CHAPTER 1
Interpretations of School-based Sexuality Education Programmes and their Implementation in Uganda

This chapter provides a background to school-based sexuality education programmes in Uganda. The first section gives a general overview of sexuality education programmes in sub-Saharan Africa and at the global level. The second and third sections emphasise the contextualisation of sexuality education programmes in Uganda. Finally, the fourth section describes the barriers teachers in Uganda may encounter when teaching school-based sexuality education programmes, and provides the rationale for obtaining a better understanding of teachers’ role in the provision of school-based sexuality education programmes, as explicated in this dissertation. This chapter shows that school-based sexuality education programmes are interpreted in many ways: both in how they are defined at a global level in the academic literature and by technical agencies, and in how they are implemented at the Ugandan school level by the Ugandan government, NGOs and school administrations.
1.1 Sexuality Education Programmes in Sub-Saharan Africa and at the Global Level

This section describes the need for information about sexual and reproductive health and rights of young people in sub-Saharan African countries and their right to sexuality education, as addressed in the academic literature and by international technical agencies such as WHO, UNESCO, UNFPA and IPPF. Furthermore, it defines and discusses different types of sexuality education programmes that are being implemented globally, including in sub-Saharan African countries.

1.1.1 Young People’s Need for Sexuality Education in Sub-Saharan Africa

In recent times, social structures in sub-Saharan African countries have been subjected to changes which have affected young people’s transition to adulthood. Traditionally, the period between puberty and marriage in sub-Saharan African countries would be short due to early family formation, and young people would transit from childhood to adulthood, as determined by cultural rites of passage (Magadi & Agwanda, 2009; Martínez Pérez & Namulondo, 2011). Social changes have created and lengthened the adolescent period between puberty and marriage in which young people have physically matured but are not considered mature by society because they are still attending school and have not yet reached the age of majority, entered the labour force, married or given birth (Calvès, Kobian, & Martel, 2007; Lloyd, 2005; Magadi & Agwanda, 2009; Munthali & Zulu, 2007).

This group of young people in their adolescent period have become “a specific social segment of the population” in sub-Saharan Africa (Calvès et al., 2007, 265). Especially in urban areas, they have increasing access to media and interactions with peers. Traditionally, initiation ceremonies in sub-Saharan Africa were important for teaching young people about issues of sexuality, but nowadays media and peers have become important sources for young people’s information on sexuality issues (Darabi et al., 2008; Munthali & Zulu, 2007). Although these information sources can be valuable, their quality can be poor, and they can provide conflicting messages and problematic representations of sex (Attwood, Barker, Boynton, & Hancock, 2015; Cheetham, 2014; UNESCO, UNAIDS, UNFPA, UNICEF, & WHO, 2009).

As indicated by UNESCO et al. (2009), sexuality education may balance the information and values received from these sources. Sexuality education enables young people to develop and understand themselves as sexual beings and to make informed decisions regarding their sexual and reproductive health and rights (Robinson, 2013; UNESCO et al., 2009). Research shows that the promotion of safe sexual behaviour contributes to the prevention of unwanted pregnancies, HIV and sexually transmitted infections (European Expert Group on Sexuality Education, 2016; Kirby, 2008b; UNESCO et al., 2009; UNESCO, 2015).
1.1.2 The ‘Dutch Approach’: Young People’s Right to Sexuality Education

The Dutch government takes a progressive stand by embracing a human rights approach to young people’s sexual and reproductive health and rights in its domestic and foreign policies. From a human rights perspective, young people have the right to “sexuality education and information necessary and useful” to exercise their full sexual citizenship (IPPF, 2008, 7). Sexual citizenship refers to “the sexual rights granted or denied to” a social group (Richardson, 2000, 107). Sexual rights not only include the right to sexuality education but also the right to bodily integrity, privacy, personal autonomy and access to sexual health care (IPPF, 2008). Holding sexual citizenship is a prerequisite for young people to exercise their sexual agency — i.e. their ability to act on behalf of their “sexual needs, desires and wishes” (Egan & Hawkes, 2009; J. M. Wood, Mansfield, & Koch, 2007, 189).

The concept of sexual citizenship mixes private and public because it is the environment that grants or denies a person sexual rights based on the social group they are perceived to belong to, whether based on age, marital status or sexual orientation. As such, the ability to hold sexual citizenship is shaped by culture and gender and hegemonic differences in societies (Weeks, 1998). For instance, based on the principle of evolving capacity, countries may constrain young people’s sexual citizenship with laws that differentiate between young people’s and adults’ sexual rights and protections, such as age of consent legislation (IPPF, 2008; Richardson, 2000). Furthermore, sociocultural norms and values may constrain young people’s sexual citizenship, such as discourses of childhood sexuality that frame young people as sexually innocent rather than as sexual subjects (Egan & Hawkes, 2009). As a result of young people being regarded as sexually innocent, adults and institutions may want to protect them by controlling “the nature and exercise” of their sexual rights, for instance, by regulating young people’s access to sexual and reproductive health and rights information and care (Levesque, 2008, 726; Robinson, 2012).

