"Sex…is a good thing": Creating a space for the voices of young Zimbabweans to shape school-based HIV prevention-orientated sexuality education

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Abstract

There are gaps in research exploring young people's strategies for school-based HIV prevention-oriented sexuality education (herein referred to as sexuality education), including in African contexts like that of Zimbabwe. Such sexuality education is a fundamental component in the control of the Human Immunodeficiency Virus (HIV) epidemic. HIV is a sexually transmitted infection that incurs lifelong health problems and, if untreated, leads to death. The issue of young people living with HIV is of global and regional concern, especially for Sub-Saharan Africa. A focus on HIV prevention strategies prioritising young people is paramount. In 2017, individuals aged 15-24 years accounted for approximately 33% of new global HIV infections. In Zimbabwe, of those newly infected in 2017, nearly 32% were young people aged 15-24 years. Sexuality education is a vital policy and societal response that aims to provide health knowledge and advice focused on influencing youth behaviour by encouraging practices and advocacy aimed at safer sex. Despite the high proportion of young Zimbabweans becoming newly infected, there are few examples of young Zimbabweans shaping sexuality education design and delivery. This study focused on sexuality education in secondary schools as this is the main domain for delivery.

The study used participatory action research (PAR), an action-driven methodology suited for collaborating with young people by creating a space for the expression of their experiences and strategies. PAR sought to explore young Zimbabwean designs for a 'perfect' school-based sexuality education lesson. The research involved collaboration with eight women and eight men aged 18-24 years from Bulawayo city. Students from Amakhosi Performing Arts Academy were recruited given that they had recent experience of school-based sexuality education, were articulate and expressive. As co-researchers, they took part in shaping the activities, and 10 action-orientated focus group discussions. PAR methods, including drama, poster creation and poetry, were used for self and collective expression.

As young people were recruited from a performing arts background they particularly responded to the use of the drama method. Drama created a collaborative space for animating and making visible the daily realities of their sexual lives in the context of their proposals for school-based sexuality education. Young Zimbabweans recalled experiences of sexuality education lessons as mainly involving authoritarian teaching, especially when talking about sex. This stemmed from a standardised curriculum

focused on sexual abstinence and the disease dangers of sex. Yet, co-researchers dramatised sex as *"a good thing"*, and *"natural"* to development into adulthood. Using dramatic exaggeration, shock and humour, young people critiqued pro-abstinence teaching as euphemistic, contradictory, and endangering their sexual health as it encouraged *"youth [to] do sex [in] hiding"*, as *"afraid"* of being found out, given that their premarital sexual lives are regarded as socially deviant. Co-researchers proposed a perfect sexuality education lesson as one designed by young people, making students feel safe and confident to talk about sex as *"good"*, pleasurable, and intimate.

Harnessing the real-world and highly contextualised nature of the dramas, a theatre like framework of characters, setting, words, and actions around 'teacher, student, and lesson content' was used to structure the data analysis. The study findings, and methodological framework used, have implications for new models of school-based sexuality education in African contexts like that of Zimbabwe. This study joins an emerging impetus of innovative research using PAR to partner with young people to shape sexuality education and other important mechanisms for enhancing health and wellbeing. Findings highlighted the capacity of drama as a youth-driven critical learning tool to reflect on and shape sexuality education. Drama enabled youth voices and provided a space to demonstrate their complex daily realities relevant to sexual health promotion.

Given the significant growth in cheap and accessible internet enabled mobile phones in Africa, young people will be in a better position to proactively learn, share, and create sexuality knowledge outside the classroom. As user-driven digital spaces gain prominence, formal institutions like that of schools need to explore new opportunities for partnering with young people, blending digital and new style classroom methods, such as drama for sexuality education. Future policy response should be guided by an African youth-centred model of sexuality education as important to HIV prevention.

Table of Contents

List of Figures

List of Tables

Attestation of Authorship

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."

Signed:

Date: November 2018

Dedication

To my parents, Edward Tatenda Peter and Rachiel Maibvisira, whose strength and courage in the face of adversity continues to inspire and give me hope.

"The Lord has done great things for us,

And we are glad"

(Psalm 126:3, New King James Version)

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[1] Ndebele term for sister, also used to show affection and a sense of kinship

[2] Ndebele term for brother, also used to show affection and a sense of kinship

people of Bulawayo. You told me that as a child of Bulawayo, I should do my best to put 'Bulawayo on the map' and present it in the most authentic way possible.

I say thank you to my aunt, Molly Mtandah, who envisioned me as a doctoral student when I thought this was impossible.

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Ethics Approval

The Auckland University of Technology Ethics Committee [AUTEC] approved this research on 19 November 2013. AUTEC reference number: 13/316.

CHAPTER 1 INTRODUCTION

1.1 Introduction

This study used a participatory action research (PAR) design to examine young Zimbabweans' perceptions of school-based HIV prevention-oriented sexuality education (herein referred to as 'sexuality education'). Fundamental to the study was partnering with young people to critique and propose change to sexuality education. Such a partnership demonstrated a valuing of young people as having a say and possessing expertise in their sexual lives. Critical theory, which underpins PAR, supported the exploration of inequitable societal relationships, which exclude young Zimbabweans voices regarding their sexual lives. A critical perspective concerning youth powerlessness and voicelessness involved the questioning of powerful HIV actors such as donors, governments, and faith-based organisations whose worldviews shape important decisions and concurrently hide important social issues; such as, young people's desire to learn openly about sex and to attain their sexual rights. The present study might be considered taboo by some; however, its involved collaboration with young Africans to build an innovative, sustainable, and youth-driven model informing sexuality education in African schools justifies the approach.

Studies (Bradbury, 2015; Kemmis, McTaggart, & Nixon, 2014) described PAR as a methodology mostly emerging out of a critical awareness of the need to change an exploitative status quo, privileging one group's position and knowledge over another's. Zimbabwean society, especially adults and institutions, regards frank sex talk, particularly with youth, as taboo and encouraging immoral pre-marital sexual intercourse (Chikovore, Nystrom, Lindmark, & Ahlberg, 2013). As well as the local context of sexuality education in Zimbabwe, influential donor-driven HIV prevention has largely adopted a top-down blueprint approach, often centred on sexual abstinence. Generally, young people tend not to shape policy and practice; especially in health and education which are shaped by adults as experts (Maibvisira, Conn, & Nayar, 2014; Yankah & Aggleton, 2017).

This chapter provides a summary of the study rationale, aims, and a brief definition of key terms. An outline of the critical paradigm informing the study's key philosophical assumptions is provided, and the PAR methodology is presented. This is followed by a discussion on the use of voice in the thesis, and my research journey as a child of

Zimbabwe. I was born and raised in Bulawayo, worked in the development field in Harare, and later moved to study and work in Auckland, New Zealand. My academic and professional pursuits have been shaped by my Zimbabwean socio-cultural heritage. A heritage which has influenced my worldview and thus, the generation of the thesis. The chapter concludes with sections on drama, the significance of the study, and an outline of the thesis structure.

1.2 Background and rationale

Since Zimbabwe's first recorded case of HIV in 1985, the country has grappled with one of the world's highest prevalence rates, peaking in 1997 at 26.5% for individuals aged 15-49 years (UNAIDS, 2012). In 2017 it stood at approximately 13% (UNAIDS, 2018a). Whilst there is presently no cure for HIV, antiretroviral therapy (ART), consisting of a combination of antiretroviral (ARV) drugs, have become more widely available in recent times (PHIA Project, 2016b). If used correctly ARVs can optimally suppress the progress of the disease (World Health Organization, 2018a). Growing biomedical consensus identifies people with undetectable HIV in their blood as notably reducing the chance of transmitting the disease sexually (UNAIDS, 2017). However, new infections can still occur due to people not consistently using condoms; not knowing their HIV status and taking precautions; not being able to access viral load testing; and not adhering to ART effectively enough for HIV suppression or experiencing drug resistance (UNAIDS, 2017).

HIV prevention is a significant issue for Zimbabwe's predominantly young population as the country has experienced a sustained hyperendemic, generalised epidemic (Table 1, p. 3) affecting the broad population (Ministry of Health and Child Care, 2013; UNAIDS, 2011, 2018a; World Health Organization, 2018b). It is probable that, like its regional counterparts South Africa and Botswana, Zimbabwe also has a mixed epidemic (UNAIDS, 2018a). This remains unknown due to lack of data collection hindered by political and social determinants that create taboo in relation to significant subpopulations of Zimbabwe's concentrated epidemic (E. Sibanda & Khumalo, 2017; UNAIDS, 2018a). Namely, subpopulations termed 'key populations', who are at increased risk of being exposed to and transmitting HIV – including men who have sex

with men, transgender people[3], sex workers, and people living with HIV (PLHIV) (UNAIDS, 2016c).

Table 1: Different levels of an HIV epidemic

Level of epidemic		Zimbabwe
Concentrated	Not well established in the general population (prevalence under 1% among pregnant women). Rapidly spreading in one or more subpopulation groups (over 5%)	
Generalised	Established in the general population (prevalence over 1% among pregnant women); typically, also mixed as key populations are disproportionately affected	Though HIV prevalence estimates for pregnant women attending antenatal clinics have declined from nearly 28% (2002) to 16% (between 2009 to 2012), estimates are still very high
Mixed epidemic	Typically, one or more concentrated epidemics within a generalised epidemic. People acquire HIV in both one or more subpopulations and the general population	The nature of the epidemic in subpopulation groups, including key populations remains largely unknown
Low-level	National prevalence estimates not consistently over 1% in general population, or 5% in any subpopulation group	
Hyperendemic	Describes generalised epidemics showing persistent high prevalence (15% or more in pregnant women)	Persistently high

Source: Generated from local ministerial and United Nations agency data (Ministry of Health and Child Care, 2013; UNAIDS, 2011; World Health Organization, 2018b)

As a priority population, in relation to the epidemic and its response, young Zimbabweans are disproportionately affected (UNAIDS, 2011, 2018a). The generalised nature of HIV in the population underscores the importance of prevention. A focus on HIV prevention policy and programmes is crucial for all age-groups as globally, in 2017, there were an estimated 36.9 million (31.1 million-43.9 million) PLHIV; and 1.8 million (1.4 million-2.4 million) new HIV infections, 64% of whom live in Sub-Saharan Africa (UNAIDS, 2018a).

[3] Individuals whose gender identity differs from that assigned at birth (UNAIDS, 2016c).

An extra and specifically designed emphasis is needed for HIV prevention efforts targeting young people. In 2017, a global estimate of 3.9 million (2.1 million-5.7 million) young people aged 15-24 years were living with HIV (UNAIDS, 2018a). In 2017, individuals aged 15-24 years accounted for an estimated 33% of new global HIV infections, approximately 590,000 (globally) and 290,000 (Eastern and Southern Africa) (UNAIDS, 2018a; UNICEF, 2018a). For this age-group, young women are notably at greater risk of HIV infection. Estimates from 2017 showed this group accounted for 19% of the new global HIV infections, 25% for the Eastern and Southern African region (UNAIDS, 2018a). Historically, as noted by the World Health Organization (2013a) HIV-related deaths among young people rose by 50% between 2005 and 2012. These figures show an urgent need for HIV prevention programmes, and research informs us that addressing public health problems must involve the affected population; in this case, young people's contextual realities, ideas, and experiences of what might work. Current empirically rooted health promotion theory (Baum, 2016; Thaler & Sunstein, 2008), together with indigenous models (Kelbessa, 2017; Teffo, 2017) for health and social organisation, makes clear the fundamentally flawed nature of top-down design by external experts, and the vital needs of working with affected population groups in the design and delivery of strategies.

The country has a predominantly young population given that in 2017 approximately 59 % of its 14 million inhabitants were aged 0-24 years, with young Zimbabweans aged 15-24 years making up 21% of this figure (CIA, 2018). Therefore, the health of this group is fundamental to the country's future economic and social development. In 2017, HIV prevalence in Zimbabwe for the 15-24 age-group was approximately 3% for young men and 6% young women, and an overall 13% for people aged 15-49 years (UNAIDS, 2018a). Thus, many young Zimbabweans are living with HIV, have family members, and are from communities which have been devastated by this disease.

Globally, regionally, and in Zimbabwe, progress has been made in achieving declines in new HIV infections (PHIA Project, 2016b; UNAIDS, 2018a). These declines have largely been attributed to: increasing public access and adherence to ARV drug treatment; some success in behaviour change initiatives aimed at safer sexual practices; as well as other factors such as high death rates of HIV positive people (O'Brien & Broom, 2011; PHIA Project, 2016b; UNAIDS, 2018a). Yet, as argued by E. Sibanda and Khumalo (2017) given in-country provincial variations in HIV prevalence, there

needs to be a move beyond blueprint national level HIV interventions, to consider how local factors such as ethnicity and politics shape sexual health outcomes.

Today the 'UNAIDS 2016–2021 Strategy' is aligned to the United Nations led Sustainable Development Agenda (SDG) for ending the AIDS epidemic by 2030 (UNAIDS, 2016b, 2016d). The SDGs are the successor to the Millennium Development Goals (MDGs) 2000–2015 agenda and consolidate a need to end poverty, safeguard the world, and ensure the wellbeing of all (United Nations, 2018).

A central benchmark of the UNAIDS 2016–2021 Strategy is reducing new global HIV infections to less than 500,000 people by 2020 (UNAIDS, 2016b). A sub-goal is for 90% of global youth to possess knowledge and skills to safeguard themselves against HIV, and to be able to have full access to appropriate sexual and reproductive health services by 2020 (UNAIDS, 2016b). Indeed, in the absence of a vaccine or cure, preventing the transmission of HIV remains the primary means of combating its spread (UNAIDS, 2018a; World Health Organization, 2013b).

Globally, most people contract HIV through sex. In Zimbabwe, HIV among young people is primarily transmitted through penetrative heterosexual intercourse, wherein a condom is not used (National AIDS Council, 2015; UNAIDS, 2016c); for this study referred to as unprotected sex. These reports should be treated with caution given that anal sex and homosexuality, both of which have been highly related to the spread of HIV, are significantly stigmatised topics and are, therefore, less likely to appear in research findings (Gunda, 2010; Hunt, Bristowe, Chidyamatare, & Harding, 2017; E. Sibanda & Khumalo, 2017; UNAIDS, 2018a). In Zimbabwe, consensual sexual acts between men, including anal sex, are criminalised, and this creates an added barrier to understanding the health problem, let alone addressing it (Criminal Law (Codification and Reform) Act 2004; National AIDS Council, 2017; UNAIDS, 2016c). For one, key population groups, such as men who have sex with men and sex workers are more likely to experience sexual play resulting in body tissue tear and exchange of body fluids (World Health Organization, 2018b). Other reported means of transmission in Zimbabwe include transfusions using unscreened HIV infected blood, and mother-to-child transmission during birth (National AIDS Council, 2015; UNAIDS, 2016c). Fundamentally, for HIV transmission to occur, body fluids (including blood, semen and breastmilk) must pass the outer membranes of an HIV-positive person's body and make contact with those of an HIV-negative person (World Health Organization, 2018b).

1.2.1 HIV prevention policy and programmes

HIV prevention typically encompasses actions taken at individual, community, government, and multi-agency levels to stop transmission of the disease from one person to another (UNAIDS, 2016d). HIV prevention strategies in Zimbabwe include: promoting condoms by distributing mainly male, and to a lesser extent female condoms; 'treatment as prevention' through greater affordability and access to ART, so as to reduce the infectivity of those who are HIV positive; the prevention of mother-to-child transmission of HIV (PMTCT) by providing mother and child access to ART throughout pregnancy, birthing, and breastfeeding processes; voluntary medical male circumcision held to reduce heterosexual HIV transmission by approximately 60%; and sexuality education in a variety of settings, including schools and communities (National AIDS Council, 2015; World Health Organization, 2018a). Lately, in Zimbabwe, research has been on-going targeting HIV-negative people at increased risk of infection with the use of ARV drugs as pre-exposure prophylaxis (PrEP) to prevent HIV acquisition (UNAIDS, 2018b; World Health Organization, 2018b).

Sexuality education is an important HIV prevention tool among in-school youth in Sub-Saharan Africa, including in Zimbabwe (Aggleton, Yankah, & Crewe, 2011; National AIDS Council, 2015). It is usually provided in the form of curriculum that provides information to influence students' behaviours through encouraging practices aimed at safer sex (Ministry of Education Sports Arts and Culture, 2013). Yet, despite Zimbabwe's long history of HIV prevention work, spanning from the late 1980s (National AIDS Council, 2015), a high proportion of young Zimbabweans are becoming newly infected. Various reasons have been put forward for this including the: high proportion of young Zimbabwean's out-of-school and therefore only intermittently accessing sexuality education offered by community-based non-governmental organisations (NGOs); the low quality of sexuality education in Zimbabwean schools has been criticised, related to the pressure on teachers to a deliver curriculum with limited resources amongst other factors; primarily pro-abstinence Behaviour Change Communications (BCC) model for sexuality education by schools and other organisations (National AIDS Council, 2015; UNAIDS, 2016d; UNICEF, 2016b).

BCC is a general term used globally to describe popular donor-led health interventions based on a health education paradigm (Baum & Fisher, 2014; UNAIDS, 2011). In this, the individual is seen as needing to take responsibility for his/her health through access to information, leading to safer sexual practices (UNAIDS, 2011, 2016d). Stemming

from BCC is the ‘Abstinence, Be faithful and use a Condom’ (ABC) approach , which is specific to HIV prevention (UNESCO & UNFPA, 2012). ABC promotes sexual abstinence until marriage, being faithful within marriage, and using a condom, especially when engaging in high-risk sexual practices, including having multiple concurrent sexual partners (UNESCO & UNFPA, 2012). Possible motives driving BCC in Zimbabwe range from: genuine beliefs of its efficacy; band-aid response to the sheer lack of resources constraining even basic health service provision; pressure from conservative donors and local reluctance to purse HIV prevention models, highlighting debate and openness due to the taboo nature of sex. Providing knowledge to change behaviour has become increasingly discredited, being challenged by theory such as social determinants of health and nudge theory (Baum, 2016; Thaler & Sunstein, 2008; World Health Organization, 2008). Yet, explained by Baum and Fisher (2014), BCC is surprisingly resilient because the paradigm fits with institutional agendas of the powerful.

The conservative agendas of major US donors are shaped by religious beliefs of celibacy until heterosexual marriage, and have driven HIV efforts in Sub-Saharan Africa (Yankah & Aggleton, 2017). The Zimbabwean government’s desperate need for health funding, together with pressure from locally influential churches, have made donor-led BCC interventions even more popular (National AIDS Council, 2015). Yet, there are serious flaws in the use of pro-abstinence BCC in this context. Firstly, BCC assumes individuals have autonomy over their sexual behaviour, which is not always the case (Baum & Fisher, 2014; Campbell & Cornish, 2010). For example, young people are sometimes pressured into transactional sex to meet basic survival needs or coerced into sexual activities (MacPhail & Pettifor, 2016; Wyrod et al., 2011). Secondly, BCC communicates an essentially negative message to motivate individuals to avoid the disease dangers of sex (Sani, Abraham, Denford, & Ball, 2016); ignoring other central motives for sex such as peer pressure, curiosity, pursuit of pleasure, and a desire for intimacy (Fiaveh, 2018; Mate, 2009; UNESCO, 2018a). Whilst some studies indicate that sexuality education has resulted in changes in sexual behaviour (Aggleton et al., 2011; Iyer & Aggleton, 2013; O'Brien & Broom, 2011), enduring high HIV prevalence among young people globally, and in Zimbabwe, demonstrates the need to continue to explore alternative prevention approaches.

Bennett and Tamale (2017) asserted that BCC negatively positions African people as “sexually different” (p. viii), in some homogenised way, from those in other parts of the

globe. HIV prevention needs to move beyond such negative conceptualisations to creating opportunities for different sexuality education models that focus on more comprehensive notions of sex, health, and wellbeing. There is a view that a focus on sexual rights would shift the focus from an abstinence and disease monologue lead by powerful actors, and create a space for debate including issues such as sexual freedoms, and the vital role of intimacy and pleasure, in which sexuality plays a part (Allen & Carmody, 2012; Miedema, Maxwell, & Aggleton, 2015; Yankah & Aggleton, 2017). Although some donors and organisations recognise the need to improve and pursue a range of HIV prevention approaches based on sound evidence-based research and practice, sexuality education in Africa is also politically charged, being shaped by institutional and societal agendas (Cohen, 2008; Yankah & Aggleton, 2017). Young Zimbabweans, especially young women, are a priority group in HIV prevention policy (National AIDS Council, 2015). Yet, there has been limited collaboration with young people in designing HIV prevention.

Together, donor pressure and the wider social acceptability of BCC have fuelled its prominence, making the exploration of innovative, youth-led ideas difficult. This has diminished the space avaliable for young people's voices to shape sexuality education (Casale & Hanass-Hancock, 2011; Roien, Graugaard, & Simovska, 2018). Additionally, contradictory BCC messages are sometimes communicated, potentially making young Zimbabweans uncertain of which safer sex measures to take. Typically, NGOs promote delayed sexual debut, faithfulness to one sexual partner, and consistent condom use (UNAIDS, 2016d). Whereas the goverment (as manifest in schools), emphasises abstinence before marriage as the preferred HIV prevention method (Ministry of Education Sports Arts and Culture, n.d). This suggests tensions between different organisations' interpretation and decisions of BCC messages, resulting in inconsistent delivery and confusion for the group of interest. Despite these tensions, there is a strong tendency for adults and institutions to agree, and view young people's sexuality either in terms of puritanical innocence or hedonistic recklessness to be monitored (Muparamoto & Chigwenya, 2009; Muwonwa, 2017).

There is a paucity of HIV research exploring African sexuality and perceptions in relation to sexuality education, especially among young people (Francis, 2017b; Joshi, 2010). Typically, HIV research, given that it tends to reside in the biomedical arena, tends to adopt a positivist approach that reduces complex relationships to statistics (Baum, 2016; Tamale, 2011b). The few studies that do explore sex in the African

context often use a biomedical disease lens focused on adult sexuality, with limited reference to issues such as power, culture, and emotions (Denison et al., 2012; Mwale & Muula, 2017). Also, because of the education system being in dire straits the effectiveness of current prevention programmes for HIV is not really known, with limited evaluation taking place (Sani et al., 2016; UNDP, 2016). What is known, is that the system is characterised by scarcity of learning materials, poor school infrastructure, large class sizes, and the inability of most Zimbabweans to pay fees (Ministry of Education Sports Arts and Culture, 2012; UNICEF, 2016b).

This thesis involved partnering with young Zimbabweans, using PAR as a critical and action-orientated methodology, to highlight the potential for youth-led advocacy, design and change to sexuality education (Figure 1, for key research themes). As such, the study joins an emergent body of both critical and creative research (Conn, Nayar, Lubis, Maibvisira, & Modderman, 2017; Francis, 2010a; McLaughlin & Swartz, 2011; Muwonwa, 2017; Yang & MacEntee, 2015) that aims to establish partnerships with young people as leaders and experts who design real-world, innovative and context-relevant models for sexual health.

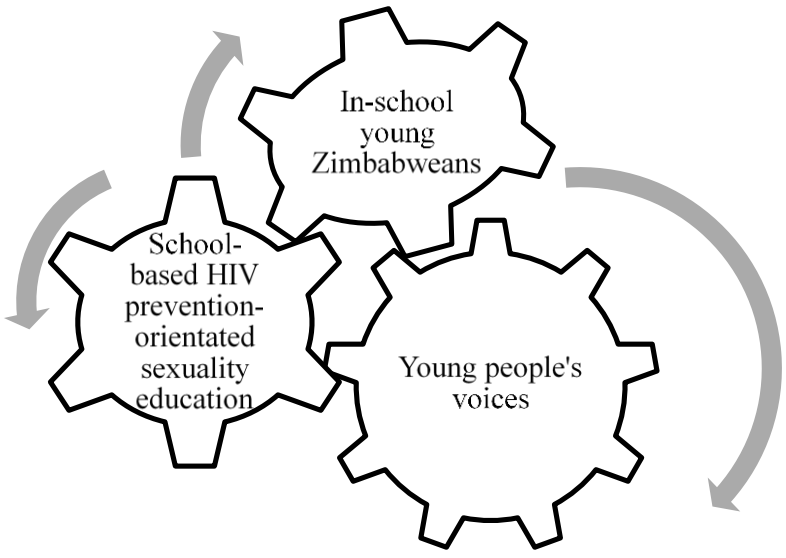

Figure 1: Overview of the key research themes

1.3 Aim of the study

The study aimed to investigate ways of collaborating with young Zimbabweans to shape school-based HIV prevention-oriented sexuality education. The main research question was:

'How can a space be created for the voices of young Zimbabweans to shape school-based HIV prevention-oriented sexuality education?'

The three sub-research questions were:

1. *How do current models for school-based HIV prevention-oriented sexuality education position young Zimbabwean's voices in policy design?*
2. *How do young Zimbabweans perceive their experiences of school-based HIV prevention-oriented sexuality education?*
3. *What are the strategies for change that young Zimbabweans envision as demonstrating a 'perfect' school-based HIV prevention-oriented sexuality education?*

1.4 Definition of key terms

Three key terms are recognised as important to this research: young Zimbabweans, young people's voices, and sexuality education.

1.4.1 Young Zimbabweans

The term 'young Zimbabweans' is used to broadly describe young people who reside in the country and self-identify as Zimbabwean. Being young is characterised as a changeable state as an individual grows from a child to an adult (Allen, 2011; Villa-Torres & Svanemyr, 2015). Various context-specific and cultural understandings of what it means to be a young person prevail (Allen, 2011; Villa-Torres & Svanemyr, 2015). Young people in Zimbabwe, like most African societies, are generally understood using adult-determined normative concepts. These concepts include a focus on: vulnerability, adult dependence, and preservation of childhood innocence (McLaughlin, Swartz, Cobbett, & Kiragu, 2015; Pattman & Bhana, 2017); to recklessness and a lack of sexual restraint, especially for young women (Muwonwa, 2017; Venganai, 2015). Cultural interpretations of youth and sexuality typically exclude young Africans' descriptions and interpretations (Bhana, 2017).

Distinguishing a population based on age-groups offers a clear means to providing age-appropriate rights, protections, and sexuality education (UNESCO, 2016, 2018a). Though a focus on age is a central category for this study, it potentially excludes different and personal self-identifications. Comparable to most countries in the region, Zimbabwe's Constitution and National Youth Policy both define 'young people' as individuals aged 15-35 years (Ministry of Youth Development Indigenisation and Empowerment, 2013). Possibly, the wide-ranging age category is an endeavour to

incorporate local understandings of young people that move beyond age to include marital and child-bearing status.

The study target group (in terms of research outcomes) are secondary school attending young women and men, usually aged 13-18 years, receiving school-based sexuality education (UNESCO, 2018b). A lack of government funding has increased the cost of education for families, and reduced the quality of education (UNICEF, 2016b). The figure of 18 years is indicative due to the significant number of school year repetitions and school drop-out rates (UNESCO, 2018b; UNICEF, 2016b); some youth may be between 20-24 years by the time they leave school. However, the school setting was not used for this research as getting access to students would have been difficult (see research design chapter). Therefore, I chose a group aged 18-24 years, in a community setting, with recent recall of secondary school experiences, having lately left secondary school. Further, as the group was a little older, it was anticipated that they would be more confident and critical in working on a taboo issue (see research design chapter). The study centred on this group's memories of their experiences while in secondary school.

The study focused principally on 'in-school youth', a term used in literature (Attawell, Clarke, Aggleton, & Iyer, 2014; Sambisa, Curtis, & Stokes, 2010) to describe young people of school-going age who are presently attending school. Alternatively, the term 'out-of-school youth' is used to refer to young people who for various economic, social, and political reasons are not attending school (UNESCO, 2018a). Secondary schools were identified as one of the main sites for in-school youth aged 15-24 years to receive sexuality education (Musingarabwi & Blignaut, 2015; UNESCO, 2018a). Whilst most Zimbabweans (estimated at 86% in 2013) enrol into primary education, less than half of those of official school age (44% in 2013) enrol into secondary school (UNESCO, 2018b). Though, sexuality education curriculum is offered in primary school between grades 4-7, emphasis is on sexual abstinence and safety concerns regarding sexual abuse, with no reference to specifics of condom use (UNESCO & UNFPA, 2012).

Globally, individuals aged 15-24 years are largely referred to as 'young people', and this is the accepted classification for young people most at risk of HIV infection, used by the United Nations to base its statistics (UNESCO, 2016). Further this age classification is used in central Zimbabwean HIV prevention and AIDS policy documents (National AIDS Council, 2015; The Government of Zimbabwe, 1999). This

most likely reflects the donor-led nature of HIV prevention policy design. As such, 15-24 years is the main category used in the study, especially when referring to policy and research.

1.4.2 Young people's voices

A variety of terms are used to describe young people's voices. These range from 'learner-centred' (Vanwesenbeeck, Westeneng, de Boer, Reinders, & van Zorge, 2015); 'youth-centred' (MacEntee & Mandrona, 2015); 'youth empowerment' (Attawell et al., 2014); 'youth-led' (Ozer, 2016; Yang & MacEntee, 2015) and 'learners' empowerment' (UNESCO, 2018a). This study's advocacy for youth voice, and change to sexuality education, is informed by Teffo's (2017) concept of the need to support a transformation of Afrocentric leadership towards one that takes a stand:

> …against a hierarchy of knowledge systems and submit [s] that all voices must be liberated and heard. Each voice must be given an equal right and opportunity to contribute to the generation and application of knowledge for the advancement and development of humankind, in the universal order of things. (p. 36)

This study uses the term 'young people's voices' embracing emerging notions in literature of youth as diverse leaders, knowers, and co-creators best placed to generate proposals for change to sexuality education (Conn et al., 2017; Francis, 2010a; Ozer, 2016; Pattman & Chege, 2003; Yang & MacEntee, 2015). Increasingly, strategic United Nations (Attawell et al., 2014; UNESCO, 2018a; World Health Organization, 2013a) policy documents endorse the need for youth-led ideas to design and deliver effective sexuality education. A shift towards empowerment driven concepts of young people suggests recognition of the need to partner with youth to create sexuality education, reflecting their sexual health needs.

1.4.3 Sexuality education

Different terminology is used to describe school-based education on relationships, sexual, and reproductive health. Terms used in Sub-Saharan African contexts include 'sex and HIV prevention education' (E. Mpofu, Mutepfa, & Hallfors, 2012); 'sexuality, relationship, and HIV education' (Francis, 2010a); school-based sex education' (Iyer & Aggleton, 2013; Timire, 2014); 'HIV and AIDS education' (Attawell et al., 2014; National AIDS Council, 2015); to the more common, 'school-based HIV/AIDS prevention' (Aarø et al., 2014; Denison et al., 2012; Helleve, Flisher, Onya, Mukoma, &

Klepp, 2011). The severity and magnitude to the HIV epidemic in Sub-Saharan Africa, typically results in a strong focus on HIV prevention within sexuality education.

Sexuality education is an important school-based HIV prevention tool, as students are believed to be "more likely than adults to adopt and maintain safe [sexual] behaviours" (Iyer & Aggleton, 2013; UNICEF, UNAIDS, & World Health Organization, 2002, p. 5). Sexuality education aims to promote young peoples' sexual and reproductive health by providing "age-appropriate, culturally relevant and scientifically accurate" health information (UNESCO, 2009, p. 2). Typically, sexuality education does this by teaching young people how to adopt safe behaviour by acquiring knowledge, skills and values which reduce vulnerability to the disease dangers of sex (Iyer & Aggleton, 2013; UNESCO, 2009). Dangers ranging from sexually transmitted infections (including HIV), unplanned pregnancies, and coerced sexual activity are emphasised (UNESCO, 2009). However, as will be discussed in this thesis, traditional notions of behaviour change have been fully challenged and there are new health promotion theories, also relevant within a rapidly changing social context, which relate to this topic.

There is increasing use of the term 'sexuality education' (Allen & Rasmussen, 2017; UNESCO, 2018a; World Health Organization, 2016b), including in Sub-Saharan African contexts (Adams, George, Reardon, & Panday, 2016; Francis, 2017b; Miedema & Oduro, 2016). Adams et al. (2016) critiqued the current use of the term 'sex education' as simplifying, and presenting youth sexuality in negative ways that strengthen stigma surrounding HIV transmission, and pregnancy. Francis (2017b) concurred, calling for broader discussion of sex, intimacy, relationships, pleasure, gender, and sexuality, as well as sexual health. Ideas that will be explored in greater detail in the thesis. Therefore, the thesis' use of the term 'school-based HIV prevention-oriented sexuality education' is guided by scholars (Attawell et al., 2014; Yankah & Aggleton, 2017) terminology of 'HIV and sexuality education'; and though attentive to HIV prevention, aligns with Allen and Rasmussen's (2017) description of sexuality education as endeavouring to move beyond established paradigms and institutions.

1.5 Methodological and theoretical paradigm

This study employed PAR, a methodology informed mainly by critical theory (Kemmis et al., 2014). PAR gained momentum in contexts as diverse as Asia, Africa, and Latin America (McIntyre, 2008). First, among critical scholars, such as Fals-Borda (1969) and Freire (1982, 2005) who, influenced by the respective oppressive realities of the poor in

Columbia and Brazil, recognised the potential for research as a vehicle for social change. PAR's focus on local knowledge and resources (Kemmis et al., 2014) makes it well-suited for resource-constrained African contexts. For example, PAR is adopted by Zimbabweans researchers (Muwonwa, 2017; Ngwenya, 2014) to partner with oppressed groups to create a space to discuss and seek solutions to taboo issues ranging from young women's forbidden sexuality to unresolved communal trauma resulting from contested massacres. PAR's social justice agenda guided a questioning of inequitable social relations negatively impacting young Zimbabwean's sexual health. Social justice, in a public health context is typically any social action, including policy, focused on eliminating health inequity (Baum, 2016).

1.5.1 Research paradigm: Critical theory

The study's critical paradigm is underpinned by a subjectivist epistemology that supports the emergence of typically hidden, different, and personal perspectives on sexuality education. A central goal of critical research is to question and confront social disparity and injustice (Clark, 2002; Kincheloe & McLaren, 2011). Part of this confrontation involves an understanding of the impact that social order and historical changes have on limiting the power and voices of particular groups, such as young people (Fay, 1993; Held, 1980). Hence, critical methodology is suitable for researching a world characterised by domination and disparity (Kincheloe & McLaren, 2011). Consequently, critical research collaborates with members of an oppressed group (such as young Zimbabweans) in challenging the status quo (Fay, 1993). The critical paradigm's shaping of the present research design is elaborated in chapter four.

1.5.2 Choice of critical theorist: Freire

The study used Freire (2005) as the key theorist to situate and inform its methodology. Freire's vision of education as a vehicle for social change, agency, and liberation is highly relevant given that the study is concerned with young Zimbabweans' proposals for change to sexuality education. Essentially, Freire (2005) viewed individuals as active beings cooperatively seeking to change their social reality and, therefore, themselves. Freire's simple writing style and language to describe central ideas makes his works more accessible, relevant and applicable. This straightforward aspect later supported clear descriptions of Freire's ideas to young Zimbabweans possibly unfamiliar with collaborative research. Freire's central philosophy is described in chapter four.

1.5.3 Choice of critical methodology: PAR

Emphasis on the use of young people's ideas to shape sexuality education supported the decision to use PAR for the study. Fundamental to PAR, as a critical methodology, are the principles of action or change to societal problems (Kemmis et al., 2014; Reason & Bradbury, 2008); in addition to partnership with locals in the research relationship (Bradbury, 2015). The study aligned with PAR scholars' (Bradbury, 2015; Kemmis et al., 2014) use of the term 'co-researchers' to point to the creation of a different research role and space for young people participating in the study. A move from the prevailing objectifying and extractive research towards one of subjectivity and collaboration. The differing notions of participation in research and how the study employed PAR are discussed in detail in chapter four. This detailed research design discussion will also set-out the ways young people were later able to determine their personal level of participation in the study, as narrated in chapters five and six.

1.6 The use of voice in the thesis

Public health-based theses characteristically require the consistent use of the abstract third-person. This standard in public health often deems the doctoral candidate, typically its writer and primary researcher, and any research power dynamics, invisible. This project's advocacy for youth voices in determining sexuality education is guided by the inseparable connections between subjectivist epistemology and critical theory. Subjectivism creates the space for different and personal ideas of sexuality education rooted in young Zimbabwean's everyday lives to emerge; whilst critical theory, often adopts an empowerment agenda. In this study, the critical agenda aims to make apparent the typically hidden oppressive power of adults, and expose young Zimbabwean's often silenced voices as legitimate and central. Additionally, Ngwenya (2014) explained subjectivity in PAR as accepted and mediated, as the researcher is forever present in their texts, even when using the impersonal third-person. Wedded to this, the study's critical roots informed a desire to strengthen young people's voice by making clear whose voice is being represented, and how.

To proceed with the use of voice in the thesis, I found several scholars instructive. A helpful illustration comes from C. Cahill (2007c) who retold her PAR doctoral study with young women in New York City as a personal narrative. Moreover, Ngwenya's (2014) PAR doctoral study with trauma survivors in Zimbabwe reinforced the established nature of making clear one's voice in shaping the research process. Both C.

Cahill and Ngwenya used the 'I', to merge their thesis analyses with the field-work analyses produced by locals as co-researchers. However, the initial prospect of using the unconventional first-person narrative for academic writing was daunting to me. Possibly arising from a fear that the writing produced might be viewed as non-academic and overly self-indulgent. I drew strength from my African cultural heritage described by scholars (Chiwome, 1990; Ranger, 2004; Scheub, 1985) as historically rich in the oral narrative storytelling tradition.

PAR's principles of change, innovation, and flexibility (Smith, Rosenzweig, & Schmidt, 2010) are supportive of a first-person narrative reporting style (used in sections of this thesis). Ansell, Robson, Hajdu, and van Blerk (2012) saw PAR's collaborative nature as promoting a reporting style that explicitly showed how different people shaped the research. Other scholars (Bergold & Thomas, 2012) have also linked the collaborative nature of PAR and its ethics of voice representation as endorsing a narrative reporting style committed to different voices being heard. Pain (2004) asserted the importance of locals, as co-researchers, to 'self-present' by presenting their authentic voices, through detailed data representation (see findings chapters). This respect for voice, said Smith et al. (2010), is a fundamental aspect of PAR reporting, rendering it a more authentic and nuanced reflection of what happened, as it incorporates issues of power and influence. Through making my voice apparent, as separate from the voices of the co-researchers, I have sought to make visible the different roles played by young people, local community stakeholders, and myself in the study. However, I cannot underestimate my obvious influence on the final analysis, for which I have adopted a public health lens.

Further, the study's use of first-person narrative incorporates the concepts of reflection and reflexivity. Bolton (2010) explained reflection as detailing "who said and did what, how, when, where, and why" (p. 13). Anderson (2008) stated that reflexivity moved on from reflection's retelling of what happened to transparency and exploration by the primary researcher, of their perceived influence on the research process and outcomes. Bolton (2010) further described reflexivity as challenging the status quo by creating ways of questioning who we are, what we do, and how we think. As such, reflexivity is more conceptual, often involving deeper introspection and honesty about a researcher's role in the research.

1.7 My research journey

My personal experience of growing up in Zimbabwe, combined with the grief of losing family and friends to HIV-related disease, makes prevention important to me. Ngwenya (2014) noted the value of a researcher's personal experience as influencing and bolstering study aims and knowledge production. For one, this desire to make sense of my private pain and that of my society has driven me to work and study in the field of HIV prevention. Further, because of various formative life experiences, I have a passion for partnering with young people to ensure their voices shape decisions regarding their sexual health and lives in general. As a young adult, these life experiences motivated a decision to work on a volunteer basis, whilst drawing on my graduate training in psychology, for various charities working with young people in Zimbabwe. Later, I was employed to coordinate a shelter and rehabilitation programme targeting young women living on the streets, including HIV positive youth. Although I now live in New Zealand, I am still concerned for the wellbeing of young people in Zimbabwe.

Being Bulawayo born proved beneficial in setting-up and conducting the field-work. My background informed a comprehension of Zimbabwe's problematic context (elaborated in the next chapter) that supported the decision to situate the study in a familiar city. For one, I could draw on cultural understandings of the taboo nature of sex to support young people, as co-researchers, to frankly express ideas on sex, as related to sexuality education. I too recalled feeling shock and discomfort upon realising that research on sexuality education would necessitate open talk about sex. My home-grown identity also helped garner local support for attaining field-work goals, including the recruitment of young people for the study.

The sharing of researcher insights obtained through accounts of the individual research journeys is described by Smith et al. (2010) as distinctive of PAR. Working on this research has been a journey of growth and self-discovery. As I read, practised, and wrote about the key PAR principles, including empowerment and transformation, these actions began to influence who I became. Unexpectedly, in learning to become a participatory action researcher, I discovered and felt more confident to express my strengths. I came to know that through unlocking my voice, I released myself from silencing norms internalised as a young person. For example, at the beginning of the doctorate I doubted my research skills and abilities. As the study progressed, I developed my authentic voice based on personal experience and views as an emerging Zimbabwean female researcher. Additionally, PAR's informal, flexible nature, and

valuing of local knowledge resonated with my easy-going personality. Unexpectedly, in seeking to create a space for youth voice, I also established a platform for my own voice to be heard and contribute subjectively alongside young Zimbabwean's voices.

1.8 Drama

PAR's emphasis on collaboration and flexibility supported the introduction of various choices of methods (including drama, poster creation, and poetry). This helped to provide young Zimbabwean co-researchers with the space for considered self-expression on hidden and typically unmentionable sex topics relating to sexuality education. Drama emerged not only as a crucial method, but indeed as a crucial theme in the thesis, partly because the co-researchers were drama students. Further, the method lends itself very well to depicting and exploring the performative space of the classroom. Indeed, it is also a valuable tool for sexuality education. Studies on sexuality education in Zimbabwean schools described drama as not presently widely used as a learning tool (E. Gudyanga, Moyo, & Gudyanga, 2015; S. Moyo, 2017; R. M. Mugweni, 2012; Samanyanga & Ncube, 2015), and mainly delivered by external drama groups through after-school drama club activities. Though some examples for the use of drama in secondary schools as a sexuality education learning tool can be found for other African contexts (Francis, 2011b, 2013, 2011c; Kafewo, 2008). In Zimbabwe, limited illustrations detailing the value of drama within sexuality education mostly look at its use in school settings to reinforce prevailing models (Kahari, 2013); and critical analyses offered largely for the more liberal university settings (Chivandikwa & Muwonwa, 2013; Muwonwa, 2017).

The term 'drama' describes the scripted, written form of a play; whereas 'theatre' points to its performance (Nicholson, 2014). Numerous terms are used in literature to describe drama that combines the concepts of 'participation', 'empowerment' and 'drama'. In critical research terms this includes: 'participatory drama', 'participatory youth media', 'theatre for development', 'popular theatre' and 'applied theatre/drama/performance' (Ackroyd, 2000; H. Cahill, 2014b; Ewu, 2002; Muwonwa, 2017; Nicholson, 2014). Together, these illustrate a growing recognition of a performance method which specifically aims for people, such as young Zimbabweans, to shape change. An aspect of notable value for sexual health research when exploring hidden complex social issues. Ewu (2002) described theatre for development as drama shaped by marginalised peoples' performance practices that seeks to empower, encourage collaboration, and

promote dialogue and change. Similarly, Ackroyd (2000) conceptualised applied theatre as an umbrella term covering a variety of learning activities, community expression, and health promotion dramatised activities. Proponents are thus united in the belief of theatre as a vehicle for participation and change.

