

Sexuality and HIV/Aids Education: Addressing the Knowledge - Practice Gap amongst Marginalised Ghanaian Youth

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Abstract

In the absence of a cure for HIV/AIDS, the notion of 'education as a social vaccine' continues to be an important weapon in addressing the sexual behaviour of young people. HIV/AIDS in sub-Saharan Africa has been identified as a predominantly heterosexual disease with over 85% of all infections being sexually transmitted (UNAIDS, 2009). Girls and women are more vulnerable than boys and men. This policy brief draws on the findings of an in-depth qualitative study of 104 Ghanaian young people between the ages of 14 to 19 years living in contexts of poverty. It focuses on how these young people perceive HIV/AIDS, and relate the disease to their sexual practice. The implications of the research for policy development in the prevention of HIV/AIDS infection amongst youth are discussed.

Views expressed here are those of the authors and are not necessarily shared by DFID or any partner institution.

The Context

The continuing threat posed by HIV/AIDS is widely acknowledged. One of the aims of the Millennium Development Goals (MDGs) is to combat HIV/AIDS, malaria and other diseases. West Africa has lower prevalence rates (an average of 2 per cent in many countries). Ghana recorded a prevalence rate of 1.9 per

cent in 2008, while Sierra Leone had 1.5 per cent, Cape Verde, Niger and Senegal all recorded a national prevalence of 1 per cent and below (UNAIDS, 2009). Ghana nevertheless has experienced a fluctuating epidemic in the last seven years¹. The current prevalence has been partly attributed to improvement in the calculations of infection rates as well as prevention efforts. UNAIDS (2009), however, warns that these low rates of prevalence can lead to complacency in people's behaviour, whilst the epidemic evolves within different geographical regions, countries and key populations. HIV prevalence in Ghana also varies considerably by geographic region, gender, age and occupation, and national averages do not take cognisance of outliers and differences (Dzokoto 2008, p.8).

The Study

This study explored the ways in which young people represented and responded to HIV/AIDS, how they located its importance in the context of their sexual relationships and practices, and whether and in what ways the knowledge that they had acquired from school and NGOs influenced their sexual practices. The three year in-depth study involved 80 Ghanaian youth from two urban Junior High Schools in diverse religious communities in Ghana's Central Region and 24 street youth from the Greater Accra Region who had left home to seek 'freedom' from parental control, or to escape poverty; who often slept in open places such as markets, lorry stations and in shop-fronts, often exposing this group to extreme public violence. Data were gathered through a multiple method design using drawings, essays, stories, focus group discussions and in depth interviews in schools and NGO sites.

The Effects of HIV/AIDS and Abstinence Education

Young people associated HIV/AIDS with heterosexual sex which supports UNAIDS' (2009, p.29) finding that 'heterosexual intercourse remains the epidemic's main driving force in sub-Saharan Africa'. In Ghana, 80 per cent of all HIV infections throughout the country occur from unprotected heterosexual contact (Ghana AIDS Commission, 2006). The Ghanaian government like other African countries promotes HIV/AIDS education in schools and abstinence in youthful relationships (Oduro, 2010).

Despite extensive educational advocacy of HIV/AIDS and abstinence education, the study found that young people living in poverty contexts whether attending school or living on the street were sexually knowledgeable and experienced. The project did not sample youth with reference to their sexual experience, but found that young people had experienced a range of sexual practices from sexual fun, seduction and sexual play to full sexual intercourse. They were strongly aware of their own physical attributes and the power and value of their bodies, and provided clear evidence that they were sexually knowledgeable. They were able to refer to different sexual positions, the erogenous zones associated with the sex act and to articulate clearly notions of sexual desire and pleasure. They placed a high value on sexual and bodily attraction. Some girls reported being compelled by their challenging circumstances to engage in 'sex for survival' (Oduro, 2010). As adolescents, they participated in an urban youth culture that had clear ideas about the notions of male and female sexuality, beauty, lust and sexual engagement. They accessed knowledge about sexual practices and Western cultures from pornographic materials in films and magazines, and on the internet. Other knowledge was gained from their peers and through sex education and HIV/AIDS programmes.