1.1.3 Global Definitions of Sexuality Education Programmes

HIV prevention and sexuality education programmes can be distinguished by the values on which they are based. For instance, Miedema, Maxwell, and Aggleton (2011) distinguish these programmes by their evidence-based, rights-based and/or morality-based approaches. From these various points of view, it is often discussed whether sexuality education programmes should focus exclusively on promoting abstinence or be more comprehensive (e.g. S. Cohen, 2004; Kirby, 2006; Stanger-Hall & Hall, 2011). According to Robinson (2012), abstinence-only sexuality education programmes usually promote sexuality education based on moral teachings. Such programmes consider young people ‘innocent’ regarding sex, and marriage as the only legitimate context for sexual practices. Supporters of abstinence-only programmes fear that discussing matters of sex may encourage young people to become sexually active. To prevent this from happening, young people’s access to sexual and reproductive health and rights information is regulated, which can lead to restrictive, sex-discouraging, fear-based and inaccurate sexuality education messages (Robinson, 2012; Stanger-Hall & Hall, 2011).

In contrast, IPPF (2010) explains that comprehensive sexuality education programmes, which are usually based on values of evidence and human rights, adopt a positive approach
to young people’s sexual agency. Supporters of comprehensive sexuality education programmes claim that young people are active sexual agents who construct and negotiate their sexuality. Various researchers have argued that to do this, young people need evidence-based information. This information will enable young people to develop and understand themselves as sexual beings and to exercise their full sexual citizenship by making informed decisions regarding their sexual and reproductive health and rights (Bhana, 2007a; Greslé-Favier, 2013; IPPF, 2008; Miedema et al., 2011; Robinson, 2012; Robinson, 2013).

In debates over what type of sexuality education is most effective in preventing pregnancies and sexually transmitted infections, including HIV, a sharp distinction is often made between abstinence-only and comprehensive sexuality education programmes (e.g. S. Cohen, 2004; Kirby, 2006; Miedema et al., 2011; Stanger-Hall & Hall, 2011). Although in practice they are not easily classified, research indicates that sexuality education programmes for young people are more effective in preventing pregnancies and sexually transmitted infections when they promote not just abstinence but also condom use and other forms of contraception (B. T. Johnson, Scott-Sheldon, Huedo-Medina, & Carey, 2011; Kirby, 2007; Kirby, 2008b; Lindberg & Maddow-Zimet, 2012).

However, such debates tend to narrow down to discussions about whether sexuality education programmes should include or exclude teaching of contraception. Some scholars feel that these discussions have downgraded the meaning of comprehensive sexuality education programmes to the category of abstinence-plus programmes, which regard abstinence as the preferred choice among a variety of safe sex methods including condoms and other contraception (Nixon, Rubincam, Casale, & Flicker, 2011). To move beyond such narrow interpretations of comprehensive sexuality education, the European Expert Group on Sexuality Education (2016) recently introduced the term ‘holistic sexuality education.’ They use the definition from the WHO Standards for Sexuality Education in Europe (2010) to define holistic sexuality education:

Learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. It aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people’s sexual health and well-being. (European Expert Group on Sexuality Education, 2016, 428)

This definition adopts a positive and holistic approach to sexuality education, in which sexuality education supports a person’s sexual development from childhood to adulthood. It focuses not only on the physical aspect of sexuality but also on its cognitive, emotional, social and interactive aspects. Arguments for a more positive and holistic approach to young people’s sexuality and relationships, including the topic of sexual pleasure, suggest better outcomes for young people’s sexual and reproductive health and rights, including more open communication, increased use of condoms and empowerment, and awareness of sexual diversity. These outcomes are broader than the prevention of pregnancies and sexually
transmitted infections as included by Kirby (2007) in his comparison of the effectiveness of abstinence-only and comprehensive sexuality education programmes. In contrast to abstinence-only programmes, positive and holistic approaches critique heteronormativity and the use of scare tactics in sexuality education (McGeeney & Kehily, 2016).

Other international organisations have developed standards and definitions for comprehensive and holistic sexuality education as well. Similar to the abovementioned definition is IPPF’s (2010) definition of comprehensive sexuality education in its Framework for Comprehensive Sexuality Education:

A rights-based approach to Comprehensive Sexuality Education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality — physically and emotionally, individually and in relationships. It views ‘sexuality’ holistically and within the context of emotional and social development. It recognizes that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values. (IPPF, 2010, 6)

It is interesting that these two definitions of comprehensive and holistic sexuality education appear to focus on the individual. They include learning about the social and interactive aspects of sexuality, and taking responsibility for other people’s sexual health and well-being, but they do not mention the sociocultural contexts in which sexuality is developed and experienced and in which sexuality education is taught. Yet, understanding, reflecting and challenging these sociocultural aspects might be inevitable for individuals to understand and enjoy their sexuality.