Drama, as explained by Mubangizi and Kaya (2015) is a long-standing Afrocentric method. Traditionally, "African indigenous knowledge systems" (Mubangizi & Kaya, 2015, p. 125) are practices and beliefs typically taught to young people through drama, folklore, and crafts. In Sub-Saharan Africa, the use of drama in school-based HIV prevention efforts has been gaining momentum since the 1990s (Francis, 2011a). This is possibly, due to drama's significance as a low-cost culturally relevant method that holds the potential to challenge and change school-based sexuality education.

1.9 Study significance

This research centres on young Zimbabweans as partners and designers of sexuality education. What young people say motivates and shapes their sexual behaviour. Yet, their co-design ideas for prevention remains under-researched and excluded from mainstream HIV prevention (Francis, 2017b; Muparamoto & Chigwenya, 2009; Muwonwa, 2017). This research gap stems partly from the taboo nature of sex within most African culture (including Zimbabwean), although it should be stated that sex is taboo in many societies not only in Africa; intergenerational hierarchies which limit open dialogue on sexual issues; as well as donor agendas shaped by institutional values and biases (Chikovore et al., 2013; Tamale, 2011b; Yankah & Aggleton, 2017). The research gap further relates to HIV prevention being in the medical discipline which is inherently positivist expert driven (Baum, 2016; UNAIDS, 2018b). Moreover, conservative norms confine acceptable sexuality within a heterosexual marital relationship, effectively silencing young Zimbabwean's voices on their pre-marital sexual lives (Chikovore et al., 2013; Sambisa et al., 2010). Generating young people's perspectives on sexuality education is difficult in any context as adults often feel the need to preserve young people's perceived purity, and adults typically dominate the conversation (Bhana, 2017; Muwonwa, 2017). Yet, accessing such perspectives is even more difficult in restrictive contexts like Zimbabwe where young people's sexuality is characterised by silence and shame (Chikovore et al., 2013).

The World Health Organization (2013a) has acknowledged the on-going exclusion of young people's voices from research and concluded that their recommendations on HIV

prevention targeting young people are based on “weak evidence” (p. 7). Recently UNAIDS (2016a), reiterated the need for partnerships between young people and adults to co-create effective HIV prevention solutions for youth. Together, these policy stances reinforce the need for innovative youth-led models.

There is a small but growing body of Sub-Saharan literature (Cobbett, McLaughlin, & Kiragu, 2013; Francis, 2013; McLaughlin et al., 2015; Muwonwa, 2017) illustrating partnerships with young people within research and educational settings to generate context-relevant and youth-driven original ideas for sexuality education. Zimbabwean researchers Muparamoto and Chigwenya (2009) described such partnerships as essential components of youth-driven sexuality education. As previously mentioned, this study adds to an emerging body of sexuality education research driven by young people’s perspectives, and distinctively presents young Bulawayans ideas for change.

1.10 Thesis structure

In addition to the introductory chapter, chapter two offers a contextual analysis of Zimbabwe, Bulawayo province as the location of the study, and the HIV epidemic and sexuality education responses. In chapter three, models of sexuality education expressly pertaining to HIV prevention are reviewed. Chapter four explores the research design, field-study design, data generation and analysis, and ethical considerations. Chapters five and six detail the study findings structured around youth experiences of sexuality education and suggestions for a perfect lesson. Chapter seven concludes by presenting a discussion of the implications of the study for sexuality education policy and practice in Zimbabwe.

CHAPTER 2 STUDY CONTEXT

2.1 Introduction

This chapter provides a detailed analytical review of the study context in terms of the location of Zimbabwe, specifically Bulawayo province, using a social epidemiology framework. The discussion draws on a wide range of demographic and epidemiological data, as well as relevant social and policy research and reports.

2.2 Data quality

There are potential limitations in the quality of epidemiological, statistical, and other substantive data, due to weak reporting, monitoring and evaluation systems, negatively impacted by lack of resources. A fundamental gap in the data exists, especially in relation to Bulawayo, with the limited information available typically difficult to access. Key data on Bulawayo's school-based sexuality education programme, and pivotal HIV policy documents were obtained with difficulty. E. Sibanda and Khumalo (2017) emphasised a stifling "restricted access to information by the state apparatus and lack of documentation" (p. 148), particularly on ethnic and cultural differences, as well as key populations (including men who have sex with men; sex workers and their clients; and people who inject drugs).

Zimbabwe's population census has been conducted every 10 years since 1982 (ZimStat, 2013a). The Zimbabwe Demographic Health Survey (ZDHS) has been conducted approximately every 5 years since 1988 (USAID, 2017a). Demographic Health Surveys are part of a large-scale initiative established in 1984 to collect accurate, national data in developing countries (USAID, 2017a). The project is funded mainly by USAID through the US President's Emergency Plan for AIDS Relief (PEPFAR), with support from other donors including the United Kingdom's Department for International Development (DFID); Swedish International Development Cooperation Agency (SIDA) and UN agencies like, UNDP, UNICEF and UNFPA. From 1989 to 2004, Zimbabwe's HIV surveillance had been based on the routine testing of pregnant women visiting antenatal clinics, with the first bi-annual Antenatal Clinic Surveillance Survey commencing in 2000 (Gonese et al., 2010; Ministry of Health and Child Care, 2013). As a low-cost data collection method widely used in developing countries, HIV prevalence estimates are based on antenatal surveillance which has the disadvantage of excluding important groups (Gonese et al., 2010).

The period between 2000-2008, described by the UNDP (2015a) as one of economic recession and political unrest, created particularly unfavourable data monitoring conditions. Unrest made collection, storage, dissemination, and a policy environment to use data transparently very difficult. UNDP (2015a) observed limited improvement from 2009, as there was some economic resurgence and amended governmental engagement with the international community. However, data management remains challenging (E. Sibanda & Khumalo, 2017). Despite these difficulties, during this time international organisations, including PEPFAR, continued to fund HIV-related surveillance programmes to support data integrity. Population-based HIV prevalence data were first collected through the ZDHS 2005-2006 (Ministry of Health and Child Care, 2013, 2014), providing a more accurate picture. Nonetheless, the Antenatal Clinic Surveillance Survey of 2012 continued to present difficulties in training of personnel on the use of survey methodology, exacerbated by high staff turn-over (Ministry of Health and Child Care, 2013). Local constraints, including a lack of financial resources to train personnel and procure essential equipment such as computers and related software, can compromise data quality (Ministry of Health and Child Care, 2013).

Obtaining access to current country information remains a challenge. For example, at times key websites have not been updated, and the National AIDS Council website has frequently been inoperative. Although it was possible to access the recent ZDHS 2015 online (ZimStat & ICF International, 2016), the latest Antenatal Clinic Surveillance Survey accessible at the time of this report[4] was from 2012 (Ministry of Health and Child Care, 2013). UNDP (2016) advised that country and global data can vary as agencies, including the United Nations, standardise country data to support comparisons with other countries as it is sometimes a challenge to obtain current and suitable data from local sources. For example, the National AIDS Council (2014) recommended caution when reading data relating to sexuality education due to reporting inconsistencies and under-reporting in schools. Zimbabwe's NGOs typically compete intensely for funding, and institutional knowledge is not widely shared (Mervis, 2012). Therefore, access to key curriculum documents and reports was difficult as most were not publicly accessible.

Additionally, Zimbabwe's first Multiple Indicator Cluster Survey (MICS) was conducted in 2014 (ZimStat, 2014c). MICS is part of a global UNICEF programme to provide dependable statistics on women and young-people's health (ZimStat, 2014c).

[4] Chapter information compiled in August 2018.

Yet, it was nearly 19 years after MICS was launched globally that Zimbabwe statistics became available. It is likely the government's need for funding aligned with that of donors for trustworthy data for the MDGs concluding in 2015.

For this chapter, data from the latest census 2012, and ZDHS 2015 were key sources of information; along with the estimates of change from those dates for 2017/2018. Data from 'The World Fact Book' and 'Encyclopedia of the Nations'[5]; and several UN agencies, including the UNAIDS and the World Bank were utilised to overcome the potential limitations of using 'dated' figures; given that they carry out frequent estimations based on available data. Despite progress in availability of age and gender aggregated statistics, more comprehensive data is needed (UNICEF, 2018a). Further, a persistent gap exists on data regarding the role of ethnicity and sexuality (given the taboo on being homosexual) in relation to the epidemic (Sambisa et al., 2010; E. Sibanda & Khumalo, 2017).

2.3 Country profile

Zimbabwe is a landlocked Southern African country that is partitioned into 10 provinces: Bulawayo, Matabeleland North, Matabeleland South, Midlands, Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Masvingo, and Harare (Figure 2, p. 24). Though abundant with mineral and natural resources including gold, diamonds, and arable land, socio-economic and political crises have resulted in a systemic breakdown of infrastructure and the economy. This has been exacerbated by contextual factors such as the widespread HIV epidemic and climate change resulting in persistent droughts (Chingwaru & Vidmar, 2016; Kerina, Babill, & Muller, 2013).

[5] Both independent, international repositories of country specific data.

Figure 2: Map of Zimbabwe

Source: Zimbabwe maps (The University of Texas at Austin, 2018)

2.3.1 Demographic profile

Zimbabwe has a youthful and fast growing population, a common feature of Southern Africa countries (UNICEF, 2018a). In 2012, the latest population census estimated the population at approximately 13 million (Zimbabwe National Statistics Agency [ZimStat], 2013a); estimates for 2017 adjusted to allow for fertility rate nearer to 14 million (CIA, 2018). Black Africans are the majority population (98%), with minority

racial groups (2%), including those of European, Asian, and mixed ancestry (Encyclopedia of the Nations, 2018). Although Zimbabwe is relatively homogenous in terms of rural and urban variances, differences in languages and ethnicity occur throughout the country. The main black African ethnic groups are the Shona (82%) and Ndebele (14%), who are historically antagonistic; and minority groups (4%) including Chewa, Tsonga, Xhosa, Sotho, and Venda (CIA, 2018; Encyclopedia of the Nations, 2018). Bulawayo, Matabeleland North, and Matabeleland South Provinces are the traditional homelands of the Ndebele people, wherein they form the ethnic majority. This is also homeland to the bulk of Zimbabwe's ethnic minorities (E. Sibanda & Khumalo, 2017). All 10 provinces have at least one urban area. In 2012, the census described 67% (nearly 9 million) as rural-based (ZimStat, 2013a). Harare, a Shona majority province, serves as the capital and central hub for economic, political, governmental and non-governmental activities (CIA, 2018).

In 2012 approximately 61% of Zimbabwe's total population was aged 24 years and younger, with people aged 15-24 years constituting around 20% of the population (ZimStat, 2013a). Similarly, estimates for 2017 showed that those aged 24 and younger accounted for 59% of total population, and the 15-24 age-group was approximately 21% of the population (CIA, 2018). In 2012, population estimates revealed that the country had slightly more females (52%) than males (48%), with a sex ratio of 93 males per 100 females (ZimStat, 2013a). Estimates for 2017 remained similar (CIA, 2018). Although young people aged 24 years and below mostly live the in the rural areas (Table 2), increasingly youth, especially young women aged 15-24 years, are becoming urban-based in search of better education and employment opportunities. UNICEF Zimbabwe (2016) noted that this may be due to greater urban employment opportunities for young women seeking low-skilled work, such as that of house servants.

Table 2: Rural and urban young Zimbabweans

Sex	Age groups	Urban	Rural	Total
Male	10-14	844, 000	3, 655, 000	4, 499, 000
	15-19	718, 000	2, 813, 000	3, 531, 000
	20-24	752, 000	1, 526, 000	2, 278, 000
Female	10-14	947, 000	3, 511, 000	4, 458, 000
	15-19	1, 040, 000	2, 302, 000	3, 342, 000
	20-24	1, 038, 000	1, 687, 000	2, 725, 000

Source: Multiple indicator cluster survey 2014 (UNICEF Zimbabwe, 2016)

2.3.2 Bulawayo province

Bulawayo is a south-western located metropolitan province, fondly referred to by locals as 'Skies', 'City of Kings' or 'Bluez' (Musemwa, 2006). In 2012, census figures showed Bulawayo to have the lowest population of all the 10 provinces, an estimated 5% (653, 337) of the total population (ZimStat, 2013a). The census reported Bulawayo as a mainly young population, nearly 57% of its population aged 24 years and under, with people aged 15-24 an estimated 23% of this figure. Of its total population 54% are female (ZimStat, 2013b).

2.3.3 Political profile

Zimbabwean politics have been characterised by the dominance of a single party, and leader for a long period of history, which has resulted in periods of instability. Since independence from the British in 1980, Zimbabwe had been largely ruled by (former) President Robert Gabriel Mugabe, leader of the governing Zimbabwe African National Union – Patriotic Front (ZANU–PF), mostly popular with, and made-up of the Shona majority (Encyclopedia of the Nations, 2018). Following President Mugabe's re-election in 1990, elections remain characterised by civil unrest and are highly disputed (Encyclopedia of the Nations, 2018).

The most notable opposition party, in recent times, has been the Movement for Democratic Change (MDC). Historically popular with the urban population, the MDC was founded in 1999 as a civil society alliance between NGOs and the Zimbabwe Congress of Trade Unions, opposed to government constitutional and economic reform (CIA, 2018). Markedly, B. Mpofu (2010) described Bulawayo, as the MDC support base. A momentous political outcome of the 2008 general elections was the short-lived Government of National Unity (2009-2013). ZANU-PF having lost its majority for the first time since 1980, was driven to form a government with the leaders of the two factions of MDC, Morgan Tsvangirai and Arthur Mutambara (Encyclopedia of the Nations, 2018). During this study, the general election of 2013 re-established ZANU-PU's supremacy, and saw the end of the Government of National Unity (CIA, 2018).

Lately, increasing in-party power struggles cumulated with the (former) President Mugabe's dismissal of a highly influential vice-president ZANU-PF stalwart, Emmerson Dambudzo Mnangagwa in early November 2017 to potentially position the (former) First Lady, Grace as his successor (Southall, 2018). Mnangagwa's dismissal sparked a widely supported military offensive that saw President Mugabe unexpectedly

ousted as leader of ZANU-PF and president (Southall, 2018). Mnangagwa was inaugurated as interim president on November 24th 2017 (CIA, 2018). The violently contested results of the national general elections, held on July 30th 2018, solidified President Mnanganwa's presidency, and ZANU-PF'S parliamentary majority (CIA, 2018). Though President's Mnagwagwa's appointment of key military and ZANU-PF personnel as cabinet ministers has dampened hopes for democratic change. The usurping of increasingly unpopular former President Mugabe has inspired a cautiously optimistic atmosphere for social and economic reform, supportive of greater international investment (Southall, 2018).

2.4 Socio-economic profile

In 2008, the World Health Organization (2008) defined social determinants of health (SDH) as:

> The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries […] caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives – their access to healthcare, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics. Together, the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries. (p. 1)

A social determinants of health paradigm transcends an individualist focus on behaviours, to centre on root causes of health differences and inequities located in people's environments (Baum, 2016). Such a paradigm necessitates a focus on the impact on power disparities that unjustly privilege health access to certain social groups, thus improving their overall health outcomes. Baum (2016) observed that though used as similar concepts, 'equality' and 'equity' are distinct ideas, given the former's focus on "sameness" and the latter on "fairness" (p. 308). In contexts of heightened power differentials like Zimbabwe, differentiating between these concepts is vital. For one, through all young people's voices are largely excluded from sexuality education, gender norms and socio-economic factors combine to disproportionately negatively impact the sexual health of young women. The World Health Organization (2008) characterised contexts wherein "systematic differences in health are judged to be avoidable by reasonable action they are, quite simply, unfair. It is this that we label health equity"

(para. 2). This study used the term inequity as a more encompassing and nuanced conceptualisation of the impacts of the social determinants of health on young Zimbabwean's sexual health. A socio-economic profile is offered, alongside the geographical, demographic, and political, to contextualise youth, HIV and sexuality education.

In 1980, Zimbabwe was described as one of the foremost industrialised countries in Sub-Saharan Africa (Mlambo, 2017). Lately, the World Bank (2017b) labelled it as a low-income economy, with its gross national income per capita, purchasing power parity[6] showing minimal growth from USD 1,630 pa (1990) to 1,810 pa (2016). Between 1990 and 2015 Zimbabwe's HDI[7] value marginally rose from 0.499 to 0.516, situating it still at a very low level at 154 out of 188 countries (UNDP, 2016). To contextualise Zimbabwe's Human Development Index (HDI), UNDP (2016) used the Sub-Saharan Africa region, and selected countries for comparison (Table 3) rendering Zimbabwe on balance with expected regional trends in life expectancy and education, but below for gross national income. Further, when adjusted for inequality (i.e. the IHDI[8]), Zimbabwe's HDI fell by 28.5%, which is below the Sub-Saharan African HDI of 32.2% (UNDP, 2016).

Table 3: Zimbabwe's HDI and integral indicators regional comparison for 2015

	HDI value	**HDI rank (188 countries)**	**Life expectancy at birth**	**Expected years of schooling**	**Mean years of schooling**	**GNI per capita (PPP USD)**
Zimbabwe	0.516	154	59.2	10.3	7.7	1,588
Kenya	0.555	146	62.2	11.1	6.3	2,881
Lesotho	0.497	160	50.1	10.7	6.1	3,319
Sub-Saharan Africa	0.523	–	58.9	9.7	5.4	3,383
Low HDI	0.497	–	59.3	9.3	4.6	2,649

Source: Human development report 2016 (UNDP, 2016)

[6]The World Bank (2017b) defined gross national income per capita as the total value contributed by a country's residents combined with product taxes (minus subsidies) and net receipts from main income, obtained overseas. Gross national income measures the combined local (gross domestic product) and overseas sources of income of a country. Purchasing power parity converts the gross national income to international dollars using purchasing parity power rates. International dollars have an equivalent purchasing power over gross national income as a USD.

[7] Human Development Index accesses the achievement of average basic health, education and living standards (UNDP, 2016).

[8] Inequality-adjusted Human Development Index (IHDI) moves on to incorporate issues of inequality often masked by HDI averages (UNDP, 2016).

2.4.1 Land reform and political instability

Several political milestones of the late 1990s shaped the social conditions of young Zimbabweans (Mlambo, 2017; Tibaijuka, 2005). In 1997 there was an unbudgeted and sizeable government payout; pensions, health, and education benefits were granted to appease disgruntled military trained and powerful liberation war veterans (Tibaijuka, 2005). A central grievance was the perceived lack of government reform redistributing land from the white minority to the black majority, specifically to war veterans of the liberation struggle (Mlambo, 2017; Tibaijuka, 2005). The government's short-sighted response of printing money to cover budget and cash deficits intensified inflation, leading to hyperinflation (Kerina et al., 2013; Southall, 2018). After these payouts, a key moment, referred to as 'Black Friday' in popular culture, occurred on November 14th 1997 (Mlambo, 2017). The Zimbabwean currency lost nearly 74% of its value against the USD, causing the stock market to crash (Mlambo, 2017). Then Zimbabwe's 1998 to 2002 locally unpopular military intervention in the Democratic Republic of Congo, driven by powerful interests of a governing minority eager to safeguard potential precious mineral business ventures, proved to be very costly, estimated at USD 1 million per day (Mlambo, 2017; Southall, 2018; Tibaijuka, 2005).

Further, the emergence of a strong opposition party, the MDC, together with pressure from the war veterans compelled the government to issue a show of strength (Mlambo, 2017; Tibaijuka, 2005). The MDC had successfully opposed government-led constitutional reform (aimed at strengthening presidential powers) of 2000, the first defeat for ZANU-PF since gaining power (Tibaijuka, 2005). In 2000, the Fast Track Land Reform Programme led to the forced occupation by war veterans, of mainly white-owned commercial farms, to the benefit of a ruling elite (Tibaijuka, 2005). A largely rural country, with 66% of the workforce employed by commercial farmers, mostly as unskilled labourers, the farm invasions displaced over 300,000-400,000 predominantly black farmworkers and their families (Shizha & Kariwo, 2011). Significantly, most farm schools and clinics previously resourced by commercial farmers, largely remained closed after the farm seizures.

The struggle for democratic voice was pronounced during the highly contested 2005 election, as the MDC accused the winning ZANU-PF party of influencing the vote (Shizha & Kariwo, 2011). This tense period, culminated 48 days after the general election results, on May 19th, 2005 with the sudden implementation of Operation

Murambatsvina[9], widely termed 'Operation Tsunami', in urban areas country-wide (Tibaijuka, 2005). Shizha and Kariwo (2011) explained Operation Murambatsvina as "a state-sponsored campaign to stifle independent economic and political activity in the country's urban areas" (p. 38) (perceived as opposition MDC strong-holds), as thousands of informal settlements were demolished and informal traders had goods confiscated by police. Tibaijuka (2005), then a United Nations Special Envoy, reported that over 700,000 people lost their homes, and a further estimated 2.4 million affected could not access basic food, sanitation, water, health, and education. Though equitable re-distribution of land was necessary, E. Ndiweni and Verhoeven (2013) noted that there was weak implementation, together with increasing opposition to a lack of democratic government change. This led to widespread violent disorder during 2000-2008. In 2008, approximately 6,300 people opposition members (mainly MDC supporters) were tortured, and 200 killed (U.S. Department of State, 2009).

Global climate change has exacerbated the negative impacts of land reform, as unpredictable weather patterns characterised by drought and insufficient rain have also contributed to reduced commercial food production (UNDP, 2015a). According to UNICEF (2008), hunger peaked in 2008 as an estimated 4.1 million rural and urban people were unable to access affordable food. Lately, the effects of El Nino drought have caused: decreased agricultural yields and raised food prices; thus increasing food insecurity for many: approximately 2.8 million (2016) and 2.2 million (2017) (World Bank, 2017c). Therefore, political change and economic decline over decades has had a longstanding and negative effect on provision of health and education.

2.4.2 Fiscal policy and economic instability

Though the origin of Zimbabwe's on-going economic turmoil is debated (Z. L. Dube & Murahwe, 2015; Kerina et al., 2013; O'Brien & Broom, 2011); Tibaijuka (2005) argued for the failure of World Bank and International Monetary Fund (IMF) imposed austerity Economic Structural Adjustment Period (ESAP) for 1991-1995, as a pivotal negative turning point for the country. Failure of ESAP can be attributed to an attempt to impose foreign controls on an economic system, with limited regard to its social consequences on Zimbabwean's wellbeing. Further, Shizha and Kariwo (2011) considered the Zimbabwe Programme for Economic and Social Transformation (ZIMPREST) for 1996-2000 (i.e. ESAP's successor), as entrenching widespread poverty resulting from

[9] A Shona word meaning to drive out or remove the filth.

World Bank and IMF justifications of opening Zimbabwe's regulated economic system. The authors suggested a hidden agenda of forcing the government to divert funds allocated for health, education, and social services to servicing international debt (Shizha & Kariwo, 2011). Pressure to reduce fiscal spending led to less government controls on the economy combined with mass: retrenchments of civil servants; closures of manufacturing industries; price increases of basic commodities; and decline of the social services (Tibaijuka, 2005). The deterioration of the formal economy sparked the rapid advance of the informal economy and the decline of the public sector (E. Ndiweni & Verhoeven, 2013; Tibaijuka, 2005). Though, Zimbabwe received loans from IMF and African Development Bank in 1999 and 2000 respectively, given non-payment of sizable external debt of approximately USD 5 billion in 2001, World Bank and IMF both suspended direct lending programmes by 2001, until major structural and economic reform (Encyclopedia of the Nations, 2018).

Further, following the land reform policy, and heightening stifling of democratic voice, Western countries reacted by imposing travel and trade sanctions; limiting foreign investment, closing and relocating multinational companies; and re-directing development funding away from government structures to grassroots and internationally managed NGOs, thus restricting the government's ability to access international funds for national priorities, such as health and education (UNDP, 2015a). Additionally, following the global financial crisis of 2007-2008, official development assistance and demands for exports from this heavily indebted country fell (UNDP, 2015a). Thus, international support for health and education was much reduced throughout the period.

UNDP (2015a) observed that the MDG epoch (2000-2015) corresponded with one of the country's most difficult periods (2000-2008). Though Zimbabwe experienced hyperinflation since the late 1990s, the period between 2000-2008 is notable for its political and economic crises (GDP fell by approximately 50% in 2008), leading to crippling hyperinflation and bank cash shortages (UNDP, 2015a; World Bank, 2017a). During 2000-2008, hyperinflation (peaking in 2008 at 231 million %) was rampant as the Zimbabwean currency become worthless, resulting in an enormous demand for foreign currency (UNDP, 2015a; World Bank, 2017a).

As previously mentioned, following the 2008 elections, some semblance of stability was established in 2009, through a short-lived coalition Government of National Unity (2009-2013) made-up of the main disputing political parties (ZANU-PF; and the two

factions of the MDC) (Kerina et al., 2013). A significant action of the coalition government, critiqued by Mukuhlani (2014) as poorly implemented, was the 2009 introduction of the use of multiple foreign currencies (mostly USD, South African Rand and Botswana Pula) to stabilise hyperinflation, food, and foreign currency shortages. Thus, ending the Reserve Bank of Zimbabwe's hyperinflation causing habitual printing of local currency to fund budget deficits (CIA, 2018). Inadequate fiscal policy driven by political agendas led to the unstandardised use of foreign currencies and black-market inflated costs of essential public services, such as health and education (Mukuhlani, 2014). UNDP (2015b) typified 2009-2012 as a time of: fledgling economic growth (8.7%) and reduced inflation; reengagement with the international community; and, crucially, social benefits, such as improved life expectancy and reduced HIV prevalence.

Poor policy on development across all sectors, continued with the Medium Term Plan for 2011-2015, another focal policy of the Government of National Unity (focused on economic and social change) never fully implemented (UNDP, 2015b, p. 12). In 2013, signalling a change in government and policy, the newly elected ZANU-PU majority government introduced the Zimbabwe Agenda for Sustainable Socioeconomic Transformation (ZimAsset) for 2013-2018 (UNDP, 2015b). Though, ZimAsset is driven by economic growth goals, UNDP described a lack of clarity on the impact on business and agriculture. In 2016, persistent foreign currency shortages led to the Reserve Bank of Zimbabwe printing (potential inflationary) bond notes; and saw the continued fall of the GDP growth rate 1.4% (2015) to 0.7% (2016) World Bank (2017c).

2.4.3 Poverty, unemployment, and social instability

Given this history, poverty in Zimbabwe is endemic and consolidated by entrenched structural inequity (World Bank, 2017b). For example, rural Zimbabweans (82.4% in 2001 and 84.3% in 2011/12) consistently experience extremely high-income poverty compared to urban areas (42.3% in 2001 and 46.5% in 2011/12) (UNDP, 2015a). The World Bank (2017c) has characterised 92% of the extremely poor in Zimbabwe as living in the rural areas. Crucially, poor households persistently delay seeking healthcare due to rising cost of basic services (World Bank, 2017c). Urban areas, like Bulawayo, have overcrowded high density residential township areas (such as Makokoba), and peri-urban areas lacking access to basic health and education (DFID, 2017). Urban poverty means young people, especially from townships and peri-urban

areas struggle to access health and education. For the total Zimbabwean population, there is a high poverty headcount ratio at the national poverty line[10], at 70.9% (2001) which has increased slightly to 72% (2011) (World Bank, 2017b). The World Bank (2017b) prescribes USD 1.90 per day as needed for each person to meet basic survival needs including food, shelter, and clothing. To contextualise this international measure, the multidimensional poverty index (MPI) (Table 4) focused on household poverty relative to health, education and living standards is instructive (UNDP, 2016). In Zimbabwe, 28.9% of the total population is dimensionally poor, though faring better compared to regional counterparts, the issue of poverty especially poor living standards, crucially access to of education and health is still a serious problem (UNDP, 2016).

Table 4: Zimbabwe's HDI and integral indicators regional comparison for 2015

	Survey year	**MPI value**	**Head-count (%)**	**Contribution to overall poverty of deprivations in (%)**		
				Health	**Education**	**Living standards**
Zimbabwe	2014	0.128	28.9	34.5	10.8	54.8
Kenya	2014	0.166	36.0	32.2	12.3	55.5
Lesotho	2009	0. 227	49.9	33.8	14.8	51.4

Source: Human development report 2016 (UNDP, 2016)

Zimbabwe's labour force (the sum of people of a country's working age, employed and unemployed) grew from nearly 5 million in 1995 to around 8 million in 2016 (World Bank, 2017a). The labour proportion of people aged 15-24 years grew from 54.27% (1997) to 84.1% (2014) (World Bank, 2017a). Contributing to this high proportion of young people in the labour market is the high percentage out-of-school. In 2014, approximately 49.5% young people aged 15-19 years, and 92% of those aged 20-24 years, were out-of-school, many of whom will have attended only primary school (ZimStat, 2014a). Nonetheless, as is the case in Zimbabwe, economic activity often masks poverty characterised by the working poor, who engage in informal activities for survival (E. Ndiweni & Verhoeven, 2013; World Bank, 2017b). This scenario is understandable given the rural and agricultural nature of the economy, and the emphasis on the informal sector. However, as Zimbabwe develops the economy in the 21st

[10] The percentage of total population surviving below the national poverty lines estimates based on data from household surveys. Obtaining current figures for both unemployment and poverty remains difficult, including from major international databases.

century, it will need a skilled workforce to face the challenge of African economic transition (GSMA, 2018; Institute for Security Studies, 2011).

Zimbabwe has one of the world's highest unemployment rates for the formal sector, estimated at 85% (2005) (CIA, 2018); and lately at 90% (2017) (ENCA, 2017). The country's unemployment rate (formal sector) for people aged 15-24 years is high at an estimated 16.4% (2014) (CIA, 2018; World Bank, 2017b). As this age-group includes young people of school going age, it is not a true indication of those in labour market, but gives an indication of youth out-of-school and those who have completed the basic education cycle, typically aged 17 years and able to find work (UNICEF, 2018b; World Bank, 2017b). Assessing Zimbabwe's unemployment trends remains challenging, with true unemployment undetermined and unknowable in the present economic context (CIA, 2018). Census figures compound the issue and obscure high unemployment through re-defining employment as 'economic activity' to encompass the formal business sector; and informal sector workers termed "unpaid family workers" and "own account worker" (ZimStat, 2013a, p. 81).

Nationally, the 2012 census reported people aged 15 years and above who make-up approximately 59% (approximately 8 million) of the total population, with 67% (5 million) economically active (the majority reportedly 'employed') (ZimStat, 2013a). For Bulawayo, approximately 61% of people aged 15 years and above were reported as economically active (with most 'employed') (ZimStat, 2013b). Thus, the majority of young Bulawayans over 15 years are out-of-school. Noticeably, young people aged 15-17 years were re-classified as adults for the census, and noted as typically employed as unpaid family workers, or as low-paid casuals in the unregulated informal sector (ZimStat, 2013a).

Political and economic conditions over the last decades have sparked two trends. Firstly, there has been increased migration for perceived greener pastures, often to the United Kingdom and United States, and for Bulawayo primarily to South Africa and Botswana (Cruch & Tevera, 2010; E. Sibanda & Khumalo, 2017). The number of Zimbabweans migrating (legal and illegal) to other countries remains unclear given the continued gap in official migration trends (Cruch & Tevera, 2010; DFID, 2017). Between 2000-2008, an estimated two to four million people, mostly young (under 40 years) and skilled (including health workers and teachers) left as international migrants (Cruch & Tevera, 2010). Whilst foreign remittances no doubt have helped families

remaining in Zimbabwe, the out-migration of skilled workers must have had a significant impact on the economy, and on health and education.

Secondly, Mlambo (2017) and N. J. Ndiweni, Mashonganyika, and Dube (2014) explained the notable advance of the country's largely unregulated informal sector, (mostly regarded as illegal by the government), as attributable not to entrepreneurial resourcefulness, but deterioration of the formal economy and locals' desperation to meet survival needs. For one, a lack of product demand, high operating cost, and a flood of cheap imports have exacerbated the unrelenting decline of the manufacturing industry as capacity utilisation dropped to 10% (2008), and somewhat improved to 44.2% (2012) (Mlambo, 2017). Bulawayo was worst affected, as its closeness to the regional trading powerhouses of South Africa and Botswana had made it an industrial hub. Now its once vibrant industries have either collapsed or relocated to Harare or overseas (B. Mpofu, 2010; N. J. Ndiweni et al., 2014). The growth of the informal economy essentially links to the decline of the formal economy, including public services such as health and education.

Zimbabwe's diaspora and informal sector have changed the social landscape of Bulawayo, and the rest of the country. Homes are increasingly characterised by absent overseas-based parents, and city streets are populated by vendors of all ages selling various items (Mlambo, 2017). Bulawayo's informal economic activities include: local and cross border trading; informal mining; selling of vegetables, second-hand clothes, cultural handicrafts and performances; 'shebeen bars' selling alcohol from homes; and commercial sex work (B. Mpofu, 2010; N. J. Ndiweni et al., 2014). Though data is limited, high unemployment rates suggest that the informal sector is a key employer, with women making up the majority (53% in 2014) (UNDP, 2015a). Further, DFID (2017) argued that:

> An informal sector in Zimbabwe does not exist. Instead, there is an informal economy – the whole economy is an informal economy based on unwritten rules, relations, social capital and structures of power. Yet despite this, official government reports state that the informal economy contributes only about 20% of the Gross National Product. (p. 15)

Crucially, money earned by informal traders and received from external remittances is largely untaxed[11] (E. Ndiweni & Verhoeven, 2013). This makes it extremely difficult for the cash-strapped government to deliver public services, such as education and health.

Altogether, the country's unpredictable socio-economic context creates conditions wherein young people find it challenging to draw upon traditional familial sources of knowledge on sexuality and developing into adulthood. For example, in 2014, approximately 25% of young people aged 0-17 years were orphaned, and had lost both parents (ZimStat, 2014a). Young people orphaned or those with parents living abroad have strained the country's traditionally strong extended family (DFID, 2017; Mate, 2009). As traditional sources of sexual knowledge Mate (2009) observed:

> Uncles and aunts no longer have the ability, opportunity and maybe the interest to talk to their nieces and nephews. Within families parents are yet to learn how to talk about issues that are deeply personal and intimate with children. (p. 98)

Additionally, as will be detailed in the following chapter, social norms restrict young people's frank talk about sex at home with their parents, guardians, or the wider community. Hence schools have been viewed as being vital to creating health promoting spaces (Musingarabwi & Blignaut, 2015; UNESCO, 2018a).

In conclusion, young Zimbabweans live in a stressful, unpredictable political and socio-economic context, combined with the normal pressures associated with growing up, including adapting to a changing body, and forming one's identity.

2.5 Health system profile

Given the difficult environment faced by Zimbabweans over the last decades, the health system has suffered. Historically, Zimbabwe was lauded for its early adoption, in 1980, of the costly primary healthcare model aimed at the provision of free, socially equitable essential health services (Ministry of Health and Child Care, 2015; Mlambo, 2017). In the 1980s, Planning for Equity in Health was the key policy guiding Zimbabwe's healthcare, and this was replaced by the Working for Quality and Equity in Health 1997-2007 (USAID, 2011). Today, the Ministry of Health and Child Care (2017) oversees a decentralised four tier health service: specialist central teaching hospitals

[11] Local media reports (The Herald, 2016, 2017) showed increasing pressure from state-run Zimbabwe Revenue Authority to collect taxes from informal traders, and money sent by Zimbabweans based overseas, given severe shortages of revenue.

(Harare, Bulawayo and Chitungwiza); provincial hospitals in rural provinces; district hospitals; and rural health centres.

Communicable diseases remain a significant public health concern (World Health Organization, 2018a). HIV-related disease remains the leading cause of death among Zimbabweans, and has fundamentally contributed to reducing the country's life expectancy (World Health Organization, 2018a). In 1985, life expectancy peaked at 61 years, then steeply declined to a low 44 years in 2002, and has recently began to recover (in line with recent declines in HIV prevalence detailed in section 2.6.), to 60 years in 2016 (World Bank, 2017b). AIDS remains the foremost cause of death and carries the highest burden of disease; with other communicable diseases also significant, such as, lower respiratory infections, diarrhoeal diseases, and tuberculosis (World Health Organization, 2018a). There is also a recognised need to address the emerging and growing prevalence of non-communicable diseases including cancer, heart disease, diabetes, obesity, and addictions (Ministry of Health and Child Care, 2017). In 1985, Zimbabwe was one of the world's first nations to introduce universal blood screening (including HIV testing) (Kerina et al., 2013); though unclear to what extent, blood safety became compromised, especially between 2000-2008. The National AIDS Council (2015) recently asserted 100% blood safety screening through providing essential technical and professional support to the National Blood Transfusion Services.

The period 2000-2008 eroded the earlier health gains of providing free, quality healthcare (Mlambo, 2017; UNDP, 2015a). Though data is limited (DFID, 2017), high numbers of skilled medical professionals have left the country. The health sector's crippling brain drain, coupled with dilapidated infrastructure and a lack of essential drugs and equipment, has been devastating (Ministry of Health and Child Care, 2017; Nyazema, 2010).

Zimbabwe's health crisis peaked in 2008, reporting an estimated 50% national vacancy of essential public health personnel (UNICEF, 2008). Despite needing 2,500 nurses to meet the population basic health needs, the country only had 291 (UNICEF, 2008). The six central hospitals: Harare, Parirenyatwa and Chitungwiza (Harare Province); and Mpilo, Ingutsheni, and United Bulawayo Hospitals (Bulawayo Province), including district and municipal clinics, functioned at minimum capacity or closed down (Nyazema, 2010). Similarly, in 2008 nationwide outbreaks of cholera, dysentery, and typhoid occurred (Ministry of Health and Child Care, 2017). Though the number of

cases of cholera has lately dropped, outbreak risk persists due to poor water and sanitation (Ministry of Health and Child Care, 2017).

To combat the health crisis, the Government of National Unity (2009-2013) ushered in the Zimbabwe National Health Strategy (2009-2015). This endeavoured to provide "the highest possible level of health and quality of life for the citizens of Zimbabwe" (Ministry of Health and Child Care, 2015, p. 34). Following on, the current National Health Strategy for Zimbabwe 2016-2020 is a 5-year framework for attaining United Nations driven SDGs (Ministry of Health and Child Care, 2017). Whilst this latest policy has similar social equity healthcare objectives to its predecessor, it emphasises the reduction of communicable diseases, specifically the prevention of new HIV infections, and reduction of HIV-related deaths by 50% (Ministry of Health and Child Care, 2017). In 2014, Ministry of Health and Child Care (2015) described Zimbabwe's general service availability, defined as the "physical presence of health service delivery components within the country" (p. 16), as below half (42%) of what is needed. Therefore, limited health infrastructure (69%), continued severe shortages of core, trained healthcare providers (36%) leads to low health service utilisation (22%) by Zimbabweans (Ministry of Health and Child Care, 2015). The low service utilisation of public health services by Zimbabweans is concerning as hospitals, clinics, and general health centres provide access to HIV-related prevention and treatment services.

The health sector is underfunded, and primarily dependent on overseas development assistance as total government public health spending has generally been low: approximately 7% (2009), 8% (2012), and 7% (2013). Most spending (80%) is on salaries and curative services, with prevention research and services (including HIV/AIDS) getting notably less (Ministry of Health and Child Care, 2017). Ministry of Health and Child Care (2017) acknowledged the current status quo as unsustainable by calling for new viable, and home-grown approaches to health. Total overseas development aid annual averages ranged from: USD 558 million (1980-1989); USD 403 million (2000-2009); and USD 829 million (2010-2015). Approximately USD 375 millions were spent on the health sector for 2015, focusing first on basic health provision and population polices such as HIV/AIDS (OECD, 2017)[12]. Whilst, figures appear high, overall development aid is decreasing for Southern Africa as donor

[12] Top ten donors listed in ranked order: Global Fund; United States; United Kingdom: EU institutions; Sweden; Germany; Denmark; Norway; Global Alliance for Vaccines and Immunisation; and Switzerland (OECD, 2017)

governments reduce spending following the global financial crisis (OECD, 2017). In relation to this study, access to good quality primary healthcare is vital, as this is where access to ART, condoms, HIV voluntary counselling and testing services is typically provided. Sexuality education in schools should provide safe and appropriate links to these services.

2.6 Epidemiology of HIV among young Zimbabweans

In this section the epidemiology of HIV among young Zimbabweans will be explored drawing mainly on UNAIDS reports; Zimbabwe's Antenatal Clinic Surveillance Survey 2012; the Zimbabwe Demographic Health Surveys 2010-2011, and 2015; and the Zimbabwe Population-based HIV Impact Assessment (ZIMPHIA) 2015-2016. The national surveys divide HIV-related statistics between '15-19 years' and '20-24 years' ranges and this study at times utilises both age ranges given that they span secondary school sexuality education.

Zimbabwe has become one of several countries (including Zambia, Botswana, and Namibia) in the region whose national demographic and health surveys have reported a decline in HIV prevalence in recent times (Kharsany & Karim, 2016; ZimStat & ICF International, 2016). HIV prevalence among Zimbabweans aged 15-49 years has declined from an estimated 23% (1995), 22% (2000), 18% (2005), 16% (2010) to 13% (2017) (UNAIDS, 2018a). New HIV infections have declined from approximately 160,000 (1995), 73,000 (2010) to 41,000 (UNAIDS, 2018a). The ZDHS 2010-2011 reported national HIV prevalence as 15% for people aged 15-49 years; with Bulawayo having the second highest provincial prevalence of 19%, and similarly high estimates for neighbouring provinces of Matabeleland North (18%) and Matabeleland South (21%) (ZimStat & ICF International, 2012b). However, this still constitutes a serious, as well as a generalised, epidemic requiring utmost efforts to prevent new cases and protect those living with HIV.

As discussed in section 2.2, obtaining accurate current data, such as age aggregated global and country specific HIV data for young people aged 15-24 years, remains challenging (UNICEF, 2018a). Whilst most recent adult prevalence is estimated 13% (UNAIDS, 2018a), it is more difficult to find other estimates; thus latest data has been used. In 2012, HIV prevalence was estimated at 5% for young Zimbabweans aged 15-24 years, 4% for young men and 6% for young women (UNICEF, 2013). Similarly, in

2017, HIV prevalence estimates were 3% for young men and 6% for young women (UNAIDS, 2018a). The Antenatal Clinic Surveillance Survey 2012 described declines in HIV prevalence over a 10 year period among monitored women aged 15-24 years as significant (Figure 3); declining from 29.6 % (2002) to 9.85 % (2012) (Ministry of Health and Child Care, 2013). The Antenatal Clinic Surveillance Survey 2012 noted that HIV prevalence for this age-group was highest among women aged 20-24 years (12.4%), compared to those aged 15-19 years (5.7%) (Ministry of Health and Child Care, 2013).

