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African Sexual Knowledges: How Do Primary Children's Everyday Knowledges Interact with HIV/AIDS Education in the Classroom?

[ASKAIDS] A Three-Country Study

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African Sexual Knowledges: How Do Primary Children's Everyday Knowledges Interact With HIV/AIDS Education In The Classroom? [ASKAIDS] A Three-Country Study

Report on Phase one – The rapid ethnography

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Background

The link between AIDS and poverty is clear. Of the 30.8 million adults and two million children living with HIV/AIDS in 2007, 95% live in developing (and poor) countries. Sixty eight percent live in sub-Saharan Africa (UNAIDS/WHO, 2007). AIDS education for young people in and out of school is seen as one of the primary means for prevention in the absence of a cure or vaccine. There have been a plethora of AIDS education efforts to date with research focussing largely on the evaluation of educational interventions in terms of behaviour change and the knowledge, attitudes, beliefs and practices of the target audiences of such interventions. This study, which is a study of a sample of seven schools in three countries in Sub-Saharan Africa – Kenya, the Republic of South Africa and Tanzania – aims to examine the sources, contents and processes of young people’s community-based sexual knowledges and asks how these knowledges interact with AIDS education programmes in school. It aims to take a step back from ‘what works’ in the classroom to ask two fundamental intellectual questions, which have considerable implications for practice:

- What are the primary sources and contents of sexual knowledges for young people in sub-Saharan Africa, and how do these knowledges differ in terms of content and process of acquisition?
- How do these knowledges interact with AIDS education received in the classroom, and how might young people’s sexual knowledges be used to effect change in pedagogy and curriculum?

On a theoretical level, it is a project about the sociology of sexual knowledge, exploring the importance of contexts – including the influence of Christian and Muslim religious beliefs and practices as well as traditional and customary values. We do not know enough about how (or whether) religion and culture exert their roles as protective or exacerbating factors, or how they interact with classroom pedagogy. In fact, we know very little about the knowledges that young people who live in contexts of chronic and pervasive poverty bring into the classroom. Nor do we know how these knowledges are acquired, the importance young people attach to them, the ways in which poverty produces specific knowledges, or the way in which these knowledges interact with extant curricula and teaching methods. There is an urgent need to find out more about these relationships. The two specific theoretical frameworks, which this study will employ, are those of *consulting pupils* for school improvement and Basil Bernstein’s distinction between *everyday knowledge* and *in-school knowledge*. The study also focuses on

upper aged primary school pupils since this is a stage of schooling that the majority of pupils will experience in all three countries but where little research has focused so far.

Research Design

Using a variety of innovative research methods to elicit original data (including the use of digital still photography and mini-video documentaries), as well as interviews, focus groups and observations, young people were asked to describe the sources and content of their sexual knowledges. The barriers to teachers' use of community-based knowledge in their practice was a significant element in this research with implications for teacher training programme development, the understanding of which will enhance the delivery of AIDS education in developing world classrooms. The study is located in Kenya, Tanzania and South Africa. The locations have high HIV infection levels and are dissimilar in their levels and distribution of poverty, but analogous in the interplay between Christianity and Islam, culture and traditional practices. These sites comprise important case studies, the results of which will have applicability for AIDS education and poverty reduction in a number of developing world countries.

To explore the interaction between everyday and school knowledge it is also necessary to study the school setting. Teachers' understandings and awareness of young people's contexts and sexual knowledges will be examined, as will the interactions during Aids education in the classroom. It is envisaged that the study will result in an education 'toolkit' for curriculum designers and for teachers to enhance AIDS education in the classroom. It will attempt to engage as fully as possible with the underlying issues, difficulties and dilemmas faced by teachers as agents of sexual knowledge, and about schools as spaces of sexual knowledge. It will progress beyond advocating for interactive methodologies and focusing on knowledges and attitudes, beliefs and practices, to documenting the important interaction between the knowledges that young people bring into the classroom and the formal messages disseminated by teachers and policy makers. It will pay special attention to the discourses that permeate social, cultural and religious worlds, and offer ways in which these knowledges can be integrated into formative AIDS education. Both teachers and young people will be consulted on the toolkit.