UNESCO (2009, 2) does address cultural aspects in its International Technical Guidance on Sexuality Education but not in the sense of understanding, reflecting and challenging these aspects. It assumes that some cultures do not accept or desire certain sexual practices but that these sexual practices should, nevertheless, be discussed “within the context of sexuality education”. According to UNESCO (2009, 2), “effective sexuality education can provide young people with age-appropriate, culturally relevant and scientifically accurate information”.

This dissertation aims to understand how the inclusion of sociocultural aspects, by developing an understanding of the context in which sexuality education messages are formulated and shared, could enhance successful implementation of effective sexuality education programmes. For the case of Uganda, this means that it is first important to understand Uganda’s HIV and AIDS policies and education system that frame the implementation of its school-based sexuality education programmes.
1.2 HIV and AIDS Policies and the Education System in Uganda

In Uganda, sexuality education is inseparable from the HIV prevention strategies that have been developed in response to the major HIV epidemic that hit Uganda in the early 1980s. For young people, the main strategy of HIV prevention policies is, and has been, the promotion of abstinence (Kinsman, 2008). Therefore, this section provides, first, a historical background on HIV and AIDS and related prevention policies in Uganda. Then follows an explanation of the Ugandan education system to which school-based sexuality education is tailored — for instance, to fit schools’ religious affiliations or schedules.

1.2.1 Historical Background on HIV and AIDS and Prevention Policies in Uganda

Uganda is often referred to as an "AIDS success story" (Green et al., 2013, 25). In 1992, Uganda was the first country to observe a decline in HIV prevalence in adults aged 15-49: HIV prevalence decreased from 13.4 percent in 1991 to 6.3 percent in 2004, and remained at around 6.8 percent up to 2009 (UNAIDS, 2016). However, HIV prevalence in Uganda has risen again in recent years to 7.3 percent (Ministry of Health Uganda, ICF International, Centers for Disease Control and Prevention, U.S. Agency for International Development, & WHO Uganda, 2012).

The decline in HIV prevalence and incidence in Uganda has been attributed to the open and enabling environment surrounding the AIDS issue created by the Ugandan government, which helped to reduce stigma related to HIV (Gupta, Parkhurst, Ogden, Aggleton, & Mahal, 2008; Parkhurst, 2012). Kirby (2008a) concluded that HIV prevalence in the country decreased as a result of the government’s health prevention efforts, which initially led Ugandans to have fewer sexual partners, and later, in the second half of the 1990s, led to an increased use of condoms. In addition to these changes in individual behaviour, structural factors, such as increased economic and political stability in Uganda, may have contributed to the decline in HIV prevalence (Parikh, 2007).

Over the years, Uganda has received substantial amounts of foreign assistance for its HIV prevention programmes, and the government has strategically aligned its policies with the agendas of influential donors (Parkhurst, 2005). An important source of financial support has been the President’s Emergency Plan for AIDS Relief (PEPFAR), a programme set up in 2003 by the US government. PEPFAR retrospectively interpreted and defined Uganda’s successful HIV and AIDS reduction strategy, calling it the ABC strategy: abstain, be faithful, and correct and consistent condom use. In adopting this newly defined ABC strategy, PEPFAR chose to direct abstinence-only messages at young people, while reserving the condom use messages for high-risk groups, such as sex workers and serodiscordant couples (Kinsman, 2008; Parkhurst, 2011; PEPFAR, 2011).

PEPFAR allocated a substantial part of its budget for HIV prevention to abstinence-only programmes, including the Ugandan HIV prevention education programme known as the Presidential Initiative on AIDS Strategy for Communication to the Youth (PIASCY) (Santelli, Speizer, & Edelstein, 2013). This programme was developed by the Ugandan government and was implemented in primary and secondary public schools from 2003 onwards (J.
Cohen, 2006). The PIASCY and other HIV prevention programmes aimed at young people thus encouraged abstinence until marriage, while avoiding the topic of condom use. These programmes have been strongly criticised on a number of grounds, including that they fail to recognise the multiple realities faced by young people, some of whom may already be married or sexually active (e.g. J. Cohen & Tate, 2006; S. Cohen, 2004; Lagone, Mathur, Nakyano, Nalugoda, & Santelli, 2014; Okware, Kinsman, Onyango, Opio, & Kaggwa, 2005).

Despite these negative reactions, the promotion of abstinence has continued to be the main strategy of HIV prevention policies aimed at young people in Uganda. Policy guidelines published in 2006 stated that primary sexual abstinence will be promoted in secondary schools "as the main strategy for HIV prevention", that sexually active students and learners will be encouraged "to adopt secondary abstinence", and that condom use will be promoted in tertiary institutions only (Ministry of Education and Sports Uganda, 2006, 17).