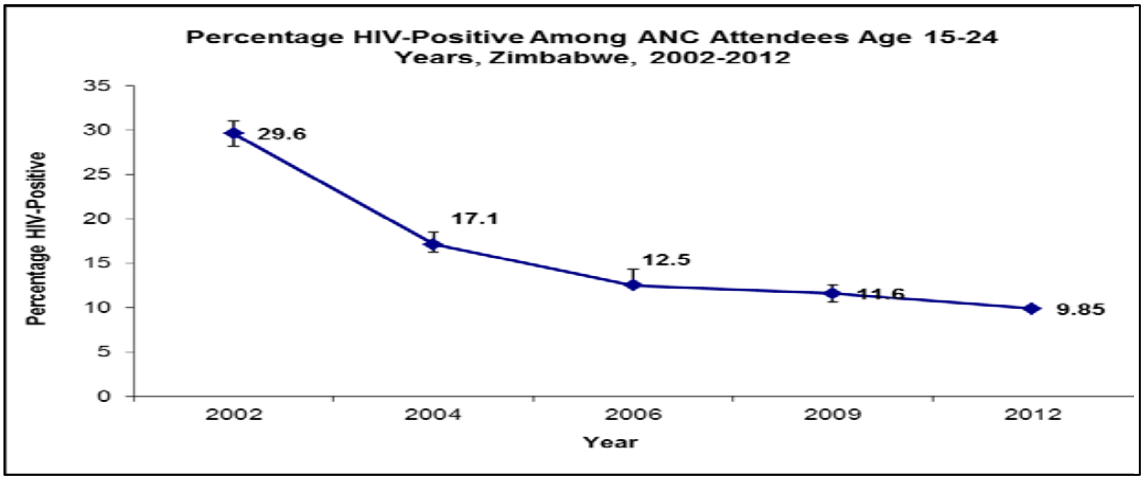

Figure 3: Overall HIV prevalence trends by young women (15-24 years)
Source: Antenatal Clinic Surveillance Survey of 2012 (Ministry of Health and Child Care, 2013)

Lately, ZDHS 2015 observed a further decline in national HIV prevalence, although there is still great variation between provinces (Figure 4, p. 41). In 2015, prevalence for people aged 15-49 years was projected at 14%, both nationally and for Bulawayo (ZimStat & ICF International, 2016); with 2017 national estimates at 13% (UNAIDS, 2018a). Considering Zimbabwe's hyperendemic generalised epidemic the situation is still considered serious (World Health Organization, 2018b). Additionally, declines might underestimate prevalence given that the ZDHS 2015 estimated in the 12 months preceding for Zimbabweans aged 15-49 years, only 49% (women) and 36% (men) had been tested for HIV and received results (ZimStat & ICF International, 2016).

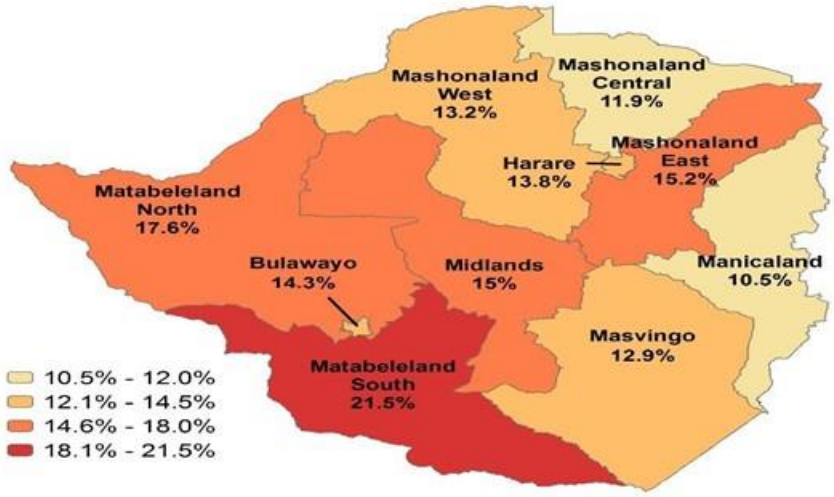

Figure 4: HIV prevalence by province for 2015

Source: Zimbabwe: Demographic and Health Survey 2015 (ZimStat & ICF International, 2016)

Collectively referred to as the Matabeleland region, Bulawayo, it's neighbouring provinces, Matabeleland North, and South have a Ndebele majority, with the latter two evidencing the highest provincial prevalence estimates (ZimStat & ICF International, 2016). This a sensitive issue, as research might negatively depict Ndebele people as 'hypersexual and reckless'. However, there has been little research on the role ethnicity, culture, and politics has in shaping prevalence differences, especially between the historically antagonistic Ndebele and Shona[13] majority provinces (Sambisa et al., 2010; E. Sibanda & Khumalo, 2017). E. Sibanda and Khumalo (2017) observed that the "scarcity of journal articles, detailed maps and documentation that deal extensively with these disparities suggests a lack of commitment by central government in terms of understanding the underlying causes of variations in provincial HIV prevalence rates" (p. 146).

The limited research available offers several possibilities including cultural differences, for example the Shona culture's reverence of a young woman's virginity until marriage, as different from the Ndebele culture's valuing of fertility (supportive of bearing a child before marriage) (Gwandure, 2012; E. Sibanda & Khumalo, 2017). Hence, sexual abstinence until marriage as an HIV prevention measure is less likely to resonate with young Ndebele people whose culture traditionally tolerates premarital sex and

[13] Typically, Harare (location of central government); Mashonaland Central; Mashonaland West; Mashonaland East; Manicaland; Masvingo. Centrally located Midlands Province distinctively has no ethnic majority and is home to a mixture of ethnic groups, including Shona, Ndebele, Chewa and Sotho (Encyclopedia of the Nations, 2018).

pregnancy (out of wedlock) (Sambisa et al., 2010; E. Sibanda & Khumalo, 2017). Additionally, the Matabeland region is home to most of the ethnic minority groups, including the Chewa, Xhosa, and Venda (CIA, 2018), making the Matabeleland region culturally more diverse than Mashonaland provinces that are largely populated by similar Shona tribes whose differences centre mainly on dialetic (E. Sibanda & Khumalo, 2017). More work is needed to engage ethnic minorities, especially as the main HIV prevention media and information dissemination is in the three main languages, English, Shona, and Ndebele (E. Sibanda & Khumalo, 2017). Other possible reasons for higher prevalence in the Matabeleland region include: a central government that is predominatly made-up of people of Shona ethincity whose policy agendas are thus likely to reflect their cultural hertitage; to limited access to healthcare in the largely rural provinces of Matebeleland North, and South; and largely undocumented back and forth migration of people from the Matabelaland region to neighbouring high prevalance countries of Botswana and South Africa, with whom they share common ancestry and languague ties (CIA, 2018; Encyclopedia of the Nations, 2018; E. Sibanda & Khumalo, 2017).

In 2015, Zimbabwe's HIV prevalence for the 15-24 age-group was approximately 7% (young women) and 3% (young men) (ZimStat & ICF International, 2016). The ZDHS 2015 explained that HIV prevalence rose steadily with age: from 2.7% for young women (15-17 years), to 13.9% (23-24 years); and from 2.5% for young men aged (15-17 years), to 6.0% (23-24 years) (ZimStat & ICF International, 2016). This rise is probably due to the increasing sexual activity of those in their twenties. In 2015, compared to regional counterparts, Zimbabwe's 15-24 age-group prevalence estimates were at par (Zambia, an estimated 7% for young women and 3% for young men) or lower (South Africa and Lesotho, nearly 10% and 14% respectively for young women, and 4% and 6% respectively for young men) (UNAIDS, 2018a). Given similar estimates for the 15-24 age-group in 2015 and 2016, global prevalence was 0.4% (0.2-0.6) for young women and 0.2% (0.1-0.4) for young men for both years (UNAIDS, 2018a).

In 2016, Zimbabweans of all ages living with HIV were an estimated 1.3 million and of this figure, 130,000 thousand PLHIV were aged 15-24 years (UNAIDS, 2018a). In the same year, UNAIDS (2018a) statistics estimated 40,000 Zimbabweans of all ages were newly infected with HIV. For these new HIV infection figures, young Zimbabweans aged 15-24 years accounted for approximately 14,000 (UNAIDS, 2018a). Thus, of those

newly HIV infected in 2016 nearly 35% were young people between 15-24 years indicating the importance of preventing HIV among this population.

2.6.1 Modes of HIV transmission and factors in HIV

Among young Zimbabweans, as it is globally, HIV transmission is thought to be primarily through unprotected heterosexual sex, which is believed to account for 97% of the country's new infections (ZimStat & ICF International, 2016). However, this figure is probably inaccurate, as UNAIDS (2018b) observed a far-reaching lack of vital data on Zimbabwe's key populations for HIV prevention, including men who have sex with men, people who inject drugs and transgender people. Further, E. Sibanda and Khumalo (2017) reasoned that negative legal ramifications and intense stigma associated with key populations in Zimbabwe restricts information. The main determinants in young Zimbabwean's epidemiology are summarised in Figure 5.

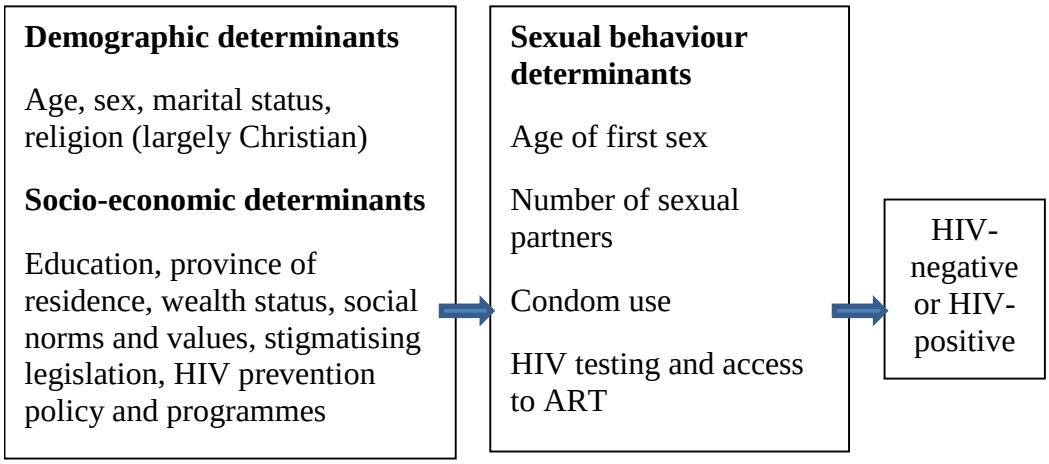

Figure 5: Main determinants in HIV epidemic among young Zimbabweans

Source: Compiled and adapted from Kembo (2012); Mosley and Chen (1984); ZimStat & ICF International (2016)

HIV data illustrate that young men are more likely than women to admit to, and describe, their premarital sexual behaviour. In 2015, the ZDHS reported that, 30% of young men aged 15-24 years compared to 15% young women, admitted to premarital sexual intercourse in the past 12 months. Among these young people, 81% of young men compared to 50% young women admitted to using a condom at their last sexual encounter (ZimStat & ICF International, 2016). Besides being young, Zimbabwe's gender power imbalances are more prohibitive towards young women admitting to premarital sex, as those sexually active and carrying condoms are typically labelled

promiscuous ‘bad girls’ (Pattman, 2015; Venganai, 2015). These local realities, such as a fear of being found in possession of a condom by adults, may help to account for silence from young women, and contribute to higher HIV prevalence among young women.

In 2016, Zimbabwe’s need for condoms was approximately 218 million, with actual distribution at 118 million condoms (54% of required coverage) (USAID, 2017b). The free ‘Panther’ brand has typically proved unpopular and viewed as sub-standard (Mate, 2009; USAID, 2017b). Yet, in 2017, the more popular, subsidized ‘Protector Plus’ condom rose in price from USD 0.1 to USD 0.5 for a pack of four condoms, leading to a fall in sales to 18 million, less than a third of 2008’s sales (USAID, 2017b). Further, condom use has negative associations with promiscuity, premarital sex, and prostitution. Christian teaching and community, and family norms are such that condoms are considered taboo (Nyatsanza, 2015; O'Brien & Broom, 2011; Venganai, 2015). This can lead feelings of guilt and shame. As a result many young Zimbabweans will not carry condoms, thus reducing usage (Mate, 2009; Nyatsanza, 2015). Moreover, there exists local beliefs that condoms are unsafe to use, as they are considered to tear easily and be porous, allowing HIV to pass through (Mate, 2009; National AIDS Council, 2017). High rates of new HIV infections among young Zimbabweans, together with the presence of negative attitudes towards condoms and incorrect local knowledge, reinforce the need to enhance HIV prevention efforts.

2.6.2 Sexual debut, non-marital and marital relations

Other relevant measures of young people’s sexual behaviours, like marriage and age of first sex (also termed sexual debut) can be utilised to help understand sexual behaviour in Zimbabwe. Between 2010-2011, the ZDHS noted that approximately 31% of young women were married by age 18, compared to only 3% of young men (ZimStat & ICF International, 2012b). In 2015, the ZDHS reported age of first sex at 15 years as 5% of young women and 6% of young men, with this number increasing at age 18 years, to 40% for young women and 29% for young men (ZimStat & ICF International, 2016). Disparities in age of first sex, especially at 18 years, suggested gender-based differences in sexual behaviour patterns. These survey findings indicate that young women, especially those aged 20-24 years, are more sexually active than their male counterparts, as they are more likely to be married, and/or engaged in intergenerational sex (see below), which might account for the former groups typically reporting higher HIV

prevalence. Age of first sexual encounter and marriage tends to be older with education and higher socio-economic status, particularly for women (ZimStat & ICF International, 2012b).

In 2015, between the ages of 15-19 years, young men (3.9%) were five times more likely than young women (0.8%) to confirm having more than two sexual partners in the last 12 months (ZimStat & ICF International, 2016). For young men aged 20-24 years these percentages rose sharply in 2015 notably to 18% reporting multiple sexual partners, but remained relatively low for young women at 2% (ZimStat & ICF International, 2016). Nevertheless, the report of more young men than women having multiple sexual partners might also be explained by the latter's heightened freedom to describe sexual habits as there is greater social acceptance of male sexuality to be adventurous. Moreover, for the Zimbabwean context, young women's disclosure of age of first sex (described earlier) is viewed as less of a defiance of social norms, than the unthinkable admittance of multiple sexual partners.

Presently, intergenerational sex, largely described as 'age-mixing' in the national surveys, is mainly measured for young women only. Seventeen percent of women aged 15-17 years, and those aged 18-19 years, spoke of having a much older male sexual partner of 10 years or more (ZimStat & ICF International, 2016). A local custom, it has been well documented (Muwonwa, 2017; Timire, 2014; Wyrod et al., 2011) that intergenerational sex (especially among multiple and concurrent partners) is a high-risk sexual practice that typically occurs between older, affluent urban men and young women. O'Brien and Broom (2011) noted that older men are more likely to be HIV-positive in-light of their longer sexual histories; aversion to HIV-testing given present stigma and discrimination; and a privileged gender and age-based ability to coerce their young female sexual partners not to use condoms. These older men, also termed locally as 'sugar daddies' offer young women financial incentives for sex (Timire, 2014; UNESCO, 2018a). Transactional sex typically goes in correspondence with intergenerational sex, poverty, and gender inequity as there are limited choices for young women.

Typically, the adult-led ABC approach largely ignores the role of inequitable gender norms in limiting young Zimbabwean women's ability to negotiate abstinence, condom use, and exercise autonomy over sexual behaviour (Kharsany & Karim, 2016; Venganai, 2015). Kharsany and Karim (2016) advised that there is a serious gap in

effective HIV prevention responses led by young women, taking into consideration issues of gender, age, and poverty.

Overt norms confine socially acceptable expressions of sex to a heterosexual marriage. Yet, another unspoken, well-known issue is that people may also have clandestine sexual partners outside of marriage (ZimStat & ICF International, 2016). For one, previous cultural acceptance of the now limited practice of polygyny (a man marrying more than one wife) has led to implicit acceptance of its evolving, often into modern forms (ZimStat & ICF International, 2016). One example is the euphemistically titled 'small house' practice (O'Brien & Broom, 2013). The 'small house' practice tends to be popular among affluent urban married men (usually more economically prosperous than their rural counterparts) who either marry (typically younger) more wives through the traditional custom of paying 'lobola'[14], or have a series of covert long-term mistresses outside their legal marriage to whom financial gifts are given in exchange for sex (O'Brien & Broom, 2013; ZimStat & ICF International, 2016).

Timire (2014) further posited that some unspoken sexual norms and practices had the potential to not only increase the risk of HIV infection, but to hide and promote coerced sexual relations, such as, rape. One example is the Shona practice of 'chiramu' wherein a man can flirt with, and potentially coerce his wife's younger cousin or sister to engage in sexual intercourse (Gwandure, 2012; Timire, 2014). Though rape is not socially sanctioned (UNICEF, 2016a); these cultural norms mean greater acceptance of an older male relative 'flirting' and 'touching' younger female relatives (Gwandure, 2012). Thus, different cultural practices have made the existence of contradictory and potentially harmful sexual norms possible. This may suggest a culturally acceptable attitude to high risk sexual practices, which are likely to be conducted without use of condoms because of the clandestine and risky nature.

High rates of new HIV infections among young Zimbabweans mean that significant numbers are having unprotected sex, often with multiple and, sometimes, concurrent partners (Muwonwa, 2017; O'Brien & Broom, 2011). Whilst, there are many reasons why young Zimbabweans engage in unprotected sex, ranging from sexual coercion to curiosity and a desire for sexual pleasure (Chikovore et al., 2013; Gwandure, 2012; Rumble et al., 2015), clearly individual sexual health choices are also shaped by the

[14] Groom's family offering of material and financial gifts to bride's family as an expression of gratitude, and confirmation of a customary marriage.

socio-cultural environment. In 2015, the ZDHS reported that overall 6.1% of young men aged 15-24 years paid for sex; with young men aged 20-24 years (13.3%) more likely than those aged 15-19 years (1.6%) to pay for sex (ZimStat & ICF International, 2016). Currently, national surveys only measure payment for sexual intercourse by men to female sex-workers. Yet, as sex-work is illegal, criminalised and thus under-reported, the real number of young people paying for or engaged in sex-work, remains mostly unknown and hard to distinguish.

E. Sibanda and Khumalo (2017) spoke of the rise of 'vuzu'[15] house-parties in Bulawayo, often hosted by youth with parents based abroad, wherein intoxicated young people engage in partnered and group sex scenarios, as potential sources of new HIV infections. Limited research on young Zimbabweans risk-taking practices, including the increased consumption of drugs (such as cough syrup, marijuana, tobacco, and glue) and alcohol, have described these actions as coping mechanisms (Page & Hall, 2009; Pufall et al., 2017); gateways to the expression of sexual freedom (Timire, 2014); or evidence of inherent indiscipline (Ametepee, Chitiyo, & Abu, 2009). Typically, intoxicated young people are less able to make cognisant decisions, and might place themselves in situations with reduced likelihood of practicing safer sex (including using condoms) (Pufall et al., 2017). As Pufall et al. (2017) noted, there is a research gap on the exploration of connections between youth substance abuse and sexual health; possibly due to a context that makes independent research difficult.

Key populations play a central role in HIV prevention as "the groups are disproportionally affected by HIV, have an increased risk of infection, and yet are the least likely to have access to HIV prevention, testing, and treatment services because of widespread stigma and discrimination" ("HIV: Science and Stigma", 2014, p. 207). As noted in chapter one, men who have sex with men and sex workers are more likely to engage in sexual play that increases probability of body tissue and condom tear, leading to an exchange body fluids such as blood and semen (Case et al., 2012; World Health Organization, 2018b). For one, the sexual partner into whose anus a penis is inserted is at higher risk of tissue tearing, especially in a context such as Zimbabwe, whereby sexual lubricants are prohibitively expensive. Similarly, resource constrained contexts like Zimbabwe, drug users who inject into the vein and are likely to be sharing hard to access expensive needles are also at great risk of HIV infection (Case et al., 2012; World Health Organization, 2018b).

[15] A local term describing the quick and sudden occurrence of an event or phenomenon.

Therefore, for HIV prevention efforts, key populations are an important risk to themselves and general population. (UNAIDS, 2018b). Despite the biomedical paradigm dominant in health programmes, which calls for a scientific, objectivist approach to disease control, norms of antagonism particularly towards homosexuality are entrenched in most African contexts, including Zimbabwe, and shape policy-makers' 'lack of response' to the sexual health needs of ostracised groups, as they fear backlash from society (Gunda, 2010; Hagopian, Rao, Katz, Sanford, & Barnhart, 2017). Hostile social environments, especially for people who are not heterosexual, severely limit the potential for key populations to access sexual health services, including ART (Hagopian et al., 2017; Kharsany & Karim, 2016). Stigma and taboo around sexuality are discussed in following sections. Thus, in Zimbabwe, as it is globally, the HIV epidemic is exacerbated by structural, social, and traditional norms, such as sexually conservative social norms and values; inequities based on age and gender (Campbell et al., 2016; Campbell & Cornish, 2010; World Health Organization, 2008); and adult-led policy and politics that guide the prevention strategies and agendas (World Health Organization, 2008).

2.6.3 HIV Knowledge and young Zimbabweans

Ensuring that young people possess the knowledge of how the disease is transmitted and ways in which they can protect themselves from infection, forms a central part of global HIV prevention (UNESCO, 2018a). The ZDHS 2015 (ZimStat & ICF International, 2016) definition of comprehensive knowledge of HIV was informed by the UNICEF (n.d.) as the percentage of young people aged 15-24 years: 1) able to accurately name the two foremost means of preventing the sexual transmission of HIV. Namely, steadfast condom use and restricting sex to one faithful, HIV-negative partner; 2) rebuffing popular local myths about HIV transmission; and 3) knowledge that individuals who look fit and healthy can also be HIV-positive.

Findings from this survey further refuted two popular local myths, namely, that HIV was transmitted via mosquitoes, and through sharing food with a HIV-positive person (ZimStat & ICF International, 2016). Given the age and gender patterns of HIV-related disease in the general population, it is vital that comprehensive knowledge of HIV for young people is age-appropriate and gender-relevant (UNICEF, 2018a), although health promotion theories tell us that this by itself is not a sufficient approach to HIV prevention (Thaler & Sunstein, 2008; World Health Organization, 2008). Indeed, what

might be considered appropriate is highly contested by different societies, organisations, and generations.

In 2015, comprehensive knowledge of HIV among young people was found to be below average for young women and men (Figure 6). Knowledge about where to source a condom was generally higher for young men, with young women, notably those aged 15-19 years least likely to possess this knowledge. Young women (Figure 6), especially those aged 20-24 years (64.7%) were likely to know their HIV status compared to their male peers (44.9%).

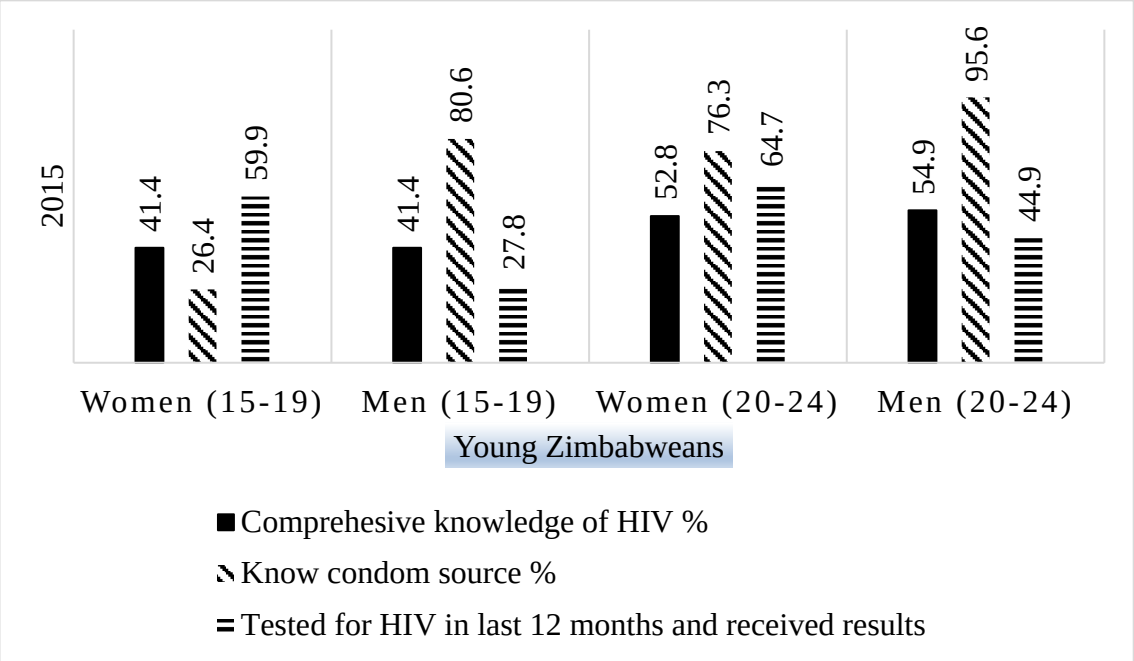

Figure 6: Condom, HIV knowledge and testing

Source: Zimbabwe: Demographic and Health Survey 2015 (ZimStat & ICF International, 2016)

For Zimbabwe, the taboo nature of sex and prevailing norms shaping sexual behaviour are of importance to young people's sexual health knowledge; thus it remains silenced and denied in Zimbabwean society (Chikovore et al., 2013). It is taboo and socially unacceptable for young people to openly express queries and concerns about sexual matters. O'Brien and Broom (2013) clarified that typically local cultural norms not only prohibit open conversations on sex (especially outside marriage), but also prohibit reference to the personal impacts of HIV-related disease, including death. These conversations are vital in sexuality education.

Thus, young people often do not debate sexual issues with peers, family, and health professionals, and would feel guilty even thinking about accessing condoms or having sex before marriage (Chikovore et al., 2013; Marindo, Pearson, & Casterline, 2003; Pattman, 2005). Consequently, parents do not normally discuss sexual matters with their children and when they do it is to issue a command of total abstinence until marriage – not to encourage debate (Marindo et al., 2003). Inequitable sexual norms are often more restrictive towards young women compared to men (Duffy, 2005; O'Brien & Broom, 2013; Sambisa et al., 2010). It has been widely reported that a young woman of low socio-economic status and living in a rural area faces family and social pressure to be a virgin for her wedding night. Rural women often marry younger than their urban female peers (ZimStat & ICF International, 2012a). Early marriage typically increases young women's dependence on their husbands for financial security and constrains their ability to exercise and negotiate sexual matters. Overall, prohibitive local norms make the expression of young people's sexuality an anti-social and covert behaviour, and further silences and denies youth voices about their sexual lives (Chikovore, Nystrom, Lindmark, & Ahlberg, 2009; Pattman, 2005). As evidenced by high new HIV infections, young Zimbabweans are having sex outside marriage and so ignoring these norms. Clearly, societal denial of young people's sexual needs and sexual behaviours are negatively affecting their sexual health.

Tamale (2011a) further described how discussion about sex in a diversity of African contexts generated emotive responses shaped by conservative beliefs. Over 80% of Zimbabweans identify as Christians, with religion forming a central part of people's private and public lives (Kerina et al., 2013; U.S. Department of State, 2015). The Church's negative views on sex outside of marriage shapes overt sexual health norms, policy, and practice. For Zimbabweans, talking to young people about sex equates to encouraging them to have sex, in a society that not only forbids premarital sex, but constructs it as a sin against Christian values (Muparamoto & Chigwenya, 2009; Schatz & Dzvimbo, 2001). These norms are presented as universally accepted truths to be learnt, internalised, and practised by all young Zimbabweans.

Young people with higher levels of education; living in urban areas; and from an affluent socio-economic background are more likely to possess greater HIV prevention knowledge (ZimStat & ICF International, 2016). Education is regarded as a protective factor for HIV infection, as knowledge about the disease and its prevention increases with the level of education (ZimStat & ICF International, 2016). In 2015, knowledge of

HIV prevention methods (including consistent condom use with one HIV-negative sexual partner) was reported as below average at 46% for young women, and 47% for young men, and lower especially among youth who had never had sex, married or cohabited with a sexual partner (ZimStat & ICF International, 2016). HIV-negative individuals who are well-informed may make the safer sex decisions to maintain their health status; and may be more likely to seek testing, treatment and care, and take measures, such as consistent condom use to protect their sexual partners (ZimStat & ICF International, 2016).

Progress is being made towards the UNAIDS 90.90.90 targets for 2020[16], which state that 90% of all people: will know their HIV status; those with a positive HIV diagnoses will receive ART; and experience viral suppression by 2020 (UNAIDS, 2015a). Approximately, 74% (2016) and 84% (2017) of all Zimbabwean PLHIV knew their status and were on ART, and of those 60%[17] (2016) achieved viral load suppression (UNAIDS, 2018a). Viral load suppression improves the health and wellbeing of an HIV-positive person, with growing biomedical consensus that it also greatly reduces the possibility of sexual transmission (UNAIDS, 2018b). The World Health Organization (2018b) described high uptake ART contexts as those providing an access to over 80% of individuals testing HIV-positive. Therefore, Zimbabwe is experiencing high uptake of ART. Increasing access to and adherence to ART in Zimbabwe has been fundamental to reducing the number of AID-related deaths from approximately 120,000 (2000) to 22,000 (2017) (UNAIDS, 2018a).

Yet, the ZIMPHIA 2015-2016 demonstrated that young Zimbabweans aged 15-24 years are falling behind in key HIV-related indicators (PHIA Project, 2016a). ZIMPHIA 2015-2016 found those aged 15-24 years were a third less likely to be diagnosed (50.4%) compared to the general population aged 15-64 years (72.9%) (PHIA Project, 2016b). Viral load suppression was reported to be highest among older people, specifically women aged 55-59 years (nearly 83%), and men aged 60-64 years (approximately 78%) (PHIA Project, 2016a). Whereas, between 2015-2016 viral load suppression was notably lower for young people aged 15-24 years; an estimated 48%

[16]These targets are informed by the United Nations SDGs. Though all 17 SDGs are offered as integrated means of responding to HIV/AIDS. Of particular relevance for this study is Goal 3 to 'ensure healthy lives and promote wellbeing for all at all ages, and target 3.3 aimed at ending AIDS by 2030 (United Nations, 2018).

[17] UNAIDS estimates for 2017 viral load suppression in Zimbabwe not available at time of chapter compilation.

for young women, and 40% for young men (PHIA Project, 2016a). Moreover, parents need to consent before young people under 16 years of age can be tested for HIV, and therefore access ART (UNAIDS, 2018b). Age inequities and sex taboo suggest greater acceptance and support for older people accessing ART.

2.7 HIV prevention policy

Overall critique of the response to HIV in Zimbabwe is that there was an initial fragmented and hence delayed response, insufficient in the face of the severity of the problem. Rödlach (2006) noted that the government's early suppression of HIV/AIDS data in the 1980s influenced local denial of the epidemic. O'Brien and Broom (2011) connected the government's denial of the epidemic to its short-sighted HIV prevention policy response. O'Brien and Broom stated that during the 1980s, possibly due to fear and lack of research, most governments in Africa (with Uganda and Senegal being exceptions) denied the existence of the HIV epidemic. The increasingly widespread nature of Zimbabwe's epidemic combined with international pressure to encourage a shift in government policy from denial of HIV/AIDS to formal acceptance and action (O'Brien & Broom, 2011).

The National AIDS Coordination Programme was formed in 1987, to spearhead the country's response to the disease; programmes focused on short to medium-term solutions at the beginning of 1988, with the first long-term National Policy on HIV/AIDS introduced in 1999, just over a decade later (The Government of Zimbabwe, 1999). Only in 2000 was the National AIDS Council established to facilitate multi-sectoral and multi-agency responses (National AIDS Council, 2017). Nevertheless, it is worth noting that Zimbabwe's HIV/AIDS response was ahead or at par with some of its regional counterparts. For one, Lesotho's National AIDS Commission responsible for implementing long-term policy initiatives was only established in 2005 (Hongoro, Mturi, & Kembo, 2008). Whilst Kenya's National AIDS Control Council was established in 1999, only a year before Zimbabwe (Hongoro et al., 2008). In 2002, Zimbabwe's delayed response to the generalised nature of the HIV epidemic resulted in a six month state of emergency on HIV/AIDS (World Health Organization, 2005). This emergency declaration enabled the overwhelmed government to direct funds to procure and make publicly accessible, affordable generic ARVs.

The National AIDS Trust Fund (locally referred to as the AIDS Levy) also became effective in 1999 (Bhat et al., 2016). The AIDS Levy provides local funding for HIV

services through a 3% income tax levy from formally employed individuals and corporate organisations (National AIDS Council, 2017). The National AIDS Council has provincial offices in each of the 10 provinces and is headquartered in Harare. The board includes representatives from various government ministries (including Ministry of Health and Child Care); the Law Society of Zimbabwe; Traditional Medical Practitioners Council; church groups; business and industry; healthcare providers and PLHIV (Bhat et al., 2016; National AIDS Council, 2017). Notwithstanding this multisectoral inclusivity, as a parastatal organisation with 14 board members appointed by the state president, it remains an exclusively government controlled organisation (Bhat et al., 2016), despite the importance of non-government actors in the fight against HIV.

The National AIDS Council's role is to: administer the AIDS Levy; coordinate, monitor and evaluate the national multisectoral response to HIV/AIDS by facilitating the joint implementation of the National Policy on HIV/AIDS, and the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP III) 2015-2018 (National AIDS Council, 2015). A major strength has been the coordinated synergy of a unanimous national response to a health concern driven by some local funding (through the AIDS Levy) (Bhat et al., 2016; Hongoro et al., 2008). However, Bhat et al. (2016) critiqued the high administrative costs of the top-heavy National AIDS Council and the apparent tax burden of the AIDS Levy to those in formal employment, whilst the informally employed majority are untaxed.

2.7.1 Key HIV prevention policies and strategies

Since the 1999 enactment of the National Policy on HIV/AIDS, there has been four nationwide HIV/AIDS strategic plans informing and guiding the country's response over an 18-year period, including the Zimbabwe HIV and AIDS Strategic Framework 2000-2005; ZNASP 2006-2010; ZNASP II 2011-2015; and ZNASP III 2015-2018 (National AIDS Council, 2015). Subsequently, the 1999 National Policy on HIV/AIDS informs all national strategic plans focusing on HIV prevention, and reducing the negative personal, socio-economic disease related impacts (The Government of Zimbabwe, 1999). This policy also endorses the promotion, protection of the rights of young people to access to educational, life skills based education, health and social support (The Government of Zimbabwe, 1999).

Connected to earlier strategies, ZNASP III (2015-2018) demonstrates the donor-led shaping of national policy and aligns with United Nations goals by: 1) acknowledging a continued commitment to the possibly improbable UNAIDS driven 'getting to zero' goal for new HIV infections, AIDS-related deaths, and discrimination; and 2) a new pledge to escalating efforts to meet UNAIDS 90.90.90 targets by 2020, and eliminating AIDS by 2030 (National AIDS Council, 2015; UNAIDS, 2010, 2015a).

Presently, key HIV prevention interventions targeting young Zimbabweans fall into four categories. Firstly, adult-led, curriculum-based sexuality education and life skills training programmes aimed at young people in schools, tertiary institutions, and the wider community (Ministry of Education Sports Arts and Culture, 2013). Of note is the school-based 'Life skills, sexuality, HIV and AIDS Education Strategic Plan 2012-2015' focused on sexual abstinence, delayed sexual debut, and making schools health promoting settings (Ministry of Education Sports Arts and Culture, 2013; S. Moyo, 2017). Secondly, through establishing health services (linked to public healthcare service providers) where, along with access to ART and condoms, HIV prevention health information, testing, and counselling is provided to young people (Ministry of Health and Child Care, 2015). This includes integrating New Start HIV testing and counselling centers into public health provision, using tailored HIV prevention strategies to encourage young people to practice safer sex (National AIDS Council, 2015). However, young Zimbabwean's fear of disapproval, associated with acknowledging their sexuality (Chikovore et al., 2013), results in low service utilisation (Ministry of Health and Child Care, 2015). In 2014, while 253 national health facilities offered young people almost 100% access to condoms and HIV diagnostic services, less than half the staff were trained in providing sexual health services specifically to young people (Ministry of Health and Child Care, 2015).

Thirdly, voluntary medical male circumcision as a key donor-driven HIV prevention intervention (UNAIDS, 2015a), has been linked to a reduced risk of HIV infection from women to men and is growing in popularity among young men (ZimStat & ICF International, 2016). The ZDHS reported for young men aged 15-19 years voluntary medical male circumcisions rose from 5% between 2010-2011 to 23% in 2015; whilst for those aged 20-24 years these percentages rose from 8% between 2010-2011 to 13% in 2015 (ZimStat & ICF International, 2016). Lastly, the use of mostly state-controlled mass media by the government and NGOs to disseminate HIV prevention messages

targeting youth (National AIDS Council, 2015) have proven to be far from effective in reaching the target audience, given the low levels of knowledge found in studies.

2.7.2 Zimbabwe's HIV prevention financing

In 2013, total HIV expenditure was approximately USD 253 million, with USD 34 million from domestic public expenditure and USD 219 million from international expenditure (UNAIDS, 2018b). Ahead of most in the region, Zimbabwe's AIDS Levy distinctively funds part of the national HIV/AIDS response, for example, raising USD 38.6 million in 2014 towards the Ministry of Health and Child Care's budget of USD 301 million[18] mostly funding the health personnel labour costs incurred in the national HIV/AIDS response (Bhat et al., 2016).

In 2014, the World Health Organization (2018a), advised caution when reading total healthcare expenditure estimates (i.e. 6% of its GDP – approximately USD 300 million) for Zimbabwe, as they are based on insufficient data. Most healthcare funding came from international donor countries, including the US (notably through PEPFAR), United Kingdom, Denmark and Netherlands; philanthropic organisations (including the Bill and Melinda Gates Foundation); and United Nations agencies (including the Global Fund to Fight AIDS, Tuberculosis and Malaria) (UNAIDS and Kaiser Family Foundation, 2016). Low government expenditure on healthcare is typical for low-income countries and demonstrates the stronghold that the donor community has on shaping local health policy and practice. The main consumers of healthcare in 2014 were: the government (38%); households able to afford healthcare (36%); and other sources (26%), presumably including NGO working within communities (World Health Organization, 2018a).

2.7.3 Young Zimbabwean's voice and school sexuality education

As discussed, school-based sexuality education is a central element of HIV prevention in Zimbabwe. A fundamental contention of this study is that young Zimbabwean's voices are excluded from sexuality education policy, and this negatively impacts on the quality of sexuality education and, therefore, their sexual health.

Another policy gap is that adult-led central documents such as ZNASP III and the National Youth Policy identify the need to work with young people in upscaling and improving HIV prevention programmes aimed at them (Ministry of Youth Development

[18] The rest of the ministry's budget is largely funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria; and PEPFAR (UNAIDS and Kaiser Family Foundation, 2016).

Indigenisation and Empowerment, 2013; National AIDS Council, 2015). Yet, the use of formal adults as experts' language in the documents and the limited provision of practical implementation guidelines, suggests a lack of commitment to establishing partnerships with young people. One example is that of the Ministry of Education, Sports, Arts and Culture's (2012) Education Medium Term Plan: 2011-2015. The Plan's main goals include promoting child-friendly schools and improving the quality of HIV prevention life skills. These goals drive the Plan's strategic priorities of quality assurance and staff development. The Plan offered a useful indicator on fostering health promoting schools, by measuring the number of staff trained in HIV prevention life skills. Yet, no practical strategic objectives, activities, and indicators for evaluating attainment of sexuality education goals were presented.

The Ministry of Education Sports Arts and Culture (2013) Life Skills, Sexuality, HIV and AIDS Education Strategic Plan: 2012-2015 represents another recent sexuality education policy response. The Education Strategic Plan prioritises giving students access to accurate and thorough sexuality education, and supporting teacher training and lesson delivery (Ministry of Education Sports Arts and Culture, 2013). Indicating progress, the Plan provides clear time-bound goals and objectives, set in logical frameworks that detail activities, indicators, and implementing partners. However, the Education Strategic Plan fails to provide workable milestones like the time-span and targets to be achieved. Thus, making the evaluation of current sexuality education challenging. Lately, suggesting new prevention policy, the National AIDS Council (2017) specifically identified a need to address social and political determinants limiting key populations' (including young men who have sex with men, sex workers, people who inject drugs) access to HIV prevention.

2.8 Role of the education sector

This study focuses on the problem of HIV prevention in Zimbabwe, with a reference to school-based sexuality education. Thus, the role of the education sector is particularly significant in considering context.

Zimbabwe's continuing socio-economic and political adversity has shown a significant impact on lowering school enrolment rates; poor resources and facilities; the poor quality and difficulty in retaining teachers; and the overall reduced quality of young people's educational experience as a result. Previously the responsibility of the now defunct Ministry of Education, Sports, Arts and Culture, the school system now sits

within the authority of the Ministry of Primary and Secondary School Education. Following the re-election of President Mugabe and the ruling ZANU-PF party in the 2013 general elections, cost-cutting reform resulted in a policy to reduce the civil service wage-bill and synergise ministries.

2.8.1 School structure

In 2012, the census described Zimbabwe's school system as chiefly divided into primary and secondary schools (ZimStat, 2014b). Official primary school age is 6-12 years, and secondary school is 13-18 years (ZimStat, 2014b). The census classified the school age population broadly as 3-24 years, to include children (aged 3-5 years) attending pre-school, and young people (aged 19-24 years) attending tertiary education (ZimStat, 2014b). Higher gross enrolment[19] versus net enrolment[20] figures (see section 2.8.2), suggests that school students are likely to be between 19-24 years in secondary schools. The reason for overage school students (that is, those over 18 years enrolled) is: guardians delaying enrolment in search of school fees; young people are unable to attend school at times because of caring for sick relatives; and students need to repeat years for various reasons, including the poor quality of education (UNICEF, 2018b).

Primary school years consist of educational stages, grades 1-7 (ZimStat, 2014b). In the final year, examinations are in core subjects including: English, Ndebele or Shona, mathematics, and the general paper (also referred to as the content syllabus, encompasses a combination of religious education, social and natural sciences) (USAP, 2008). Students learn sexuality education in primary when they are in grades 4-7, mostly during social studies, and guidance and counselling classes (if these are available) (S. Moyo, 2017). These classes are conducted during about 30 minute (one class period) weekly sessions allocated in their approximately 33 hour weekly time-table (UNESCO & UNFPA, 2012).

The first four years of secondary school consists of educational stages, forms 1-4 (ZimStat, 2014b). Upon completion, students sit the Ordinary (O) level examinations, and thereby conclude their basic education progression, or apply to continue to the two year Advanced (A) level (forms 5-6) (UNICEF, 2018b). From 1995, primary and secondary school examinations have been locally administered by the Zimbabwe

[19] Total enrolment (irrespective of age) at given level (primary or secondary school) of education shown as a percentage of official school-age at the same level (UNICEF, n.d.). Reflects overage students, including those who are repeating.

[20] Enrolment of the official school-age population at a given level (primary or secondary school) of education as a percentage of the total population of the same age-group (UNICEF, n.d.).

School Examinations Council (2018). This has resulted in a two-tier examination system, as more affluent parents concerned by the quality of the local curriculum opt for the more expensive University of Cambridge Local Examinations Syndicate administered assessments. A minimum package of five (O level), and two (A level) subjects is required to pass each secondary school level (Zimbabwe School Examinations Council, 2018). Students typically take core subjects including English, history, science, and mathematics (Table 5).