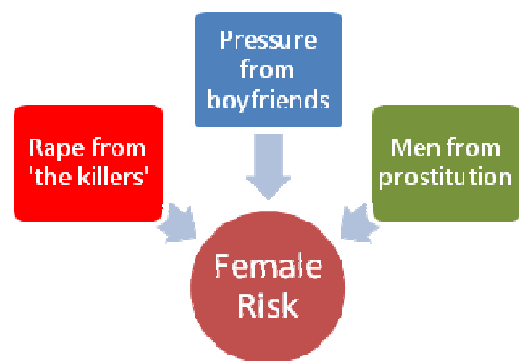
Street youths' knowledge about HIV/AIDS is relevant in that they are often involved in partner relationships as well as transactional sex. The dangerous space which they inhabit exposes them not so much to the subtleties of youth culture as to the dangers of street violence. The

implications for health and sexuality education are related but different.

Recognition of this level of everyday and violent sexual knowledge amongst youth, although controversial and sensitive, allows educationalists and health practitioners the opportunity to engage with young people as sexual beings. The main findings outlined below indicate the type of issue that would need to be addressed in order to reduce such vulnerability and encourage much safer sex practice in both groups.

The Knowledge-Practice gap: HIV/AIDS and Safe Sex

The youth in this study were found to have relatively high levels of HIV/AIDS awareness - a finding that supports the observation of the Ghana Demographic and Health Survey (GDHS, 2003) that over 90 per cent of Ghanaians



have information about HIV/AIDS. But this knowledge did not seem to influence young people's sexual practices. They did not appear to relate their knowledge and fear of the disease to any restriction on their sexual engagements. The majority of young people did not report using condoms or practising safe sex.

Young people at school worried more about teenage pregnancy than about the risk of becoming infected with what they recognised as a deadly and stigmatising disease. Street youth appeared more worried about their physical survival in dangerous circumstances rather than about the risk of catching HIV/AIDS. The reasons they gave included: spontaneity in sex; negative condom images; difficulties in accessing condoms; the gender and

power relations associated with condom negotiation; and practising sex for survival.

Young people living on the street tended to associate the use of condom with prostitution. Street girls engaged in prostitution used condoms with their clients, but not with their regular boyfriends. Health educators need to pay special attention to young people's views on condom use and safe sex, the links between condom use and love relationships, and in the case of street girls, the need to promote condom use in sexual encounters that were particularly vulnerable to male control.

Gender Sensitive Education: masculinity and sexual violence

The study revealed the dominance of male sexuality and perceived sexual needs within peer group relationships. Sexual success and virility played a large part in shaping sexual encounters amongst both youth groups. There was also an exceptionally high level of sexual violence in the form of male seduction of school girls (dominant feature of boy-girl relationships), and single and gang rape against street girls.

The links between HIV/AIDS and gender-based violence are becoming increasingly apparent from studies from different countriesⁱⁱ (Leach, 2008). Violence against women has many linkages to HIV/AIDS in terms of both causes and consequences. The recent UNGEI E4 Global conference held in May 2010 in Dakar-Senegal emphasised the need for urgent educational action to address such violence. Although schools have been found to be sites of sexual violence, when compared with the experiences of the street youth in this study, school girls appeared far more shielded.

Girls living on the streets had to daily negotiate the demands of three powerful streams of men – street gangs (so-called 'the killers') who raped them, their own regular boyfriends, and clients from prostitution (see Figure). Street boys employed a form of predatory masculinity that led to the violation and dehumanisation of the young women. Young women tried to protect themselves from such gangs by keeping a boyfriend as a protector who also made sexual demands. In this case youth reported that such protectors refused to use any contraceptive. They sometimes encouraged the young

women to take up prostitution for income. As a result, the young women experienced humiliation, degradation, low self esteem, health consequences, as well as risk of sexually transmitted infections including HIV/AIDS and unintended pregnancies (cf. WHO, 2004).

The findings indicate the urgent need for *gender sensitive sexuality education* in which young men need to be offered opportunities to discuss their masculinity and their relations with the opposite sex. The aim would be to teach young men sexual responsibility, thus respecting girls' autonomy, their right to be protected and to avoid engaging with young women as sexual objects for random pleasure or sexual defilement. Sex education provided by NGOs was recognised by street youth as being of value. Governments could liaise with NGOs and communities to establish short-term and long-term programmes particularly for street youth. Retrieving such youth involves placing them within the school, giving them second chances for education or skills acquisition (World Bank 2007).