After 2008, when the United States appointed a Democratic president, PEPFAR became less focused on abstinence-only prevention efforts (Santelli et al., 2013). The Ugandan government also seemed to back away from pursuing a strict abstinence-only strategy, as shown by the National HIV and AIDS Strategic Plan, which recommends scaling up comprehensive sexuality education programmes (UAC, 2011; UAC, 2015b). However, its programmes still do not direct condom messages at young people (Office of the President Republic of Uganda, 2014). In 2016, Hon. Janet Kataha Museveni, First Lady of Uganda and outspoken born-again Christian, was appointed as Minister of Education and Sports (Uganda Ministry of Education and Sports, 2016). Soon after her appointment, she announced that comprehensive sexuality education should not be taught in Ugandan schools (Kisakye, 2016). This announcement was provoked by a newspaper article in the Ugandan Daily Monitor ‘exposing’ the fact that more than 100 Ugandan schools had been ‘tricked’ into teaching homosexuality through the comprehensive sexuality education programme WSWM (Ahimbisibwe, 2016).

In addition to the concerns that have been raised about the content of Uganda’s HIV prevention strategies directed at young people, critics have pointed out that Uganda’s funding and policy strategies are disproportionately focused on AIDS treatment rather than on behavioural strategies for reducing HIV transmission (Green et al., 2013; UAC, 2015a). Also, worldwide, the need to increase investments in HIV prevention programmes has been expressed (UNAIDS, 2015).

1.2.2 The Ugandan Education System

Over the last decade, Uganda’s population has increased from 24.2 million people in 2002 to 34.6 in 2014 (Uganda Bureau of Statistics, 2016). In this same period, an estimated 43 percent of the Ugandan population was of school-going age — i.e. 5–19 years — which means about 10.4 million young people in 2002 and 14.9 million in 2014 (Uganda Bureau of Statistics & Macro International, 2007; Uganda Bureau of Statistics & ICF International Inc., 2012).

As a former British colony, Uganda has adopted English as the official language, spoken in all schools, and the British education system of 7-4-2. Children go to primary school for seven years, after which they can enter secondary school. Secondary school consists of two levels: Senior 1 to Senior 4 at Ordinary level (O-level), and Senior 5 to Senior 6 at Advanced
level (A-level). After graduating in O-level, it is possible to proceed with A-level. An A-level graduation is needed to enter university (Uganda Bureau of Statistics, 2016).

In 1997, the Ugandan government introduced the Universal Primary Education (UPE) programme, which means that the government pays the primary school fees, at least for four children per Ugandan family. This policy change resulted in a 70 percent increase in primary school enrolment, from 3.1 million in 1996 to 5.3 million in 1997 (Kirungi, 2000). In 2014, 8.8 million young people were enrolled in primary school (Ministry of Education, Science, Technology and Sports, 2014).

In 2007, the Universal Secondary Education (USE) programme was introduced (Uganda Bureau of Statistics, 2016). In 2014, Uganda had 2,950 secondary schools with a total student enrolment of 1.4 million: 89 percent in O-level and 11 percent in A-level. Of all secondary school students, 47 percent were female. Table 1 shows that most secondary schools were founded by the private sector and that a substantial number of them are faith-based. Most schools are co-educational, and about half of them are solely day schools, while the other half have boarding facilities (see Table 2) (Ministry of Education, Science, Technology and Sports, 2014).

A total of 64,000 teachers work in secondary schools, of which 24 percent are female teachers. About half of the teachers have additional responsibilities, such as being a head teacher, class teacher or matron (Ministry of Education, Science, Technology and Sports, 2014).

### Table 1. Secondary schools by founding body (Ministry of Education, Science, Technology and Sports, 2014)

<table>
<thead>
<tr>
<th>Founding body</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic</td>
<td>522</td>
<td>17.7%</td>
</tr>
<tr>
<td>Community</td>
<td>445</td>
<td>15.1%</td>
</tr>
<tr>
<td>Church of Uganda</td>
<td>521</td>
<td>17.6%</td>
</tr>
<tr>
<td>Entrepreneurs</td>
<td>914</td>
<td>31%</td>
</tr>
<tr>
<td>Government</td>
<td>185</td>
<td>6.3%</td>
</tr>
<tr>
<td>Islamic</td>
<td>138</td>
<td>4.7%</td>
</tr>
<tr>
<td>SDA</td>
<td>41</td>
<td>1.4%</td>
</tr>
<tr>
<td>Others</td>
<td>186</td>
<td>6.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,952</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Table 2. Secondary schools by type and boarding status (N, %)

(Ministry of Education, Science, Technology and Sports, 2014)