Table 5: Overview of examinable secondary school subjects

	O Level	A Level
Sciences	Biology (sexuality education), chemistry, physics, physics with chemistry, integrated science (sexuality education), mathematics, statistics	Biology (sexuality education), chemistry, physics, mathematics, further mathematics
Arts	English literature, religious education, geography, history, sociology	English literature, divinity geography, history, sociology
Commercial Subjects	Accounts, commerce, economics, computer studies	Accounts, computer science, management of business/business studies, economics
Languages	English, Shona, Ndebele, French, German, Latin	English, Shona, Ndebele, French, German, Latin
Creative Arts	Art, music	Art, music
Practical Subjects	Woodwork, metalwork, agriculture, technical drawing, fashion & fabrics, food & nutrition	Geometrical and mechanical building drawing, agriculture

Source: Generated from website databases on education in Zimbabwe (USAP, 2008; Zimbabwe School Examinations Council, 2018)

Sexuality education is taught from forms 1-6. In secondary school, the biological and scientific aspects of sexuality education are taught mainly through the core and examinable subjects of biology and integrated science (Zimbabwe School Examinations Council, 2018). The social aspects of sexuality education are mostly taught in non-core, unexaminable subjects such as guidance and counselling (previously education for living), if available (E. Gudyanga, Wadesango, Manzira, & Gudyanga, 2015; Ministry of Education Sports Arts and Culture, 2013; S. Moyo, 2017).

The national school system is comprised predominantly of a mixture schools. For secondary level, this consists mainly of registered government (9%), rural district council (72%) - largely run by government, Christian mission (13%), and expensive privately run schools (3%) (E. Mpofu et al., 2012; ZimStat, 2014b). Private and mission

schools are typically better resourced; with the latter publicly perceived as more affordable. Private schools like government run schools are typically secular and more likely than conservative mission schools to promote condom use (E. Mpofu et al., 2012).

Also emerging are struggling satellite schools located mainly in rural resettlement areas (ZimStat, 2014b). Satellite schools are unregistered schools linked to registered schools, typically formed through community and government cooperation (Munjanganja & Machawira, 2014). As satellite schools typically lack the fundamental infrastructure, learning and teaching resources to qualify for official school registration (UNICEF, 2018b), the majority do not provide sexuality education.

The 2012 nationwide census reported: 4,865 (registered) and 888 (satellite) primary schools; 1,646 (registered) and 666 (satellite) secondary schools. Bulawayo province has 126 (registered) and 2 (satellite) primary schools; 46 (registered) and 4 (satellite) secondary schools (ZimStat, 2014b). Bulawayo has been one of the provinces with the lowest number of primary schools (128), and secondary schools (50) (ZimStat, 2014b). The highest number of primary (857) and secondary (380) schools was recorded for Manicaland Province (ZimStat, 2013a). The reasons for this may be that Manicaland is a bigger province and second most populated (nearly 13% of total population) (ZimStat, 2013a); and its Shona majority is popular with the central government as they typically support the ruling ZANU-PF party (Encyclopedia of the Nations, 2018; E. Sibanda & Khumalo, 2017). Whereas, Bulawayo is one of the smallest and least populated provinces (an estimated 5% of total population) (ZimStat, 2013a); and it is an established party stronghold of the MDC opposition party (Mlambo, 2017; B. Mpofu, 2010)

2.8.2 School enrolment

Between 1980-1990, driven by nation building ideals, the Zimbabwean government's investment in free education saw school enrolment, particularly in primary schools, increase to almost 100% (Mlambo, 2017; UNICEF, 2016b). During this period, the country's education rose to become one of Africa's best state funded systems, reflected in high literacy rates of 84% in 1992 (Mlambo, 2017; World Bank, 2017b). However, the 2000-2008 period of marked multisectoral instability saw most of the educational gains reversed (Mlambo, 2017). Throughout the first decade of the millennium, at the height of the socio-economic and education crisis; school enrolment, pass and

completion rates fell significantly (UNICEF, 2016b). Though data are sparse, net secondary school fell from a low 40% in 2000, to 35% in 2003 (World Bank, 2017b). Most young people were out-of-school. By 2008, student and teacher attendance dropped to approximately 20% and 40% (respectively) – demonstrating the severity of the education system crisis in the nation (UNICEF, 2016b). In addition, there has been a history of lowering enrolment and transition rates from primary to secondary schools, and reduced overall school completion rates (DFID, 2017; UNESCO, 2018b).

As found in the same 2012 census, most young Zimbabweans attend primary school (Table 6), but high gross enrolments suggest many students are repeating years and are overage (ZimStat, 2013a). In 2012, only an estimated 50% of students passed Grade 7, and were eligible to apply to enrol into secondary school (UNDP, 2015c). A low 50% net enrolment by students into secondary schools across the country is very concerning (ZimStat, 2013a). However, since this 2012 census, primary school enrolment was still high in 2013, at approximately 86% (net enrolment) and 100% (gross enrolment) (UNESCO, 2018b). In 2013, secondary school enrolment dropped further to 44% (net enrolment) and 48% (gross enrolment) (UNESCO, 2018b). Recent World Bank (2017b) estimates for 2016 show similar figures – 100% gross primary school enrolment but low 48% gross secondary school enrolment. These numbers are probably higher, especially given the increasing number of unregistered hard to reach satellite schools providing intermittent, unregulated, lower quality education (UNICEF, 2018b).

Table 6: National school enrolment Zimbabwe 2012 Census

	Primary			**Secondary**		
Enrolment	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Gross enrolment	106	103	104	58	56	57
Net enrolment	87	88	87	50	50	50
Total	1,275,618	1,244,745	2,520,363	520,329	502,846	1,023,175

Source: Census 2012- National report (ZimStat, 2013a)

In conclusion, more than half of young Zimbabweans do not enrol into secondary school and thus, do not have access to school-based sexuality education. Although they are likely to have access to community-based HIV prevention projects.

The 2012 census showed that Bulawayo fared better relative to the national estimates (Table 7, p. 61), for both primary and secondary school enrolment, with more than half (66%) net secondary school enrolment (ZimStat, 2013a). As urban provinces, Bulawayo

and Harare (net primary school enrolment 90%, and net secondary school enrolment of 66%) evidenced higher enrolment due to lower poverty compared to mostly rural provinces like Mashonaland Central (net primary school enrolment 84%, and net secondary school enrolment of 39%) (World Bank, 2017c; ZimStat, 2013a). Higher enrolment estimates may mask the issue of large overcrowded classes; especially for urban provinces like Bulawayo, whereby better roads and infrastructure make schools more accessible.

Table 7: Bulawayo school enrolment

	Primary			Secondary		
Enrolment	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Gross enrolment	102	101	101	79	76	77
Net enrolment	91	91	91	68	65	66
Total	47,363	49,923	97,286	31,646	37,709	69,355

Source: Census 2012 - National report (ZimStat, 2013a)

National figures for 2012 showed that whilst most young people in the first four years of secondary school progressed from one form to the next (ZimStat, 2014b). Only 19% of total students in form 4 would be able to proceed to forms 5-6, with more young women (20%) than young men (16%) advancing (ZimStat, 2014b). Therefore, even fewer students are potentially exposed to sexuality education in secondary school. However, overall basic literacy remains high. In 2012 the census described high national (96%) and provincial (Bulawayo, 98%) literacy rates (ZimStat, 2013a). Though in 2015, UNESCO (2018b) offered slightly more conservative estimates of 89%.

Young Zimbabweans, especially those who are orphaned and others who are made vulnerable by the nation's general poor health and socio-economic conditions, face greater financial constraints, increasing household and care-giving responsibilities (DFID, 2017). These constraints make it difficult for young people to attend school. Therefore, they are less likely to receive regular sexuality education. Munjanganja and Machawira (2014) cited family poverty and hunger as a key driver of students' failure to transition from primary to secondary school.

As formal unemployment is high, most parents struggle to pay government day-school fees for each of the three school terms in a year (Ministry of Primary and Secondary Education, 2018). In 2016, school fees per term were an estimated USD 35 (urban) and

USD 15 (rural) for primary schools; and USD 60 (urban) and USD 50 (rural) for secondary schools (Higherlife Foundation, 2018). This needs to be considered in relation to low GDP per capita for 2016 at an estimated USD 1000 per annum (World Bank, 2017b). Bulawayo's higher secondary school net enrolment of 66% may reflect hidden income, including from the informal urban economy and diaspora remittances (easier to access in urban contexts as these typically have better economic infrastructures).

In 2016, severe foreign currency cash shortage exacerbated by the closure of many companies (including associated job losses), and government struggle to pay civil servants, led banks to re-introduce daily bank withdrawal limits ranging from USD 50-100 per person (DFID, 2017; World Bank, 2017a). So, it has become harder for Zimbabweans to get cash for paying expenses like school fees. Local media (Bulawayo24, 2017) recently reported Lazarus Dokora, the Minister of Primary and Secondary Education, as controversially urging schools to accept goats and manual labour from cash-strapped guardians as form of school fees payment.

2.8.3 Overview of curriculum focused on sexuality education

In 1992, Zimbabwe became one of the first countries in Sub-Saharan Africa to officially mandate schools to teach compulsory weekly life skills based sexuality education to students from grade 4 (primary school) to form 6 (secondary school) – i.e. official school ages, 9-18 years (Ministry of Education Sports Arts and Culture, 2013; UNESCO & UNFPA, 2012). Termed the 'AIDS action programme for schools', this is a UNICEF-led sexuality education initiative for primary and secondary schools (Chikovore et al., 2009; Ministry of Education Sports Arts and Culture, n.d; S. Moyo, 2017; R. M. Mugweni, 2012; O'Donoghue, 2002). Historic key curriculum documents include, Let's talk: An AIDS action programme for schools (1993-1997) and Think about it: An AIDS action programme for schools (1994-1998) (Nyatsanza, 2015; O'Donoghue, 2002). The Ministry of Education, Sports, Art and Culture (2013) advised on a policy document for 2012-2015 that:

> Current interventions are anchored on the 1993 policy circular for teaching HIV and AIDS and a syllabus on HIV and AIDS issued in 1998/1999…It is a compulsory offering in the school curriculum with a specific time allocation on school timetables. (p. 10)

For secondary schools, this study's focus, sexuality education has largely been taught using the HIV/AIDS and life skills education secondary school syllabus form 1-6

(herein referred to as the sexuality education syllabus), released in early the 2000s as part of the AIDS action programme (Ministry of Education Sports Arts and Culture, n.d; S. Moyo, 2017). The sexuality education curriculum in secondary schools covers two main areas and has been embedded in various subjects. Firstly, the biological, reproductive and disease dangers of sex taught mainly in biology and integrated science (examinable, core) subjects. Secondly, the personal and social aspects of sexuality education taught mainly through the guidance and counselling (non-examinable, non-core) subject. Literature (Chikovore et al., 2009; Muguwe & Gwirayi, 2011; R. M. Mugweni, 2012; Nyatsanza, 2015; UNESCO & UNFPA, 2012) evaluating the sexuality education syllabus described it as outdated and its donor-led nature resulting in content lacking active engagement with local cultural context; lacking depth in exploration of complex social issues; and difficult for teachers to deliver given that the syllabus and text books are often unavailable.

The sexuality education syllabus for forms 1-6 is Zimbabwe's key teaching resource for secondary school teachers, especially those teaching guidance and counselling (Ministry of Education Sports Arts and Culture, n.d). Thus, the guidance and counselling subject typically uses the sexuality education syllabus as its core document. This curriculum was created in collaboration with different government, donor, teacher, and community bodies, Christian NGOs, and the National AIDS Council. Ministry recommendations encourage the use of participatory teaching methods to empower students with psycho-social life skills believed to result in safer sexual health choices and behaviour. Topics (Table 8, p. 64) include: abstinence and HIV/AIDS, sex and sexuality, human reproduction, sexually transmitted infections, child abuse, culture and gender, and religion (Ministry of Education Sports Arts and Culture, n.d).

The sexuality education syllabus is non-examination, targeting students at O and A levels by teaching the social aspects of sexuality education mainly through the guidance and counselling subject (Ministry of Education Sports Arts and Culture, 2013). Time allocated for teaching the social aspects of sexuality education in secondary schools ranges from 30-60 minutes per week (E. Gudyanga, Wadesango, et al., 2015; Ministry of Education Sports Arts and Culture, 2013; Musandipa, 2006; Samanyanga & Ncube, 2015). Despite the illustrative list of sexuality education syllabus topics (Table 8) seemingly part of a comprehensively good curriculum, it remains challenging to implement (as elaborated in the next section).

Table 8: Examples of sexuality education syllabus s topics

Topic	O Level objectives and concepts	A Level objectives and concepts	Life skills	Suggested (participatory) activities
Abstinence and HIV/AIDS	Explain abstinence as an effective protection against STIs and HIV/AIDS. Explain why some family planning methods offer no absolute protection against STIs and HIV/AIDS. Appreciate why secondary virginity is a way of preventing the spread of HIV/AIDS. Types and purposes of contraceptives.	Explain why condoms are not the best answer to the prevention of STIs and HIV/AIDS. Explain why non-penetrative sex is not the answer to the prevention of STIs and HIV/AIDS. Types and purposes of contraceptives. Love without sex.	Self-awareness Communication Critical thinking Assertiveness Decision-making Self-discipline Peer pressure Resistance Self-esteem	Discussing or brainstorming the advantages of abstinence. Debating on contraceptives and HIV/AIDS. Discussing secondary virginity as a way of preventing the spread of HIV/AIDS. Debating on 'love without sex'.
Sex and sexuality	Identify different sexual patterns such as heterosexuality, homosexuality, bisexuality and celibacy. Relate sexual patterns to HIV/AIDS. Differentiate between risks associated with different sexual patterns; love, lust and infatuation.	Examine acceptable and deviant sexual behaviour. Examine different types of sexual behaviour that put one at risk of contracting HIV/AIDS. Identify some problems associated with sexuality. Analyse sexual patterns in relation of HIV infection.	Self-awareness Communication Critical thinking Assertiveness Decision-making Self-discipline Peer pressure Resistance Self-esteem	Discussing how certain sexual patterns can expose someone to HIV/AIDS. Debating on deviant sexual behaviour. Panel discussion on keeping a relationship without sex.

Source: HIV/AIDS, health and life skills education secondary school syllabus (Ministry of Education Sports Arts and Culture, n.d)

With limited weekly opportunity for sexuality education to take place when students attend school, it is acknowledged that poorly resourced schools prioritise examinable core subjects (E. Gudyanga, Wadesango, et al., 2015; Ministry of Education Sports Arts and Culture, 2013; Musandipa, 2006; Samanyanga & Ncube, 2015). Therefore, guidance and counselling is not taught regularly, with teachers mostly untrained on using debate to create a participatory space for students to freely discuss sexuality issues. There is a gap in the administration of the subject within schools (E. Gudyanga, Wadesango, et al., 2015; Ministry of Education Sports Arts and Culture, 2013; R. M. Mugweni, 2012; Musandipa, 2006; Samanyanga & Ncube, 2015). Students typically view guidance and counselling classes as "free time", not to be taken seriously (Ministry of Education Sports Arts and Culture, 2013, p. 36); perhaps due to the adult-led nature of defining a non-examinable subject, and a gap in subject-specific trained teachers..

Yet, scholars (Campbell et al., 2016; S. Moyo, 2017; Musingarabwi & Blignaut, 2015) further described the individualising and potentially negative perceived 'teacher failure' to implement sexuality education as overlooking Zimbabwe's wider political and socio-economic uncertainty, and fundamental norms shaping classroom dynamics. Various factors including: difficult working conditions, a lack of training and resources, low pay and job satisfaction, reduced professional status of teaching, roles as disciplinarians, anxiety over teaching topics counter to societal norms, fear of parental and community disapproval, apprehension of being stigmatised or stigmatising HIV-positive students, all limit teachers' confidence to use participatory strategies to facilitate frank talk within sexuality education (Campbell et al., 2016; S. Moyo, 2017; R. M. Mugweni, 2012; Musingarabwi & Blignaut, 2015). As the accepted social norm, teachers will typically focus on the negative aspects of sexuality, omit taboo issues like specifics of condom use, and present homosexuality and bisexuality as harmful divergence from the heterosexual norm.

2.8.4 School resources and facilities

The economic turmoil of the late 1990s onwards has adversely affected the quality of teaching and led to limited teaching resources and often dilapidated school infrastructure (UNICEF, 2010, 2016b). Reports observed increasing numbers of schools not having textbooks and other essential basic learning materials (UNICEF, 2010). By 2009, most schools were reported to have 10 students sharing one text book per subject

(UNICEF, 2010). The government had been supported by UNICEF and other international donors to raise USD 70 million to meet the shortages in learning and teaching materials for core academic subjects (UNICEF, 2010). In the same year, government response to the education crisis led to the introduction of the Education Transition Fund to complement the UNICEF administered Basic Education Assistance Module (BEAM) (UNICEF, 2010, 2016b). Between 2005-2010, BEAM provided over half a million orphaned and vulnerable young Zimbabweans access to school fees and levies, and continues to offer support (UNDP, 2015c; World Bank, 2017c). Government expenditure on education as a percentage of total GDP has increased from approximately 2% (2010) to 8% (2014), accounting for an estimated 30% total government expenditure (UNESCO, 2018b; World Bank, 2017b). However, this is 30% of a small national government budget.

With limited resources, it is not surprising that non-core subjects such as guidance and counselling, which focus on teaching sexuality education, remain severely unfunded and under resourced (S. Moyo, 2017; Munjanganja & Machawira, 2014). Since early 2000s, schools, particularly much of poorly resourced government and satellite schools, have turned to double-shift sessions (locally referred to as 'hot seating') (Munjanganja & Machawira, 2014). This cost-cutting measure allows often the same teacher to teach one block of students in the morning, and another in the afternoon using the same resources (Munjanganja & Machawira, 2014). Government recommendations for student/teacher ratios are 40:1 (primary schools) and 30:1 (secondary schools) (Munjanganja & Machawira, 2014). UNESCO (2018b) estimated the 2013 student/teacher ratio as 36:1 (primary schools) and 22:1 (secondary schools) similar to census figures for 2012 (ZimStat, 2014b). Unofficial media reports (Daily News, 2017) and research (Wadesango, Hove, & Kurebwa, 2016) note that class sizes currently are much larger than these figures imply, with student/teacher ratios ranging from 40-50 students per teacher for both primary and secondary schools, and in extreme cases, 80 students per teacher.

So, schools face challenges of finding suitable time periods and learning resources for non-core subjects. Therefore, prerequisite weekly (30-60 minutes) lessons focused on the social aspects of sexuality education, mostly taught through the guidance and counselling subject, are often irregular, poorly resourced, and reliant on teacher interest (S. Moyo, 2017; National AIDS Council, 2017). Furthermore, UNESCO and UNFPA (2012) found a strong teacher preference for "single-sex sessions for discussing puberty,

sex, reproduction or gender-specific relationship issues [and] that mixed-sex sessions encouraged respect and communication between peers and should begin at an early age" (p. 134). On-going resource constraints mean hosting gender-specific sexuality education lessons is not always feasible. Gender-specific approaches target men or women separately and are necessary when addressing inequity in contexts characterised by pronounced gender-based socio-economic and political disadvantage (UNAIDS, 2011).

The low exposure to sexuality education of in-school Zimbabwean youth is noted with concern by the National AIDS Council (2017). For Bulawayo in 2013, the National AIDS Council (2014) reported more primary than secondary students being taught sexuality education (Figure 7). Though the National AIDS Council (2014) report did not make publicly available the figures for Bulawayo secondary school students receiving sexuality education. Particularly concerning was the decline (visible from the graph below) of secondary school students receiving sexuality education lessons. While the decline might be attributed to reporting inconsistencies in some schools, a gradual decline in funding for school-based sexuality education over the years has resulted in decreasing numbers of students able to access sexuality education (National AIDS Council, 2014).

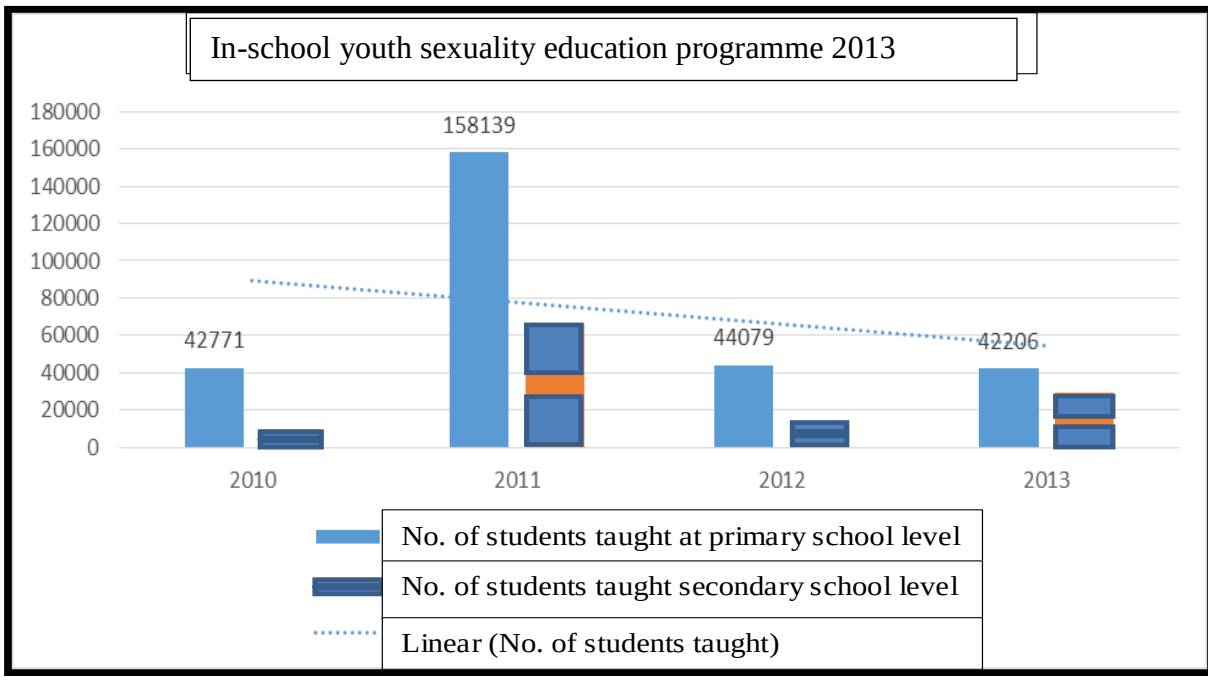

Figure 7: Bulawayo schools sexuality education programme in 2013

Source: Bulawayo Province annual report 2013 (National AIDS Council, 2014)

2.8.5 A focus on teachers

Given this study's focus on school-based sexuality education, teachers as current central policy implementers of sexuality education constitute a key group. Zimbabwean teachers are key implementers of education policy, and make-up 60% of the civil sector labour force (Ministry of Education Sports Arts and Culture, 2013). Inadequate teacher training, remuneration, and retention have had a negative impact on the quality of education young people receive resulting in lowered teaching standards, to be discussed next.

Given the worsening Zimbabwean socio-economic and political crisis, qualified teachers continue to leave their posts in search of better paid work in foreign countries; due to HIV-related illness and death; and uncertainty over the stability of social context (Ministry of Education Sports Arts and Culture, 2013; UNDP, 2015c). In 2008 alone, over 20,000 qualified teachers quit their posts to find more lucrative employment elsewhere (Ministry of Education Sports Arts and Culture, 2012). Such high staff-turnover has led to staff-shortages, and the increasing recruitment of unqualified temporary teachers (Shizha & Kariwo, 2011). The 2012 census reported approximately 88% (nationwide) and 95% (Bulawayo) trained primary school teachers, with secondary school teacher less likely to be trained (71% nationwide and 72% Bulawayo) (ZimStat, 2014b). Unqualified teachers are paraprofessionals or teaching assistants brought into primary and secondary schools to fill qualified teacher shortages and, as such, typically take on the central teaching role (UNICEF, 2018b). Being unqualified, they are ill-equipped to comprehensively teach and deliver the school curriculum, including sexuality education.

Primary schools across the country and in Bulawayo are characterised by a mainly female teaching staff (Figure 8, p. 69) (ZimStat, 2014b). For secondary schools, the opposite is true as most have more male than female teachers, with Bulawayo and Harare Provinces being the only exceptions (ZimStat, 2014b). These two provinces, perhaps given their urban locations, have more female secondary school teachers.

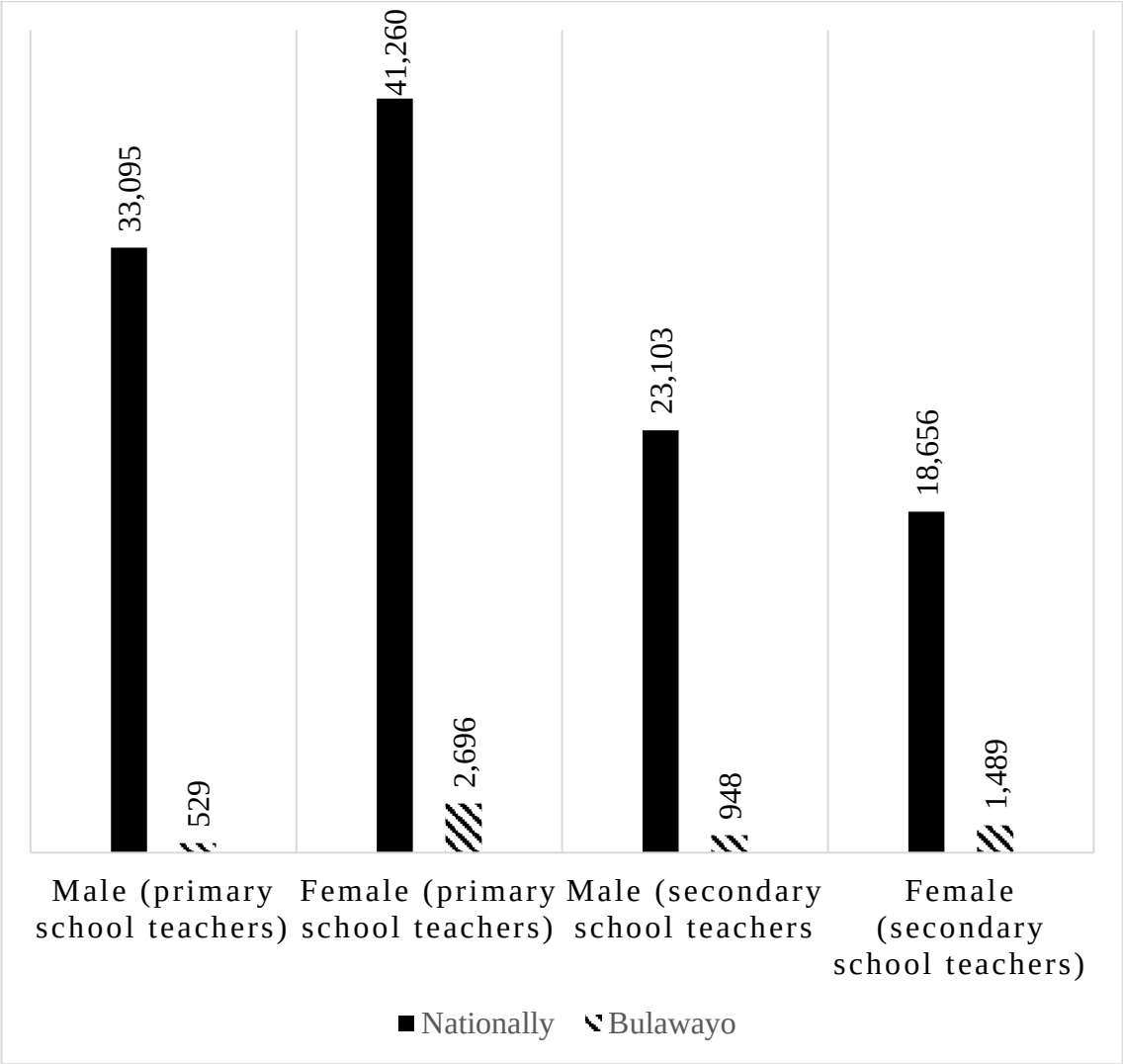

Figure 8: Census for 2012 figures for the number of school teachers

Source: Education report (ZimStat, 2014b)

Despite recent state and donor community initiatives, teacher salaries remain low. For one, subsequent to the adoption of the USD as the main currency in 2009, the state paid all civil servants, including teachers, the lowly sum of USD 100 per month (Ministry of Education Sports Arts and Culture, 2012). For qualified teachers this increased to USD 363 in 2011, still far below the poverty datum line of USD 540 (Ministry of Education Sports Arts and Culture, 2012). For Bulawayo, over the decades of instability, teachers went from being a comfortable middles class group to the struggling urban poor, whose living conditions were characterised by high rents, unreliable water and electricity supply (B. Mpofu, 2010). Anecdotally, teachers largely began supplementing low wages by sometimes selling snacks during their lessons and offering more profitable (after hours) extra lessons and moonlighting, possibly leading to high rates of absence. Lately, low pay and inadequate working conditions combine to make teaching an

unattractive career prospect to most (Shizha & Kariwo, 2011; UNDP, 2015a). Overall, these unregulated informal economic activities meant less teaching occurring during school hours.

Teacher training institutions are administered by the Ministry of Higher and Tertiary Education, Science and Technology Development, and nationwide there are nine primary and three secondary school teacher training colleges, one less as Midlands Christian College Teacher Training Complex closed in 2014 (Ministry of Higher and Tertiary Education Science and Technology Development, n.d). Most of the teacher training colleges are in the traditional Shona provinces of Masvingo, Mashonaland East, Manicaland, and Harare. Only three are in the customary Ndebele provinces: 1) The United College of Education, training Bulawayo's special needs primary school teachers; 2) Hillside Teachers College, training Bulawayo's secondary school teachers; and 3) J. Nkomo Polytechnic's Faculty of Education (in Matabeleland South Province) (Ministry of Higher and Tertiary Education Science and Technology Development, n.d).

In 2007, teacher pre-service training enrolment figures were a promising 10,163 for women and 7,705 for men (total 17, 868) (Ministry of Education Sports Arts and Culture, 2013). By 2009, this total fell by 4,301 to 8,722 for women and 4,845 for men (total of 13,567) (Ministry of Education Sports Arts and Culture, 2013). The 2012 Census reported a notable increase in national teacher training enrolments to 13,185 for women and 5,624 for men (total of 18,809) (ZimStat, 2014b). However, local media reports (The Zimbabwean, 2011) suggested teacher training colleges have lowered enrolment criteria[21] to three O level subject passes in order to increase numbers, thereby compromising the quality of graduates produced.

The Ministry instituted compulsory training on sexuality education and HIV/AIDS life skills at teacher colleges in 2000. Yet, this training remains sporadic and limited (Ministry of Education Sports Arts and Culture, 2013; S. Moyo, 2017). Indeed, the National AIDS Council (2014), across the country, including in Bulawayo, observed notable reductions in the number of teachers receiving in-school sexuality education training. The percentage of primary and secondary school teachers in Bulawayo attending training for sexuality education has significantly declined, from 91% in 2012 to 39% in 2013 (National AIDS Council, 2014). This is despite teacher training in sexuality education being central to policy plans to create health promoting schools

[21] Typically, five O level subjects are required including mathematics and English.

(Ministry of Education Sports Arts and Culture, 2012; Ministry of Primary and Secondary Education, 2016).

Lately, between 2015-2016, the Ministry of Primary and Secondary Education updated and published new national curriculum, Curriculum Framework for Primary and Secondary Education: 2015-2022, and Life Skills Orientation Programme Syllabus (2015) as part of its Education Sector Strategic Plan 2016-2020. Implementation began in 2017 (Chitate, 2016; Ministry of Primary and Secondary Education, 2015a, 2015b, 2016, 2018). A focus on enhanced teaching of Science, Technology, Engineering and Mathematics (STEM) in the new curriculum is hoped to alleviate current shortages in skilled labour and stagnated economic growth (Chitate, 2016). UNDP (2015a) noted the SDGs as prioritising an e-economy using Information and Communication Technology (ICTs) as multisectoral drivers for development. Yet, policy implementation will be difficult given teaching and learning challenges. The Ministry of Primary and Secondary Education (2016) described its Education Sector Strategic Plan 2016-2020 as focused on proving equitable, affordable, student focused quality education that is informed by good government. The policy identifies the promotion of school health, sexuality, HIV/AIDS, and education as key programme areas for Zimbabwe's education sector (Ministry of Primary and Secondary Education, 2016).

The Life Skills Orientation Programme Syllabus was designed through collaboration with government bodies, the local exam board, Christian NGOs, UNICEF and UNESCO (Ministry of Primary and Secondary Education, 2015b). Of concern, is the Ministry's description of this as an out-of-school programme for primary and secondary schools, ideally started towards the end of the school year, and extending through the school holidays (over a two month period) (Ministry of Primary and Secondary Education, 2015b). It is a troubling directive that makes it highly challenging for schools to allocate resources and implement, as falling outside official school hours. This syllabus has seven topic areas: identity and patriotism, leadership, health, environmental issues, rights and responsibilities, enterprise and volunteerism, and maintenance skills (Ministry of Primary and Secondary Education, 2015b). This syllabus does not concentrate on sexuality education but integrates HIV/AIDS (Table 9, p. 72) as one of five focus areas covered by the health topic. Noticeably, the word sex and specific terminology on love, relationships, and intimacy is not used by the policy document.

Table 9: Extracts of sections of Life Skills Orientation Programme Syllabus relevant to sexuality education

Topic: Health	Objectives:	Unit content:	Suggested learning activities	Suggested learning resources
HIV/AIDS O level (forms 1-4)	Outline the basic facts on HIV/AIDS Care for someone with AIDS Support voluntary counselling and testing (VCT) and provider initiative services Practice abstinence as an effective protection against STIs and HIV and AIDS	HIV/AIDS Other illnesses	Discussing basic facts about HIV and AIDS Role playing caring for someone with AIDS Dramatizing a visit to a VCT centre Discussing the advantages of abstinence as an effective protection against STIs and HIV and AIDS Practising positive living	ICT tools Resource person/s Related literature Braille material
HIV/AIDS A level (forms 5-6)	Explain the importance HIV testing Analyse and interpret statistical data on HIV and AIDS Identify risky behaviour Care for someone ill Discuss illnesses, symptoms causes and treatment	HIV/AIDS Other emerging illnesses	Discussing implications of HIV and AIDS statistics Discussing risky behaviour Visiting VCT and provider initiative centres a Taking care of someone ill Identifying illnesses, symptoms causes and treatment Practising safe behaviour	ICT tools VCT centres Resource persons

Source: Complied using information from the Life Skills Orientation Programme Syllabus (Ministry of Primary and Secondary Education, 2015b)

2.9 A focus on NGOs

Since the identification of the HIV epidemic in Zimbabwe in 1985, NGOs have been instrumental to the implementation of the HIV prevention and AIDS responses, both in rural and urban areas (Mervis, 2012; Nyatsanza, 2015). NGOS have increasingly participated and become members of the National AIDS Council (National AIDS Council, 2015). Grassroots level NGOs provide access to vital community-based health resources and services to improve public access to: clinics offering affordable or free medical treatment, including safe voluntary medical male circumcision; food donations; safe drinking water; policy advocacy; and hosting sexuality education lessons and events in schools (Mervis, 2012; Nyazema, 2010; World Health Organization, 2018a). Vital HIV counselling and testing services are provided mainly by big international NGOs such as Population Services International (PSI). Unfortunately, most of these services are in urban centres, and often are hard for rural communities to access due to transport cost barriers and knowledge of such services.

There have not been comprehensive reports available on the types and distribution of NGOs across the country, and specifically in Bulawayo. Only limited and non-comprehensive multiple agency-based lists are available, documenting the various NGOs across Zimbabwe working in the HIV/AIDS field. For example, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2012) catalogued only the national-level NGOs in Zimbabwe and included simply the NGO's name and contact details, and broad statement of services. No detail on population groups and nature of services were provided.

The National AIDS Council (2017) listed the following as key registered NGO Bulawayo service providers for the HIV prevention, and AIDS response: PSI, World Vision, Matabeleland AIDS Council, Family Impact, Childline, Catholic Relief Services, and Zimbabwe National Network of People Living with HIV and AIDS (ZNNP+), Christian Health Care Services, and Centre for Sexual Health HIV/AIDS Research (CeSHHAR). Apart from Mehlo Arts Academy, notably missing from the National AIDS Council's list are the numerous Bulawayo-based grassroots NGOs using arts-based and creative methods, such as theatre and sport in sexuality work with in-school and out-of-school youth. These include Grassroots Soccer; Grassroots Theatre Company Zimbabwe; Nhimbe Trust; Siyaya; Inkululeko Yabatsha School of Arts (IYASA); and, the site of this study, Amakhosi Performing Arts Academy.

As mentioned previously some government policies, including land reform, were negatively perceived by international donors (UNDP, 2015a). Consequently, direct bilateral aid was reduced. NGOs benefited from this instability through greater access to albeit reduced multilateral donor funding, through key international organisations (including various UN agencies) (Mervis, 2012; OECD, 2017). Faith-based (predominantly Christian) NGOs either through church-leadership (for example, Catholic Relief Services) or broader Christian affiliations (for example, Scripture Union Zimbabwe) emerged to play key role in HIV prevention efforts (DFID, 2017; National AIDS Council, 2017). Possibly, due to donor perceptions of faith-based NGOs as better administered and aligning with their sexually conservative agendas. Unfortunately, support for faith-based NGOs has entrenched sexual conservativism in HIV prevention efforts, as they influence policy and implementation of sexuality education.

Tense relations have existed between the government and NGO sector throughout the various presidential and parliamentary elections of 2000-2013 (Nyatsanza, 2015). Of note was the 2004 introduction of the NGO Bill restricting NGO activities and access to donor funds, especially those focused on human rights, political governance issues, free and democratic voice (Human Rights Watch, 2004). Whist there is a recognised need for NGOs to be monitored and evaluated, Human Rights Watch (2004) queried the government's reasoning that some NGOs had "abused Western donor funds to support the opposition party, the Movement for Democratic Change (MDC)" (p. 1). As previously mentioned, 2000-2008 was a period of heightened instability and insecurity that compromised the ability of NGOs to conduct their vital services, including provision of healthcare, and sexuality education.

2.10 Conclusion

The government's initial delayed response to HIV in the late 1980s created a challenging context for prevention work. Further, poor and short-sighted government fiscal and land policies, which characterised the late 1990s, laid the foundations of Zimbabwe's heightened political and economic instability at the beginning of the millennium. High unemployment, hyperinflation, and entrenched poverty have created risky and unstable everyday socio-economic contexts for young people. Increasingly, young people are growing up with: 'absent' diaspora parents; orphaned and uncertain of the future. Contexts of risk, instability, and perhaps bleak prospects make HIV prevention policy and practice extremely challenging.

Historically, African HIV prevention programmes have concentrated on the individual through using BCC interventions to disseminate the ‘abstinence, be faithful and use a condom’ or ABC approach. Such a strategy ignores the defining role that social determinants play, such as inequitable gender and age norms, conservative sexual norms, socio-economic and political instability, and policy influenced by Christian beliefs on the values of heterosexuality and sexual abstinence until marriage. These all contribute to shaping sexual behaviour and health outcomes. In future, there needs to be greater emphasis on creating an environment more conducive to young Zimbabweans being enabled and supported to make safer sex decisions. Finally, the level of detailed analyses offered by the chapter provides vital socio-economic and political context for the study.

CHAPTER 3 SCHOOL-BASED SEXUALITY EDUCATION MODELS IN SUB-SAHARAN AFRICA: A CRITICAL REVIEW

3.1 Introduction

The need to create a space for young people's shaping of sexual health policy and practice is increasingly advocated for as a global health priority. It is essential to attaining the SDG 3.3 target of ending AIDS by 2030 (United Nations, 2018). School-based sexuality education remains vitally important given the capacity of schools to reach large numbers of young people; cost-effective use of existing resources, such as teachers; and established connections to local families, communities, and NGOs (Adelekan, 2017; Musingarabwi & Blignaut, 2015). Further, as noted by Diamond (2006), sexuality education can connect with young people being at a key point of their sexual development at which they are vulnerable, needing considered and informed examination of the subject. Such school-based sexuality education also needs to carefully take into consideration diverse social and cultural contexts. This review will explore the literature using a critical paradigm as it relates to school-based sexuality education models in Sub-Saharan Africa focused on HIV prevention. A critical paradigm (Grant & Giddings, 2002; Ozer, 2016) guided the analysis of typically hidden power dynamics that privilege certain types of knowledge and adult-led models for sexuality education, over establishing partnerships with young people. As such, this review particularly interrogates the place of young people's voices and ideas in relation to the design of school-based sexuality education.

3.1.1 Search strategy

An online search was conducted to access academic databases (namely CINAL, MEDLINE, Psychology and Behavioural Sciences Collection, Health Source: Nursing/Academic Edition, SocINDEX, Scopus and ERIC). Articles were also accessed using public databases like 'Google Scholar' and 'ResearchGate'. The search terms used were: 'sexuality education', 'sex' 'school', 'teach', 'Zimbabwe', 'Southern Africa', 'Sub-Saharan Africa', in combination with 'HIV OR Human Immunodeficiency Virus', 'AIDS OR Acquired Immunodeficiency Virus'. The search strategy sought to generate mostly peer-reviewed journal articles focused on sexuality education in Zimbabwean secondary schools, and the wider Sub-Saharan African region as an essential component of HIV prevention. Given the extensive nature of HIV

prevention literature for the region, articles were restricted to those published in English, between 2006 and 2018. However, some earlier literature was used to demonstrate a change in ideas and approaches from the 1980s, when HIV first emerged, to the present.

The review was not strictly limited to peer-reviewed articles as 'grey literature' such as conference papers, policy documents, government and other institutional reports provide key insights and point to useful research. A 'snowballing' approach was utilised to choose additional articles from reference citations and related literature (recommended by the different databases). A search was in-turn conducted on ProQuest Dissertations and Theses Global for relevant doctoral theses. Overall, the initial search strategy generated approximately 1,190 articles.

To filter the search to a manageable size, inclusion criteria were used to further focus the literature selection based on relevance to the research question. Ideally it would have been preferred to limit the search to literature Zimbabwean secondary schools, but this proved to generate a very small number of sources. Therefore, the inclusion criteria were broadened to Sub-Saharan African secondary schools. Further, given the preponderance of positivist research, favoured by donors, and therefore the lack of theoretical discussion, literature offering global paradigms (adopted in African settings like Zimbabwe) on conceptual models of school-based sexuality education was also included. Altogether, this method generated approximately 140 literature sources. Though journal articles are in the majority, books, reports, and theses investigating current ideas pertinent to guiding this research were also incorporated.

3.1.2 Use of quantitative and qualitative research

Quantitative and qualitative research approaches are important in school-based sexuality education. Quantitative research tends to explore and present research in this area from a biomedical perspective, mostly guided by experimental psychology, behavioural, and epidemiological sexual health studies (Creswell, 2014; Miedema, Maxwell, & Aggleton, 2011). The knowledge produced has been influential in decisions about the type of school-based sexuality education as HIV and sexual health presides often in the health sciences. Also, quantitative research does not typically take into consideration issues of power and voice (Dwyer & Buckle, 2009; Prinja & Kumar, 2009). It is weak at capturing the complexity of social situations, such as sexual relations and norms. Furthermore, it rarely considers how different actors shape decision making, such as on

sexuality education. Knowledge is perceived as universally objective and factual (thus voiding power), and knowledge generation limits voice expression through adult-controlled methodologies. Quantitative values are akin to scientific and moral values in adopting a top-down, didactic and expert perspective determined to measure and instil adult-determined good sexual behaviours and beliefs (Creswell, 2014; Miedema et al., 2011).