This study is important because the HIV/AIDS pandemic is not receding, and education remains a vital ingredient in the struggle to halt its spread. Research that focuses on effective

AIDS and sex education has direct consequences for poverty reduction. Table 1 presents a breakdown of the research design.

Phase One - The Rapid Ethnography

This paper focuses on the completion of the first phase i.e. the rapid ethnography. We have chosen to focus on the main issues that have emerged from this phase of the work. They are i) the community of the school, ii) its characteristics and importance, iii) the school as a context for HIV/AIDS education and iv) the key findings.

Rapid ethnography took place in 3 sites: Mombasa, Kenya (3 schools); Cape Town, South Africa (1 school); and Dar es Salaam, Tanzania (3 schools). This involved spending 3-5 days with each school. Data presented here is drawn from these seven schools. There are similarities across the schools but some unique differences as well. In all schools there was a mixture of Muslim and Christian pupils with their ages ranging from 11-15 years of age.

1. *The community of the school*

The environments in which the children lived were dissimilar. In Cape Town, the streets were tarred and in good condition. There was also a working garbage collection system with the city council collecting garbage every Wednesday. The researcher also spotted a group of men and women who were part of the Public Works Program (a government initiated job creation programme for the unemployed community members), cleaning the streets. In contrast, in Mombasa, in two neighbourhoods visited there were open sewers and large dumpsites in the streets, evidence of the lack of a garbage collection system. While in Cape Town the pupils mainly lived in semi-detached four room council houses that had tap water and flushing toilets, in Mombasa most children lived in slums in a single room, mud-walled house with no sanitation facility. Teachers in Dar es Salaam complained that children were exposed to sexual activity from the parents in these single-room houses. All three sites were made up of a mixture of ethnicities except in rural Mombasa where the tribe was predominantly Mijikenda.

Phase One - Rapid ethnography

Rapid ethnography – observations of sex education classes

Building relationships with research participants

Phase Two - Perceptions of pupils, teachers and community members

20 x 2 'Sources of sexual knowledge' auto-photography activities and initial interviews with pupils

4 'Current and desired sex education' mini-documentaries and 4 focus groups of 4 or 5 students

10 final interviews specifically about gender, religion and culture with pupils

4 focus groups with 6 teachers

6 interviews with 6 teachers

6 interviews with 6 community leaders

Phase Three - Agreeing the implications for education

2 day consultative workshops with each school

Considering data

Recommending action for the classroom and beyond

Producing toolkit for schools to use

Table 1 Methods per school (7 schools in total)

In all three countries there were similar pointers to poverty such as the schools in Mombasa and Cape Town having a free feeding programme. This is only maintained in the poorest of schools. These feeding programmes acted as a pull factor for children to attend school, as they were sure to have a meal. For some, this was the only square meal of the day because of the poverty in their homes. Whilst in Mombasa they were served 'githeri' (boiled maize and beans/peas) and in Cape Town they ate rice and soya soup. In all schools, a small fee was charged for the cook's labour and fuel, i.e. 5 shillings a meal in Mombasa and 50c in Cape Town, and at both sites non-payment could be punished by sending the child home. Paradoxically therefore, an intervention designed to enhance retention and participation in schools at times causes absenteeism if the child has to be sent home for food money. Tanzania did not have a feeding programme, exacerbating a situation where some children came to school with no breakfast or lunch provisions.