<table>
<thead>
<tr>
<th>Type of School</th>
<th>Day school</th>
<th>Full boarding</th>
<th>Partly boarding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls-only</td>
<td>4</td>
<td>0.2%</td>
<td>96</td>
<td>2.9%</td>
</tr>
<tr>
<td>Co-educational (mixed)</td>
<td>1,617</td>
<td>99.7%</td>
<td>123</td>
<td>46.4%</td>
</tr>
<tr>
<td>Boys-only</td>
<td>1</td>
<td>0.1%</td>
<td>46</td>
<td>17.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,622</strong></td>
<td><strong>100%</strong></td>
<td><strong>265</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
1.3 Current School-based Sexuality Education Programmes in Uganda

The Ugandan government identifies school-based sexuality education as an important preventive method in the response to AIDS and, more generally, as a way of providing young people with the necessary knowledge and skills to make informed decisions regarding their sexual and reproductive health and rights (Darabi et al., 2008; Ministry of Education and Sports Uganda, 2006; Mudege & Undie, 2009). Because the promotion of abstinence is the main strategy of HIV prevention policies aimed at young people in Uganda, the sexuality education programmes currently operating in secondary schools focus mainly on abstinence-only messages. The Ugandan government implements the abstinence-only HIV education programme PIASCY, but there are also initiatives of comprehensive sexuality education programmes being implemented in Ugandan secondary schools (J. Cohen, 2006; Vanwesenbeeck, Westeneng, de Boer, Reinders, & van Zorge, 2016). However, as discussed above, these comprehensive sexuality education programmes have been under attack in the Ugandan media and by the Minister of Education and Sports (Ahimbisibwe, 2016; Kisakye, 2016). The following sections provide an overview of the current sexuality education programmes provided in secondary schools, showing the diverse interpretations and implementations of school-based sexuality education in Uganda.

1.3.1 In-curricular Sexuality Education

The in-curricular programmes Religious Education and PIASCY are discussed, which both adopt a moral approach to sexuality education “in the sense that they build on a particular set of conservative moral beliefs concerning sexuality and sexual acts” (Miedema et al., 2011, 522).

Religious Education

The Ugandan curriculum in secondary school offers two examinable subjects about religious education: Christian and Islamic Religious Education. Both curricula “promote[s] spiritual and moral development of the learner. Not only does it provide a learner with an insight into the nature of religion but also enables him/her to develop the skills needed to appreciate religious ideas and practices” (NCDC, 2016).

Fulgence (2007) wrote a syllabus for A-level students dealing with Christian Religious Education (CRE) in 2011, which illustrates how sexuality education is approached within religious education. It contains seven sections: sex, marriage and the family (sections 1–3); work, leisure and money (sections 4–6); and law and order (section 7). The topics discussed in the sections on sex, marriage and the family include definitions, causes, solutions, dangers and benefits of premarital sex, prostitution, rape, masturbation, homosexuality, sex education, condoms and other types of family planning, HIV and AIDS, and women’s emancipation. It teaches that “misuse of sex” refers to “pre-marital sex or fornication, adultery or extra-marital sex, rape, defilement, masturbation, homosexuality, lesbianism, bestiality, incest etc…”, which is “strongly condemned by the Bible because it undermines the intentions of sex which is supposed to be practiced in marriage for complementarity and pro-creation” (Fulgence, 2007, 1). Young people are encouraged to abstain, while married people are warned not to abstain.
because it may lead to “cases of extra-marital sex, due to sex starvation to one of the married partners [...] paving way for marriage breakdown” (Fulgence, 2007, 127). The section on family planning discusses the advantages and disadvantages of each family planning method. It mentions that masturbation is addictive and shameful, that birth control pills — if not taken correctly — may lead to giving birth to deformed children, and that condoms are seen as a sign of infidelity (Fulgence, 2007).

The author approaches sexuality from various perspectives: evidence, human rights, morality, religion, biblical, cultural, social, health, economic and even political. By discussing sexuality from all these perspectives and by describing the advantages and disadvantages, and dangers and benefits, of each theme, it could be argued that the author intends to provide students with all the information necessary to make informed decisions regarding their sexuality. However, the provision of incorrect and fear-based information, and spiritual and moral condemnations, counteracts this intention.

**PIASCY**

PIASCY is an abstinence-only HIV prevention programme (Santelli et al., 2013). Developed by the Ugandan government, it has been implemented in primary public schools since 2003, and in secondary public schools since 2006 (J. Cohen, 2006). PIASCY implements curricula at various levels:

- Primary level, which addresses P3 to P4 pupils in primary school;
- Upper primary level, which addresses P5 to P7 pupils in primary school;
- Lower post-primary level, which addresses O-level students in secondary school; and
- Upper post-primary level, which addresses A-level students in secondary school.