In contrast, qualitative research, particularly that which adopts a critical and participatory approach, has been particularly relevant to this study. For example, Yang and MacEntee (2015) used text and visual images to create the opportunity for young people's self-representative, personal and real-world experiences to forefront sexual health knowledge. A focus on voice enables issues of social power and inequity that shape young Zimbabwean's sexual health to emerge. However, qualitative research advocating young people's standpoints is characteristically described as unreliable anecdotal evidence (Attawell et al., 2014; Vanwesenbeeck et al., 2015). Qualitative research paradigms are typically regarded as unconventional ways of producing subjective knowledge that have limited public health relevance for policy formulation and implementation (Creswell, 2014; World Health Organization, 2013a).

Qualitative studies characteristically aim to generate rich insights from students (Ansell et al., 2012; Francis, 2010a; McLaughlin & Swartz, 2011), teachers (Helleve, Flisher, Onya, Mukoma, & Klepp, 2009; Machawira & Pillay, 2009; Van Rooyen & Van Den Berg, 2009), and the wider school community (Muparamoto & Chigwenya, 2009; Norton & Mutonyi, 2007); and therefore, can be used to contribute to sexuality education that reflects daily lived realities. Some specifically propose the adoption of visual methodologies, including photo-voice, drawings, and participatory video when partnering with students, teachers, parents, and wider community members to produce local sexuality education (de Lange, 2008; C. Mitchell, Theron, Stuart, Smith, & Campbell, 2011; Yang & MacEntee, 2015). These methodologies are considered to be empowering tools well-suited to the real-world performative space of the classroom. Though based in the more liberal setting of a university, the recent PAR study by Muwonwa (2017) provides a useful example of the use of youth-led drama in the Zimbabwean context to provide insights into young women's sexual realities and desires for shaping sexuality education. Visual methodologies typically appeal to young people as designs are informal, flexible with imaginative visualisation, supportive of making apparent hidden topics like sex. Ideas relevant to this study's goal of creating a

space for young people's shaping of sexuality education. Therefore, for reasons outlined above, this review mainly used qualitative critical research.

3.2 School-based sexuality education models

Francis (2010a), E. Mpofu, Hallfors, Mutepfa, and Dune (2014), Muwonwa (2017), and Yang and MacEntee (2015) noted that educating young people about ways of safeguarding their sexual health is fundamental to their sexual health and wellbeing. Being at the start of their sexual lives, youth present an opportunity for early adoption of lifelong safer sexual knowledge and practices. Given the significance of Sub-Saharan Africa's HIV epidemic, the focus on HIV prevention in school-based sexuality education programmes is not surprising (Attawell et al., 2014). Therefore, the review utilised literature that both narrowly centres on HIV prevention in school-based sexuality education, and broadly explores issues such as relationships, intimacy, gender, and voice in sexuality education.

Scholars (Aarø et al., 2014; Miedema et al., 2011; Roien et al., 2018) contend that despite a rapid growth in school-based sexuality education programmes, very little work has been done on offering clear conceptual frameworks for distinguishing different models of sexuality education. Sexuality education researchers (Jones, 2015; Miedema et al., 2011; Wood & Rolleri, 2014) remarked that such models remain highly contested. To bridge this knowledge gap, several scholars (Jones, 2011, 2015; Miedema et al., 2011; Roien et al., 2018) have offered frameworks for conceptualising sexuality education. What is clear from the review is that whilst they are contested, there is also considerable crossover in their work. .

Miedema et al. (2011) posited three models for conceptualising global school-based sexuality education: the scientific, moral, and rights-informed models. The scientific model endeavours to change young people's risky sexual behaviours by providing information and rules based on so-called scientific evidence-based research (Miedema et al., 2011). This compares to the moral model's restrictive conservative sexual norms and values, and the rights-informed model's struggle to support young people in attaining their sexual rights (Miedema et al., 2011). The scientific, moral, and rights-informed models are presented as separate entities to outline their key features. However, in practice, the models contain aspects of each other.

Miedema et al. (2011) described the scientific model to sexuality education as driven by leading biomedical, epidemiological, and behaviour change knowledge. Despite claiming positivist goals of objectivity and value neutral knowledge, influence of powerful actors sustains a focus on individual behaviours that cause disease (Baum & Fisher, 2014; Miedema et al., 2011; Prinja & Kumar, 2009). Therefore, using the fear of disease in sexuality education to prevent or minimise high risk sexual practices, like unprotected sex. The model promotes a Western, individualistic, rational, and clinical approach to describing sexual experience (Miedema et al., 2011; Nyatsanza, 2015), as words like 'behaviour determinants' fail to capture young people's relational, emotional, and cultural sexual realities.

Campbell and Cornish (2010) critiqued the scientific model as fundamentally flawed; namely as sexual health policy decisions are often based on the moral power of elites, rather than the rational evidence provided for the needs of marginalised groups. For example, Hunt et al. (2017) observed a persistent lack of essential sexual health policy, services and staff training, despite pressing needs among sex workers and LGBTI[22]; including young people in these key populations. Zimbabwe's legislation, specifically the Criminal Law (Codification and Reform) Act 2004 renders sex work and any sexual or physical intimate contact (including anal sex or kissing) between men as illegal. Explicitly, criminalising male sexual acts perceived as homosexual but as observed by Hunt et al. (2017) falling short of making the LGBTI status a crime. Such legislation validates the Christian majority's often hostile standpoints towards homosexuality (Gunda, 2010; Hunt et al., 2017). Scholars (Jacob, Shaw, Morisky, Hite, & Nsubuga, 2007) have argued in favour of the scientific model, and stated that young people want to learn more of the facts of biomedical HIV/AIDS and other sexual diseases. However, Francis (2010a) suggested young people's seeming acceptance might stem from the entrenched nature of the biomedical disease dangers of sex presented as the norm, therefore closing the space for questioning and aspiring for change.

Miedema et al. (2011) labelled the moral model to sexuality education as typically informed by either openly stated or underlying conservative faith-based beliefs. As described in chapter two, the country's Christian majority supports a sexually conservative sense of morality, defining premarital sex as sinful. Like most of Sub-Saharan Africa, Zimbabwe's HIV prevention work is shaped by wealthy Western donor countries. Notably by PEPFAR, USA's pro-abstinence largely Christian driven funding

[22] A common abbreviation for lesbian, gay, bisexual, trans and inter-sex individuals.

programme (Iyer & Aggleton, 2013; Miedema et al., 2011; Yankah & Aggleton, 2017). Similar to its scientific counterpart, the moral model is typically adult-determined (Denison et al., 2012; McLaughlin & Swartz, 2011); thus excluding the potential for partnerships with young Zimbabweans.

Miedema et al. (2011) categorised the rights-informed model as manifestly using the notions of rights, voice, participation, and power in relation to school-based sexuality education. Miedema et al. distinguished rights-informed models to school-based sexuality education as guided either by formal or informal notions of rights. Formal rights were established by the Universal Declaration of Human Rights 1948[23] that adopts a Western legal model and language of the "accountability approach" placing emphasis on the rights of all people, and the duties typically of governments for protection (Miedema et al., 2011, 2015, p. 83). Informal rights are connected to concepts of empowerment, active citizenship, social justice, participation, and sexual rights (Miedema et al., 2011, 2015). Whilst, rights-informed models to sexuality education programmes have been critiqued for using individualistic language reflecting a disconnect with community settings wherein sexual decisions occur, and crucially lacking clarity on how young people can attain rights beyond the abstract (Miedema et al., 2011, 2015). Miedema et al. (2015) acknowledged an opening-up of sexuality education lexicon to include terms like 'youth-friendly' that connect assessments of sexuality education to young people's ability to attain sexual rights. A focus on rights gives space to challenge sexuality education models that exclude young Zimbabwean's ideas.

Human rights in the context of HIV/AIDS were originally openly acknowledged in the late 1980s, by the World Health Organization during the first global HIV/AIDS response (Gruskin, Mills, & Tarantola, 2007; Miedema et al., 2011). In 2004, the World Health Organization (2004) offered then new unofficial definitions relating sexual rights to established international human rights as central to the attainment of sexual health:

> Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity…Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction…Sexual rights embrace human rights [for all]…to [best possible] healthcare services…to seek, receive and impart

[23] A document agreed by United National General Assembly in 1948 to outline universal requirements for the rights of every person in every country, including rights to education, and best possible healthcare.

> information related to sexuality…to choose…[and]… to pursue a satisfying, safe and pleasurable sexual life. (p. 3)

Though reiterated in later World Health Organization (2006, 2015) policy documents, upholding young people's health necessitates a vital move beyond the avoidance of formally adopting the definitions. A stance probably brought about by the contentious nature of sexual issues. These are very unusual statements in that they openly support the argument that sexuality should be pleasurable and an important part of life. There are very few statements or research that allows for sexual pleasure in sexual health policy and practice, especially in a context like that of Sub-Saharan Africa. The decades of the HIV epidemic have made this even more of a contentious issue. Adoption of this statement would create the space for school-based and youth-led shaping to sexuality education incorporating notions of pleasure, intimacy and choice, including in the Zimbabwean context. Lately, the Guttmacher–Lancet Commission, a select international adult-led group on sexual health, advanced a definition that integrates often disparate components of sexual and reproductive health and rights (Starrs et al., 2018). The integrated definition calls for stronger political, economic, and social commitment to remove sexually repressive laws, norms, and policies (Starrs et al., 2018). Therefore, ensuring that those traditionally excluded (including young people and key populations) from policy agendas have access to "information, resources, services, and support" (Starrs et al., 2018, p. 11) needed to realised their rights, health, and wellbeing.

African scholar, Kaoma (2018) argued how a focus on rights remains highly disputed in African contexts, and often regarded as yet another foreign product that imposes Western logic on the morality of rights as necessary for securing sexual health. The pursuit of rights thus becomes locally understood, especially by powerful stakeholders, as a threat to African local culture and supportive of deviant behaviour (Kaoma, 2018), such as the promotion of condom use, gender and sexual diversity among young people. A leading view opposed especially by highly stigmatised groups, including Africans identifying as LGBTI, as a lack of upholding of such rights typically adversely affects their health and wellbeing (Hunt et al., 2017; Kaoma, 2018).

Nonetheless, the growing use of the language of rights and empowerment in sexuality education justifies analyses of the rights-informed model in African contexts. Literature (Francis, 2010b, 2016; Francis & DePalma, 2014; Shefer & Ngabaza, 2015; Wood & Rolleri, 2014) identified Pattman and Chege's (2003) examination of sexuality

education teaching practice in Southern and Eastern Africa, as an influential rights-informed study. Though not explicitly using the term 'rights', Pattman and Chege's central contribution was to use the language of voice, empowerment, and participation to argue for the creation of a space for diverse young African ideas, being experts of their sexual lives, to shape sexuality education. The authors proposed a shift from silencing, adult-led, and judgemental perspectives to sexuality education that renders sexually curious students as disobedient; to youth-driven approaches that made visible, hidden thoughts on pleasure, anxiety, intimate relationships, and avoided the reproduction of gender stereotypes (Pattman & Chege, 2003). Furthermore, Muparamoto and Chigwenya (2009) identified partnerships with young Zimbabwean voices as the essential "missing link" (p. 31) needed to create the space for initiating change well-matched to their sexual health contexts and needs.

Jones (2011, 2015), reflecting that of Miedema et al. (2011), proposed a framework of four distinct school-based sexuality education models: a conservative model driven by biomedical and religious ideals that promotes dominant sexual norms; a liberal model broadly focused on an individual's choice, sexual rights, and acquisition of skills promoting safer sex; a critical model centred on issues of inequity, power, sexual pleasure, and difference in sexual orientation; and lastly, a postmodern model exploring the fluidity of sexuality and gender that moves beyond binary worldviews to incorporate diversity and challenging the status quo. Furthermore, these four models of sexuality education encompass many discourses, i.e. "sets of ideological belief frameworks that directly inform practice in schools" (Jones, 2011, p. 134). Therefore, Jones' (2011, 2015) framework presents a valuable means of grouping, challenging, and theorising sexuality education.

More recently, Roien et al.'s (2018) mapping and critique of global school-based sexuality education research, following on from Jones (2011, 2015) and Miedema et al. (2011), proposed that conservative and non-conservative paradigms shape the landscape. For Roien et al. (2018) the "conservative paradigm…[is] portrayed as preventive, biomedical, restrictive, moralistic, and behavior-regulating; and the non-conservative or liberal paradigm …[characterised] as democratic, socio-ecological, critical, norm-critical, participatory, inclusive, comprehensive and positive" (p. 160). As found by Jones (2011, 2015) and Miedema et al. (2011), conservative beliefs underpin leading models to sexuality education. Yet, Roien et al. (2018) uniquely found greater numbers of non-conservative sexuality education research studies exploring student

perspectives and critiquing policy. This discrepancy is likely due to the authors use of wide-ranging concepts when defining the non-conservative paradigm to include research and models not specifically centred on regulating sexual behaviour and biomedical disease prevention (Roien et al., 2018).

A connecting thread of similarity in analytically grouping the foremost and counter models to global sexuality education emerged when analysing Jones (2011, 2015), Miedema et al. (2011) and Roien et al. (2018). For the purposes of this review these have been combined to form a debate about the juxtaposition of the dominant norms and alternative ways of shaping sexuality education, which relate to youth voices. Critical theory (Freire, 2005; Kincheloe & McLaren, 2011) guided the emergence of the review's two overarching themes (Table 10, p. 85): the dominant model and critical model of sexuality education. Use of a critical paradigm gave further space for making apparent hidden power dynamics, and for this review's answer to the first sub-research question *'How do current models for school-based HIV prevention-orientated education position young Zimbabwean voices in policy design'?*

Table 10: Dominant and critical models of sexuality education models

Dominant model		**Critical model**	
Scientific model	Young people objectified as target groups to be taught HIV/AIDS facts, typically by biomedical; experimental psychology; epidemiological; and behaviour change approaches. Model assumes the acquisition of the 'right knowledge' will led to behaviour change aimed as safer sex. Conservative norms and values maintain status quo of powerful adults.	Rights-informed model	Young people perceived as active subjects and social actors with emphasis on empowerment, participation, rights, and choice. Includes formal, legalistic and informal approaches. A focus on voice, choice and power forms a space for non-conservative, critical perspectives to emerge.
Moral conservative model	Young people regarded as either reckless risk-takers or innocents to be protected characteristically by conservative, faith-based approaches. Consequently, given rules to follow regarding sexual behaviour. Conservative norms and values maintain status quo of powerful adults.		

Source: Adapted from conceptual frameworks by Jones (2011, 2015); Miedema et al. (2011); Roien et al. (2018)

3.3 Dominant sexuality education model

Adelekan (2017), Sani et al. (2016), and Wood and Rolleri (2014) found a sustained focus on knowledge, risk and beliefs about HIV infection, sexual abstinence and, to a limited extent, condom use as shaping Sub-Saharan African sexuality education. Driving the focus on individual responsibility for health via primarily health education and literacy is a family of behaviour change theories, rooted mostly in American social psychology (Baum & Fisher, 2014; Glanz, Rimer, & Viswanath, 2008). The key behaviour change theories are outlined next.

3.3.1 Influence of health behaviour

The health belief model developed in the 1950s by American social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal (Rosenstock, 1974), emerging from clinical, community, and school settings, has been very influential. The health belief model asserts that subjective ideas on health problems, beliefs in personal capability, perceived advantages and barriers to health-seeking actions altogether shape individual health behaviour and outcomes (Glanz et al., 2008; Rosenstock, 1974). In the context of HIV prevention, the health belief model has been utilised to examine people's engagement (or lack thereof) with preventive and treatment health services.

Social marketing theory whose diverse origins range from utilisation in India's family planning campaigns of the 1960s (Storey, Saffitz, & Rimón, 2008), to the early 1970s theorising of American scholars on the use of marketing principles to promote behaviour change aimed at social good and change (Kotler & Zaltman, 1971). Using marketing 'four p's' centred on product, price, promotion, and place as key to shaping consumer attitudes and behaviour (Kotler & Zaltman, 1971). Social marketing theory has gained prominence in developing contexts like Zimbabwe, mostly in community settings, through appropriation by powerful donors when promoting their HIV prevention models as products (Storey et al., 2008; USAID, 2017b).

Social cognitive theory evolved from ideas developed by Albert Bandura in the 1960s and 1980s (Bandura, 1989). Social cognitive theory centres on individual motivation, agency, determination, and capacity to create desired health behaviours and outcomes. Yet, as observed by Kwasnicka, Dombrowski, White, and Sniehotta (2016) whilst behaviour change interventions can be useful in helping individuals attain short-term benefits, a fundamental flaw is the continued failure of such interventions to support

long-term change. Aspects that are pivotal when promoting long-term sexual health behaviours such as consistent condom use as an HIV prevention method. The psychological theory of reasoned planned behaviour was developed during the 1980s to early 1990s to predict and influence actions (Ajzen, 1991). The theory asserts that internalised norms and values shape a person's behaviour (Ajzen, 1991). Yet, one's positive intentions to model societal norms does not always translate to behaviour, especially in circumstances wherein social determinants, such as poverty and poor healthcare can limit expression of health-seeking behaviours (Baum & Fisher, 2014; Starrs et al., 2018).

Glanz et al. (2008) observed a shift in the paradigm of behaviour change theories from driving individuals to change their actions to the reduction of barriers to personal change; for example, making condoms easier to access. Yet, a uniting principle of the behaviour change theories is the belief in a person's self-efficacy and capacity to change his/her actions. Behaviour change theories have largely been critiqued for not taking the social context of people's lives into consideration, especially for the vulnerable, stigmatised, and voiceless (Baum, 2016; Baum & Fisher, 2014; Campbell & Cornish, 2010). Campbell and Cornish (2010) called for more research on HIV prevention models that change individuals and contexts to create "health-enabling social environments" (p. 1570). Critique of behaviour change theories emerges from those scholars and organisations which support principles of social determinants (Baum, 2016; Baum & Fisher, 2014; World Health Organization, 2008). As previously explained, social determinants of health encompass the everyday social, cultural, economic and political structures that play a shaping role in health inequity (World Health Organization, 2008). A socially transformative paradigm creates opportunity for issues of inequity and exclusion of oppressed groups, including those of young Zimbabweans to be changed.

But, as noted by Baum and Fisher (2014), a social determinants of health paradigm is rarely adopted because behaviour change theories have a powerful internal logic; namely that if someone's behaviour is resulting in a health problem then it is reasonable to encourage them to change this behaviour. A focus on behaviour change tends to be low-cost, more linear (less complex), and popular with policy-makers as it requires no major change to social, cultural, and legal systems (Baum & Fisher, 2014; Campbell & Cornish, 2010). Hence, the dominant model risks becoming a reactive band-aid sexuality education model devoid of local relevance. Furthermore, it is noteworthy that

behaviour change theories are compatible with neoliberal ideas, emerging from the USA, of self-determination in the face of so-called equal opportunities (Baum & Fisher, 2014; Shizha & Kariwo, 2011). Whereas, social determinants has emerged from European models of the importance of a social contract and creating social capital and safety nets, and collective approaches to wealth sharing, which are then mobilised to create equitable environments (Baum, 2016; Shizha & Kariwo, 2011). Altogether, a fundamental gap in the dominant model is that the important role of the social determinants of sexual health, or the environments in which young people live, are typically ignored. Furthermore, it is not clear as yet what an Afrocentric model of health might look like, other than as a postcolonial offshoot of neoliberalism, behaviour change or European style social democracy and social determinants models.

Adherence to health behaviour alongside Christian belief messages is another colonial structure that shapes the dominant model. African scholars (Kaoma, 2018; Kelbessa, 2017; Venganai, 2015) have stated the connections between colonialisation and Christianity, and their dual oppressive influence on local sexual norms and values. Given the powerful role of local churches, and faith-based organisations (as described in chapter two), there needs to be ideas and models on what their role (or lack thereof) might look like for postcolonial school-based sexuality education. Negotiating their role possesses a notable obstacle for a youth-led critical model of sexuality education, given a fear of power loss and possible undermining of Christian values by Zimbabwean youth cultures.

The interventions described as BCC, from which stems the ABC approach have been significantly influenced by the health behaviour movement (UNAIDS, 2015b; UNESCO & UNFPA, 2012). BCC combines the moral model's sexual conservatism with the scientific model's propagation of the disease dangers of sex. BCC are common health interventions because vital US funding, driven by religious conservative agendas, supports HIV prevention programmes promoting an ABC approach (Cohen, 2008; UNAIDS, 2016d). Zimbabwe, like other Sub-Saharan African countries, is largely reliant on such external funding for HIV prevention programmes (Cohen, 2008; UNAIDS, 2016d). Shaped by health behaviour theories, with the emphasis on personal accountability for health, BCC is popular as it supports conservative sexual norms by confining sex talk to the negative thus maintaining the status quo (Attawell et al., 2014).

3.3.2 Implementing the dominant model

Implementation of the dominant model has created local challenges for teachers, and broader school authorities. Various terminology has emerged to reflect these challenges, including "hybrid strategy" (Francis & DePalma, 2014, p. 87) and "curriculum mutation" (Musingarabwi & Blignaut, 2015, p. 124), and demonstrate the modification of the dominant sexuality education model to reflect the tensions of local culture and realties. For example, E. Mpofu et al. (2012) reiterated the strong influence of conservative attitudes, particularly in Zimbabwe's mission (church) schools, and to a lesser extent, government schools as shaping the implementation of the ABC approach to sexuality education. The authors described mission schools as solely centred on teaching sexual abstinence and being faithful to one marital partner, with government schools doing the same, together with some cautious promotion of condom use. Therefore, fear of condemnation by parents, and community for violating entrenched conservative sexual norms typically results in the modification or omission of key aspects of the donor-led curriculum (including the promotion of condom use) by Zimbabwean teachers and school authorities (Campbell et al., 2016; S. Moyo, 2017; E. Mpofu et al., 2012; R. M. Mugweni, 2012; Musingarabwi & Blignaut, 2015).

The idea of teachers and surrounding context as central influences to a sexuality education programme's fidelity, i.e. its implementation success or failure in Sub-Saharan Africa, has been noted (Francis, 2016; Helleve, Flisher, Onya, Mukoma, et al. 2011; Vanwesenbeeck et al., 2015; Wood & Rolleri, 2014). Helleve et al. (2009) clarified programme fidelity as the extent all aspects of a sexuality education programme's stated objectives are implemented as intended. Linked to programme fidelity is the long-standing gap in evaluations (Helleve, Flisher, Onya, Mathews, et al., 2011; Jacob et al., 2007; Michielsen et al., 2010), markedly by young people; with recent reviews (Adelekan, 2017; Sani et al., 2016) of school-based sexuality education in Sub-Saharan Africa reiterating this gap and questioning the efficacy of current models in achieving the desired outcomes of reducing HIV infection among youth.

Teacher discomfort is a central aspect noted as shaping the programme fidelity of sexuality education, and is often expressed (in African contexts) as the omission of key components of the curriculum (Ahmed et al., 2006; Francis, 2016; Helleve, Flisher, Onya, Mukoma, et al., 2011; Iyer & Aggleton, 2013; Wood & Rolleri, 2014). Scholars (Bhana, 2017; Francis, 2016; Helleve et al., 2009; Vanwesenbeeck et al., 2015) have described how in practice teachers, often due to a lack of interest and training,

curriculum limitations, personal beliefs, and apprehension of transgressing local sex taboos, avoided sensitive subjects like homosexuality, masturbation, abortion, condom demonstrations, thus closing the space to young people's possible questions on desire, intimacy and sex in general. Aggleton et al. (2011) further observed that as HIV remains highly stigmatising, teachers are possibly fearful of being stigmatised and perceived as overly knowledgeable of a taboo issue, by students and the broader community. Additionally, the prohibitive costs required to train Zimbabwean teachers, and integrate sexuality education into the wider school curriculum remain as obstacles to empowering change (S. Moyo, 2017; Mugimu & Nabadda, 2009).

Helleve et al. (2009) and Helleve, Flisher, Onya, Mukoma, et al. (2011) presented teachers' apprehensions of balancing classroom debate and discipline, combined with sensitivity to ridicule and controversy from students, and the wider community. Together they advocated for teacher empowerment to navigate cultural contradictions of possibly discussing the pros and cons of sexual matters with young people. Helleve, Flisher, Onya, Mukoma, et al. (2011) further advised that as culturally adult men do not teach young women about sex, male teachers were mostly uncomfortable teaching sexuality education to female students. Francis (2016) concurred explaining that teachers bring their social and sexual identities into the classroom. Iyer and Aggleton (2013) argued for more research on teachers' perspectives as people, given their role as sexuality education policy implementers. For, as noted by Casale and Hanass-Hancock (2011), research collaborating with teachers and students will provide locally relevant proposals for sexuality education.

Parents (including guardians taking on a parental role) are key community stakeholders who are mostly fearful of young people's early sexualisation, hold conservative agendas that especially uphold the abstinence aspects of the dominant sexuality education model, and can actively oppose the more progressive aspects, such as condom distribution in schools (Iyer & Aggleton, 2013; Muparamoto & Chigwenya, 2009; Namisi et al., 2015). The extent to which parents being formative in a young person's sexual development discuss sexual issues with them is termed 'parent-child communication' (Namisi et al., 2015; Wood & Rolleri, 2014; World Health Organization, 2016a). Though Wood and Rolleri (2014) expressed a dearth in research on the issue, several studies (Francis, 2010b; Iyer & Aggleton, 2013; Jacob et al., 2007; Namisi et al., 2015) explained the deep discomfort parents may experience when faced with the cultural peculiarity of openly talking about sexual matters with their children,

especially as most parents lack training on age-appropriate ways of discussing sex with their children. Parental opposition (supported by government) often results in schools not wanting to challenge the status quo, and teachers burdened with the task of merging official versus supported sexuality education. Yet, parental discomfort and negative perceptions on youth sexuality mean young people often experience limited opportunities for discussing sex with adults in a safe, supportive environment.

3.3.3 Deficit notions of youth sexual health: Life skills

Underlying the dominant model, as explained by scholars (Boler & Aggleton, 2005; Esere, 2008; Yankah & Aggleton, 2008), is the deficit approach to sexual health. Specifically, a prominent negative representation of young people as irresponsible risk-takers prone to reckless sexual acts due to a deficit in appropriate skills and judgment, and therefore needing adult defined skills, values and rules to guide their sexual practices (Yankah & Aggleton, 2017). There are mounting calls for conceptualising young people as knowers (not innocents or reckless risk-takers), offering valuable insights into their developing sexual identities and needs from sexuality education (Bhana & Epstein, 2007; Francis, 2010b, 2017b; Khanare & de Lange, 2017).

Life skills are another donor-driven programme, again focusing on the individual acquisition of skills and a high degree of perceived self-determination aimed at young people. The programme is guided by the dominant model of sexuality education that imparts adult-led scientific knowledge and moral rules of sexual behaviour, and has been widely implemented from the late 1980s in Sub-Saharan Africa (Ferris, 2008; Shiripinda, Mazurara, Koster, & Both, 2010; Yankah & Aggleton, 2008). As explained, since the early 1990s, the government has mandated Zimbabwean schools to teach comprehensive life skills for sexuality education mainly using the AIDS action programmes curriculum (Chikovore et al., 2009; Ministry of Education Sports Arts and Culture, n.d; R. M. Mugweni, 2012; O'Donoghue, 2002). Yet, as with other prevention programmes, there are not adequate resources to implement this (Chikovore et al., 2013; Nyatsanza, 2015; Yankah & Aggleton, 2008). Consequently, life skills are not incorporated into the national school curriculum (Boler & Aggleton, 2005; Chikovore et al., 2013; Muparamoto & Chigwenya, 2009; Nyatsanza, 2015).

'Life skills' at least seeks to move beyond BCC's information provision to the acquisition of adult-determined skills supposed to improve young people's health choices, and lead to behavioural change aimed at safer sex (Buczkiewicz & Carnegie,

2001; Clarke & Aggleton, 2012; UNICEF, 2006; World Health Organization, 2003; Yankah & Aggleton, 2008). Life skills such as assertiveness, confidence, decision-making, self-control, and avoidance of health-compromising behaviours (therefore endorsing sexual abstinence) are presented as young people's "best defences against infection" (Buczkiewicz & Carnegie, 2001, p. 20; Ferris, 2008; World Health Organization, 2003). Nevertheless, although appearing to offer a holistic and pioneering approach to HIV prevention, life skills maintains the established BCC scientific focus on the disease dangers of sex and the ability of the individual young person to be able to determine his/her safety (Boler & Aggleton, 2005). By presenting life skills as the missing connection required to building the psychosocial competencies needed to convert knowledge into health promoting behaviours, the model perpetuates a narrow individualistic approach (Buczkiewicz & Carnegie, 2001; Mupedzisi et al., 2009; World Health Organization, 2003; Yankey & Biswas, 2012). Further, life skills does not address social determinants like inequitable gender norms, and assumes some freedoms in making sexual health decisions in contexts wherein young Zimbabweans' (particularly women's) voices are constrained by cultural norms limiting their agency (Duffy, 2005; McFadden, 2003; Venganai, 2015).

Another reason for its popularity with conservative donors and policy-makers is that use of the term 'life skills' avoids the direct use of the word sex. An approach epitomised by Zimbabwe's recent Life Skills Orientation Programme Syllabus (2015) (Ministry of Primary and Secondary Education, 2015b) that steers clear of the use of words like sex, love, and intimacy. A local stance reflecting a global issue that has gained prominence over the last 20 years (Yankah & Aggleton, 2017). Namely, the characterisation of young people as "risk-taking pleasure seekers" (Muparamoto & Chigwenya, 2009, p. 37; Yankah & Aggleton, 2017), and myth that open talk about sex will encourage early initiation into unprotected sex or that such discussions are evidence of their sexual lives. Similar deterring adult views can be found regarding open talk about drugs and alcohol to young people. Yet the research (Conn, 2012; Kafewo, 2008; Pattman & Bhana, 2017) shows the opposite, which is that more open debates on taboo topics like sex increases the likelihood that young people are better informed and empowered in their sexual health. However, as noted by Allen (2017) and Allen and Rasmussen (2017), sexuality education at its centre is about the body, sensuality, arousal, and pleasure; topics that are taboo. This enhances the appeal of life skills as closing the space for such discussion.

A key critique of life skills is that it fails to provide an evidence base supporting well-defined and consistent theory on how life skills translate to improved health outcomes (Boler & Aggleton, 2005; Yankah & Aggleton, 2008). Also a lack of conceptual understanding of life skills, especially within African contexts, like Zimbabwe, results in generalised inappropriate implementation (Boler & Aggleton, 2005; Yankah & Aggleton, 2008). Various researchers observed the surprising lack of evidence evaluating the model's effectiveness (Chikovore et al., 2013; Paul-Ebhohimhen, Poobalan, & van Teijlingen, 2008). There is little research demonstrating its limited effectiveness in modifying youth sexual practices (Adelekan, 2017; Sani et al., 2016; Yankah & Aggleton, 2008). This contributes to the argument that life skills is based more on dogma than evidence to justify its existence and popularity.

A further popular donor-driven approach to sexuality education is peer education, which uses local peers, for example, other young people to teach (Campbell & Cornish, 2010). As illustrated by Visser (2007), peer education is often appropriated by the dominant model to promote knowledge of HIV/AIDS facts, and encourage young people to delay their first sexual intercourse. Together, peer education and life skills, despite using empowerment language, and claiming a youth-led participation, are guided by the moral model's sexual conservativism, specifically through teacher-led classroom activities teaching young people different ways of saying no to sex (Ahmed et al., 2006; Boler & Aggleton, 2005; Muparamoto & Chigwenya, 2009; Visser, 2007). Furthermore, the largely uncritical implementation of life skills within the Sub-Saharan context presents the model as a panacea of all HIV prevention challenges (Boler & Aggleton, 2005; Buczkiewicz & Carnegie, 2001; UNICEF, 2006). A clear gap exists for sex education knowledge based on youth perspectives to shape HIV prevention.

3.4 Critical sexuality education model

Freire's (2005) philosophy guided this study's conceptualisation of the dominant sexuality education model as reinforcing the status quo. A critical model, on the other hand, is counter to the dominant model by being voice based, often promoting creativity, and generally being much more fluid and flexible as to the content and approach to be adopted by sexuality education (see Jones' 2011, 2015 framework). Such a model might embrace the sexual rights and participation agendas, especially for those who are typically marginalised (Miedema et al., 2011, 2015; Roien et al., 2018). A uniting principle of a critical model is the challenge to the leading ideas in current

sexuality education, including in Africa. Given the shaping role of the dominant model, and continued dependence of Sub-Saharan African countries like Zimbabwe on donor aid, it remains challenging to find examples of critical sexuality education. This gap is acknowledged within sexuality education globally (Allen & Rasmussen, 2017; UNESCO, 2018a); as many of the same issues discussed here in relation to Africa, the dominance of adult-led approaches, and the power of normative moral arguments, shape sexuality education elsewhere. Therefore, the review draws on the limited available research and viewpoint discussions in the literature to consider what might be relevant to the African context, including Zimbabwe.

Studies (Conn et al., 2017; C. Mitchell & de Lange, 2013; Yang & MacEntee, 2015) critical of the status quo have explored the use of different sexuality education teaching mediums in African schools, including drama and other visual arts-based methods (for example, photographs and drawings). Notably, drama's engaging use of people and their voices to perform real-to-life scenarios combine to re-create local settings, daily actions, sounds, and thoughts that characterise young people's sexual encounters and health (Allen, 2011; H. Cahill, 2013; Chinyowa, 2011; Conn, 2010).

The postmodern model of sexuality education proposed by Jones (2011, 2015) supports a move towards fluid, complex and critical understandings of the power dynamics shaping sexual health agendas. Jones explained that the postmodern model encompassed the postcolonial discourse of sexuality education. Specifically, a postcolonial lens (Jones, 2011, 2015) supports an interrogation of the marginalisation of indigenous knowledge and identity in sexuality education. As such, postcolonialism creates a space for the use of African traditional culture and arts (including those based on drama, storytelling, and oral history), and modes (such as aunts and uncles) for passing on knowledge systems, as fundamental to sexuality education.

Chinyowa (2009b), Ravengai (2014), Rwafa (2015), and N. Sibanda (2017) described critically informed theatre in Zimbabwe as mostly happening through civil society organisations, community initiatives, and highly popular street performances. As informal local spaces can give space to ordinary Zimbabwean voices of critique and resistance to the daily challenges they face. But often these critical theatre initiatives are not captured in the research arena. Indeed, as dominant research is of a positivist nature it explains why there are few documented and researched examples. As N. Sibanda (2017) explained, critical theatre initiatives, as performed on Zimbabwe's streets and

public community spaces, are typically marginalised. Thus, there a limited examples to inform a critical model of school-based sexuality education.

Allen (2011), Coemans and Hannes (2017), Simons (2011), Singh (2012), Waite and Conn (2011), and Ware and Dunphy (2018) observed the Nigerian study of Kafewo (2008) and the South African research of Francis (2010a) as significant examples of African scholars trialling critical school-based sexuality education. Thus, Sub-Saharan African school settings can be settings that encourage the emergence of a critical model. The key contribution of these two scholars was to offer drama as a critical model of sexuality education whose dialogic pedagogy created a collaborative space for students to trial the expression of ideas and actions that resist oppressive cultural and sexual norms (Francis, 2010a; Kafewo, 2008). The drama method made visible, and interrogated taboo topics, including forbidden sexual attraction between young women (Kafewo, 2008); and hidden youth sexual curiosity and animated sexual colloquial terminology (Francis, 2010a). Both studies presented the production, central ideas, and performance of the dramas by young as a negotiated process, akin to the negotiations that characterise safer sex decision-making. Yet, support for critical student voice expressions within sexuality education by the school administration, family, and wider community is typically lacking (Francis, 2010a; Kafewo, 2008; Norton & Mutonyi, 2007).

Both scholars distinguished the use of drama in sexuality education to indoctrinate, entertain, or as a critical pedagogy that partners with students. Alternatively, Francis (2010a) was distinctive in offering a framework categorising: 1) drama as didactic and focused on transmitting key adult-led lesson messages; 2) drama as spectacle, whose goal is that of pageantry and large audiences; and 3) drama as process, for which collaborating with young people to create local, youth-determined strategies for intimacy, affection, and sex is the goal of sexuality education. Therefore, Francis (2010a) and Kafewo (2008) offered drama as a low-cost, contextual and collaborative critical model of sexuality education for resource constrained, sexually conservative African contexts like Zimbabwe.

Moreover, the broader work of African scholar Francis (2010a, 2010b, 2011b, 2013) is notable in its advocacy for young South Africans, and those in other Sub-Saharan African countries, as experts of their experiences and critical thinkers, possessing diverse sexual and gender identities, and counter ideas on sexual desire, pleasure,

intimacy, and relationships that can be expressed through participatory, youth-driven drama. Through sole authored (Francis, 2016) and co-authored work (DePalma & Francis, 2014; Francis & DePalma, 2014, 2015; Francis et al., 2018b), Francis has crucially explored the challenges, discomfort, and anxiety faced by teachers on issues of sexual orientation and specifics of sex in sexually conservative cultural contexts, wherein heterosexuality is the norm. Lately, Francis (2017a, 2017b) has further collaborated with teachers and students (as key agents in creating safe and trusting classroom environments) to explore broader re-conceptualisations of young people's sexuality in the design and implementation of sexuality education.

Contrary to the dominant model, critical scholars (McLaughlin & Swartz, 2011; Muwonwa, 2017; Yang & MacEntee, 2015) propose that sexuality education should conceptualise young people as diverse, innovative, and possessing an agency devoid of the stagnant homogeneity often presumed in sexuality education policy. This study adds to emerging research cognisant of the need to produce sexual health designs and programmes based on young African's knowledge and ideas (Ansell et al., 2012; Chikovore et al., 2013; Francis, 2010a; Muwonwa, 2017). Nevertheless, a change of this magnitude would require a fundamental transformation of the social determinants of health of many contexts, like that of Zimbabwe, and dominant sexuality education imports from faith-based and other colonial institutions. Contentious, difficult, long-term, and expensive core societal changes would be needed to transform sexuality education from conceptualising young Zimbabweans as risk-taking beneficiaries and targets, to active social agents and stakeholder partners. Furthermore, highly censured contexts like Zimbabwe that are characterised by severe restrictions on critical voices (Ngwenya, 2014), make the promotion of open dialogic partnerships necessary for critical sexuality education difficult.

Yet, being at the start of their sexual lives, young people hold the potential as active sexuality education stakeholders for critical model designs that can help ensure their lifelong sexual health. UNESCO (2018a) explained that "learners are not the passive recipients of sexuality education, but rather can, and should, play an active role in organizing, piloting, implementing, and improving the content of sexuality education" (p. 90). There needs to be a significant shift from the dominant model's framing of young people as irresponsible and irrational or as powerless victims of circumstance, to individuals whose views on their sexual realities are valuable to sexuality education (Muwonwa, 2017; Villa-Torres & Svanemyr, 2015). Furthermore, the emergence of

critical student voices is made difficult by entrenched teaching practice in Zimbabwean classrooms (as in most of the region) that is authoritative, characterised by a lack of participation, and sometimes condones physical punishment as a means of discipline (E Gudyanga, Mbengo, & Wadesango, 2014; Musingarabwi & Blignaut, 2015; Tshabangu, 2006)

Several obstacles were identified as stifling the emergence of counter ideas, and actions necessary for a potential critical sexuality education model to emerge. Ahmed et al. (2006) and Iyer and Aggleton (2013) spoke of schools as potentially dangerous and unsafe contexts that can diminish young people's sexual health. Magwa (2014) and Rumble et al. (2015) observed the sexual abuse of students, mostly perpetrated by male teachers, as likely widespread in Zimbabwe, but remains hidden and under-reported, especially by male students. Conceivably due to a lack of clear reporting structures, fear among students and some staff, and an overall unsafe school culture that tolerates other forms of abuse, bullying and other power inequities. Helleve, Flisher, Onya, Mukoma, et al. (2011) identified as unacceptable for teachers to teach sexuality education, whilst surreptitiously pursuing sexual relations with students. Iyer and Aggleton (2013) and Wood and Rolleri (2014) emphasised the wider inequitable patriarchal notions of men as dominant and women as passive, as perpetuating unsafe school contexts, and called for home-grown ways of challenging gender inequities within sexuality education .The Ugandan research of Iyer and Aggleton observed gender inequities as reinforced in the classroom, with young women often responsible for controlling their sexual desires, and those of their partners. Thus, focusing on young women as weak, depraved and to be regulated; sometimes to the neglect of young men's sexual health. Being formative contexts, schools yield notable influence on students' daily lives. Hence, schools need to be experienced as safe, empowering spaces by students, teachers, and wider school personnel for the counter ideas and actions necessary for critical sexuality education to emerge.

Various designs on how teachers in African settings can be trained and equipped to offer a critical sexuality education emerged from literature. These include, equipping teachers to act as facilitators of student empowerment as opposed to instilling rote learning (Vanwesenbeeck et al., 2015); understand how to integrate personal values, and use humour and laughter to diffuse the discomfort experienced when teaching sexuality education curriculum (Francis, 2016); use clear language and communication methods, bolstered by teaching resources (including male and female condoms), when talking

about sex (Helleve et al., 2009; Helleve, Flisher, Onya, Mukoma, et al., 2011); and take on multiple roles of a trustworthy friend, well-informed counsellor, and a protective parent, as well as negotiating student questions about a teacher's sexual experience (Helleve, Flisher, Onya, Mukoma, et al., 2011).

Iyer and Aggleton (2013) advised that given the generalised nature of the HIV epidemic and the breakdown of family structures in many African contexts, teachers are increasingly viewing themselves as parental role-models in their students' lives. Campbell et al. (2016) and E Gudyanga et al. (2014) spoke of Zimbabwean teachers typically taking on parental roles focused on discipline (not care) and instilling societal norms within an authoritarian school culture. As such, it becomes difficult for teachers to also assume collaborative roles, especially when teaching aspects of sexuality education that run counter to conservative sex norms. Additionally, when researching in rural Zimbabwean schools, Campbell et al.:

> …caution[ed] against ambitious policy expansions of teachers' roles without recognition of the personal and social costs of emotional labour, and the need for significant increases in resources and institutional recognition to enable teachers to adopt support roles. We highlight the need for research into how best to create opportunities for teacher recognition in deprived and disorganised institutional settings, and the development of more culturally appropriate notions of caring. (p. 1)

Especially as imposing multiple roles and Western principles of care can overwhelm poorly paid, overworked Zimbabwean teachers who face their own health challenges (Campbell et al., 2016).

The home and community setting present a potential supportive space of young peoples' determining and testing-out of counter ideas to sexuality education. Parents and guardians can help young people with assignments, and sometimes act as alternatives to school-based sexuality education (Vanwesenbeeck et al., 2015). Yet, similar to schools, for homes settings to be a good support for critical youth perspectives on sexuality education to emerge, young people need to feel safe and able to express themselves. Helleve et al. (2009), Helleve, Flisher, Onya, Mukoma, et al. (2011), and Iyer and Aggleton (2013) emphasised the possible negative impacts of the parental role and home setting as described by teachers. For one, Iyer and Aggleton found that some Ugandan teachers viewed parents as potentially bad role models either through insufficient or overexposure of young people to sexual issues; for example, a parent bringing different sexual partners home.

