

Let's talk about sex

Giving children knowledge is giving them power, the power to make better decisions about sex

Children and young people lack accurate and comprehensive knowledge of HIV and how to avoid its sexual transmission. The silence around sexuality in general and children's sexuality in particular generates misconceptions, myths and misinformation which contribute to children and adolescents' risky sexual practices. **ARVIN BHANA, VELEPHI RIBA** and **MOHAMMED VAWDA** report on a study to examine attitudes, practices and knowledge of sexuality, as well as gender, sexual and reproductive health (SRH) and HIV among children aged 5 to 17 years old in South Africa and Zambia.

The background to the study, commissioned by Save the Children, the world's largest independent child rights organisation, is that children have a right and a need to receive information and services regarding their sexuality and HIV and AIDS.

The HIV and AIDS context in the region has led Save the Children to adopt a sexual and reproductive health and rights (SRHR) and comprehensive sexuality education focus to support effective HIV prevention efforts.

The last two UNAIDS global reports on the AIDS epidemic for 2009 and 2010 confirmed that early sexuality education delays sexual debut; further, if children receive messages consistent with their age and evolving maturity from an early age, they are more likely and better able to make informed choices once they become sexually active.

Research shows that sexuality education rarely, if ever, leads to sexual initiation. An essential part of this messaging is a continuing flow of non-judgmental information that looks at children's sexuality in the context of love, self-esteem and relationships through the lifespan.

While education programmes on their own cannot realistically be expected to eliminate the risk of HIV and other STIs, they can reduce some of the risks and vulnerabilities associated with ignorance.

Until recently, implementation efforts have been limited by the tendency to focus HIV pre-

vention and sexual and reproductive health initiatives on young people 15 years and older, but rarely asking their opinion on the information and services they receive. This pioneering study involved a survey among children and teenagers between 5 and 17 years of age.

METHODS

We used enumeration areas census data to randomly select 218 children, 109 of whom were between 5 and 11 years old; and 109 who were 12 to 17 years old. A total of 2 180 interviews were conducted in South Africa (Limpopo, Eastern Cape, KwaZulu-Natal and Western Cape).

In Zambia, a total of 2 040 interviews were conducted in three sites with 218 children; 109 were between 5 and 11, and 109 were 12 to 17 years old. (Central Zambia, Lusaka and Southern Zambia).

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Children aged 5 to 11 were interviewed, focusing on relationships, values, attitudes and skills, the role of culture, society and human rights in relation to sexuality, human development (sexual and reproductive anatomy), sexual behaviour and sexual and reproductive health (UNESCO Technical Guidance on Sexuality Education, 2009). Children aged 9 to 11 years were also interviewed about their knowledge of HIV and AIDS and its transmission. We used a questionnaire to interview children between 12 and 17 years old.

FINDINGS

The study showed that 5- to 11-year-old children have very limited knowledge of their own sexuality, reproduction or their sexual and reproductive health. Both boys and girls in this age bracket reported that they turned to their parents (usually mothers) for information, but the study indicated that the primary focus of the parents' communication was on protecting children from sexual abuse by strangers and less on how to protect them from HIV transmission.

The age group 12 to 17 had higher levels of knowledge but it was still not comprehensive. For example, the fact that having fewer sexual partners can reduce the risk of AIDS was endorsed by less than half of both boys and girls.

Those participants who were already sexually active reported varying levels of condom



use, indicating that consistent condom use appears to be a difficult behaviour to inculcate.

This is significant because according to the research the average age of sexual debut for both boys and girls was between 14 and 15 years, but most parents were unaware that their children were sexually active.

The study found that for 12- to 17-year-olds, schools and peers were the main sources of information on sexuality and reproductive health, with only 12% of parents or guardians having discussed issues of sex and HIV and AIDS with their children. Children and adolescents were not adequately informed and educated about sexuality and how to avoid HIV transmission specifically, and HIV prevention in general.

Most children preferred mothers to fathers when it came to seeking advice about sexuality. Male custodians, however, provided specific instructions that 'boys need to experiment; girls need to be protected'. These cultural formations tend to hinder sexual and reproductive health and information.

In addition, there was a low level of involvement of fathers in the sexual and reproductive health of their children. While in some cases this may be attributed to an 'absent father', the South African and Zambian data shows that 67% of South African children and 72% of Zambian children still live with their biological parents.

Moreover, in South Africa 13% had lost their

father, while in Zambia it was 16%. The low level of involvement of fathers is therefore less likely to be related to the death of a parent and more likely related to the 'invisibility' of fathers in general. Further, the invisibility of young fathers in the lives of their children is exacerbated by the lack of support for such roles. Together with the finding that parental communication about sexual and reproductive health is low in both Zambia and South Africa as a function of cultural beliefs, makes this an especially significant challenge.

TALK TO YOUR CHILDREN

Parents and other adults in children's lives need to start talking openly to children from as young as five years old about their sexuality as part of positive and healthy relationships. The information given must be consistent with their age. For example, for very young children there should be a greater focus on talking about their bodies and how their bodies work, how infections are transmitted, 'body rights', tolerance and respect, and healthy relationships within and outside of their families.

Talking about sexuality is a universally difficult subject, but failing to do so puts children at risk as they are less able to make the right choices when they need to. The involvement of parents in sexuality education would require specific strategies such as family programmes involving parents to enhance appropriate involvement of both mothers and


fathers with a view to a more positive focus on sexuality advice and education.

We advocate an amendment of the basic education curriculum to include accurate and comprehensive sexuality information, and teachers should be trained (and supported) to deliver it. Vital to this effort is ensuring the development of the meaning of sexuality as it applies across the lifespan to reduce the tendency to associate sexual activity with all sexual and reproductive health messaging.

School-based educational strategies need to be complemented by community mobilisation and outreach strategies. Gatekeepers like community leaders need to be engaged to be supportive of the provision of sexuality information and education to children before entry into formal school. ◀◀

The full report, [Regional Baseline Survey to Establish Children's KAPB in Relation to Sexuality and Gender, Access to Sexuality and HIV Information and Sexual and Reproductive Health Services in Zambia and South Africa](http://www.savethechildren.org) is available from www.savethechildren.org.

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