The curricula address reproductive health, gender and HIV and AIDS; consist of a teacher handbook and student manual; and can be taught during classes or in after-school clubs. Because teachers have busy school schedules, which can make it difficult to create time for sexuality education, PIASCY encourages them to mainstream their messages in other subjects or to use scheduled events, such as assemblies, to provide reproductive health messages (The Republic of Uganda, 2003).

The teacher handbook for upper primary level emphasises the important role that teachers play in the implementation of sexuality education. It explains that teachers should not stay silent about issues of sex because young people learn about sex from peers. Rather, teachers should support young people to actively abstain from sex, which means that young people should think “about sex and how to stay safe”, should learn to say no to sex, and should reject “myths about sex” (The Republic of Uganda, 2003, 5).

PIASCY builds on a moral approach that is formulated in objectives such as: (1) “identify positive (protective) values and practices within culture and religion”, and (2) “relate sexuality to moral values” (The Republic of Uganda, 2003, 10). PIASCY encourages students to comply with social, cultural and religious norms and values. Under religious teachings, the teacher handbook mentions that “sex outside marriage is sinful and forbidden by God” (The Republic of Uganda, 2003, 12). Furthermore, the handbook explains that “any sexual action which violates religious or cultural moral standards is considered immoral” (The Republic of Uganda, 2003, 14).
The teacher handbook for primary level advises pupils to delay sexual intercourse for as long as possible and at least until they are 18 years old. The first edition of this handbook, printed in 2003, takes a relatively positive approach to young people’s sexuality by emphasising that teachers should take a positive, non-fear-based approach to sexuality and that they should discuss condom use with students because students will need this information when they become sexually active (The Republic of Uganda, 2003). However, in response to objections raised by religious groups, the curricula for secondary level, which were developed three years after the curricula for primary level, show a different, more negative, approach (J. Cohen & Tate, 2006). In contrast to the 2003 edition for primary level, the 2006 editions for secondary level instruct students to abstain until marriage, which is motivated by religious and cultural expectations and fear-based messages, such as traditional beliefs that premarital sex can cause bad harvests:

Sexual intercourse is the physical union of a man and a woman. Our religious teachings make clear that this act is a gift from God to married couples. [...] Traditional African society has firm beliefs about when and with whom people could have sex. Sex with the wrong person at the wrong time in life is believed to cause disasters such as bad harvests. Sex is expected to be within marriage. (The Republic of Uganda, 2006b, Chapter 5)

Students are told that sex before marriage is wrong and that young people like them cannot handle the serious spiritual, psychological, social or economic consequences (The Republic of Uganda, 2006b).

PIASCY refers to the following acts as sexual deviations: masturbation, homosexuality and lesbianism, anal sex, oral sex, prostitution, sugar daddy and sugar mummy relationships, and sexual abuse (The Republic of Uganda, 2006a). It explains that it is wrong, from a religious point of view, to masturbate and that masturbation can be addictive. About homosexuality, it says: “People who engage in sex before or outside marriage or with a person of the same sex are guilty of serious sin” (The Republic of Uganda, 2006b, Chapter 5).

The curricula for secondary schools also address gender issues and, for instance, encourage female students to aim for the same highly educated jobs as their male counterparts. However, at the same time, it reinforces gender stereotypes — for instance, by advising girls to cover their breasts because “breasts are attractive to males” (The Republic of Uganda, 2006b, Chapter 4).

With regard to condom use, the curricula for secondary schools explain that, from a religious point of view, sex with a condom outside marriage is wrong. They also emphasise that condoms are not 100 percent effective: even when used correctly and consistently, a person can still become infected or fall pregnant. Therefore, students are advised: “Young people do not need condoms; they need skills for abstaining from premarital sex” (The Republic of Uganda, 2006a, 71).

A formative evaluation of PIASCY conducted by Population Council found that textual materials were hardly used and that teachers adapted the curriculum contents in their teaching based on personal beliefs about the information students should receive (Mudege & Undie, 2009). This finding suggests that, rather than on the contents of sexuality education
curricula, the sexuality education messages received by students could be mostly based on teachers’ personal values, beliefs and experiences, which is studied in this dissertation.

1.3.2 Non-governmental After-school Clubs

In addition to the intra-curricular sexuality education programmes, there are also schools that implement these and other sexuality education programmes through extracurricular after-school clubs. These after-school clubs are often coordinated by one teacher and a board of students, including a chair and treasurer. Active clubs meet regularly. Sometimes clubs prepare topics beforehand to be discussed during meetings. Their approaches differ:

- some clubs pick a topic from the Straight Talk newspaper (as discussed below) and discuss this in more detail;
- some perform role plays;
- some discuss anonymous questions submitted by members; and
- some listen to informational talks from their teacher.