Too Often in Silence - parental roles

Silence about sexuality contributes to the failure of young people to protect themselves from HIV/AIDS, STIs and unintended pregnancy. As one 14 year-old girl commented: '*Parents are in denial, they know we are having sex but are struggling to accept it*'. While puberty rites used to be the main avenue for sexuality education in traditional communities, its collapse in contemporary Ghana has created a gap in the preparation of young people for their perceived adult roles both sexually and otherwise. Some social institutions such as the school and church try to fill in this socialisation gap. It is necessary for parents to get involved however difficult and embarrassed they might feel.

The availability in modern times of so many different information sources makes the need for relevant and comprehensive sexuality education more pressing (Allen, 2007). Young people need to be able to readily approach adults including their parents for clarification about sexual matters so as to acquire a better understanding of the information they glean from friends and other sources. Young people should also have access to non-judgemental adults working in youth-friendly services.

Sears, (1992) argues that integrating relevant and needs-based sexuality education in the school curriculum does not necessarily affect adolescents' decision to engage in sex. But if such a decision is made, the adolescent is more likely to seek protection, particularly if s/he can gain access to such services.

Poverty, Marginalised Youth and HIV/AIDS

The role of poverty and the need to survive it compels some youth, particularly street girls, to engage in risky sex irrespective of their awareness of the consequences of HIV/AIDS. It is therefore important that youth rehabilitation programmes ensure that young people, especially girls, are equipped with skills to earn their own living. Although the eradication of poverty will not eliminate prostitution, it will reduce the extent to which some girls are compelled by poverty to defer to men's demands, or engage in sexual exchanges for survival.

Secondly, the different contexts of young people should be considered in the design and delivery of sexuality education. This study discovered that existing official HIV/AIDS education programmes tend to focus on youth in schools more than those on the street. School pupils

have access to well-organized educational programmes such as the School Health Education Programme (SHEP), and the integration of HIV/AIDS education in most school lessons. NGOs and unofficial sources such as the media (radio and television) and the participants' peers were the main sources of knowledge among street youth. They reported deriving most of their sexual knowledge from pornographic materials accessed via films, magazines and internet. More attention needs to be paid to out-of-school young people and other marginalised youth, who are at even 'greater risk'.

Critical Issues for Ghana's HIV/AIDS Prevention

While it will be best for young people to abstain from sex until they are ready for marriage or the consequences of sex, the fact remains that many of them are sexually active and need to be supported to practice safe sex. The complexity of the postmodernist era makes the strong emphasis on abstinence sex education highly impractical for many young people. Below is a summary of the research findings from the school and street youth.

Category	Research findings at a glance						
	HIV/AIDS Awareness	Sexual Experience	Sexual Abuse	Risk Perception	Use of Contraceptives	Predatory Masculinity	Sexual Communication
School Youth	High levels of awareness of the dangers and stigma associated with HIV/AIDS.	High levels of sexual knowledge and experience with notions of embodiment, desire and pleasure.	Some awareness of sexual abuse. Some girls engage in 'patronage sexuality' for school fees.	Fear of pregnancy greater than the fear of HIV/AIDS.	None or low use of contraceptives.	Dominant male sexuality which defines all relationships must be sexual in nature.	Silence and low levels of sexual communication between parents and youth.
Street Youth	Some gaps in HIV/AIDS knowledge.	High levels of sexual knowledge and experience with strong notions of embodiment, desire and pleasure.	Girls experience high levels of sexual abuse in the form of single and gang rape.	Low self perception and failure to engage with HIV/AIDS risk .	Practice prostitution for survival-use. Condoms used during prostitution but not with regular lovers.	High level of masculine dominance and objectification of girls.	Sex education from NGOs and sexual communication between friends.

The data generated by this study indicate the value of developing a research driven sexuality education curriculum which reflects young people's felt needs. It provides ample evidence of the issues experienced by Ghanaian youth and resonates with the findings of similar projects in New Zealand (Allen, 2007), South Africa (Bhana, 2007) and in seven countries in Southern and East Africa (cf. Pattman and Chege, 2003).

The recommendations of this policy brief are premised on the recognition that young people are sexual beings with strong sexual identities and desires. Despite the silence which surrounds sexuality in the Ghanaian culture (Ankomah, 1997), young people are articulate about their sexual identity and knowledge, and are able to describe the contexts and performance of their sexuality. Their ability to discuss their sexual knowledge and understanding is a powerful underused resource in the fight against the epidemic.