Another factor that kept children in schools in Cape Town was that school attendance was a precondition to receiving a child support grant from the Department of Social Development. In some households, this was the only source of income. Parents and adults in the community were either unemployed, or employed in temporary jobs or low paying blue

collar jobs such as being a watchman, gardener, petty trader, food vendor or maid. Some of them were seen selling drugs in Cape Town. In comparison, the teachers presented a higher social class in the schools. It was only the teachers in rural Mombasa who were reported to be living in the adjacent community; those in urban Mombasa and Cape Town lived elsewhere in more affluent neighbourhoods. Because of the high level of unemployment in the Cape Town and Mombasa sites, adults and youths were seen hanging around in the open streets with many going to the local pubs for illegal brew (mnazi for Mombasa) and smoking weed. The Cape Town site reported more hardcore drugs like heroin - locally called 'Unga', TIK, mandrax also called - button, and dagga - green grass.

Resources in the schools also highlighted the differences between the sites. Though all schools were in poor environments, they had different resources with the one in Cape Town best equipped. It had a library, hall, reception area, tuck shop, staff room and storeroom. Most rooms had burglar bars on windows and doors and there was even a CCTV camera in the administration office. This was a total contrast to the three schools in Mombasa which did not benefit from a hall, burglar proofing or a functioning library; in one school the library had been converted into a store room for sacks of maize for the feeding programme. In Dar es Salaam one school had an IT room. Two of the schools in Mombasa had defunct IT rooms. In two schools in Mombasa and one in Dar es Salaam, the schools had no fence and it was easy for the pupils to walk in and out of school. In Cape Town, the school supported the pupils with soccer kits and transport to the stadium for sports competitions. However, in Mombasa, the situation was different with pupils participating in sports in their school uniforms and barefoot.

Crime was a particular problem in Cape Town, where the researcher was advised by a taxi driver to keep her mobile phone concealed and to walk on the main road as if familiar with the area. The criminals were mainly youthful with some being unemployed school dropouts. Crime involved housebreaking, street muggings, drug trafficking and fighting between two rival gangs called, 'Stupas' and 'Money Makers'. In contrast, the researchers in Tanzania did not report any crime, but instead said that the community had a strong sense of neighbourliness (Ujamaa). This neighbourliness was evident too in Mombasa, though residents in the slums complained of theft, prostitution and drinking of mnazi. In Mombasa and Dar es Salaam, although teachers maintained an air of authority, there was evidence of caring, friendliness and sharing of humour and food (peanuts and mangoes) with the pupils in and outside the classroom. Thus, for example, a teacher in Dar es Salaam was observed calling a child over and examining an obvious rash like appearance on the child's head and one in Mombasa changed a

child's bandage on the forehead. In Cape Town however, the teacher-pupil relationship was harsher, with teachers struggling to maintain order in the classroom.

In all three countries, prostitution and HIV/AIDS was identified as a growing problem. It was reported that there were many people in the community who were living with HIV/AIDS but they kept their status to themselves until they were too ill and died. It was then that the community would hear through rumours about the cause of death. Teachers in Mombasa and Dar es Salaam stated that they had some children who were infected, or whose parents were infected or had died, leaving the children as orphans as will be discussed later in this paper.

1.1 Discussion

The rapid ethnography highlights certain key issues. First, the importance of the relationships between teachers, school leaders and the community; the way in which the school relates to the community members and how it positions itself is an important one. This will be explored further in the later research where we interview and engage with community members and leaders. Second, the importance of the context is seen in these observations. The different characteristics of the context impact on the processes of teaching, learning and managing behaviour in the school, and these come through much more in the following section. Poverty means very different things materially and educationally in these different contexts, although all the schools are clearly deeply affected by the poverty of their communities. The final observation is that the degree of challenge for HIV/AIDS education also differs depending on the context.

2. The school as a context for HIV/AIDS education

2.1 Pedagogy

We are using the term pedagogy to mean the art or science of teaching and learning. In exploring pedagogy through observation in classrooms the researchers were keen to examine pedagogical processes and practices in the schools. We were interested in modes of learning and teaching, teacher-pupil relationships, interactions and assumptions around power and authority, and in hypothesising about understandings and theories of teaching and learning in action. We were particularly interested in issues around knowledge acquisition and knowledge legitimisation. We are drawing on a very preliminary data analysis in this paper with data drawn from three schools in Kenya, one school in South Africa and three schools in Tanzania.