Three non-governmental after-school clubs that were regularly found active in the schools participating in this study are Youth Alive Uganda, Straight Talk Foundation and WSWM. Each of these sexuality education programmes is based on different values and uses other methods to teach sexuality education. Youth Alive Uganda is a faith-based organisation that implements an abstinence-only HIV prevention programme aimed at positive behaviour change by focusing on knowledge, life skills and values (Youth Alive Uganda, 2016). Straight Talk Foundation is a Ugandan NGO that reaches young people with sexual and reproductive health messages through mass media, including primary and secondary school newspapers, youth-friendly health centres and after-school clubs (Straight Talk Foundation, 2015). Similar to Youth Alive Uganda, Straight Talk Foundation also focuses on knowledge, life skills and values but generally from a more evidence- and rights-based perspective compared to Youth Alive Uganda’s faith-based perspective. However, over the years, the comprehensiveness and accuracy of Straight Talk’s sexual and reproductive health messages in its newspapers have varied (de Haas, 2009). The study described in Chapter 5 was part of the WSWM evaluation. As such, the WSWM programme is described in more detail below.

World Starts With Me

WSWM is a computer-based evidence- and rights-based comprehensive sexuality education programme developed by World Population Foundation (WPF), a Dutch NGO which merged with Rutgers Nisso Group to Rutgers WPF. Later, Rutgers WPF changed its name to Rutgers. The programme is being implemented in about ten countries in sub-Saharan Africa and Asia. In Uganda, the IT organisation SchoolNet Uganda has implemented WSWM in 150 secondary schools since 2003 (out of a total of about 2,950 secondary schools in Uganda, as shown in Table 1). The use of computers for providing sexuality education creates small, private settings of two or three students sitting behind a computer to go through the curriculum, discuss sensitive sexual and reproductive health issues together, and develop IT skills at the same time. In cases where schools do not have computers available or electricity to run the computers, a teacher’s manual can be used to teach sexuality education (Rutgers WPF, 2014).
The curriculum adopts a positive and learner-centred approach, and has a consciously built-up order of lessons. It consists of 14 lessons addressing, among other things, self-esteem, personal norms and values, relationships with parents and friends, sexual and reproductive rights, including sexual diversity, sexuality and love, pregnancy, HIV and other sexually transmitted infections, sexual harassment and future goals (Rutgers WPF, 2014).

To improve the implementation of WSWM, SchoolNet Uganda has recently changed its approach. It has decreased the number of schools implementing the programme to 45 but increased the support and activities in each school by adopting a whole-school approach. This new approach is intended to improve the quality of implementation and to increase the number of students reached in each school.

1.4 Teachers’ Role in the Provision of School-based Sexuality Education

UNESCO regards in-curricular school-based sexuality education by teachers as the most cost-effective, sustainable intervention to reach large numbers of young people (Kivela, Ketting, & Baltussen, 2011; UNESCO et al., 2009). The Ugandan government also emphasises the important role that teachers play in the implementation of sexuality education (The Republic of Uganda, 2003). School-based sexuality education makes teachers important gatekeepers of students’ access to sexual and reproductive health information, and in Uganda, students identify teachers as one of their main sources of information about sexual and reproductive health and rights (Darabi et al., 2008). Sexuality education programmes may claim to be evidence-, rights- or morality-based, but, as Population Council’s evaluation of PIASCY showed, in the case of school-based sexuality education programmes, their provision by the teacher is decisive for how the contents are delivered to the students (Mudege & Undie, 2009). The role of teachers is, therefore, the focal point of study in this dissertation.

Various studies show that sexuality education programmes are more likely to be successfully implemented when teachers feel confident and comfortable teaching them (Ahmed et al., 2006; Helleve et al., 2009; Lohmann, Tam, Hopman, & Wobeser, 2009; C. Mathews, Boon, Flisher, & Schaalma, 2006; Ollis, 2016; Rijsdijk et al., 2014). Confidence in teaching has been, among other things, associated with the number of years of teaching about HIV and AIDS and sexuality, experience in discussing the topics with others, and knowledge of sexual and reproductive health topics (Ahmed et al., 2009; Helleve et al., 2009). Teachers’ confidence and comfort in teaching sexuality education are said to be increased through teacher trainings that improve their knowledge and skills (Ahmed et al., 2006).

However, research also shows that teachers may encounter various barriers when teaching sexuality education, which can reduce the fidelity of programme implementation — i.e. the extent to which the programme is implemented “according to the manual” (Mukoma et al., 2009a; Rijsdijk et al., 2014, 340). For instance, teachers may encounter institutional barriers, such as large class sizes, lack of time and teacher turnover (Ahmed et al., 2009; Mukoma et al., 2009a; Rijsdijk et al., 2014, 340). Teachers are part of, and subjected to, the cultural systems and hierarchical power relations in society and the school they work in. In this respect, some teachers indicate that lack of support from school administrations and
CHAPTER 1

community members is prohibiting them from teaching sexuality education (Ahmed et al., 2009; Helleve et al., 2011; Renju et al., 2010). Barriers to teaching sexuality education have also been described in relation to teachers’ cultural values and beliefs and, to a lesser extent, to their professional identity and personal experiences. The following sections describe these barriers in more detail.