3.5 Conclusion

This review examined key themes in present literature of school-based sexuality education models, the dominant sexuality education model, and (alternative) critical sexuality education model which mostly does not exist in the Sub-Saharan African school context. Principally, sexually conservative adult-led concepts of appropriate topics and actions dominate the sexuality education landscape, thereby closing the space for collaborations supportive of the emergence of a youth-determined critical model. The current dominant model of sexuality education was found to position young Zimbabwean's voices as silenced and excluded. The emergence of a critical model of sexuality education remains difficult as this would result in the loss of vital sexually conservative donor funding and require a destabilising and changing of the status quo, making such change hugely unpopular with powerful social actors (including parents and churches) that possess the political will to influence policy. Yet, such a critical model would create the spaces for different, local, embodied, and dialogic sexuality education pedagogies to emerge that position young Zimbabwean's voices as central in policy design.

As noted earlier, it was beyond the scope of this review to examine global literature on school-based sexuality education. It is likely that such a review would have produced further models of sexuality education. As the world increasingly becomes a global village, especially considering growing affordable access to the internet and mobile technologies in Africa, these other models may have more influence. However, it will still be important for African contexts to develop their own contextually appropriate, locally resourced models of sexuality education, preferably fully informed by young people. A clear need exists for research paradigms and methodologies that give place to young people's shared decision-making in generating sexuality education knowledge.

CHAPTER 4 RESEARCH DESIGN

4.1 Introduction

This study utilised PAR as a methodology guided by a critical paradigm that forefronts the questioning of oppressive, often hidden power dynamics, making it useful for research aimed at seeking change (Bronner, 2011; Guba & Lincoln, 1994; Kemmis et al., 2014). Critical theory has been hugely influential in contemporary African history, informing philosophies on postcolonial African identities (Kiros, 2017), social justice endeavours for equitable economic and political reform (Okolo, 2017), and critical challenges of established gender and sexuality norms shaping sexuality education (Francis et al., 2018a). PAR emerged from the 1970s onwards from critical scholars of Latin America, Africa, and Asia who had a particular interest in issues of oppression and a desire for research to lead to social change and empowerment (Kemmis et al., 2014; McIntyre, 2008). The choice of PAR for this study is as a result of similar concerns for the voicelessness of young Zimbabweans in relation to school-based HIV prevention-oriented sexuality education. The continued relevance of PAR in addressing issues of inequity and oppression is reinforced by many participatory research scholars, such as C. Cahill (2007a), who observed that as a group, young people are typically excluded from decisions shaping their lives. This has influenced modern scholars of participatory research such as C. Cahill.

Typically, research informing school-based sexuality education in African contexts (Adelekan, 2017; Ahmed et al., 2006; E. Mpofu et al., 2012) has tended to utilise positivist methods that privilege adult researchers as experts, and ignore the complexity of local realities and the hidden nature of power relations. Yet, literature (Allen, 2011; C. Cahill, 2007a; Conn et al., 2017; McLaughlin & Swartz, 2011; Yang & MacEntee, 2015), and increasing interest in the African region, shows a growing body of work advocating for young people as social agents and leaders capable of producing relevant sexual health knowledge.

The study's main research question was *"How can a space be created for the voices of young Zimbabweans to shape school-based HIV prevention-oriented sexuality education?"* Three sub-research questions were developed to further direct the study focus and design:

1. *How do current models for school-based HIV prevention-oriented sexuality education position young Zimbabwean's voices in policy design?*
2. *How do young Zimbabweans perceive their experiences of school-based HIV prevention-oriented sexuality education?*
3. *What are the strategies for change that young Zimbabweans envision as demonstrating a 'perfect' school-based HIV prevention-oriented sexuality education?*

4.2 Epistemology and theory

Crotty (1998) described epistemological paradigms as guiding the reasoning of how knowledge is defined, and the relationship between a researcher and the social world. This study used subjectivism as a theory of knowledge supporting the view of reality as subjective and diverse (Crotty, 1998; Guba & Lincoln, 1994); thus, giving space to exposing typically hidden powerful agendas. Adopting objectivism would have maintained the status quo, as its positivist philosophy hides issues of power (Crotty, 1998; Holden & Lynch, 2004), by presenting sexual behaviour as quantifiable objective truths, independent of human consciousness. Crucially, given their role in the HIV crisis, Cohen (2008) described donor-driven paradigms for HIV prevention research as pursuing institutional agendas under the guise of objectivity.

Critical theory as a system of thought is largely linked to the Frankfurt School; a Marxist study group founded in 1923 (Bronner, 2011; Gibson, 1986; Held, 1980). The influential works of Karl Marx, often published with the financial and editorial support of Fredrich Engels (Marx, 2012; Marx & Engels, 2017), continue to shape critical theory's challenging of oppressive social structures (Bronner, 2011; Gibson, 1986). For Marx, society was typified by a brutal economic power struggle, wherein elite dominant classes oppressed and shaped the worldviews of the masses (Marx, 2012; Marx & Engels, 2017). Critical theorists consider that it provides relevant ways of creating a just society given persistent social inequities and repressive worldviews (Bronner, 2011; Tyson, 2015).

Key Marxist principles shaping critical theory guided this study. The first principle assumes all knowledge is socially created, and therefore changeable through human effort (Marx, 2012; Marx & Engels, 2017). A principle that gives opening to a questioning of established truths embodying the interests of powerful social groups (Marx, 2012; Marx & Engels, 2017). A critical paradigm enabled a critique of established truths (such as premarital sexual abstinence as the only acceptable behaviour) that shape sexuality education. The second principle views social reality as

characterised by conflict and exploitative power relationships (Marx, 2012; Marx & Engels, 2017). The interests of powerful elites driven to maintain the status quo clash with those of the oppressed in challenging it (Marx, 2012; Marx & Engels, 2017). The third principle makes emancipatory claims targeting less powerful groups (Marx, 2012; Marx & Engels, 2017). Tyson (2015) further explained that this principle promotes a worldview of oppressed groups as trapped by a "false consciousness" (p. 56) created by an acceptance and internalisation of ideas propagated by the powerful. Therefore, critical theory offers an unveiling aspect for oppressed groups to be unchained from this false identity to comprehend the true nature of reality, and use this knowledge to transform and create a socially just world (Marx, 2012; Marx & Engels, 2017). These freedom assumptions, together with activism and advocacy as central critical concepts (Guba & Lincoln, 1994), gave space to young Zimbabwean's ownership and change advocacy to sexuality education. These critical principles supported a view of the dominant models guiding sexuality education as contestable and recognised how oppressive adult-led groups (including donors and the government) perpetuate models that exclude youth concerns and hopes.

Together, these critical principles offered by Marxism guided the study to create a research space primarily focused on young Zimbabwean's determining of sexuality education. Critical youth studies scholars (Conn, 2012; O'Boyle, 2013; Percy-Smith, 2010) advised that establishing health partnerships committed to young people's shared decision-making remains challenging, as powerful adults typically refrain from collaborating with youth. Other literature (Brown & Rodríguez, 2009; Hopfenbeck, 2013; Maibvisira et al., 2014) concurred, characterising adults as generally sceptical of young people's intellectual capacity, thus, reluctant to work together with youth; doubtful of the legitimacy and scholarly nature of qualitative methodologies ideal for accessing young people's daily realities and challenges; and possibly suspicious of youth shaping of ideas as undermining adult authority. Several scholars (Allen, 2011; Lundy, 2007) elaborated that adult-created sexuality education mostly regards young people as lacking life experience and, therefore, the decision-making capacity for comprehending sexual health needs. This belief is inherently inconsistent, because if young people lack judgment, then they are incapable of learning the prevailing safer sexuality educational goals.

4.3 Being influenced by Paulo Freire

Paulo Freire, a Brazilian critical theorist, was part of a group of scholars interested in colonial oppression and escape. His ideas on the liberatory potential of education gained prominence in the 1960s and 1970s, and continues to shape the comprehension of power (Ansell, 2015; Francis, 2010a; Kafewo, 2008). Freire's concern for the oppressed was informed by Marxism (Kress & Lake, 2013). Freire (2005) conceptualised education as "a practice of freedom" (p. 81), vital for the self-liberation of the oppressed. Yet, unlike violent Marxism, Freire's (1985, 2005) peaceful, collaborative philosophy of transformative education as a fundamental means of empowering people, and creating a just society, continues to make his ideas more acceptable to the functional target driven public health and education sectors.

Scholars (Blackburn, 2000; Kress & Lake, 2013; Macedo, 2005) recognised Freire's central contribution to critical theory as advocating for a pioneering critical pedagogy as a means of empowering the oppressed illiterate and literate, to refute the use of established mass rote education designed to indoctrinate and dominate. Freire (1985) asserted that education is inherently political, and any attempts to make it appear objective, simply serve the interests of the oppressors, through reducing knowledge to intangible norms and values. Freire's ideas and life experiences aligned to this study's critique of the prevailing conservative sex norms, shaping Zimbabwe's mostly poor young population. Indeed, Freirean ideas, as with Marx, have been influential in Africa (Francis, 2011b; Kafewo, 2008; C. Moyo, 2015; Ravengai, 2014).

Freire distinguished two types of education: a) the established banking concept of education, situating students as ignorant information storage units; and b) a problem-posing education that is central to a new humanising education (Freire, 1993, 2005). In the latter, teachers and students mutually learn and teach each other through engaging in a "critical and liberating dialogue" (Freire, 2005, p. 65). As discussed in chapter three, Freire's philosophy guided this study's conceptualisation of dominant sexuality education models as reinforcing the status quo. Mainly by propagating a banking education pedagogy of rote learning of biomedical, conservative norms that promote fear, guilt, and the values of sexual abstinence until heterosexual, monogamous marriage. On the other hand, Freire's radical problem-solving education is aligned with this study's advocacy for a critical model of sexuality education whose focus on power, voice, and rights supports collaborative change led by young people. Freire (2005) proposed problem-posing education as crucial to a critical conscious transformation of

established worldviews. Therefore, the use of education to think and act on everyday realities is fundamental to Freirean philosophy (Snauwaert, 2011). Though problem-posing education offers a practical model for students and teachers to connect with sexuality education using daily experiences, a population of critical thinkers poses a threat to dominant agendas.

For Freire (1985, 2005) conscientisation, i.e. awakening the oppressed to their subjugation and empowering them to overcome it, was deeply connected to transformative praxis; whereby students as subjects, engaged in critical dialogues informed by a cycle of thought and action, as key to self-liberation founded on democratic education. Freire observed the prospect of challenging the status quo as typically creating inner conflict wherein the oppressed (possibly fearful of the consequences) either chose not to challenge the inequitable present or dared to confront established authority. Aligned to this study's collaborative agenda, Freire (1985, 2005) envisioned teachers transformed into revolutionary facilitators, and forging supportive partnerships with students to challenge the status quo.

Freire (1982) conceptualised research as a social endeavour using methodologies committed to partnering with locals "as subjects, as researchers...[encouraged to] ...think about their thinking" (p. 30), and to create home-grown ways of confronting societal concerns. Freirean theory guided the creation of a critical space, wherein through dialogue, action and reflection young Zimbabweans possibly awakened to internalised adult-conceived ideas and used this awareness to guide the creation of their own proposals for sexuality education. For Freire, critical methodologies are aligned to engaging groups (like young Zimbabweans) whose ideas are marginalised in debate vital to igniting critical, united action towards social equity.

Freire's empowering concepts of ordinary people as critical and capable change agents inform participatory approaches to development. Recognition and application of Freire's ideas by powerful global players (including UNESCO) has guided African educational policies and programmes (Attawell et al., 2014). Yet, scholars (Jordan, 2009; Leal, 2007) cited one main disadvantage being that from the 1980s, Freire's radical notions of participation geared towards fundamental economic, social and political change, have been condensed to a more palatable catchword set of methodologies; appropriated and confined to powerful institutional agendas of donor-led development.

Freire's ideology of education as a participatory vehicle for peaceful and beneficial fundamental social change by the masses, aligns with the global agendas of mass behaviour change driving HIV prevention in Sub-Saharan Africa. Freire's liberation pedagogy appealed to postcolonial African nations needing education reform (in the context of a growing HIV epidemic), and guided the creation of community-based adult literacy education programmes (Ansell, 2002, 2008; Thomas, 2009). Researching in Zimbabwe, Ansell (2002) critiqued the government's claims of using Freirean social justice to inform education reform, as structural issues like gender inequity were ignored. Yet, another example of Freire's radical philosophy used to entrench dominant agendas. Later, Ansell (2008) proposed Lesotho's education system move beyond its colonial legacy, and adopt Freire's problem-posing pedagogy focused on the welfare and wellbeing needs of the students (not political or economic agendas), as a caring and democratic model for sexuality education.

Freire's empowerment philosophy provides a valuable model for creating collaborative spaces as African schools, and the wider community, are characterised by an absence of youth participation (Ansell, 2008; Leal, 2007). Thomas (2009) pronounced Freire's unifying concepts of bottom-up, grassroots empowerment to a post-Apartheid South Africa as an appealing, non-violent means for the poor black majority to attain social justice. As equitable access to quality education for all continues to be a global development agenda, so too will research providing youth-driven models of improving sexual health.

Studies (Campbell & MacPhail, 2002; Casale & Hanass-Hancock, 2011) described Southern Africa participatory approaches to sexuality education as poorly implemented given a silo approach separating youth collaboration from wider school and community culture, under-resourced teachers' lack of training in a collaborative teaching that counters the prevailing didactic, authoritative teaching, and teachers' avoidance of participatory approaches as time-consuming and unfamiliar. Freire's ideas informing participatory approaches to research theory and practice are detailed in section 4.4. Briefly, Freire's philosophy of just social transformation, not possible "*without* the people, nor *for* the people, but only *with* the people" (Freire, 2005, p. 131); is considered by scholars (Cornish & Dunn, 2009; Yang & MacEntee, 2015) as guiding research characterised by participation, critical reflection, and action as key mechanisms for creating equitable action or change.

4.3.1 Critiques of Freire's work

Freire's philosophy of participation as driving social change leadership is a much debated issue (Cooke & Kothari, 2001; Gaventa & Cornwall, 2008; Kindon, Pain, & Kesby, 2007a; Mohan, 2001). Some of the strongest opponents to Freire's philosophy of collaborative participation have come from poststructuralism. Yet, whilst poststructuralists are united in their critique of classical critical theorists for oversimplified dichotomies that ignore the fluid and resilient nature of power, some are more antagonistic in their opposition to participation. Cooke (2003), Cooke and Kothari (2001) and Kothari (2001) are some examples of such opponents.

Kothari (2001) argued that as power is dispersed and everywhere, the simplified, fixed and dichotomous concept of power as a binary opposition of the powerful macro-level (policy-making) over the powerless micro-level local communities (policy implementation) presents a central flaw in critical philosophies like Freire's. Cooke and Kothari (2001) considered collaborative philosophies of participation as simplistic, unrealistic, and excessively optimistic for practice; given the operation of other systems of oppression, such as gender and age, which education alone cannot overcome. Moreover, Cooke and Kothari observed the act of recruitment and selection into participatory programmes and research as fundamentally coercive, and possibly placing those recruited at personal risk when challenging authority. As such, manifesting the manipulative oppression of participation that compromises the agency of impoverished communities desperate for development aid (Cooke & Kothari). Insightful critiques that guide this study's understanding of the boundaries to empowering students to exercise sexual freedoms and rights within a society shaped by notable structural inequities.

Alternatively, Kesby, Kindon, and Pain (2007), and Kindon et al. (2007a) are examples of poststructuralists who offer more optimistic assessments of participation. Kindon et al. remarked that some poststructural critiques focus on power and domination as if these are the same. Kesby et al. distinguished participation as a type of power that can have detrimental and beneficial outcomes for communities, contingent on the empowerment or domination goals external entities. Aligned to Kesby et al., this study embraced critiques to participation as a challenge to strengthen research practice.

Questions have also been raised regarding Freire's ideas of marginalised locals (like young Zimbabweans) as unified and homogenous communities (Kothari, 2001; Mohan, 2001). Mohan (2001) argued that inequities, conflict, and diversity are present even

within communities stereotypically perceived as disadvantaged. Gaventa and Cornwall (2008) further cautioned against unreservedly accepting knowledge produced through participatory research as holistically depicting consensus community interests, given this might stifle minority, dissenting voices. Others (Henkel & Stirrat, 2001; Mohan, 2001) spoke of participatory concepts of empowerment, flexibility and informality as Western ideals imposed on developing contexts. Indeed, though Freirean theory advocates for everyday people as vital social change agents; critics perceived his ideas as suggesting oppressed peoples are incapable of independently recognising and overcoming their subjugation, thus dependent on alliances with 'enlightened' external change agents.

This study was shaped by Freire's (2005) value of the local socio-political context, and its impact on everyday lives. Though Freire centred on poor uneducated Latin American peasants, not the sexual health of young Africans, his critical philosophy acquired in Brazil's developing context enabled a focus on the impact structural inequities, norms, and context have on young Zimbabwean's sexual health. As discussed in chapter one, Freire used a clear straightforward writing style and language to explain key concepts, making his works accessible to most people with basic literacy levels. This aspect of accessibility increases the relevance and applicability of Freirean informed methodology. The ease of understanding and applying Freire's central ideas of theory and practice is important as he sought to emancipate ordinary uneducated people. For this study, accessibility of key ideas helped in the collaboration process with young Zimbabweans.

4.4 Choice of critical methodology: PAR

Participatory research covers a broad family of critical methodologies and modes of implementation (Chambers, 1994; Cornwall & Jewkes, 1995; Kindon et al., 2007a) ranging from: participatory rural appraisal, to theatre for development, and PAR. Whilst, participatory rural appraisal brings together locals to identify, assess, and produce a plan for addressing community concerns, theatre for development uses theatre as a collaborative way of supporting local analysis and change of development issues (Chambers, 1994; Cornwall & Jewkes, 1995). PAR is one methodology which falls under the participatory research umbrella, but moves on to incorporate an 'action' change element, in addition to the principles of collaboration and partnership (Kemmis

et al., 2014; Kindon, Pain, & Kesby, 2007b; Reason & Bradbury, 2008). PAR is characterised as:

> a form of collective self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social or educational practices, as well as their understanding of these practices and the situations in which these practices are carried out. (Kemmis & McTaggart, 1988, p. 5)

Kemmis et al. (2014) emphasised PAR as committed to synthesising comprehensive social critiques through shared and personal analysis of practice that seeks to engage in "transformational action to improve things" (p. 12). Kemmis et al. and Kindon et al. (2007b) credited German-American Kurt Lewin as one of PAR's founders, responsible for coining the term 'action research'. Lewin (1946) proposed research transforms to a practical, change focused 'action research' typified by cyclic planning and acting, i.e. a fusion of theory and practice. Lewin described this action cycle as "spiral of steps" (p. 38), wherein the researcher continues to evaluate, learn, plan, and modify the action after implementation to improve its outcome. Lewin observed that simply identifying a need for change was insufficient, this awareness needs to inform a search for solutions. Although Lewin's arguments were situated within racial relations in 1940s USA, his ideas on research as a vehicle for social change remain relevant.

A defining aspect of PAR, differentiating it from other participatory methodologies, is its focus on cyclical change orientated research processes driven to explore, create knowledge and action at various stages of the research process (Kemmis & McTaggart, 2005; Kindon et al., 2007b; McIntyre, 2008), thus continuously improve practice through theory and vice versa (Figure 9, p. 109). Consequently, PAR is characterised by a progressive cycle of reflection and action; whereby participants as co-researchers and the researcher identify and seek possible solutions to issues to mutual concern (Bradbury, 2015; Kemmis et al., 2014). PAR forefronts the voices of local partners as legitimate, questions the traditional separation of research and action typical of biomedical research, and thus focuses on synthesising reflection and actions to create contextual research outcomes (Kindon et al., 2007a; Reason & Bradbury, 2008). Yet, it is the focus on a synthesis of theory and practice, and local contexts, that unities different participatory methodologies to increase the ease of applicability of research outcomes. A valuable aspect for resource constrained contexts such as Zimbabwe. One such practical outcome and equitable action is policy change, well-suited to the study's quest to propose new models of sexuality education.

Figure 9: PAR

Reason and Bradbury (2006) advised that PAR is more of a mind-set and approach to research, than a structured methodology. PAR's context-specific characteristic renders no set blueprint for its design and implementation (McIntyre, 2008). Therefore, PAR's informal spontaneity endorses ordinary life experiences (including of sexuality education) as valid data (C. Cahill, 2007a, 2007b). This study adopted these dynamic flexible aspects of PAR to adapt the research design to support diversity and talk of daily sexual health challenges of young Zimbabweans, for example, based on gender or personal characteristics, to emerge.

4.5 Field-study design

This section details the field-study design used to generate and analyse data. It includes methods, study recruitment actions, and ethical issues. The field-work was conducted in the city of Bulawayo, Zimbabwe, between February and mid-April 2014. The research location was chosen primarily for its accessible urban location, and the presence of many NGOs and schools working in HIV prevention. Cognisant of Zimbabwe's difficult context, I also chose to locate the research in a city that I know well. Furthermore, as my home-town, I recognised the potential for garnering vital local support.

4.5.1 Supportive NGO identification process

As an overseas-based researcher, it became apparent that I would need the support of a local NGO. In-country support would make the field-work logistically feasible, within set study time-frames, and locally credible, thus unlocking access to information and resources, when approaching organisations and government ministries. Initially, to identify potentially supportive NGOs, a web-based search was conducted through the National AIDS Council (2017), identifying key NGOs working with young people and HIV national response. Selection criteria included: NGO's focus on youth standpoints, HIV prevention, creativity and change, and credibility, assessed through independent reports, and my personal knowledge of context.

Scripture Union (SU), a Christian NGO emerged as a possible local support. The proposed supportive research relationship would have granted access to young people in secondary schools. At the time, SU provided HIV prevention life skills seminars (called 'Choose Freedom') in several secondary schools, as part of the wider government HIV prevention policy (National AIDS Council, 2017; Scripture Union Zimbabwe, 2018). But, after communicating to SU this study's critical aims, and gaining insight that the ambiguously named 'Choose Freedom' seminars had a commanding focus on sexual abstinence, before marriage, I decided to make a change. I used local knowledge and networks to forge an alternative supportive NGO relationship; specifically, with Inkululeko Yabatsha School of Arts (IYASA), a local performing arts school established in 2001 by its director, Nkululeko Dube (IYASA, 2013). IYASA was identified as well-suited to this study's critical goals given its focus on using performing arts to create a platform for young locals to depict and question their everyday realities. Creswell (2014) advised that central to qualitative research, is the purposeful sampling of people and study location that best support the answering of the research question.

The decision to start building a connection, mainly via IYASA's Facebook page, prior to the field-work was beneficial. Concisely, IYASA supported in the recruitment of two young co-researchers, Beauty and Peter (as facilitators of one gender-specific focus group each) and vitally connected me to Amakhosi Performing Arts Academy. The study obtained permission from Amakhosi to access their students for this study's recruitment of locals as co-researchers, and to use their facilities as a research venue.

4.5.2 Location of research

Amakhosi is conveniently located on the perimeters of Bulawayo's central business district. The Academy was founded in the early 1980s, near Bulawayo's low income, high density areas when few theatre organisations existed (C. Dube, 1992). Creswell (2014) observed the central aspect of qualitative research is its location in everyday community settings, such as Amakhosi. C. Dube (1992) described Amakhosi as a popular institution embodying the popularity, social and cultural relevance of drama. Amakhosi is an established Ndebele influenced theatre academy working mainly with young people (Chinyowa, 2011; Ogunleye, 2004). Principally, Amakhosi uses drama to showcase the voices of ordinary people, question the status quo and power relations (C. Dube, 1992), challenge government policies and actions (Chifunyise, 1990; Ogunleye, 2004), and critically educate people on socially relevant issues, including gender hierarchies and HIV/AIDS (Chinyowa, 2011). Amakhosi's focus on using drama and other theatrical tools to encourage critical youth voice on sexuality education proved highly relevant and aligned to the study's aims. As previously mentioned, Mr. Dube, IYASA's director connected me to his mentor and former teacher, Cont Mhlanga (Amakhosi's founding director and playwright). Aware of Amakhosi's formative role in shaping Bulawayo's dramatic traditions, Mr. Dube reasoned the study would be enriched by this connection.

4.5.3 Outline of the research sequence

This section provides an outline of the research sequence that was used to generate and analyse study data. Though elements of this sequence have been described above and will also be further detailed later as part of this chapter's narrative on research design. An outline is presented to provide a roadmap for the research process.

Initially, purposive sampling was used based on the inclusion criteria stated in section 4.6 to recruit study co-researchers. Then snowballing was utilised to recruit additional co-researchers who came recommended. I recruited and trained two field-study co-researchers, Beauty and Peter to facilitate the focus groups. Peter came recommended by IYASA and was recruited first. He then recommended Beauty, a moved supported by IYASA staff. I hosted facilitator training sessions prior to the start of the field-work, and also once it commenced.

IYASA Director, Mr. Dube recommended Amakhosi as recruitment site and research venue. Seven young women and seven young men were recruited from Amakhosi as

study co-researchers for the focus groups. In total, including the two group facilitators, the study recruited 16 young people. To answer the research question, a series of action-orientated focus groups were held: four for young women and three for young men. One additional combined group discussion was co-hosted by Beauty and Peter for young women and men to collectively discuss ideas. Two follow-up, checking-back sessions were hosted, one for young women and one for young men to confirm the accuracy of data summaries informing the findings write-up. In total, 10 discussion sessions were hosted.

Being a PAR study, data analysis was an integrated approach, done in partnership with co-researchers. Data generation and analysis were carried out initially in stages in the field. Field-work analysis in Bulawayo was conducted in two stages by the co-researchers. During the initial group discussions, lasting typically over an hour, co-researchers were encouraged to create mind-maps or list their main discussion points on flip-charts. Methods for further expression and analysis of these key discussion themes such as drama, posters and poetry were then presented to co-researchers. Once back in Auckland, I embarked on interpretative analysis in order to produce the thesis. I used manual coding to visually scan and pick up key data themes. This interpretative analysis was strongly voice based and shaped by co-researchers' data.

4.5.4 Trustworthiness

Guba (1981) proposed that criteria for establishing trustworthiness for qualitative research be based on ideas of credibility, transferability, dependability, and confirmability (Table 11). Specifically for PAR, Kemmis et al. (2014) offered a framework for establishing legitimacy and validity shaped by locals as co-researchers using free choice to identify research knowledge as: a) clear and understandable; b) accurate and reliable for them as individuals and a collective; c) genuine representations; and d) contextually ethical and just.

Table 11: Criteria for establishing trustworthiness (Guba, 1981)

Aspect	Qualitative term	Quantitative term
Truth value	Credibility	Internal validity
Applicability	Transferability	External validity and generalisability
Consistency	Dependability	Reliability
Neutrality	Confirmability	Objectivity

Kemmis et al.'s (2014) framework, together with Guba's (1981) criteria, guided this study's use of different strategies to determine data trustworthiness. Firstly, credibility was safeguarded through triangulation (Creswell, 2014); as Beauty and Peter asked their respective groups the same session questions. Triangulation using diverse PAR methods helped generate different data sources and reinforce the credibility of findings. Additionally, Kesby (2000b) explained the inherent strength of PAR methods, such as mind-mapping, listing of main points and poster creation in generating credible data, given the in-built member checking and triangulation. Additionally, all discussions and activities using PAR methods were digitally voice recorded. Digital recording provided contextual data, and I wrote research journal notes for later analysis.

Next, after the completion of both focus groups, I read through flipcharts containing co-researchers' discussion ideas, listened to audio recordings of dramas, studied the poems and posters created, re-read research journal notes, and then created a series of flipcharts summarising each group's standpoints on sexuality education. Following C. Cahill's (2007b) advice, I then facilitated one checking-back session with each gender-specific group, to ask co-researchers if they understood, viewed as accurate, authentic and applicable, these initial summaries of the data which served as the basis for findings write-up. For each gender-specific group, I asked:

"Is this what was discussed in the focus group? Do you agree? Is there anything you want to add?"

As a couple of weeks had passed since the first sessions, it was anticipated the co-researchers would have had time to process ideas generated. C. Cahill (2007a) and Van Blerk and Ansell (2007) advised, when collaborating, to provide young people opportunities to further discuss, question, and propose additional analyses to be used in the findings write-up, especially as ideas can change over time. Focus groups were conducted primarily in English, widely spoken in Bulawayo city. However, co-researchers did use words or phrases from the local language, Ndebele. During the field-study, being a Ndebele speaker, I collaborated with group facilitators Peter and Beauty (also native Ndebele speakers), to clarify and cross-check accuracy of translations. Once back in New Zealand, I embarked on a detailed transcription of all audio recordings. The need to translate as part of the process of transcription made this task more protracted, as there was more than one language to be transcribed. I overcame twofold language transcription by again collaborating with Beauty and Peter via social media

and drawing on the support of native Ndebele speaking family and friends when unclear about the equivalent English meaning. This process also entailed checking transcriptions for accuracy, by re-reading alongside listening to audio recordings.

Secondly, transferability was secured using a collaborative methodology and purposive sampling, to gain insight into young Zimbabwean's hopes for sexuality education as relevant to young Africans in similar contexts. Guba (1981) explained qualitative transferability as distinct from the quantitative concept of generalisability, given the latter's focus on specific and diverse data. Thirdly, as credible studies are typically also dependable for qualitative researchers (Creswell, 2014), dependability was further ensured by clearly detailing this study's research design and field-study. For Guba (1981) "trackable variance" (p. 81), is qualitative research's measure of consistency and trustworthiness. PAR's emphasis on process supports this tracking of dependable research.

Lastly, confirmability for this study was upheld through a focus on voice representation in most chapters of the thesis. Kemmis et al. (2014) pointed out that PAR neither claims objectivity or neutrality, but instead embraces subjectivity and action aimed at changing an unjust status quo. True to the PAR agenda, this study's use of the first-person narrative makes explicit, my impact on the study, and how different voices shaped the research process. Additionally, as I am the one writing the thesis to gain a doctoral qualification, I cannot void my voice. Notably, my voice is also legitimate and relevant as I grew up in Bulawayo, and experienced sexuality education in local schools.

4.6 Co-researcher recruitment and characteristics

The study co-researchers were young Zimbabweans residing in Bulawayo. To be included, young locals had to be: aged 18-24 years, able to give individual consent, and willing to share experiences of sexuality education from secondary school. Experiences from secondary school were anticipated as most recent for this age-group.

4.6.1 Co-researcher recruitment

Meetings were held with IYASA and Amakhosi staff respectively to seek support with co-researcher recruitment. Peter was purposively selected and recruited based on IYASA's prompting, whilst Beauty came recommended by Peter. Peter was aged 20 years, and still at secondary school, whilst 19 year old Beauty had recently left school. Their specific role as co-researchers was to separately facilitate one gender-specific

focus group each. Amakhosi director, Mr. Mhlanga then invited me to present the study details to his theatre class. Though interested students were advised to inform the director, all unanimously chose the less formal approach of later talking to me. Selected individuals (including Beauty and Peter) needed to have met the criteria outlined above, read and completed a co-researcher information sheet (Appendix A) and a contact consent form (Appendix B). A sequential order was used to recruit the first five Amakhosi young women and men respectively, meeting inclusion criteria. Snowballing was also used, where those recruited recommended other local youth.

Congruent with PAR, additional consent forms from Amakhosi students meeting inclusion criteria, but over the study member limit, was negotiated with youth. Accordingly, an additional two co-researchers for each gender-specific focus group were recruited. Overall, including Beauty and Peter as facilitators and co-researchers, a total of 16 young locals (eight young women, and eight young men) were recruited (Table 12). Ansell et al. (2012) characterised qualitative research as supportive of in-depth collaboration which encompasses considerable contribution from young people. Krueger and Casey (2015) recommended five to ten people per focus group hosted by a trained facilitator[24]. Therefore, the stated number of co-researchers was considered adequate for generating rich detailed data on sexuality education.

Table 12: Composition of the focus groups

	Focus group 1: Young women (facilitated by Beauty)	**Focus group 2: Young men (facilitated by Peter)**
	Tina	Dingani
	Sihle	King
	Sizwe	Elton
	Suku	Ben
	Mary	Adam
	Precious	David
	Sipho	Gift
Total including facilitator	8	8

The study aligned with Kesby et al. (2007), who argued that it is not the act of inviting local co-researchers into a research space that makes it potentially coercive, but instead the intentions of those issuing the invite. For PAR spaces are not devoid of power, but

[24] Facilitator training was provided as part of PAR methodological training for Peter and Beauty.

rather, shaped by the interconnectedness of power and resistance (Kesby et al., 2007). Additionally, Gaventa and Cornwall (2008) acknowledged invited participatory spaces as creating opportunity for people (such as young Zimbabweans) who might otherwise, not have been able to learn about, debate, and potentially shape policy.

4.6.2 Co-researcher characteristics

Though this study defined young Zimbabweans as people aged 15-24 years, individuals aged 15-17 years were excluded based on stakeholder recommendations, given issues of ethics and cultural sensitivity of discussing sexual matters with youth (M. Mokoele, Sexual Rights Centre Programmes Officer, personal communication, August 15 & 16, 2012). Mr. Mokoele recommended the study recruit young locals between the ages of 18-24 years able to give independent consent.

All recruited individuals verbally confirmed being between 18-24 years and having attended a local secondary school but, were not required to specify their age or provide evidence of past enrolment. Apart from being potentially awkward, requesting verification of age or past enrolment could have suggested a mistrust of youth voice, and jeopardized research relationships. Aligned with Kemmis et al.'s (2014) flexible characterisation of PAR, young people were not required to provide extensive demographic information. Consent forms showed most resided in traditionally low-income townships such as Nkulumane, Makokoba, Makhandeni, Lobengula West, Magwegwe North, and Mzilikazi. A few lived in lower-to-middle income suburbs of Sauerstown, Thorngrove, and Waterford. As specified in the co-researcher information sheet, all those recruited verbally confirmed ability of speak English and past attendance of secondary school.

4.7 Ethics

Ethics approval was obtained from The Auckland University of Technology Ethics Committee (AUTEC) on the 19th of November 2013 under reference #13/316 (Appendix C). Given Zimbabwe's breakdown of institutional structures and political instability (Kerina et al., 2013), obtaining in-country ethical approval was unfeasible.

4.7.1 Protection of co-researchers

Actions were taken to ensure the confidentiality and anonymity of co-researchers. While confidentiality is difficult to ensure within focus groups, both the information sheet and consent form emphasised not discussing 'who said what', with anyone outside the

group. Printed information sheets provided, to interested Amakhosi students, outlined the research purposes and level of participation anticipated. As study participation meant considerable engagement and time input. Co-researchers were encouraged to ask questions about the research process. At the start of each group session, co-researchers were further remained of their freedom to withdraw from the study, and that doing so would not disadvantage them.

Co-researchers prepared to join the study were asked to provide written consent before the start of the focus groups. This included consenting to the use of audio tape recordings and transcripts of group discussions, field-work notes, co-researcher generated data in the thesis, consequent publications, and conference presentations. For their facilitator contract (Appendix D), Beauty and Peter were asked to sign confidentiality agreements underscoring the protection of young people's privacy.

The importance of keeping shared information within the group was re-emphasised at the start of each focus group. For their respective groups, Beauty and Peter began by facilitating the creation of a written collective group agreement, whose key aspects included mutual respect of each other's views, and rights to confidentiality. Each group agreed 'what we say in here will remain in here'. At the start of every discussion, the group agreement flipchart was re-negotiated and agreed upon. Confidentiality of all co-researchers was additionally protected through limiting access to field-work notes, data, audio tapes and focus group transcripts to doctoral supervisors and me.

Safeguarding participation was important as co-researchers faced possible stigma and discrimination if identified as participating in a study openly discussing sexual matters. The removal of identifying personal details ensured anonymity in thesis, subsequent publications, and presentations. Additionally, each co-researcher was offered the option to choose a pseudonym. Both groups unanimously opted to use their real names during the research, deeming it cumbersome to use pseudonyms, and asked me to later allocate pseudonyms for subsequent reports.

The focus groups were hosted at Amakhosi premises, whose support for critical youth voice provided a safe and comfortable setting for the co-researchers to work on sexuality education. Further, an observation protocol (Appendix E) was in place for facilitators to look out for signs of discomfort or distress. A researcher safety protocol (Appendix F) encouraged Beauty, Peter, and I to communicate about each other's whereabouts.

4.8 Data generation and analysis

Data were sourced from young locals recruited for the study collaborating in focus group discussions, facilitated by Peter and Beauty. Additionally, my field-work research journal helped contextualise research process reflections. All group discussions were digitally audio recorded, transcribed, and translated (as necessary) to provide data, and PAR methods provided opportunity for further analysis. Qualitative research's emergent design gave space to this study's PAR agenda of "flexible yet structured collaborative analysis" (Creswell, 2014; Kindon et al., 2007b, p. 17) by young Zimbabweans.

4.8.1 Focus groups

Krueger and Casey (2015) summarised focus groups as collective interviews characterised by: 1) a small number of people; 2) with characteristics aligned to the issue under study; 3) generating qualitative knowledge; 4) through focused dialogue; and 5) in order to provide rich insights into the subject matter. Focus groups are a central method well-matched to this study's Freirean focus on dialogue as a collaborative means of proposing change to sexuality education.

Data were generated mostly separately for young women and men and facilitated by a female (Beauty) or male co-researcher (Peter) respectively. Given inequitable and different constructions of gender in Zimbabwe (Pattman, 2005; Venganai, 2015), co-researchers may have been embarrassed debating sex with the opposite gender. Ten action-orientated sessions were hosted. Beauty facilitated four focus group discussions with the young women, whilst Peter facilitated three with the men (see Appendix G for attendance). To further explore issues, PAR's fluid, collaborative nature (Ansell et al., 2012; Cornwall, 2011) enabled co-researchers to add a combined young women and men's session, co-facilitated by Beauty and Peter. As previously mentioned, I facilitated one closing session with each gender group separately, to check-back on central ideas.

My role of support and quality control in the practical focus group facilitation encompassed helping Beauty and Peter set-up the group venue, checking audio recorders, confirming research questions were asked, and taking hand-written journal notes. To gain Beauty and Peter's insights into improving the research process, pre-group meetings were held before each group discussion, with each facilitator (as part of their training) and me, to go over the day's agenda. I also communicated with Beauty or Peter discreetly during the refreshment breaks or later in the one-on-one debriefing sessions, held after each discussion. I was present for both focus groups. Cognisant of

my different gender, Peter offered young men the option of my non-attendance. Instead, they unanimously chose to have me present. One male co-researcher described me as a 'sister' not an 'auntie', and therefore more of a peer, than a superior to be possibly feared.

The following section summarises the group sessions, and their variable, yet similar facilitation formats (see Appendix H for detailed agendas). For each group, one central session question was presented (see below). The study used a flexible, spaced focus group approach aligned with PAR's reflection and action, to host one discussion per day. Enabling what co-researchers said in one session could shape the direction of the next.

Group session 1

After introductions, this, and subsequent sessions, began with the discussion of a group agreement (see section 4.7 on ethics), followed by an ice-breaker facilitated by either Beauty or Peter. Drawing on their training, Beauty and Peter facilitated a brief talk describing PAR's main ideas, and potential methods to their respective groups.

Next, Beauty and Peter, individually asked their group:

'What is your story/experience of HIV prevention sex education in school?'

An ensuing discussion was facilitated to encourage co-researchers to communicate past experiences of sexuality education. Beauty and Peter separately asked their groups to outline main discussion points on flipcharts. True to PAR, different research methods (see section 4.8.2 and 4.8.3) were offered, and young people had the choice of using these individually, in pairs, or as a group. A central function of these methods was to further analyse and explore ideas emerging from initial group discussions. This presentation of methods format was adopted for the subsequent group sessions. Data were generated and processed using these methods throughout all discussions (Table 13, p. 120). Co-researchers could also propose a new way of depicting their perspectives.

Table 13: Data sets generated

Data set	Young women	Young men	Combined mixed gender group
Dramas	3	5	2
Posters	13	3	0
Poems	7	4	0
Songs	3	1	0
Dance	1	0	0
Main points flipcharts	11	18	5
Mind-mapping	6	1[25]	0
Graffiti wall comments	1	0	0
Checking-back flipcharts	6	8	0

Group session 2

Discussions also began a recap of previous session(s), wherein each person wrote on a flipchart to contextualise dialogue on potential changes to sexuality education. For example, facilitators typically started by observing, *"In the [previous] group session you were asked to talk about your story/experience of HIV prevention sex education. What is the one thing you remember most about this session?"* Literature (Buzan & Buzan, 1995; Young & Barrett, 2001) suggested further ideas emerge as co-researchers re-explore their visual or dramatic representations.

Then, Beauty and Peter respectively asked their group:

'What was good and bad about your experience of HIV prevention sex education in school?'

The session focused on co-researchers' articulation and depiction of experiences of sexuality education as a means of critique.

Group session 3

Beauty and Peter separately asked their group:

'Tell me, what a perfect HIV prevention sex education lesson would look like?'

[25] Young men stated a preference for modifying mind-mapping to listing of main points.

After facilitating a discussion, and use of PAR methods for further expression, Beauty and Peter presented the option of a combined women and men's sessions to their individual groups, which was selected. Groups also debated ways in which their central ideas would be expressed to other young people and the community. Creating a drama depicting perspectives generated during the research, emerged as popular for both groups.

Combined women and men's group

After following a similar beginning format of previous sessions, as co-facilitators of this mixed gender group, Beauty and Peter together asked the group:

'Tell me, what a perfect HIV prevention sex education lesson would look like?'

Upon co-facilitating a discussion on this question, Beauty and Peter again asked the group how they would like their main discussion ideas expressed. Once more, drama emerged as most preferred. The session ended with arrangements on how to create, re-hearse, and perform a drama, as a key research output that would be presented to community members.

4.8.2 PAR methods

As mentioned, a choice of PAR methods (including mind-mapping, poster creation, poetry, and drama) supported further drawing out of ideas from group discussions (C. Cahill, 2007c; Kesby, 2000a; McIntyre, 2008), and upheld Creswell's (2014) observation that qualitative research strives to create complex ideas. PAR methods enable considered insight of sensitive issues (like sex), creativity, and a concurrent drawing out and analysis of ideas (Kindon et al., 2007b). C. Cahill (2007b) clarified co-researchers' self and collective data analysis during the research process as fundamental to PAR's cyclic nature. Further, C. Cahill recognised Kothari's (2001) critique of PAR's potential to simplify complex lives, as encouraging a research practice committed to reflecting conflict and difference. As young people have differing social skills and backgrounds, literature (Ansell et al., 2012; Kindon, Pain, & Kesby, 2007c; Morrow, 2008; Punch, 2002) proposed presenting a choice of PAR methods to increase people's opportunity for self-expression according to personal style, choice of their level of engagement, and enabling differing thoughts and opinions to emerge. For example, some co-researchers may not have had an opportunity to debate issues, and possibly preferred poster creation.

Participatory diagramming utilises visual methods like mind-mapping and poster creation to collaboratively generate local knowledge (Kindon et al., 2007b; Pain & Francis, 2003). Kesby and Gwanzura-Ottemoller (2007) found participatory diagramming practical for bringing to light young Zimbabwean's often hidden sexual thought processes. As forms of participatory diagramming, mind-mapping and poster creation supported a breaking of formality and structure, to facilitate young people's straightforward analysis of complex ideas (Crowe & Sheppard, 2011; Kindon et al., 2007b), relating to sexuality education.

