training Manual’, ‘Teacher Resource Book on HIV/AIDS’, ‘Student Handbook on HIV/AIDS (Lower Post Primary)’ and ‘Student Handbook on HIV/AIDS (Upper Post Primary)’ – MoES (2006a, 2006b, 2006c, 2006d).
3. ‘...a sexual relationship between an adult man and woman...ideally...a marriage relationship leading to procreation’ (MoES 2006b, 34).
4. E.g. ‘there are big challenges that come with being a girl...’; ‘traditionally, boys have been able to live with more freedom than girls’ (MoES 2006c, 58–62).
5. Up to 90,000 UGX per term for day students (£20.23) and up to 220,000 UGX per term for boarding students (£49.44). Conversions according to exchange rates on www.xe.com (accessed October 8, 2011).

6. 2009: two from Senior 3; 2010: two from Senior 2 and one from Senior 4. Out of approximately 200 girls at the school, the teenage pregnancy rate per year at the school (approx. 1%) is significantly lower than the national average of 25% (Ugandan Demographic and Health Survey 2006 – percentage of 15–19-year-olds who have experienced pregnancy or childbirth: Uganda Bureau of Statistics and Macro International Inc. 2007, 62).
7. It was implied here that parents were encouraging their daughters to go to ‘sugar daddies’ if they were unable to pay school fees.
8. Henry, a Science teacher, said that he was not sure if girls from the school engaged in transactional relationships, as he had only been at the school, ‘for two terms now, so I’ve not yet [heard about] that, but generally with the younger generation that happens’.
9. ‘Abstain, be faithful, use condoms’ – the use of the ABC approach to HIV prevention has proved controversial in the Ugandan context (see Parkhurst 2011), but is still widely referred to.

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