We will illustrate some of the emergent issues but this is not a final data analysis and remains exploratory at this stage of the research.

2.2 Teacher-pupil relationships

Teachers' style of relating to pupils was largely authoritative. The processes in the classroom were teacher led and teacher initiated. For example, teachers expected the pupils to clean the blackboards and they made all the choices about student leadership in the classroom. In two of the countries teachers walked around with canes and corporal punishment was acceptable and used. In two of the three countries the atmosphere between pupils and teachers was supportive with the use of humour and sharing of jokes. Children were observed approaching teachers to chat and share peanuts. The pupils in one country appeared able to converse openly with their teachers and the teachers were able to create emotion in the relationships between them e.g. the creating of support for other pupils through clapping for a pupil who had done well.

Female maths teacher: Let us clap for her with flowers (shake hands), what colour is the flower?
Some pupils: Red and pink like her skirt? (Pupils give a mighty clap)
Female maths teacher: Very good.

The example above shows that there was also a lot of reinforcement verbally and through clapping. There were examples of pupil misbehaviour and in one country there was severe misbehaviour in the classroom, such that not much learning appeared to be taking place and this was through the domination of a small group of boys. It was also clear that this was not uncommon. It was often observed that there was some disruption or misbehaviour behind the teachers' back when s/he was working on the blackboard. In some classrooms teachers did not appear or were very late and this too appeared not to be unusual. In one school the pupils sat in same gender groups.

2.3 Teaching and learning in the classroom

The observed learning and teaching model, except in one case, was a didactic teacher-led style. The pattern was largely initiation-response-feedback. There was much lifting of hands for answering and for marking of work. Pupils would chorus answers to questions and sometimes the teacher would pick pupils by name. When the teachers taught much time was spent facing the blackboard for most of the teaching time and writing notes on the board for children to copy. Sometimes pupils were invited to work out a problem on the board and teachers picked

students by name. However, even if the students were given the chance to be 'the teachers', some still sought help from the teacher.

Girl: But teacher how do I do this?
Female Swahili teacher: You tell us; I am the student now.

In South Africa, pupils had the option of attending the Outcomes Based Education (OBE), which adopts a more interactive style and is not examined. This was unpopular among teachers in the township school who were not accustomed to an interactive style of teaching and felt that OBE encouraged pupils' misbehaviour in the classroom.

It was noted that in many cases pupils, and some teachers, were not very confident about their own knowledge; there was great dependence on the textbook. To counter this, at times the teachers would ask the pupils to close the books first, think and not just go straight to the answers in the book. But still the researcher witnessed the pupils peeping into the textbooks when the teacher looked away. The book was seen as the source of knowledge. There was little sign of independent learning strategies such as taking notes while the teacher taught.

The physical resources varied considerably and clearly impacted upon the teaching and learning approaches adopted. They ranged from classrooms that were equipped with enough books and handouts for each pupil, and where the school had CCTV, to others where the books were shared between all the classes in the school and pupils came into lessons to borrow equipment, where the main source of information was the notes on the blackboard and where there was no sound proofing between classrooms. This was especially common in Mombasa.

2.4 Assemblies, feeding programmes, orphan care, HIV/AIDS specific lessons.

In the Mombasa and Cape Town schools, there was evidence that teachers gave HIV/AIDS education to the children. However, in Dar es Salaam, the researchers reported that though the pupils seemed to want to know about HIV/AIDS, it was not taught. One Muslim teacher said that he did not teach anything to do with the topic because 'it is not said in the curriculum'. He reported though that he asked grades 5/6/7 to stay back once a month and talked to them about the dangers of drinking and smoking and how to keep away from 'bad social habits'. Some teachers in this school also said that if there was a curriculum and extra money to pay them, they would teach HIV/AIDS education after normal school hours. For now, they taught reproduction and sexually transmitted diseases through the science/biology lesson, and life skills (good behaviour) in other lessons. In all sites there were orphaned and vulnerable children (OVCs). For example, one school in Dar es Salaam had three known OVCs, one of