Buzan and Buzan (1995) defined mind-maps as creative, graphic representations of concepts and their interrelated connections permeating from a main topic. Creating visually interconnected ideas is an analytical act, requiring reflection on what is included and excluded from the diagram (Buzan & Buzan, 1995). Situated within group discussions and using the corresponding session question as the main topic, mind-mapping was offered by Beauty and Peter to their separate groups to further analyse ideas. Co-researchers had the option to explore linkages between themes produced by drawing connecting lines and/or arrows on mind-maps. The ability to customise mind-mapping is an advantage noted by scholars (Buzan & Buzan, 1995; Pain & Francis, 2003). Whilst the young women's group demonstrated an affinity to creating traditional mind-maps, the young men mostly chose to modify the method to simply listing main words or statements (with no diagrammatic lines or arrows) from their discussion.

Participatory diagramming that moves from using text, shapes and lines to also include illustrations of life experience, people, and places is described (C. Mitchell, Theron, Stuart, et al., 2011) as the visual method of drawing. This study's co-researchers described their drawings as 'posters', possibly due to familiarity with their prolific use in local HIV prevention media campaigns. Kesby (2000a) saw diagrammatic methods as supporting locals' shaping of research processes to describe, analyse, and seek solutions to pertinent issues (including sexuality education) using concepts they have created. Though the young women's group generated more posters than the men's, the ideas explored by both groups were similar to those expressed through their dramas. Each poster was individually created by a co-researcher on a flipchart. Whilst giving space for personal ideas to emerge, this study's use of flipcharts to create posters led to images and words that lacked the dynamic action of the dramas.

Additionally, Beauty and Peter offered poetry as a method of expressing possibly hidden inner emotions and thoughts regarding sexual matters and health. The emotive, personal, and reflective poems generated by co-researchers demonstrated the method's value for supporting introspection. Further, co-researchers' vocalisation of their poems to the group helped build collegial support and give others confidence to outwardly express perspectives on sex. African scholars (C. Moyo, 2015; Ogunleye, 2004) described the expressive, sometimes lyrical use of words and phrases to create poetry aimed at self-examination of experience, and critique of social issues, as popular among young people, given its connections to traditional praise poetry and modern rap.

4.8.3 Drama as a data generation and analytical method

As mentioned, co-researchers could choose a range of PAR methods to examine ideas from their initial group discussions. But, what emerged was that young Zimbabweans fully embraced and expressed ownership for the drama method; not surprising, given that as drama students they clearly loved this medium. This, and their dramatic abilities, helped to demonstrate the potential for using drama method, both in sexuality education research and the school space.

Drama is not a panacea; yet it has great potential for effective youth-led sexuality education (Francis, 2011b). For example, the research by Kafewo (2008) with young Nigerian women on school-based sexuality education demonstrated the power of drama for HIV prevention. Unlike, Kafewo who needed to explain the nature and use of drama to young women unfamiliar with it as a learning or research method, as performing arts students and given its popularity at Amakhosi, it came as no surprise, that most participants were very skilled and comfortable, individually or collectively, as a group choosing to use drama. Findings chapters five and six detail the confidence and ownership of co-researchers for the drama method as they developed their scripts and rehearsals, developed roles, directed and presented the dramas. A focus on drama is well-aligned to PAR aims of locals shaping the research process.

Drama as a method in participatory research can be change oriented (H. Cahill, 2014b; Kafewo, 2008; Waite & Conn, 2011). Drama as a PAR method in relation to HIV prevention, allows for moving on from simply providing information, to co-researchers as creators challenging norms and proposing alternatives providing an artistic space to explore current ideas, and suggest better possible realities (H. Cahill, 2013, 2014b). When examining South Africa's HIV prevention efforts, Durden (2011) described the

potential of the drama method to create spaces for PAR's "action-reflection praxis…[as] A picture of reality can be presented on stage, seen and analysed by the audience" (p. 7). Such spaces create opportunities for people to make visible, reflect on, and propose change to social realities shaping their sexual health. Boal (1979), H. Cahill (2006), and Chinyowa (2009a) positioned drama as catalytic to inspiring action; thus including drama in the selection of possible PAR methods aimed to create an action space for young Zimbabweans' creative expression on sexuality education. Other methods, such as drawing and poetry, also offer similar tools of self-expression to that of drama but may be less relational, action-orientated, or providing performance based on daily reality. Thus, arts-based methods fit well with the agenda of PAR as they allow for maximum expression and space for the voiceless.

Drama uses human metaphors to innovatively question power relations. As such, talk is sometimes banned or creates dangers for those participating because of its critical power (H. Cahill, 2013; Muwonwa, 2017; N. Sibanda, 2017). Typically, objectivist, rational epistemology often rejects political as well as arts-based methods as non-scientific. Yet, the prevailing rational model is flawed as health policy decisions, including those relating to HIV prevention, are often based on the power of elites, rather than the scientific evidence provided for the needs of the marginalised (Campbell & Cornish, 2010).

Ewu (2002), Francis (2010a), Prentki (1998), and UNESCO (2006) pointed to Freire's ideas and those of his influential student, Augusto Boal, as shaping drama traditions in Africa, especially through initiatives by civil society organisations and communities. Freire's (2005) liberatory 'conscientisation', whereby individuals become conscious of their oppression and take collective action towards freedom, resonated with post-colonial Africa. Further, the Freirean scholar, Boal (1979), through his 'Theatre of the Oppressed', created an accessible dialogue focused theatre for ordinary people to confront issues affecting them. Francis (2010a) described Boal's Theatre of the Oppressed as an umbrella term encompassing other types of theatre including Forum Theatre, Legislative Theatre, and Image Theatre. Boal argued that democratic societies are characterised by dialogue and collaboration as opposed to privileging monologues of the powerful voices, like the ABC approach to sexuality education.

Drama as a critical method creates a visible space for open talk on taboo issues like sex and HIV/AIDS. Literature (Chinyowa, 2011; Gwanzura-Ottemöller & Kesby, 2005) and

my cultural knowledge as a Zimbabwean, have guided me in speculating that this method would be very relevant. Thus, in planning the research I anticipated that individual ideation of sexual behaviour or thoughts would respond well to expressive arts, like drama, in the Zimbabwean setting. Through the use of humour, exaggeration and shock, a space for criticising the status quo is created; this includes those topics which are stigmatised or frightening (H. Cahill, 2010; Francis, 2013; Waite & Conn, 2011). Significantly, drama helps to externalise critical self-expression whilst taking public scrutiny away from individual dramatists (Francis, 2011b; Joshi, 2010); thus, drama encouraged young Zimbabwean's open expression of controversial sexual health issues.

H. Cahill (2010, 2013, 2014b) provided an example of the use of drama as a critical PAR method in HIV prevention. H. Cahill's work found that drama's make-believe potential produced a release of tension and a potentially safe space to share hidden thoughts. The author upheld drama as a critical learning and research method that supports individuals' capacity to carefully depict personal stories on sensitive issues, like sex, through imagined situations. For H. Cahill, drama enables people to use representations to re-tell experiences; then practice behaviour and critical reflections to imagine new health promoting behaviour. The World Health Organization (1998) defined empowerment within health, as a means by which people gain increased autonomy regarding health actions and choices. As a PAR method, drama's concepts of shared decision-making, and critical thinking to perform life, and having the freedom to present changed versions of life, is a form of health empowerment (Ponzetti, Selman, Munro, Esmail, & Adams, 2009); necessary for youth being able to shape sexuality education.

For the young Bulawayans in the study, and the wider society, drama has long been a popular culturally relevant means of expression. From pre-colonial foundations rich in dance dramas and praise performances (McLaren, 1993) to resistance and liberation driven dramas during the colonial times (Chifunyise, 1990) and contemporary dramas depicting Zimbabwean's daily life challenges (Galavotti et al., 2005; C. Moyo, 2015). Galavotti et al. (2005), Muwonwa (2017), and Ogunleye (2004) characterised drama as an increasingly well-liked, culturally relevant method of cultivating young Zimbabwean's voices in HIV prevention efforts. Given these historical and cultural roots, children grow surrounded by dramas (on radio, streets, and television) and listening to folklore. A childhood understanding of drama, together with their identity as

performing arts students, made the method appropriate for creating co-researchers' ideas on sexuality education. Further, as mentioned here, and in chapter three, the work of H. Cahill (2014a), Francis (2010a), and Kafewo (2008) has been instrumental in informing this study's use of drama as a participatory, visual, relational, and dialogic method that supports learning, and disrupts adult-led norms and taboos that exclude young Zimbabwean in sexuality education.

Moreover, the framework of dramaturgy offers useful ways of comprehending and proposing change to sexuality education. The foundation of modern dramaturgy as a field of study on the structure, contextualisation, and depiction of the key components of dramas is often traced by scholars (Cardullo, 2009; deLanhunta, 2000; Turner & Behrndt, 2008) to the 18th century German dramatist, Gotthold Ephraim Lessing. Though Zimbabwean scholar Ravengai (2014, 2018) critiqued dramaturgy as rooted in Western worldviews, he and other African scholars (Helleve, Flisher, Onya, Mukoma, et al., 2011) cited the more recent works of Canadian-American Goffman (1959, 2008) as providing relevant ways of comprehending local contexts. Goffman's central dramaturgical contribution was to connect the use of dramatic imagery, language, and performance to people's daily experiences and social actions. Specifically, Helleve, Flisher, Onya, Mukoma, et al. (2011) asserted that Goffman's focus on context and practice as guiding understandings of sexuality education lessons as a performance. Wherein, classrooms as stages forefront teachers' professional presentation, whilst their internal (back-stage) personal beliefs of sexuality are typically in the background and shaping their sexuality education teaching practice. Moreover, S. Arnfred (2004), Francis (2010a, 2011b), and Tamale (2011a) distinguished drama and sexual intercourse as both relational, embodied, and physical activities. Sex is often depicted through television, radio, film, theatre, and stories (Francis, 2011b; Knerr, 2008). Similarly, a lesson, with its characters situated in a specific space and time, is like a performance. Therefore, the drama method offered an observable space wherein youth could, to an extent, realistically depict their experiences and proposals for change to current sexuality education.

4.9 Data analysis

PAR data analysis is reflective, iterative, collaborative, and contextual (C. Cahill, 2007b). Therefore, it is multifaceted, involving different methods and approaches to analysis (C. Cahill, 2007b; Ngwenya, 2014). Analyses, synthesis, interpretations,

explanations and conclusions form central aspects of the reflections needed to produce a written account of a PAR study (Kemmis et al., 2014). Similar to Auckland-based PAR scholar Lubis (2018), who conducted field-work in Bali, I too comprehended the need for two stages of data analysis and interpretation. Firstly, during the field-work in Bulawayo, data generation and analysis happened as an interconnected and collaborative practice, situated in co-researchers' discussions and critical analyses of data produced. Secondly, once back in Auckland, another level of interpretation was required to synthesise co-researcher analyses and produce a thesis.

This study aimed to investigate ways of collaborating with young Zimbabweans to shape sexuality education and was guided by Freirean critical theory that views education as political and collaborative. Typically, in PAR, the time and negotiation required is significant (Kemmis et al., 2014); and this was true of this study as well. Time was used to create a critical space for the emergence and analysis of new ideas on sexuality education, as initial group discussions were followed by options for individual or collective expression through various methods. Providing time for critical reflection and action produced distinctive ways young people experienced and proposed change to sexuality education. Thus, authentic to the principles of PAR, the data analysis phase was closely aligned to the idea of the perfect lesson, and arose at the process of initial brainstorming, sharing experiences and then reflecting on that work to come up with themes. In this way data analysis in PAR is not a completely separate part of the field-work. Nevertheless, as I am undertaking a qualification to demonstrate skills as a researcher, I also carried out a further level of interpretation. This interpretation aimed to highlight the authentic voices of the co-researchers and followed a process set-out below.

4.9.1 Data analysis in Bulawayo

The core aspects of the data analysis in Bulawayo were detailed in section 4.8. Briefly, PAR data generation and analysis is interconnected and collaborative. To guide the findings write-up, all data generated were summarised and presented to each gender-specific group to check and add-to.

4.9.2 Data immersion and interpretation in Auckland

Data consisted of: focus group audio recordings and transcripts; flipcharts listing main discussion points, and mind-maps; posters; co-researchers' written material, including poems and some of the dramas; and my recollections (aided by the research journal).

When reflecting on, and interpreting the data, I was guided by Braun and Clarke (2006) who advised that interpretative analysis can be conducted either manually or by computer analysis software programmes. I decided to manually interpret the data as this held true to PAR's flexible nature. Further, as discovered by Ngwenya (2014) when working on his doctoral thesis, I too found it important to learn to work directly with the data in order to strengthen my research skills.

C. Cahill (2007b) suggested that the interpretive reflection necessary to write-up a study report of the field-work analyses is characteristically rigid and wearisome. Data immersion requires what C. Cahill labelled as an indispensable, but "suffocatingly close analysis" of field-work material (p. 183). My immersive approach to interpretive analysis was therefore "data-driven" (Braun & Clarke, 2006, p. 88). Co-researcher data was the fundamental source of different meaningful ideas that I further synthesised into key themes, and interpreted to produce a written narrative. Moreover, as Creswell (2014) explained, given the rich visual and textual aspect of qualitative research, not all data can be used. Following Ansell et al. (2012), who advised identifying main types of data to be used for reporting, I created a diagram (Figure 10, p. 129) that made clear the sources of evidence used to answer the research question, *'How can a space be created for the voices of young Zimbabweans to shape school-based HIV prevention-oriented sexuality education?'* As mentioned in section 4.8.1, each group discussion sought to answer one of three session questions.

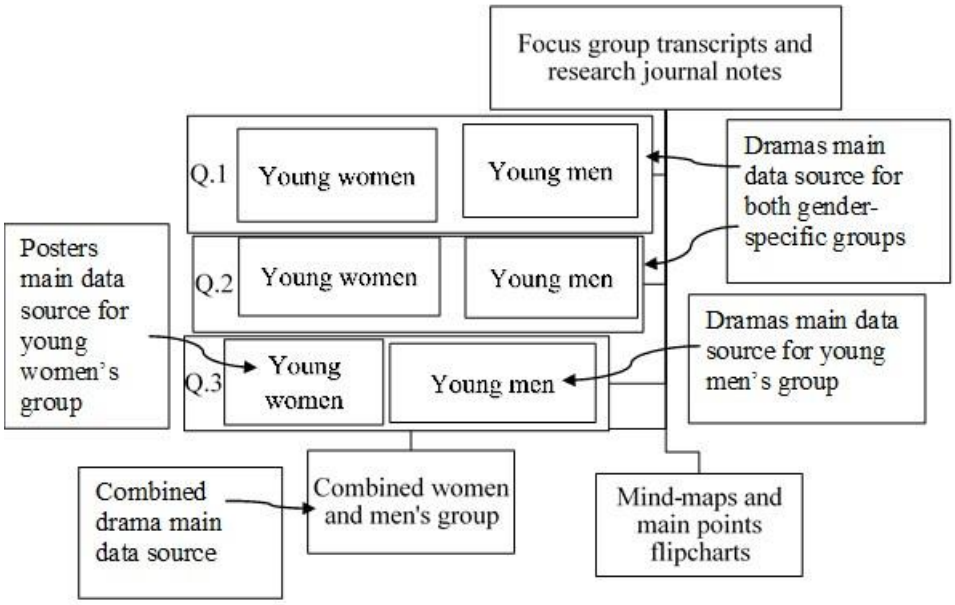

Figure 10: Main sources of data for findings

4.9.3 Drama framework: Teacher, student, content

Once immersed in the data, the strongest impression emerged from the performative space of the classroom, the important role of teachers, students, and content in these young people's authentic experience of a sexuality education lesson. Such ideas are quite different from the current focus on content, which mistakably neglects those traditionally receiving (students) and delivering (teachers) a sexuality education lesson. Even though drama method was popular with both groups, as detailed in chapter six, the young women's group chose to use poster creation as their principle means of envisioning a perfect sexuality education lesson.

Consequently, a framework (Figure 11, p. 130) for presenting co-researchers' field-work analyses, and structuring findings presentation emerged from my transcribing and close data reading. This framework fitted with the dramaturgical nature of the classroom – with its theatre-like combination of stage/classroom, characters/teachers and audience/students, dialogue/monologue and script/curriculum. Each of these key ideas captured an important component of sexuality education lessons. Namely, how lessons are delivered or taught, and by whom,; its recipient audience, the students; and the lesson content. Bundick, Quaglia, Corso, and Haywood (2014) concurred, as their model identified students, teachers, and content as core elements of a classroom setting shaping student engagement. However, this study distinctly centred on youth voice as the fundamental shaper of student-teacher participatory relationships; students' perceptions of content relevance; and teacher training to improve competence.

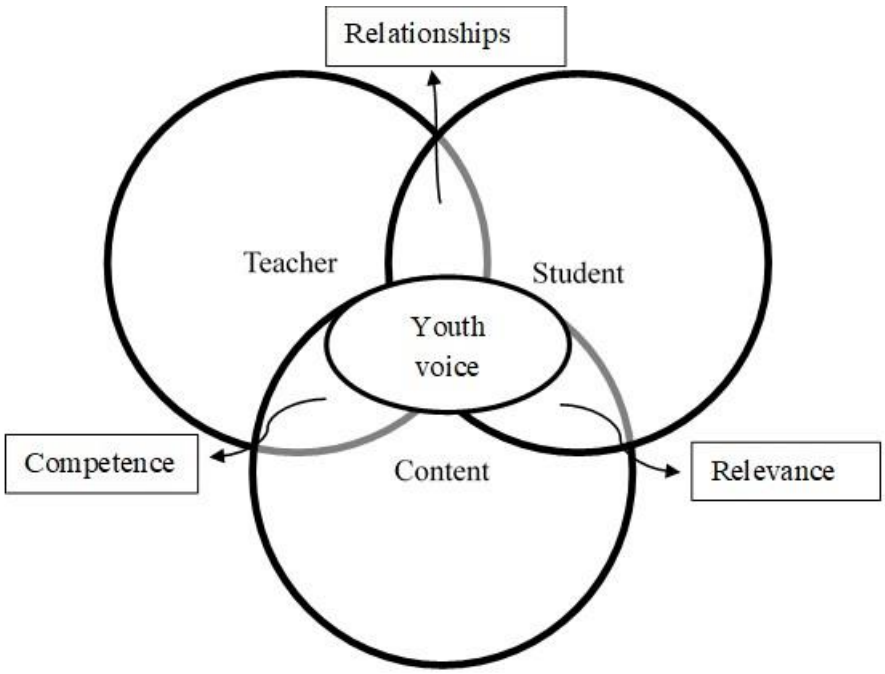

Figure 11: Framework for presenting findings

Source: *Promoting student engagement in the classroom* (Bundick et al., 2014)

The teacher, student, and content framework was instrumental in making apparent hidden power relations embodied in a real-world experience of a lesson that a focus on content can conceal. For example, the framework exposed young people's emotions, reactions, and ideas on their experiences of sexuality education lessons, and not just the content. This framework was guided by Freire's (1985, 2005) preoccupations with the political nature of education, the role of teacher and student in collaborative change. In addition, I have drawn from the other datasets weaving this discussion with relevant comments and ideas.

4.9.4 Presentation of findings

Writing-up PAR findings is as creative and flexible as the methodology itself. Clear, ethical voice representations of how different individuals shaped the study are defined by scholars (Riecken, Strong-Wilson, Conibear, Michel, & Riecken, 2005) as fundamental to PAR's collaborative nature. As detailed in the introductory chapter, the first-person narrative, integrating a reflective (to paint a picture of the research process) and a reflexive (to describe different individuals' shaping of the research process and outcomes) voice, was adopted to present the findings and discussion chapters. Smith et al. (2010) contended that PAR reporting is a truer deeper reflection of what happened if it incorporates issues of power, influence, and societal position. As Smith et al.

explained, a focus on process through describing participation is essential to PAR reporting. Detailing how young people took part in the study will reveal and defend the extent to which it was participatory.

As explained in the introduction chapter, initially, I was unclear of the relevance and place of my voice to report on the findings. Forber-Pratt (2015) recommended "just writing" (p. 13), as a technique for discovering the presentation of one's voice. Following her advice, after months of writing the findings chapters, I unexpectedly discovered a voice that embraced my African heritage rich in the oral history narrative style. I have always loved reading, hearing, and telling narratives. Since childhood, I have been captivated by numerous worlds found within libraries, visual, and audio media. Using a narrative voice (detailed in the introduction chapter) helped convey my authentic voice as an emerging Zimbabwean researcher, shaped by the personal and communal grief of losing loved ones to AIDs-related disease. Subsequently, I decided to present the findings across two chapters focused on the drama method (chapter five – experiences of sexuality education, and chapter six – the perfect lesson) that co-researchers embraced to create a space for their voices to shape sexuality education.

Allen (2011) observed the methodological unfeasibility of quoting and representing young people's ideas just as they envisioned. Nonetheless, I endeavoured to uphold co-researchers' self-representation in reporting by using their quotes, ideas, and reasoning to present the findings and discussion chapters. Although, co-researchers did not provide titles for their dramas or posters, I chose to use the gender of the focus group and a key quote from each drama to name them for easy reference. For the posters, the co-researcher's pseudonym was used. A quote from each drama or poster was used to present the teacher, student, and content framework of analysis. When selecting co-researcher quotes, I was drawn to utterances perceived as best describing the topic presented in each drama or poster. Whilst my selection of quotes possibly imposed a structure not chosen by Amakhosi youth, and could omit other unique utterances, divergent from the group's common experiences of sexuality education. I was reassured by Smith et al.'s (2010) contention that using study co-researchers' representations of voice helps highlight the personal impact individuals have on the study and its findings. Informed by Freire's (2005) concept of making knowledge accessible, co-researchers' words, and preferred methods were thus used to make this study's findings comprehensible to other young people, and the wider community.

CHAPTER 5 YOUNG PEOPLE'S DRAMAS ON EXPERIENCES OF SCHOOL-BASED HIV PREVENTION-ORIENTATED SEXUALITY EDUCATION

5.1 Introduction

The first research sub-question was addressed in chapters two and three. In this chapter, I present and critically reflect on Amakhosi students' dramas in the main, whilst also referring to other data. This chapter responds to the second sub-research question: *How do young Zimbabweans perceive their experiences of school-based HIV prevention-oriented sexuality education?* Co-researchers were invited to depict or discuss both good and bad experiences. Similar to Ngwenya (2014), I adopted a narrative style as a researcher so as to distinguish my voice from those of the co-researchers. The structure of the chapter arose from the use of drama which is a method that emphasises the importance of people, space, and place (Francis, 2010a; Ravengai, 2014), as presented and theorised in the previous chapter. The framework used for the analysis in the findings chapters is that of the dramaturgical space and norms (Cardullo, 2009; Goffman, 2008). The drama method forefronts that a lesson is comparable to a performance as the teacher (actor) typically delivers most of the set curriculum (script) in a monologue manner, to a group of students (a captive audience) in the classroom space (stage). The role of teachers, students, and content (or curriculum) in shaping young people's experiences of sexuality education is, therefore, made apparent by the drama method.

Young women and men respectively had two group discussion sessions focused on their past experiences of school-based HIV prevention-orientated sexuality education. For each group, the second of these discussion sessions centred on their good and bad experiences of sexuality education. Ideas that emerged from these group discussions broadly focussed on the messages co-researchers received in their classroom experiences, which included the disease dangers of sex; confusing contradictions of lessons that promoted sexual abstinence and condom use; the silencing nature of classrooms; and the influences of age, gender, and cultural norms on their experiences of sexuality education. These group discussions formed the basis of ideas developed in a series of dramas presented here (Table 14 and Table 15, p. 133). A notable difference between the group discussions and the dramas was that the dramatic method allowed for

a valuable exploration of space, characters, relationships, and content as well as the style of the conversations. Crucially, it allowed for exploration of forbidden themes. These take the form of role of teacher and student, the interactions between teachers and students, the space of the classroom, and the themes emerging from the conversation and curriculum. This provides a valuable framework for answering the research question here, and for the development of ideas for the perfect lesson presented in chapter six.

Table 14: Overview of women's dramas

Women's Drama	Topic (relating to sexuality education)	Dramatists	Writer and/or director
1: *"Keep quiet now!"*	Experiences (discussion group 1)	Sizwe, Sihle, Precious, Mary, Beauty and Sipho	No written script and overall director
2: *"Sex can…destroy you"*	Good experiences (discussion group 2)	Mary and Sipho	Written and directed by Mary
3: "*Sex is very bad"*	Bad experiences (discussion group 2)	Sipho and Mary	Written and directed by Sipho

Table 15: Overview of men's dramas

Men's Drama	Topic (relating to sexuality education)	Dramatists	Writer and/or director
1: *"I don't really understand"*	Good experiences (discussion group 2)	Dingani, King and Elton	No written script and director unclear
2: *"HIV and AIDS comes from sex"*	Bad experiences (discussion group 2)	Dingani, King and Elton	No written script and director unclear
3: *"If you really want private lessons…call me any time"*	Experiences (discussion group 2)	Adam, King and Elton	Written and directed by Adam

Sections 5.3 to 5.6 provide detailed analyses of co-researcher generated dramas.

5.2 Narrative of Women's Drama 1

All activities were held in Amakhosi's main building, in a hall above the restaurant. The first young women's drama took place on a hot dry Wednesday afternoon in early March. In the large sparsely furnished hall, peppered with broken windows, we set about arranging the chairs, table, and research materials. Beauty started to facilitate a group discussion on young women's experiences of sexuality education. After

discussion for 90 minutes, Beauty asked the group to decide what methods they would use to better express their experiences of sexuality education. Beauty and Peter provided their respective groups an overview of various methods to further analyse ideas, including drama, posters, and poetry. Most women chose drama. The women created, rehearsed, and performed the drama during their first group discussion. The drama was performed by six of the eight young women group members. The two young women who did not join the drama group, Tina and Suku, chose to make posters.

A synopsis is a summary of the main elements of a drama. Forber-Pratt (2015) used characters, scene, and production notes to dramatically present and contextualise the research experience. Chinyowa (2011), MacEntee and Mandrona (2015), and Pattman, Kezaabu, and Sliep (2011) indicated that drama uses a mix of synopses and dialogue transcriptions to prelude and contextualise ensuing drama discussions and analyses. Further, drama is a valuable method for critical research as it is action-orientated, relational, dialogic, and supports the outward expression of taboo topics.

Women's Drama 1[26]: "Keep quiet"

Characters: Male teacher - Sipho; female students - Precious, Mary, Beauty and Sizwe; male student - Sihle

Synopsis: The scene opens in a classroom where a group of students have just sat on their chairs. The students are singing and chatting among each other. A stern-faced male teacher abruptly walks in and says, *"keep quiet!"* Some students frown and look annoyed, but all stop talking. The lesson agenda is announced by the male teacher as teaching about preventing HIV and AIDS.

Once silenced, and after the teacher has spoken, some students (Precious and Mary) politely raise their hands to seek the teacher's permission to ask questions. Intermittently, the classroom becomes rowdy as other students (Sizwe, Beauty, and Sihle) challenge the male teacher's authority. The trio do this by not raising their hands and speaking without teacher permission; laughing in a scoffing manner at what the teacher says; and at times clapping their hands when emphasising their remarks. The lesson topics stated by the male teacher include learning: how to *"prevent HIV and AIDS"*; *"you are not supposed to have sex without a condom"* and *"how it's [using a condom for sex] done for when you are older"*. Later in the lesson, the male teacher asks a female student (Sizwe) to *"come and talk to us regarding young women's issues… [and] how you put on the young women's things [female condoms]"*.

The male teacher ends the lesson and exits the set. In the final scene, two of the rowdy students (Sizwe and Sihle) use direct and forceful tones to mock the now absent teacher. The duo dismisses the lesson's chief topics on sexual abstinence and the disease dangers of sex.

[26] All dramas produced for this study were sequentially numbered, as they were generated.

5.2.1 Teachers: "Keep quiet now!"

At the start of the drama a male teacher's opening greeting, *"Good morning class!"* captures the visual make-up of the scene – i.e., a space filled with schoolchildren ready for their lesson. The male teacher uses a stern aggressive tone with the class, saying, *"Keep quiet now! For I have come to teach you about preventing HIV and AIDS"*. His authoritarian style appears to discourage the students from speaking freely. There is immediate silence and apprehensive looks from some. One of the female students (Precious) initiates a discussion by politely raising her hand to seek the teacher's permission to speak. The student's well-mannered gesture is greeted with disdain by the teacher who scornfully acknowledges her saying, *"You?!"* Shockingly, in response to the student's question, *"What is AIDS?"* the male teacher (Sipho) continues: *"AIDS is you!...Someone as skinny as you"*. O'Brien and Broom (2013) observed that in Zimbabwe, given the drastic loss of weight associated with being HIV positive, being thin is highly stigmatising. Precious is herself also *"skinny"* and she could have faced similar antagonism in her real life. Later, when another female student (Sizwe) is asked by the male teacher to explain how to use a female condom, she retaliates against his earlier insult to her classmate (Precious), admittedly in a whisper, revealing to the class that *"He is HIV positive"*. Stigma and discrimination towards individuals whose perceived sexual and moral misconduct has led to their positive diagnosis, remains a salient feature of the HIV epidemic (HIV: Science and Stigma, 2014; O'Brien, 2013).

For this opening scene, the male teacher is presented as an exaggerated, nasty, and powerful character who shows little regard towards students; paradoxically, publicly stigmatising HIV positive individuals, whilst keeping his own HIV positive status secret. Later in the drama, the teacher abruptly addresses one of his students (Precious) saying, *"You who had HIV. Just go and drink ARVS"*. Rendering the teacher's attitude as lacking empathy and respect for the student. Whilst it may be that teacher characterisations were exaggerated or designed for entertainment, within these depictions lays a strong thread of difficult truth. Boal (2002) described exaggeration as a practical dramatic technique that helps magnify and expose topics to critique and change. H. Cahill (2012) noted the inherent parody and humour of dramatic exaggeration as distorting supposed boundaries between fiction and reality to encourage a re-examining to the status quo. Francis (2013) further characterised exaggeration as an extreme form of representation useful within the drama method to support humour and

free expression in often conservative school settings, especially on sensitive issues like sex.

Yet, to some extent, Sipho's teacher character is also complex and unpredictable. Whilst the male teacher appears aggressive, confident, and commanding; he also seems conflicted, uncomfortable, and reluctant to teach his mainly female class about sex. Possibly as part of co-researchers' reminiscing of their student selves observing a teacher in class, I heard Sipho's statements (in authoritative voice) such as *"I am supposed"* as suggesting a preference not to teach or feeling powerless in deciding lesson content. Teachers are generally implementers, not developers of sexuality education.

This drama raised the important issue of the difficulty of men teaching sexuality education to young women. The group may have used the characterisation of an authoritarian male teacher and supposed-to-be obedient female students to convey societal gender norms, together with the oppressive, non-collaborative nature of the teacher, and teaching experience of sexuality education. The dramatists represented inequitable classroom power dynamics and oppressive styles of teaching they might have experienced in past sexuality education lessons. The male teacher stands and freely walks around the imaginary classroom; while his mostly 'female students' sit pinned to their chairs, side by side in a line, listening, with some only given permission to speak when they raise their hands.

In contrast, UNESCO (2018a), the World Health Organization (2003), and Yankah and Aggleton (2008) acknowledged that young people's ability to voice choice and initiate dialogue is central to life skills needed for HIV prevention, in African contexts like Zimbabwe. Nonetheless, dramatists portrayed the absence of collaborative dialogue and self-assertiveness in their experiences of sexuality education in school. The teacher is very discouraging; often appearing annoyed when questioned by students. He issues remarks such as, *"no"*, *"stop"*, and *"you will not learn that from me"* to discourage debate.

5.2.2 Students: "Sir! Sir!"

Students in the performance were nice, polite, and respectful towards the male teacher; yet, inquisitive, humorous, and challenging of his authoritarian power. I was aware that the drama was based on their past experiences as 'school-children' aged 13-18 years

old. At the time of this research, dramatists were 18-24 years old and young adults. Students were presented as curious and eager to learn about sexuality education. Although a resistance to teacher authority might have been their desire. I doubt that in reality schoolgirls would in the moment be bold and direct enough to resist their teacher's overbearing power and question him about distributing *"expired"* condoms; or ask, *"What if we both don't want to put it [male condom] on?"* But, such adjusted memories provide a useful tool to explore these ideas.

Humour was used to activate and communicate ideas not often spoken in class. Earlier, a female student (Mary) had cautiously said *"I do not touch condoms"* when offered imaginary condoms by her teacher during the lesson. Later, using humour, the same student asks, "*Sir, please can you come to the front here and put it [the male condom on] for us to see?"* This brazen remark had somehow raised an important point about being able to make frank comments and learn about how to use condoms. It might reflect a hunger to be able to engage in candid debate about condoms, sex, and relationships in any sexuality education lesson. Yet, current rigid school culture and spaces make students fearful, shy, and muted. Whereas, dramatic humour supports student ideas on opposition and change in oppressive settings (Waite & Conn, 2011), and generates openness to sensitive issues acted out through making them enjoyable and engaging to watch (Ponzetti et al., 2009); thus enabling the expression of young people's counter perspectives on sexuality education. Therefore, humour, laughter, and exaggeration can become a mode of resistance (Waite & Conn, 2011). As the discordance between a student's cheeky request and submissive manner creates a space for challenging teacher authority within sexuality education.

As noted earlier, students (Precious and Mary) raised their hands to request the male teacher's permission to speak, whilst rowdier students (Sizwe, Beauty, and Sihle) did not. I reflected on how the members of the latter group presented themselves as rebellious and challenging to the teacher. There was frustration by some students at being instructed to *"keep quiet"*, and each time having to ask permission to speak. This frustration was expressed in comical ways. For example, in the early scenes, a female student (Mary) raises her hand to speak but is ignored by the teacher. Later, she starts waving her hands in an exaggerated way and is once again ignored. Not giving up, the female student defiantly stands up and loudly says *"Sir! Sir!"* She is further ignored as the teacher asks another female student (Sizwe) to talk about female condoms. Mary may have used this exaggerated, humorous performance to both entertain the audience

and support student talk about sex during the lesson. Francis (2010a, 2011b) explained how the drama method has been used in the African school setting to support the presentation of culturally sensitive topics, including sex and HIV, in ways that entertain and partner with young people.

5.2.3 Content: "You are not supposed to do sex"

The male teacher presents content ideas or the curriculum of a sexuality education class. One of those ideas was that of not having sex at all; which is the foremost message in the formal curriculum (Ministry of Education Sports Arts and Culture, n.d), and appeared to be this drama's key message. For example, in the rehearsal, the teacher remarks "*If you want to prevent HIV, you are not supposed to do sex"*. For the performance, the overbearing teacher sets the lesson agenda and endeavours to present 'his' prescribed content, made manifest though sayings like, *"I have brought condoms here…for you to learn how it's [using a condom for sex] done for when you are older"*.

In the excerpt below the voices of the well-informed and more confident young adult co-researchers came through their persistent questioning of the teacher's (Sipho) lesson on condom use, and choice of teaching resources (male condoms). Thus, some of student characters inadvertently direct and propose alternative lesson content:

> Beauty [Female student]: You are giving us male condoms?
> Sipho [Male teacher]: Yes, I am giving you others [female students] the male condoms.
> Sizwe [Female student]: This thing [condom] has expired!...
> Sipho [Male teacher]: I want to see how you put on the condom when you are doing sex.
> Sizwe [Female student]: But sir, we are girls. We do not have that thing [penis]…
> Sipho [Male teacher]: This [male condom] you put on the boy right [sounding annoyed]. You are the one who puts it on.
> Sihle [Male student]: You have to tell them. They are supposed to put it on us!
> Sizwe [Female student]: What if he refuses for me to put it on him?
> Sipho [Male teacher]: Ahhh…if he refuses, it's now up to you.
> Beauty [Female student]: What if we both don't want to put it on? What do we do?
> Sipho [Male teacher]: Ahhh…now there you will have to make a plan. Because I have come to tell you with HIV you are not supposed to have sex without a condom.

This scene suggested young women's preference for relevant and real content in their frustrated questioning remarks to the male teacher, *"You are giving us male condoms?"* (Beauty), and *"This thing [condom] has expired!"* (Sizwe). A female student (Sizwe) also observes, *"But sir, we are girls. We do not have that thing [penis]…"* emphasising the inappropriateness of a solo focus on male condoms. Further, the teacher character

does not explain that young women can put a condom on a partner to increase mutual sexual pleasure, as part of relational intimacy.

It is an unusual circumstance for outspoken and confident young female students to explicitly question a male teacher about condom use (Chireshe & Chireshe, 2009; Shumba, Maphosa, & Shumba, 2008; Venganai, 2015). One student (Sizwe) raises the very important issue of, *"What if he refuses for me to put it [male condom] on him?"*; presumably one of the major barriers to using a condom. Further, I wonder why it is a schoolgirl's responsibility to be *"the one who puts it [male condom] on".* For these young women, the act of condom use is not a simple matter of putting the condom *"on the boy"*. Findings raised the potential for condom use taught as a fun, relational experience of sex that needs negotiation – considering its potential for increasing sexual pleasure as well as safeguarding sexual health.

Amakhosi students used their characters and 'young adult selves' to talk in detail about condom choice and use – topics they are not likely to have brought up in class as schoolchildren. The teacher (Sipho) did not answer the two female students' (Beauty and Sizwe) repeated bold questioning on what happens if one or both partners *"refuses"* to *"put it [male condom] on"*. Instead, the possibly embarrassed male teacher ambiguously advises his students to *"make a plan"* – a popular local saying describing a need to be resourceful and resilient. The teacher possibly used this saying as a euphemism, to avoid a difficult public dialogue about the taboo graphic specifics of sex in class. In a formalised classroom setting, studies (Chikovore et al., 2013; Kafewo, 2008) showed euphemisms as often used when discussing specifics of sexual behaviour; possibly as Francis and DePalma (2015) observed, not all teachers feel comfortable and able to talk about sex in class. These findings suggested that teachers may feel ill-equipped and uncomfortable using clear, precise language describing sex, when teaching on sexuality education.

The following scene seemed to be prompted by Sipho's improvisation, which produced the creative opportunity for students to continue bringing-up alternative topics. Appearing frustrated and surprised by repeated questions from 'his students' about female condoms, Sipho exclaimed, *"I don't know much about young women's issues"*. 'He' then asked a female student (Sizwe) to assist.

> Sizwe [Female student]: Keep quiet! It's now me teaching…OK, girls and boys…The female condom, first of all. You are…in your home…or either at the lodges [cheap motels] or whatever…or in the [public] toilet. I don't know where ever you do it [sex].

> But with my boyfriend we do it in the bush [co-researchers laugh]. Also, these condoms we don't put them on.
>
> Sihle [Male student]: Why not? Skin to skin [penetrative sex without a condom]?
>
> Sizwe [Female student]: Because right…what time will he put on the condom as we will be afraid of being caught by people?
>
> Mary [Female student]: Please can I ask the [male] teacher. Now when you are doing it chop chop at that time [having sex very quickly]. There is no time to put on the condom. What do you do? Because you will be doing it chop chop?
>
> Sipho [Male teacher]: Haah…you should put it [the condom] on together fast, you see.
>
> Sizwe [Female student]: But people will find us.

Rapt in the scene I notice the female student (Sizwe) takes control of the class by instructing other students to *"keep quiet!"* as the male teacher (Sipho) steps aside. Then I join the young women in laughter as the dramatist humorously side-tracks from talking about the female condom. Possibly our friendly laughter encourages Sizwe's talk on another matter – rushed unprotected sex done whilst afraid that *"people will find us*". Kesby and Gwanzura-Ottemoller (2007) noted how Zimbabwean adults' rejection of youth sexuality drove some to have sex in unsafe, hidden, and peripheral spaces, including the '(public) toilet' and 'bush' mentioned in this drama, which makes it difficult to practice safer sex. Sex becomes a *"chop, chop"* rushed encounter due to the lack of privacy of public space, so making intimate discussions about condom use difficult. New and often forbidden ideas emerge through the drama method which were unlikely to be aired in the focus groups. This entertaining and humorous discussion about speedy, clandestine sexual encounters appears to mirror the social reality of sex, and indeed, by implication, show what a sexuality education lesson should be like. Rather than the current norm that does not reflect the social reality of sex. Sexuality education lessons should talk about how to manage safer sex if it is hurried.

Sipho's (male teacher) improvised action of inviting Sizwe (role-playing a female student) to assist in explaining female condoms, unplanned lesson content raised by 'his students', illuminates the potential use of students a teaching resource. Such an approach aligns with student-led models of learning, such as heutagogy. Hase and Kenyon (2000) defined heutagogy as a student-centred, 'self-determined learning' that questions conventional teacher-centred approaches to education.

Student characters, possibly beginning to look forward to their perfect lesson, propose different content towards the end of the drama:

> Sizwe [Female student]: Some of our friends are dying of HIV and AIDS. How do they get it? So, guys I want to tell you. If you are stupid and eat the sweet from the wrapper…[use condoms] it's your own fault.
>
> Sihle [Male student]: You will miss out on the enjoyment. Enjoyment will not kill you! They [teachers] are telling lies.

The male student comment, *"Enjoyment will not kill you!"* catches my attention as it seems to portray some of the dramatists' refutation of the prevailing teaching concept that 'sex enjoyment will kill you'. By presenting opposing arguments, I interpreted these students as repeating aspirational calls for more debate on death and sex enjoyment within sexuality education. Earlier, the same male student comments, *"We like it [sex] when it's not in the [condom]"*. Perhaps prompted by the male student's sayings, a female student (Precious) also says, *"They [friends] told me that it [sex] was enjoyable"*. These words appear to reject an adult-led norm in sexuality education that young people engaging in sex is forbidden. The drama method possibly gave Sizwe, Sihle and Precious (including other co-researchers) courage and 'permission' to make daring statements about the *"enjoyment"* of sex, without fear of judgment in this fictional sexuality education lesson.

Co-researchers' performances illustrated that they not only contested sexual abstinence and condom use but, by doing so, challenged the teacher to present better, more consistent, and persuasive arguments. Especially as some young people may prefer to not use a condom, and because they need to hear more hopeful and positive messages for their lives. For Francis (2011c) adult-led teaching norms of appropriate, healthy behaviour change are often ineffective, through excluding youth evaluations, hopes and choices.

Based on insights gained from 'hanging out' with the Amakhosi youth, I had perceived them as generally conservative and unwilling to discuss their sexual lives. However, the drama method supported a severing of inhibitions as co-researchers were upfront with their expression. Drama's lively, relational, and make-believe aspect possibly supported co-researchers' building of rapport and testing of taboo boundaries. Thus, drama can be a valuable method for gathering the social support to break away from restrictive norms and taboos that inhibit free expression during lessons.

For example, Sihle encourages "*Skin to skin"* and urges others to ignore the *"lies"* taught by teachers. Similarly, Sizwe describes sex as delicious, *"sweet"*, best enjoyed without the *"wrapper"*. The co-researchers conclude this drama with pivotal ideas

supporting sexual *"enjoyment"* and describing the barriers of using condoms. Allen (2005) explained that in sexuality education, shock can be used by students to challenge sex taboos, and gauge a teacher's expertise and comfort to talk about sex. Thus, possibly, these two dramatists used their upfront dialogue to shock other co-researchers into questioning perspectives on sex they had been taught as truths in past sexuality education lessons; and so, use the drama method to open a space for challenging and shocking debate that allows the presentation of alternative viewpoints.