1.4.1 Teachers’ Cultural Values and Beliefs
Research indicates that teachers may feel discomfort teaching sexuality education due to the conflicts experienced between the contents of comprehensive sexuality education programmes and their perceived sociocultural norms and cultural and religious beliefs (Ahmed et al., 2006; Ahmed et al., 2009; Bhana, 2007b; Helleve et al., 2011; Helleve et al., 2009; Kinsman et al., 2001; Renju et al., 2010). These cultural beliefs may result in abstinence-only messages and being reticent about safe sex practices. For instance, teachers may feel — reflecting values in society — that sex before marriage and related sexual practices are not appropriate for young people, and that discussing safe sex issues, such as condoms, will condone or encourage young people to have sex (Ahmed et al., 2006; Ahmed et al., 2009; Gallant & Maticka-Tyndale, 2004; Visser, 1996).

Although these studies indicate that cultural values and beliefs can conflict with teaching comprehensive sexuality education, they do not sufficiently explain why these conflicts lead to feelings of discomfort and how these conflicts can possibly be overcome to increase teachers’ comfort to teach comprehensive sexuality education. Also, in the broader research field of teaching improvement initiatives, it has been observed that research tends to focus on ‘rational’ factors such as knowledge and skills, whereas the influence of teachers’ emotions on teaching is often ignored (Chen, 2016, 68). In Chapter 6, I discuss the role of sociocultural aspects and emotions in teaching sexuality education by exploring teachers’ cultural values and beliefs and how these relate to their experienced level of comfort to teach comprehensive sexuality education.

1.4.2 Teachers’ Professional Identity
Another less-explored barrier that teachers may encounter when teaching sexuality education is related to their professional identity (Williams & Jensen, 2016). Professional identity is “a complex and dynamic equilibrium where professional self-image is balanced with a variety of roles teachers feel that they have to play” (Beijaard, Meijer, & Verloop, 2004, 113). As discussed in Chapter 4, in my research the importance of professional identity for the provision of sexuality education was not anticipated based on the prior literature review but inductively derived from the data collection.

Within a particular school context, a teacher may develop understandings of what it means to be a teacher and how a teacher is supposed to teach sexuality education. Teachers may develop special cultural schemas, or scripts, that prescribe “the appropriate [...] social roles they play, [...] and the sequence of actions and causal relations that apply” (Holland & Cole, 1995, 479). These schemas may be a result of different sources of cultural knowledge, such as general cultural schemas in society; teachers’ reconstructed, past experiences; colleagues
at school; and from teacher education and training (Harkness, Super, & Keefer, 1992). They may learn to behave as teachers “through imitation, immediate rewards (or punishments) from authority figures, and the intrinsic rewards of culturally appropriate behaviour” within a school (Harkness et al., 1992, 163).

Helleve et al. (2011) describe several roles that teachers feel they have to play when teaching sexuality education: the role of a parent, a friend, a counsellor and a social worker. These perceived roles can make teachers feel uncomfortable when they feel that students’ expectations are not part of their work as a teacher or when they feel they lack training to counsel students. Furthermore, some teachers might feel that teaching sexuality education challenges classroom discipline — for instance, when they try to create a friendly class environment needed for teaching sexuality education. According to Ahmed et al. (2009), teachers think that teaching sexuality education is morally unjust and fear that they will lose students’ respect when teaching sexuality education. The findings of these studies suggest that teachers’ professional identity may go beyond, differ or even conflict with the required qualities for sexuality educators, such as “personal comfort discussing sexuality; ability to communicate with students; and skill in the use of participatory learning methodologies” (UNESCO et al., 2009, 23).

School-based sexuality education has the potential to reach large numbers of students, but it is also a place where teachers live up to their professional identity by executing their perceived roles as a teacher. In Chapter 7 and Chapter 9, I discuss the meaning of school-based sexuality education in Uganda by studying teachers’ professional identity and how this motivates them to teach school-based sexuality education.

1.4.3 The Role of Teachers’ Personal Experiences

Research suggests that teachers’ personal experiences may also be restraining them from teaching comprehensive sexuality education. For instance, Helleve et al. (2009) found that teachers might use culture as an argument to mask their own personal beliefs or challenges. In their study, a teacher mentioned the difficulty of explaining condoms to the students because he had never used a condom himself. Various studies indicate that personal experiences of receiving sexuality education and, more broadly, with sexuality may shape teachers’ approaches to teaching sexuality education (Goldman & Coleman, 2013; Kehily, 2002; Timmerman, 2009). However, little is known about how such personal experiences motivate the provision of sexuality education. In Chapter 8, I discuss how teachers’ personal experiences motivate their approach to students’ sexual agency when teaching sexuality education.