whom now had TB. Another school, in Mombasa, had a total of 36 OVCs, and had organised a feeding programme specifically for the OVCs, with well wishers from the community contributing the food and money needed. A particular wealthy Arab was a core donor and made sure that there was food for these children. However, the researcher at one point witnessed a parent who was also a member of the Board of the school chastising the deputy head teacher for not making sure that all the OVCs ate. This was because some infected children lacked appetite and refused to eat. This shows that the teachers' role was seen as extending beyond teaching and classroom duties to one of nurturing. In Cape Town, one of the pupils, Anna¹, lived with her father, since her parents had separated and her mother remarried. This new husband had died the previous year from an AIDS related illness. Anna said her mother was now living with HIV and was on treatment.

In all three Mombasa schools, the teachers infused HIV/AIDS information into the subjects they taught. This was particularly possible for Swahili, Maths and Christian Religious Education subjects and happened in 4/48 lessons the researcher attended.

Male maths teacher: A hospital had 35 inpatients tested for HIV. 10% of these were HIV negative. How many were HIV positive?

Some teachers were also more open than others on sex issues, some tried to encourage the pupils to speak up and not be shy. And if the pupils were too shy to speak, the teacher gave the answer or said the words that the pupils were too shy to say such as condoms and vaginal discharge. This shows that whilst there are teachers who are silent and shy there are also those who seem to have embraced openness in HIV/AIDS education and thus may facilitate behaviour change from the school. However, a challenge with such observation is that the researcher can never be sure whether the activities taking place occur in his/her absence.

Male Swahili teacher/HT: How do you get AIDS?'

Various pupils m/f: Sex, giving a kiss, blood transfusion, breast milk ...

(Male Swahili teacher/HT acts out the kiss and the class laughs).

Male CRE teacher: Where is the virus found in the body?'

Various pupils m/f: Blood, saliva, semen ...

Male CRE teacher: Where else? (Silence)

I know you know you are just shy to say it (silence).

Vaginal fluids (he translates for them to Swahili)

'yale maji maji yanayotoka katika kile kitendo' (the fluids discharged by the woman during that activity).

Male Swahili teacher/HT: But how can you protect yourself?

Boy: Don't have sex kiholelaholela (reckless/risky manner).

¹ All names are anonymous.

Male Swahili teacher/HT: But if I have a wife I should not make love to her?

(Laughter).

Pupils: Nooooooo ...

Male Swahili teacher/HT: Some make love when they are not married ... so what should they do? (Silence) ...

I know you know ... (More silence)

for those who can't stay we say you use condoms.

But it's better for adults, for you we say wait for marriage.

Pupils: Yes.

The concept of fear and believing in fate also emerged i.e. that it was impossible to protect oneself from HIV/AIDS. We can hypothesise that HIV/AIDS is a disease that is so feared and yet shrouded in silence, myths and consequently a sense of helplessness abides where it is concerned.

Boy: But teacher if you have an accident on a bus your blood can mix. That's why I'm telling you, you cannot protect yourself from AIDS. Even when you don't want it, it finds you. (Male Swahili teacher/HT strongly disputes this).

At the end of this Swahili lesson one girl stood up and thanked the teacher, 'Thank you very much our teacher'. In all the 48 lessons that the researcher participated in, this was the only time she witnessed a pupil thanking a teacher for a lesson. Perhaps this particular lesson resonated with her personal world and allowed the pupils to speak from their experiential or out of school knowledge (Bernstein, 1990).