Young people's evident capability to engage with issues of sexuality offers opportunities to rethink the content, mode of teaching and training of teachers in the field of sex/sexuality education. Young people can use their

experience to help close the *knowledge-practice gap* for other youth. They can help develop forms of teaching and learning about HIV/AIDS that have real world relevance and which open up opportunities for sexual dignity and respect in the relationships between the sexes. The complexity of modern times suggests that sex education should be replaced by *sexuality education* which encompasses and addresses issues of young people's desire and pleasure, concepts of embodiment, gender and power relations, female agency and respect. Sexuality education should emphasise the possibility of friendship between boys and girls.

The brief challenges existing models of HIV/AIDS educational approaches that emphasise abstinence in contexts where young people are already sexually active and need engaging, informed and relevant sexuality education and support. It highlights:

- A sexuality and HIV/AIDS education that specifically targets young people aged 14 to 19 and addresses issues of gender identity as well as safe sexual relationships.
- The need for policy-makers to address the extremely dangerous sexual conditions reported

by marginalised youth living in poverty on city streets.

- The value of information derived from such voice-centred research which can help in the redesign of health and education policy initiatives in relation to HIV/AIDS.
- The importance of giving the ownership of HIV/AIDS programmes to youth, encouraging their participation in the design, implementation and evaluation of the programme.

The responsibility for young people is often divided between the Ministry of Education, the Ministry of Youth and Sports, the Ministry of Women and Children's Affairs, the Ministry of Health and the Ghana Aids Commission. A multi-agency and co-ordinated approach promoting sexuality education within schools and civil society is more likely to engage young people and close the knowledge-practice gap especially if young people themselves can help develop that approach.

References

- Allen, L. (2007). Denying the sexual subject: Schools' regulation of student sexuality. *British Educational Research Journal*. 33 (2) 221-234.
- Ankomah, A. (1997). Ghana. In R. T. Francoeur (Ed.) *The International Encyclopedia of Sexuality. Vol. 1 Argentina to Greece*. Continuum: New York.
- Bhana, D (2007): Childhood sexuality and rights in the context of HIV/AIDS in *Culture, Health and Sexuality*. 9 (3) pp. 309-324
- Dzokoto, A. (2008). *Ghana AIDS Commission, National Report on the progress of the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS, January 2008*. Accra: GAC.
- Ghana AIDS Commission (2006). *National HIV and AIDS Strategic Framework 2006 – 2010*. Accra: GAC.
- Ghana Statistical Service (2003). *Ghana Demographic and Health Survey Accra-Ghana*.
- Leach, F. (2008). Violence against girls: are schools doing enough to protect them against HIV and AIDS? In S. Aikman, E. Unterhalter & T. Boler (Eds.) *Gender Equality, HIV and AIDS* (pp. 60-83). Oxfam: GB.
- Oduro, G.Y. (2010). *Gender Relations, Sexuality and HIV/AIDS Education: a study of Ghanaian youth cultures*. Unpublished PhD thesis, Faculty of Education, University of Cambridge.
- Pattman, R. & Chege, F. (2003). *Finding our Voices: gendered and sexual identities and HIV/AIDS education*. UNICEF.
- Sears, J. (ed.) (1992). *Sexuality and the Curriculum: The politics and practices of sexuality education*. New York: Teachers College Press, Columbia University.
- UNAIDS (2009). Report on Global AIDS Epidemic, Geneva: UNAIDS.
- UNGEI Global Conference document (2010). Engendering Empowerment: Education and Equality (E4) , Daker-Senegal, 17 - 20 May, 2010.
- WHO (2004). Gender, Women and Health: Sexual Violence retrieved from http://www.who.int/gender/violence/sexual_violence/en/index.html on 24/03/2010
- World Bank (2007). *World Development Report: Development and the Next Generation*. The World Bank Group.
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ⁱ The prevalence rate was 3.4 per cent in 2002, increased to 3.6 per cent in 2003, declined to 3.1 per cent in 2004, and 2.7 per cent in 2005. In 2006 the prevalence increased again to 3.2 per cent before dropping to the current 1.9 per cent (Dzokoto, 2008).

ⁱⁱ Leach's study took place among junior high students in Ghana, Malawi and Zimbabwe.