In Cape Town and Mombasa, the researchers observed some sexual behaviour among the pupils. For example, in Mombasa, the researcher during break time caught a 12 year old boy staring at the hips of a girl who had walked by. Once the boy noticed that the researcher had seen him, he looked away in shame. In the same school during the sports day when other schools came to compete, there was some canoodling going on at the back of a tiered class building. In Cape Town, the researcher observed a boy play with and show other boys his aroused penis, at which they laughed. This boy did it again the next day and showed his aroused penis to a girl sitting there. Facing this dilemma, the researcher confidentially reported the boy to the headmaster.

In Cape Town, the teacher who gave HIV/AIDS education did not mention the word, 'sex' at all in her teaching. She instead used the term 'do their thing'. This is similar to the Muslim teacher in Dar es Salaam who taught the children to keep away from 'bad social habits'. When prodded by the researcher as to why she used a euphemism, she said she deliberately did not use the word 'sex' because pupils ended up telling their parents what the teacher had said in class and they in turn would blame the teacher for talking about sex to their children. This

presents a dilemma whereby the teachers who are meant to teach and be agents of change are still limited and influenced by socio-cultural contexts. This teacher also felt that she had been effective in offering an HIV/AIDS education lesson when learners gave the correct answers about HIV/AIDS. She saw this as proof that they have gained the knowledge. However, research shows that information does not necessarily lead to behaviour change and a grasp of knowledge alone is not effective in HIV/AIDS prevention. This teacher's teaching design also involved her sharing her personal experiences from her own marriage and role playing. But the researcher observed that role playing from an HIV/AIDS education class led to jibes and labelling. For example, a boy who had been used in the role play for HIV transmission was later nicknamed 'virus'. This caused the boy to get worried and he asked the researcher if he was now infected. The researcher explained that the teacher was using them to make it easier for the children to understand how HIV can be spread from one person to another. This school also held an AIDS candlelight memorial, a special assembly where the theme for the day was to remember those who are sick with HIV/AIDS, and those who have died from the disease. The researcher did wonder if these were everyday practices or due to her research focus.

Final reflections

The model of learning employed in most of the observed classrooms was one which was heavily teacher dependent and one in which the notion of knowledge as residing within the book was also visible. This raised a question of whether the pupil as a source of knowledge was one that was able to be entertained. Pupils' everyday knowledge did not seem to feature in the classrooms. Many sexuality and HIV/AIDS education programmes are premised on models of active learning and are about engaging with pupils' everyday knowledge. How would these fit into classrooms where the predominant model is of transmission and largely the transmission of information? There is a predominant model of learning which is that behaviour change will come from factual information.

The other issue of interest relates to notions of the pupils and their sexuality. In the observations it is possible to detect different positioning of pupils and models of the ideal pupil. Here we draw on the work of Louisa Allen (2007) in New Zealand, who alerted us to the notion of competing discourses within schools and contradictory processes, as Bernstein (1990) argued. On the one hand HIV/AIDS education is premised upon the notion of sexual activity and that young people should engage in safe sex where and when they do. However the discourses are often protective and prohibitive. Do teachers and schools see young people as

having sexual agency or a voice on sexual matters? Do adults conceive of young people as sexual beings? We saw indications of sexual activity and sexuality behaviour in the schools observed. There is much ambivalence on this in our preliminary data. The ambivalence seems to apply also to the idea of giving sexuality education and some uncertainty about whether it will make matters worse or better. The evidence is clear that effective sexuality education delays the onset of sexual activity in adolescents (Kirby 2006; Kelly 2000).

These ideas also connect to the position adopted by the school in relation to school sexuality and HIV/AIDS education and the community. We saw different positions being adopted. In some cases the schools perceived their role to be that of change agents leading the way in giving a widely conceived education on HIV/AIDS: in other cases schools saw themselves as reflections of the community attitudes or the status quo and were fearful of challenging them. In some schools there was high visibility and some autonomy in the development of the HIV/AIDS work: in others it was not visible and teachers awaited instructions.

These observations are a rich start to the research and will be further explored and developed in the next two phases, which will be completed by December 2009.

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