5.3 Narrative of Women's Drama 2 and 3

On a sunny Friday afternoon, Beauty facilitated the second group discussion by young women in Amakhosi's back-stage room. Beauty asked Mary, Sizwe, Sihle, Sipho, Tina, Suku, and Precious to help set-up the room. Beauty then facilitated a discussion on what was good and bad about women's experiences of sexuality education, and their main points were recorded using mind-maps on the flipcharts. About an hour later, Beauty invited the group to further analyse those main points using different methods of expression. The majority - Sihle, Tina, Precious, Sizwe and Suku - chose to use paint and coloured pens to create five posters to self-express. Considering the data dense nature of qualitative research (Creswell, 2014) I chose to not detail the production, context, and contents of the posters produced by the majority. Importantly, the ideas explored in the posters are like those portrayed in the women's first drama. Though, the posters had a stronger emphasis on sex as "*not taboo"* (Sizwe) but *"natural"* (Sizwe, Sihle); a refute that intimate *"relationships…are the cause of HIV"* (Tina); and a call for *"less sugar [daddies]"* (Suku, Precious), and for young women to avoid sexual relationships with older men. Instead, this section focused on Mary and Sipho's choice to develop Women's Drama 2 and 3. A decision guided by this study's PAR design, and critiques (Cooke & Kothari, 2001; Gaventa & Cornwall, 2008) that even among marginalised groups, dissenting minority voices need to be provided with a space.

Women's Drama 2: "Sex can…destroy you"

Characters: Female teacher - Mary; students one to three - Sipho

Synopsis: This two-person drama begins when an older, respectable, and strict looking female teacher bustles into a noisy class and immediately says, *"Hey, keep quite!"*. One student (gender unspecified) takes on multiple roles of students one to three in a *"boys and girls"* classroom. The previously cheerful student timidly complies and stops singing.

The flustered teacher loudly announces the lesson focus as learning about HIV/AIDS. The student then politely and apprehensively questions the teacher about HIV/AIDS, at times raising a hand to ask for permission to speak. At one point, the student nervously laughs when the teacher mentions the word sex and is immediately rebuked.

The teacher presents the lesson topics as – *"HIV/AIDS…infects your health"*; and *"Children do not rush into things [to do with]…sex because sex can…destroy you…if you sleep with a girl or [have] sex without a condom".* The lesson ends with the teacher describing young people who have sex as *"naughty"* and *"corrupted"*. But still encourages 'the class' to *"use condoms so you do not get infected with HIV/AIDS"*.

Women's Drama 3: "Sex is very bad"

Characters: Male teacher - Sipho; female student (in an all-girls class) - Mary

Synopsis: This two-person drama starts with a self-assured looking male teacher walking into a classroom. He greets 'the class', i.e. the one female student (rest of class is imagined as present). The female student respectfully gets up from her chair and greets the teacher back.

The firm and forbidding teacher states the lesson objective as learning about HIV/AIDS, with topics including – *"sex is very bad, and you should not indulge in it"*; and *"use condoms because AIDS kills"*. As the drama progresses, the male teacher sounds annoyed by the female student's continued questioning and apparent eagerness to learn. The male teacher evades the female student's questions and does not encourage discussion. Perhaps using unintentional humour, the teacher abruptly ends the lesson saying, *"a condom does not break [unless] you use it too too much"*.

Mary and Sipho chose to leave the back-stage room and sit outside separately, to playwright their dramas. Beauty had been a very proactive facilitator. Upon hearing Sipho say she wanted to write her drama in English but was not confident, she offered to help. Once the scripts were completed, Mary and Sipho re-grouped, rehearsed, and took turns acting out each other's dramas. Both dramas are an entertaining mixture of script reading, spontaneity, and recalling of rehearsed lines. Thus, providing young people with the resources, technical support, and space can offer creative opportunities for self-directed learning within sexuality education.

5.3.1 Teachers: "Good morning boys and girls"

Similar to Women's Drama 1, this time a female teacher (Mary) begins by ordering the class to *"keep quiet!"*, greeting them and then saying, *"Today…we are going to learn*

about HIV/AIDS". Thereby, establishing control and reducing the possibility of collaborative dialogue in the lesson. A student (Sipho) politely asks, *"Mam! What is HIV/AIDS all about?"*; demonstrating an eagerness to learn. To which, the female teacher (Mary) dispassionately responds, *"HIV/AIDS is all about [what] infects your health"*. The male teacher (Sipho) in Women's Drama 3 adopts a similar lesson introductory strategy. However, both dramas display some subtle differences in the teaching styles. The older female teacher in Drama 2 is portrayed as respectable, stern but personable – laughing, smiling, and taking the time to answer student questions. The male teacher in Women's Drama 3 is uncommunicative, irritable, dominant, and abrupt. Yet, the dramatists present both as having similar teaching practices – strict, controlling, strongly disapproving, and unwilling to talk about sex with students.

The female teacher's remark, *"Some people [are] regretting the things they did"* illustrates teacher use of euphemisms and avoidance of clear, specific terms, echoing similar ideas raised in Women's Drama 1. The nature of these *"things"* remain unspecified and not explained to the class. Women's Drama 3 male teacher (Sipho) uses sayings such as *"That's not my concern"* and *"I don't know"* when questioned by the female student (Mary) about the specifics of HIV infection and condom use. Francis (2011c) advocated the use of candid, relevant communication strategies for sexuality education. Certainly, the actions of a tight-lipped disapproving female teacher or annoyed male using unclear, imprecise adult-led terms when teaching and trying to silence students is not a good example on how to deliver an effective sexuality education.

Further reflections on the presentation of the teachers' role and style in both dramas led me to recollect a brief talk I had with Mary and Sipho after these performances. I remember being initially uncertain how to proceed. I saw an exhausted looking Beauty slouching in her chair. I was also conscious of the setting sun, muffled sighs, and tired looks from the group. I did not want to impose a lengthy post-drama discussion. Then McGarvey's (2007) endorsement that PAR engages those close to an issue to understand and promote change, came to mind. So, I briefly questioned Mary and Sipho as to "Why was that a bad (sexuality education) lesson (Women's Drama 3)...And why was the other lesson good (Women's Drama 2)?" Sipho explained, *"I was a bad teacher…Some questions I was not able to answer…[because]…I am a male teacher. So, some questions I was shy to answer them".* Possibly sensing confusion, Mary frankly explained:

> Because Sipho is a male teacher character, he has a pipi [penis] and here there [the student characters] are girls. He will be wanting these girls…you see? He will be having [sexual] feelings…[co-researchers giggle]. So, for him to answer sex questions...how will he get [to] that? *[Excerpt from transcript]*

Then Mary explained why her imagined sexuality education lesson reflected good experiences:

> Actually, I am now old…I am not afraid…Because I will be a mama. Even if [there are] young men...I will not be shy because I do not want them [sexually]. *[Excerpt from transcript]*

Sipho and Mary's responses made apparent that local norms, customs, and gender inequities shape student-teacher classroom dynamics, and contribute to difficulties in delivering sexuality education. Locally regarded as imparting discipline and custom, Magwa (2014) described how age norms prescribe that in schools (and other social settings) youth obey adults; whilst E. Mugweni, Pearson, and Omar (2012) spoke of gender norms characterised by male domination and female submission, as making it difficult for both to have open, critical dialogue about a taboo topic like sex. In Zimbabwe's patriarchal and overtly heterosexual context, the dominating masculine culture limits women's ability to say no to sex, including forced sex (Duffy, 2005; E. Mugweni et al., 2012). In schools, these inequitable gender norms were characterised by scholars (Chireshe & Chireshe, 2009; Magwa, 2014) as contributing to sexual abuse of mostly female students, by male teachers and students. Awareness of such dynamics could account for Sipho and Mary's use of words like *"bad"* and *"afraid"* when referring to a man teaching young women sexuality education. Like Women's Drama 1, the male teacher for Women's Drama 3 also faced the considerable challenge of having frank talk about sex with his female students, which might be potentially frightening.

5.3.2 Students: "Sir, please"

Both dramas presented the student characters as overly polite, earnest in their quest to learn, and seemingly submissive to teacher authority. In both dramas, students use deferential titles and words such as *"Yes mam"* or *"Sir, please can I just ask a little bit",* when addressing their respective teachers. The female student for Women's Drama 3 takes this overtly courteous role further by being excessively cheerful, raising a hand and standing up each time the male teacher gives her permission to speak. Nonetheless, well-mannered deference to teachers might silence and make some students fearful to talk openly within sexuality education lessons, lest they be regarded as disobedient or deviant. When later re-reading the drama transcripts, I wondered if these young women also presented a caricature of a 'perfect student' to entertain and provide humour.

Suggesting that young people have a different paradigm of communicating sexuality education which is entertaining and engaging.

The dramatists likewise presented a negative view of the students from a teacher's perspective, suggesting students might see their teachers as very judgemental and unpleasant. For example, in Women's Drama 2, on playwright Mary's good experiences of HIV education, the female teacher uses negative disapproving tones and wordings to describe sexually active students as *"naughty", "corrupted"*, especially those who thought *"sex was nice"*. Possibly, Mary unconsciously depicts negative perspectives as 'good' to conform to powerful societal norms that define youth sex as bad. This possibly related to the argument of Gaventa and Cornwall (2008), that at times, the less powerful 'echo' dominant voices, due to their unconscious internalisation or need to fit in.

5.3.3 Content: "Sex can…destroy you"

Reading the transcripts and quotations, I was struck by the similarity of the choice of lesson topics and utterance represented by both teachers in Women's Dramas 2 and 3. For instance, both dramas again brought to the surface Amakhosi students' reoccurring ideas (as presented by the teacher characters) of sexuality education lessons as negatively centred on the disease dangers of sex; and the contradictions of the concurrent promotion of sexual abstinence and condom use, represented in Women's Drama 1. A similarity contradicting an expected difference between what it means to be 'good' or 'bad'. In Women's Drama 2, the female teacher presents the lesson topics as learning how *"HIV/AIDS is all about [what] infects your health"*; and forcefully saying, *"Children do not rush into things [to do with]…sex because sex can…destroy you…if you sleep with a girl or [have] sex without a condom"*. In Women's Drama 3, the male teacher similarly describes his lesson as learning that *"sex is very bad, and you should not indulge in it"*; and then confusingly encourages the class to *"use condoms because AIDS kills"* when presenting playwright Sipho's self-experience of bad sexuality education. Perhaps co-researchers' experiences of good sexuality education lessons had been limited or none, making it difficult for dramatists to creatively imagine and reproduce them.

The exceedingly well-mannered student characters in both dramas did not propose alternative lesson topics. Instead, these seemingly submissive students demonstrate their curious nature by persistently questioning both teachers. For instance, *"Mam, how can*

sex destroy me?" (Sipho, Women's Drama 2) or *"Sir, what is a condom? What does it do and why is it used?"* (Mary, Women's Drama 3). Students likely feel confusion, frustration, and demoralisation in sexuality education lessons which are confusing and full of negative messages. Demonstrating opposing views, the teachers portray sex as *"naughty"*, *"very bad"* and *"can…destroy you or kills"*; whereas students view sex as *"nice"*. The duo represented sex as an uncomfortable topic to critically discuss with others, and that the use of youth-led concepts could support the design of unconventionally candid sexuality education.

5.4 Narrative of Men's Drama 1 and 2

Peter facilitated both male group discussions and used icebreakers to energise co-researchers. I focused reflections on the second group discussion for it was here the young men generated their dramas. Six of the 7 men - King, Dingani, Adam, David, Ben, and Elton attended (Gift was absent). Peter started the discussion by introducing: *"Our question is asking what was good and bad about your experience of HIV prevention sex education in school?"* The group was given about an hour to discuss this question, and the main discussion points were recorded on flipcharts. Peter reminded the group about the various methods that could be used to further examine their good and bad experiences of sexuality education. Of the men present, Dingani, King, Elton, and Adam chose to produce dramas; while Ben and David opted to create a poster and write poetry, respectively. Over 5 hours, the men created and played out their three dramas.

The following analysis centred on Men's Dramas 1 and 2; planned, practised, and acted by King, Elton and Dingani. The summary in section 5.6 takes into consideration poster and poetry data. The dramatists chose privacy as they left the room to develop and rehearse their dramas. I was unable to watch the young men rehearse or audio record their conversation rendering unclear the relational dynamics and process of the script creation and role allocation. Yet, co-researchers electing to leave the room demonstrated a high level of leadership and desire for autonomy. Once back, the trio set-up the poorly ventilated room for performances of their good (Men's Drama 1) and bad (Men's Drama 2) experiences of sexuality education, presented in sequence.

Men's Drama 1: "I don't really understand"

Characters: Male teacher - King; male student named Mdu - Elton; female student - Dingani
Synopsis: The scene opens with a male teacher and an apprehensive male student seated alone,

next to each other in a classroom. The teacher appears easy-going. He leans forward, gently seeks feedback about a just completed sexuality education lesson, hosted in the school hall.

Now appearing at ease, the student expresses his frustrations saying – *"teacher…I don't really understand what you [were] trying to…say about sex education"*; describes discomfort at having the lesson *"near girls…at the big hall"*; and offers recommendations for change. The scene then changes as a female student skips in to join the seated male student – whilst the male teacher gets up to address the class. The drama ends with the teacher informing the class that the male student's recommendations will be implemented.

Men's Drama 2: "HIV and AIDS comes from sex"

Characters: Male teacher, James' mother - King; male student named James – Elton; female student, James' sister – Dingani

Synopsis: The drama starts in a classroom, where a male teacher greets and informs two seated students that *"Today, we are going to talk about HIV and sex"*. Both students suddenly look uncomfortable – the female student crosses her legs and looks aside, whilst the male student frowns and folds his arms.

The male teacher describes the lesson topics as – *"HIV and AIDS comes from sex"*; ambiguously explains *"Sex is …sleeping with girls [or] sleeping with boys"*; and "*Sex is a very bad thing. You must never do sex"*. The final scene is set in the evening as James' (male student) family get ready for bed. This is likely a low income house-hold as the siblings have to share a sleep mat on the floor. A young girl runs crying to her mother as her brother, James refuses to sleep with her. The drama ends with James humorously misinterpreting the unclear lesson by understanding sexual intercourse as sleeping next to his sister.

5.4.1 Teachers: "So, what do you suggest we do"

For both dramas, the teachers (each played by King) are male but adopt notably different teaching styles. In Men's Drama 1 (good experiences of sexuality education), the teacher uses a gentle, conversational probing approach to encourage a student (Elton) to talk about his frustrations, and recommendations for change to sexuality education. This depiction offers a means to develop effective and youth-focused sexuality education. Yet, I wonder if these dramatists used the creative potential of drama to re-imagine these good experiences and express aspirations for what their 'schoolboy' selves could have experienced – a teacher who respected and heard their voices. Use of words like *"suggest"*, *"free to talk"* and *"think"* may be indicative of student-teacher consultative effort in promoting safer sexual practice in sexuality education.

In contrast, the teacher in Men's Drama 2 (bad experiences of sexuality education), never seeks student feedback. He adopts a condescending teaching practice focused on scaring and delivering misleading knowledge to students. He is depicted as a stern, authoritative teacher issuing lesson messages as orders. The male teacher (King) uses

arrogant phrases such as *"I will tell you this"*, *"you must"* and *"do you hear me"* when teaching. Clearly, a self-important and commanding teaching style is less likely to collaboratively seek out and facilitate student voice to shape sexuality education.

5.4.2 Students: "Yes, Sir"

Dramatists' presentation of the students' role and style for both dramas was multifaceted. Men's Drama 1 depicts the male student as initially feeling *"uncomfortable"*, then critical of current teaching practices and unafraid to speak. Unlike those of Women's Drama 1, this student character feels no need to challenge teacher authority, primarily as the teacher immediately creates a comfortable collaborative relationship. Yet, I wondered why the female student's (Dingani) feedback was not sought?

I watch carefully how the female student (Dingani) is quiet throughout most of Men's Drama 1. The line of the female student is very short, frivolously clapping 'her' hands and using a squeaky voice to utter two inconsequential words, *"Yay! Yay!"* Likewise, for Men's Drama 2, Dingani acts as a shy female student who, with primly legs crossed and folded arms, appears shy and turns away when King (male teacher) says, *"We are going to talk about HIV/AIDS and sex"*. I wonder what to me appears as two patronising portrayals. Perhaps these young men do not value what young women have to say? Dingani, who played the female characters in both dramas, rendered them as shy, frivolous, and self-conscious. If both dramas depict female students as playful with little to say, do young men view young women as having limited capacity for serious thought? If so, it is less likely young men would take seriously any proposals with sexuality education to engage supposed inferior young women in dialogue and choice about sex.

Furthermore, Men's Drama 2 caricatures the students as exceedingly polite, naively trusting, and willing to believe anything their teacher instructs; repeatedly saying *"Yes, sir"*. Dramatised caricatures of 'perfect students' suggested co-researchers' ridicule of the futility of being obedient and subservient to ambiguous teachers, along with dangers of misinformation and euphemisms to one's sexual health. Possibly these co-researchers used the drama to speak against current misinformation given to students by teachers who say, *"HIV and AIDS comes from sex"* (King), and fail to use clear, precise terms to talk about the relational and emotional aspects of sex.

5.4.3 Content: "Sex is…sleeping with girls [or] sleeping with boys"

Lesson content for Men's Drama 1 was presented collaboratively by both the teacher and student. Whereas, this excerpt from Men's Drama 2 shows its overbearing teacher set the content, reminding me of calls from Women's Dramas 1, 2 and 3, for clearer collaborative lesson content:

> King [Male teacher]: …HIV and AIDS comes from sex. Do you know what sex is?…[sex is] sleeping with girls [addressing male student], sleeping with boys [addressing female student]
>
> Dingani [Female student]: But sir, me I don't sleep around.
>
> King [Male teacher]: Sex is a very bad thing guys. You must never do sex… Let us stay away from girls [and boys]

The teacher's instruction for 'his students' to *"stay away"* from each other since *"HIV and AIDS comes from sex"* exposes the impractical bad nature of past sexuality education. In Zimbabwe, a strong disapproval of young women and men socialising prevails (Pattman, 2005; Venganai, 2015). The teacher for this scene uses euphemism to define sex as *"sleeping"* with the opposite gender. Reflecting on this very limited definition of sex offered led me to Allen (2011). The author critiqued sexuality education as typically emphasising heterosexuality as normal and accepted, with any other sexual behaviour (including masturbation and same-sex partnerships) as deviant (Allen, 2011). Further, the reoccurring idea of the use of euphemism (also performed by the young women's group) within sexuality education showed a strong aspiration by these dramatists for clear, detailed, and probing lessons.

The next excerpt describes a humorously entertaining domestic scene where the male student, James (Elton) and James' sister (Dingani) get ready for bed:

> Dingani [James' sister]: Mama! James is refusing to sleep with me.
>
> King [Mother]: Hey James, what's happening that you don't want to sleep with your younger sister?
>
> Elton[James]: The teacher said at school that we should stay away from girls…Even if she is my sister.
>
> King [Mother]: James it's just sleeping [sharing the same sleeping mat] with your younger sister [audience laughs]
>
> Elton[James]: Ah no. The teacher's word is final…
>
> King [Mother]: Ah James, you and your teacher. Come and sleep with me, my child [laugher].

This is a comic, entertaining, and satirical misinterpretation of the earlier sexuality education lesson; perhaps the dramatists' way of ridiculing and demonstrating the

limitations of sexuality education lessons that mislead and provide vague knowledge to students. The male student character James (Elton) heeds his teacher's sex euphemism to avoid *"sleeping with"* and to *"stay away from girls"*. At home, James (Elton) mistakenly understands sharing a sleeping mat with his sister, as having sex. The dramatists possibly use humour to mask their anger and frustration at misleading sexuality education lessons. Given increasing youth mortality HIV/AIDS rates, such commonplace lack of understanding has dire consequences. To my worry, the acted self-experiences of sexuality education suggested that students might feel ill-equipped by current sexuality education to make informed choices about their sexual health. Furthermore, co-researchers depicted the capacity of drama to openly express difficult and taboo topics such as incestuous sexual relations between siblings.

5.5 Narrative of Men's Drama 3

This drama was created in a distinctive style as Adam was its playwright, director, and lead actor. He asked others to volunteer to act out his bad experiences of sexuality education.

Men's Drama 3: "If you really want private lessons…call me anytime"

Characters: Male school counsellor - Adam; female student - King; headmaster – Elton

Synopsis: The scene begins with a male school counsellor using commanding and self-righteous tones to teach 'his class'. In reality, only the female student is present, as the rest of the class is imagined. The counsellor immediately presents the lesson topics as *"People are dying out there"*; *"you have to learn to abstain"*; and *"make sure you always use protection [condoms]"*. During the lesson, the headmaster steps in to whisper inaudibly into the counsellor's ear.

At different intervals in the lesson the female student raises her hand and when given permission to speak, shyly and in a soft-spoken manner hesitantly asks, *"What if I can't abstain?"* and speaks of being *"too shy to go and ask for…or buy [condoms]"*.
Apart from emphasising sexual abstinence, the counsellor responds by saying somewhat sardonically, *"For those who can't abstain, right? [I] will leave plenty of condoms for you"*. Then ends the lesson.

In the concluding scene, the female student approaches the counsellor in his office. The male counsellor appears to interpret the student's genuine request for a *"private session",* as a request for sex. The male counsellor smiles flirtatiously and inappropriately rubs the student's shoulder as he speaks to her; thus revealing himself as a sexual predator.

5.5.1 Teachers: "If you really want private lessons…call me any time"

The following excerpt from Men's Drama 3 conveys the incongruities and possible dangers students face from teachers. Demonstrating the playwright's (Adam) expression

of individuality and ownership, this poignantly dark drama is centred on his bad experiences of sexuality education:

> Adam [Male counsellor]: … People are dying out there. If you can't …preserve yourself, you will be the next victim… learn to abstain…
>
> King [Female student]: …What if I can't abstain?
>
> Adam [Male counsellor]: …Then make sure you always use protection…For those who can't abstain…[I] will leave plenty of condoms for you.
>
> King [Female student]: [second scene in counsellor's office] Afternoon sir!...I have more questions to ask …you in private…
>
> Adam [Male counsellor]: …That can be arranged…If you really want private lessons…You can call me any time and we talk…

Adam's self-created drama showcases seemingly much silenced discussion; yet concerning matters on coerced sexual relationships between students and school staff, which could be regarded as sexual molestation or abuse. In the public space, in front of his students, the male counsellor presents himself as genuine and virtuous. The drama opens with the counsellor saying, *"People are dying out there"* (due to HIV/AIDS) and advocating, *"you have to learn to abstain"*. Yet, in the concluding scene, in a private conversation with 'his female student', the older, married counsellor is revealed as a dangerous, untrustworthy, and lecherous sexual predator. I am drawn to the male counsellor's (Adam) flirtatious line to his 'female student', *"If you really want private lessons…call me any time"*. In the sexuality educator's words, I discern the hidden, implied sexual nature of the proposed one-on-one *"private"* sexuality education lessons. I then see the counsellor stand inappropriately close, smile, and gently rub 'his student's shoulder. I could see how such an educator would be experienced by students as bad.

Pondering the scene, I thought of Boal's (2002) description of drama as containing representations of everyday life. Similar to this drama, Ametepee et al. (2009) and Magwa (2014) described the widespread, under-reported hidden nature of sexual abuse within Zimbabwean schools. Though peer sexual abuse among students is not depicted in this drama, it is possible, as Ametepee et al. noted some students may model bad behaviours observed in their teachers. The male counsellor presented a bad model of teaching as the role of a sexual predator greatly hinders learning and endangers student wellbeing.

Seeking clarity about the counsellor character's teaching practice, I question the dramatists after their performance. They use terms like, "*hypocrite"*; needs to *"practice*

what you preach"; and *"seduces the schoolchildren"* when describing the male counsellor. I recall Women's Drama 3 performed by Mary and Sipho, who portrayed a male teacher as a possible sexual predator to female students. During the young men's post-drama discussion, Adam laughs cheerlessly when speaking of *"private lessons"* by some male teachers during which *"boys get sodomised"*. Adam's remarks on forced anal intercourse perpetrated by male teachers on male students brought to light the deeply hidden crime.

These dramatised perspectives lead me to recall Ben's poster (Figure 12) on his bad experiences of sexuality education. The poster told the story of a boy telling his father *"school was good and we learnt about sex…I had sex with my teacher*.

Figure 12: Ben's poster

The 'proud' father initially assumes his son had 'consensual sex' with a female teacher, later discovering it was a male teacher. Ben's poster uses dark sad humour to tell a graphic story illustrating the abuse of teacher power and sexual double standards. Zimbabwe's overtly heterosexual society views homosexuality as perverse and criminal (Gunda, 2010); thus a young male experiencing sexual abuse from an older man in a position of power might be fearful, and receive limited support when reporting the crime.

It brought me to a strong realisation of the hidden crime of sexual molestation in schools and its effect on young people. The general note from young women and men's groups distinguishes sexual abuse as dreadful, making prevention and protection measures an important part of sexuality education. For how can students learn about sexual health from a teacher who is sexually abusing them? Or in a class in which peer sexual abusers may be present? The challenge is to support schools in engaging external advocacy groups to create accessible, functioning, sexual abuse reporting structures students feel safe and able to use. Advocacy groups could collaborate with students, school personnel, and wider community on local responses as part of sexuality education. Training teachers and students about healthy affirming behaviours and negative consequences of sexual abuse might also help create safe learning environments.

5.5.2 Students: "But I don't have a phone sir"

The idea of teachers as potential sexual predators of young people is further explored through this drama's characterisation of students weighed down by inequitable social determinants based on age, gender and socio-economic status. Comparable to most student characters in earlier dramas, this drama's female student (King) is portrayed as polite, respectful, and naively trusting of teacher authority. The dramatists also reveal her as vulnerable to the sexual attentions of her male counsellor. Possibly these co-researchers used this drama to contemplate harsh economic realities, that make some students vulnerable to teachers offering material benefits such as *"a phone"*, in exchange for sexual favours. Dunbar et al. (2010) and Pettifor, MacPhail, Nguyen, and Rosenberg (2012) showed growing use of 'cash transfers for HIV prevention' in Zimbabwe and Sub-Saharan Africa, aimed at minimising young women's economic vulnerability to unprotected transactional sex and HIV infection. Yet, as asserted by Dunbar et al. (2010), for such HIV prevention programmes to be effective, more context-specific and openly accessible responses are essential and crucially shaped by the ideas of the young women consumers.

5.5.3 Content: "People are dying out there"

The lesson content presented by the male counsellor echoed that of each of the young men's and women's earlier dramas. Lessons in which a teacher emphasises the disease dangers of sex by saying *"People are dying out there"*; urges *"you have to learn to abstain"*; and then confusingly says *"make sure you always use protection [condoms]"*.

The male counsellor did not provide much opportunity for the shy, hesitant female student to speak or suggest lesson content. I note the few ideas proposed by the student questioned sexual abstinence, and described the fear and challenges faced by young people in obtaining condoms. Women's Drama 1 also spoke specifically of the difficulties young people face in getting condoms. A clear need exists within sexuality education for students to easily access condoms without fear of judgement or cost.

5.6 Summary of analysis

The chapter critically analysed young Zimbabweans' experiences of school-based sexuality education. Initial group discussions of co-researchers' experiences of sexuality education used the mind-mapping method to detail key themes. Reflections and themes offered on the flipcharts were further analysed using the drama, poster creation, and poem methods. Data from all these methods, together with themes from the one checking-back session held with each focus group, informed the summary set of themes laid out in this section. As mentioned, the drama method emerged as central to providing both an insight and challenge to the reality and memories of a Bulawayo classroom. The drama method was pivotal in providing a space for young Zimbabweans to present the reality as they chose, making the points that they wished to make. The drama method, by depicting the classroom illuminated the role of teachers, students, and content. Crucially it provided a vivid window on the hidden and inequitable power dynamics that silence student ideas as shaping young people's experiences of sexuality education. Dramas were entertainingly funny, at times exaggerated and ironic as there is often a difficult truth brought to light by fictional characters and storylines. Dramas contested the often perceived neutral or benign nature of the classroom space.

Young people's representations of their experiences highlighted key themes. Firstly, teachers too are imperfect social beings, paradoxically powerful, and powerless. They face personal fears, challenges, and restrictive cultural norms that may constrain their ability to teach, as well as scarce resources and already limited curriculum. Secondly, students can be vulnerable to teacher dominance, exploitation, and indoctrination by an adult-led, imprecisely presented curriculum. Yet, students also possess agency through subtle resistance, subversion, and mockery of teacher characters, and distortion of lesson content. Hollander and Einwohner (2004) characterised resistance as endeavours for action that seek opposition to unjust, repressive forces. The authors proposed a typology of resistance to include: overt, covert, unwitting, target-defined, externally-

defined, missed, and attempted resistance (Hollander & Einwohner, 2004). Findings showed that covert resistance emerged as a strong theme for student agency which formed part of co-researchers' experiences of sexuality education. Hollander and Einwohner (2004) described covert resistance as purposeful acts that are overlooked and thus face no retribution from their recipients, yet are distinguished as "resistance by other, culturally aware observers" (p. 545). Students also hold great potential to take part in beneficial dialogue and collaboration, but do not get a chance to do so.

Thirdly, current content or curriculum has a narrow focus on the disease dangers of sex, with condom use typically promoted as a last resort to those 'failing' to sexually abstain. However, dramas made clear young people's curiosity and desire to debate and learn about specifics of sex, the experience of sexual pleasure and joy, relational intimacy and affection, the school space as potentially dangerous and harmful to student sexual health and wellbeing, and real life social challenges and barriers to practicing safer sex. Altogether, young people used their dramas as a means of dissension and resistance to sexuality education that imposes adult-led worldviews and excludes their voices.

5.6.1 Teachers

A central theme was that of teachers' abuse of power as educators and adults to stifle youth voice and dominate classrooms. Dramas showed a culture of harsh autocratic teaching as a commonplace bad classroom experience for these co-researchers, typified by required student obedience to adult lesson commands. Such experiences were also reflected in the group discussions held before the dramas. But the dramas served to provide the lived representation of what this teaching style meant to the detriment of the class. The potentially harmful effects of authoritarian teachers were a recurrent idea depicted by both groups as a bad experience of sexuality education. At times, teacher dominance and misuse of power was manifest through the sexual abuse of students (see sections 5.3 and 5.5). Both groups characterised teachers as needing more empathy and respect for students' concerns. Co-researchers advocated for challenging and exposing oppressive classroom dynamics that limit their voices on sexuality education.

While, dramatised bad experiences of sexuality education appeared more intensely showcased, not all experiences of teachers were bad. Some dramas (Women's Drama 2 and Men's Drama 1) on good experiences of sexuality education demonstrated the multifaceted potential of teachers to be caring and easy-going, but stern and paternal.

Co-researchers used emotive, humorous, and sometimes ironic language and actions to depict teachers as people. Teacher characters were performed as complex and flawed with personal predicaments, and hidden health issues often overlooked by school authorities and policy-makers; pointing to a concern for teacher wellbeing. Concurring with Helleve, Flisher, Onya, Mukoma, et al. (2011), this study's findings showed teachers as having emotions and concerns, personal and social lives that shape sexuality education teaching practice and student experiences.

Teacher characters were depicted as giving prominence to the use of euphemistic language and negative ideas to communicate lesson messages. Teachers' typical use of inconsistent, unconvincing, and unclear sex euphemisms was depicted as a bad experience of sexuality education, endangering student sexual health via misinformation. Teachers were portrayed as guardedly promoting condom use as an after-thought and illustration of failure by tarnished youth to kerb forbidden sexual desires. Further, as found by Francis and DePalma (2014), this study's teacher characters likewise depicted a firm preference for using fear and shame to achieve the idealised concept of a student absolutely disinterested in sex until heterosexual marriage. However, teachers typically face large class sizes; a lack of basic resources, training, attitude and confidence to facilitate frank talk on sexual matters; and wider school and social contexts that repress as taboo, young people's voices on their sexual health and wellbeing (Chikovore et al., 2013; Wadesango et al., 2016). It thus becomes difficult for teachers to create silo participatory classroom spaces that are separate and counter to the surrounding contexts, encouraging frank student comprehensions on sexual intimacy within sexuality education.

Dramas showed the gender of the teacher and composition of the classroom as negotiated. Centrally, both groups used the dramatic imagery of the 'male teacher' to depict bad experiences of sexuality education of teachers as harsh, silencing, threatening and potentially dangerous. Notably, all dramas depicted different types of gender tensions, including female and male characters portraying feeling uncomfortable and shy when learning about sex, with members of the opposite gender present. Dramatised and diagrammatic poster creation depictions displayed that for these young people, bad experiences of sexuality education were characterised by oppressive power, whether attained via age, gender, or social position (for example, an adult, male teacher) being used to create unsafe classroom and wider social spatial dynamics.

Dramas enabled young Bulawayans to take on characters supporting public expression of private voices. Co-researchers harnessed the visual and auditory power of drama to make apparent their subversive critique of teacher practice that is often suppressed in society. In drama, people are less likely to judge the actor's words and actions as it is somehow a performance of the lived experience. Meaning, what really happened is not important then. Drama encourages open expression of hidden and controversial issues by helping to externalise personal thoughts, whilst taking public scrutiny away from the individual dramatist (H. Cahill, 2010; Francis, 2011b). H. Cahill (2010) characterised drama's "fiction-reality" (p. 156) border as fluid, and shaped by dramatists conformity to dominant norms so as to create another version of a believable world. An imagined, yet real, world in which young people's dramatised selves possibly felt safer to express counter topics on sexual curiosity, pleasure, and agency.

5.6.2 Students

Student resistance to somewhat 'villainous' teacher characters' attempts to control their actions and thoughts emerged as a central experience of sexuality education. Students were portrayed as having agency, voice and resisting, even in situations where teachers actively sought to suppress their ideas and actions. Student characters' 'hands' were a key form of communication and subversion, whether through students' clapping their hands, as a potential sign of resistance and loud objection or exaggerated raising of hands (signalling a request for permission to speak in class) to possibly present students as overly polite and respectful towards teachers. Thereby acting out the submissive subversion of overtly passive and obedient student characters, who also challenged inequitable classroom dynamics silencing young people's shaping of sexuality education. Student resistance also took the form of contemptuous whispers or loud dismissive remarks about teachers among peers. As Muwonwa (2017) noted, the capacity to question, negotiate and make one's voice heard is central to young Zimbabweans being confident and able to express sexual health decisions.

For young women (Women's Drama 1), the need for spaces wherein they can contest stereotypical notions of gendered roles and responsibilities, including those which come into play in partnered sexual activities was foremost. Though Fiaveh (2018) and Venganai (2015) characterised young African women as possessing agency, and a desire for sexual pleasure that dominant male-led sexual and gender norms typically endeavour to silence or ignore. E. Mugweni et al. (2012) and Rumble et al. (2015) supported reflections on the needs for sexuality education to incorporate an

understanding that young women have socially ascribed submissive roles, coupled with cultural customs that teach young men that female consent is not valued. Together, these beliefs limit young women's ability to be proactive and able to voice sexual desires to their sexual partners.

The leading concepts developing from the depiction of students, and the interactions between students and teachers were that of the classroom space recalled as a site of domination, resistance, experimentation, and testing of ideas. The dramas used imageries and movement such as, ideas, local sayings, and imagined settings to depict students as eager to learn, humorous, complex, rebellious, and offering valuable understandings into their sexual lives and health. While co-researchers rendered most of their experiences as bad; their vivid, lively re-constructions suggested those young people were engaged enough with their earlier lessons to recall and critique past sexuality education.

5.6.3 Content

Dramas enacted opposition to standardised sexuality education content or curriculum using euphemistic language guided by the fear of disease and presumed guilt resulting from sexual behaviour deviating from the heterosexual marital norm, as key motivators to promote safer sex. Therefore, the important theme of teacher negativity in presenting a pessimistic curriculum emerged as making students anxious, rather than optimistic towards their sexual health. Scenes showed young people as individual, relational, and social beings that cannot be separated from their local contexts and realities. The notion of autonomy over one's sexual actions and health is presented as an idealised, unattainable goal that illustrates a disconnect with young people's local contexts. Therefore, a connecting theme interweaving all the different dramas was co-researchers questioning of sexuality education content recalled as centrally presenting the individual as responsible for his or her sexual choices and actions, and when armed with the 'right life skills' able to act independently of one's social context. Dramas portrayed such content as disregarding the socio-economic and cultural realties shaping young people's sexual health and wellbeing. Notably, as detailed in chapter two, access to basic public health and economic livelihood opportunities likely to promote health, financial and social independence, remains difficult for many young Zimbabweans.

Dramas proposed that negative, restrictive sexual norms, values and concepts were offered as a sexuality education roadmap for young people to adhere to. But, both

groups offered typically omitted, different, and practical ways of conceptualising their sex lives within sexuality education. Graham and Mphaphuli (2015) observed a "key gap in our understanding of youth sexuality – one that considers that sexuality as inherently embodied, shaped by desire and love, influenced by the embodiment of local-level discourses, and experienced through local-level realities" (p. 14). The negative representation of young Africans as disease vectors, reckless in their sexual thoughts, and actions (Graham & Mphaphuli, 2015), as found by this study, creates a judgemental sexuality education curriculum discouraging young Zimbabwean's frank expressions about their sexual lives.

Dramas displayed that for these co-researchers content was not the supreme focus; rather, the creation of spaces and opportunities for young people's shaping of sexuality education. Young locals' leadership in creating and presenting dramatised sexuality education showed strong advocacy for youth leadership in curriculum design. Dramas started to offer insights into diverse curriculum topics that conceptualised sex as a pleasurable and natural life experience to be openly discussed; and coerced occurrence used to intimidate and exercise power over young people. Findings suggested co-researchers used the dramatised classroom space to begin expressing hopes for learning the how to practicalities and specifics of sex, and relational intimacy, choice and affection, within collaborative classrooms.

At times, lesson topics were presented as changeable and spontaneous, akin to dynamic aspects of local contexts. Distinctively, the young women's group (Women's Drama 1) rendered a shift in the sexual health agenda from an emphasis on disease prevention to sex as a source of pleasure and joy, emotional, mental, and physical wellbeing. Young women strikingly raised the idea of unprotected sex as a social reality, whose riskiness heightens sexual pleasure and intimacy. Notable ideas given that sexual pleasure is typically taboo and not promoted in mainstream sexual health discourse (Fiaveh, 2018). Kaoma (2018) advised that for most African contexts sex is mostly viewed as a "public good" (p. vii), that privileges collective rights and responsibilities over personal meanings and desires. Meaning expressions of sexuality must be limited to accepted sexual norms and practices. Findings showed the significant value of drama both as a method of research and teaching tool for exposing taboo realities in sexuality education.

5.6.4 Drama method as a space for voice

This study's use of the visual methods of drama and poster creation provided a vital means of revealing the social reality of hidden and difficult topics, including that of male teachers as potential sexual predators (Women's Drama 3, Men's Drama 3, and Figure 12 Ben's poster). Sexual abuse was depicted as worryingly commonplace but concealed, and a hindrance to learning in sexuality education. Similarly, Magwa (2014) argued for exposing and improving responsiveness to the widespread, yet hidden nature of sexual abuse in Zimbabwean schools. Perhaps, having gender-specific teachers might create safe learning spaces for students to talk about sex, as both young women and men dramatised the typical sex abuse scenario as involving a male teacher and a female student. Through using the poster method, one young man told of the concealed phenomenon of male teachers as sexual predators of male students. It seemed some male teachers are misusing the power that comes with being an adult male to intimidate, coerce into sexual submission and silence young women and men whose health and wellbeing is entrusted to them.

Dramatic metaphors were harnessed to present the heroic, central protagonist – the student; being in opposition to the villain antagonist – the teacher; on the contested main stage – the classroom space. Boal (1979) regarded the central protagonist character as "the one who rebels" (p. xiii), a good hero whose thoughts and actions are independently determined. Whereas, the antagonist character is typically juxtaposed as a bad villain and adversary of the leading protagonist character (Boal, 1979). Findings illustrated the human tendency to place ourselves at the centre of experience as a misunderstood but important player. Though students were depicted as heroic protagonists and teachers as villain antagonists, by showing teachers as at times conflicted and uncertain, dramas had an element of empathy towards life challenges faced by teachers. Therefore, co-researchers' used characters and their young adult selves as reflective tools to step into 'the other's shoes' and represent experiences of sexuality education. For example, co-researchers acting as teachers and young men acting as women (and vice versa). Findings aligned with H. Cahill (2014a), Francis (2010a) and Kafewo (2008) who used the Boalian technique (elaborated in the next chapter – section 6.3) of audience members or dramatists taking on roles that are often counter to those they typically inhabit, so as to see 'the other's' standpoint. Visual, embodied critical drama methods offer practical, contextual ways for student learning during sexuality education lessons.

Satire, comedy, and tragedy as dramatic genres (Boal, 1979; Conn, 2010) emerged as central dramaturgical forms using humour, exaggerations, and shock to create critical space for expressing experiences of sexuality education. A space supporting expression on sexually taboo, stigmatised or frightening topics not typically debated in a classroom (Francis, 2013; Waite & Conn, 2011). These genres notably united in Men's Drama 2 to depict the sadly humorous ironic consequences of an overly naïve schoolboy's misinterpretation of a sexuality education lesson's central messages, as the teacher had used sex euphemisms. Using the dramaturgical techniques of comedy and dramatic irony (Ackroyd, 2000; Boal, 1979), the audience is left speculating the looming, tragic health consequences likely to be faced by this misinformed young man and his sexual partners.

Boal (2002) asserted besides being fun, interpersonal, and physical, drama is also a vehicle for change – a tool for oppressed groups, like young Zimbabweans, to question the status quo, envision and practice for liberating change. Drama's imaginative, lifelike and subjective aspect being an arts-based method, supported opposition to the regimented, objective presentation of sex as a biomedical fact. Such methods are akin to 'real life' as people are typically dynamic, changeable, and not always rational. In these make-believe classrooms, drama supported the use of satire and lively behaviour as generating increased social support to mock misunderstood sex euphemisms.

Findings showed the drama method's fictional character engagement which can support a breaking of inhibitions to trigger, support, and empower the public expression of personal ideas within sexuality education. It seemed co-researchers, especially the young women's group, spoke louder and more confidently when also using their bodies to better channel what they said. Perhaps, unlike the situation of a group discussion, here, dramatists are by default expected to project their voice to use clear articulation and tone to express themselves and be heard by the audience. In a group discussion, individuals are not expected to express their opinions using manners expected in a drama. H. Cahill (2013) observed similar use of the 'body' within drama to activate an expression of ideas that support learning within health education. These dramas demonstrated how the 'body' can be used to show embodied actions and support the expression of ideas within sexuality education.

This embrace, notably by the young women of the drama method to use one's body to support loud public voice and actions, including the clapping and standing up to address

a class, raised the question: can a person, notably a young woman in a patriarchal society, be entirely empowered if their body is not allowed to be? Conn (2010), Francis (2011b) and Muwonwa (2017) described the drama method's strength when using dramaturgical techniques such as sound, settings, roles, events and scenarios to encourage the manifestation of theatre opposing the status quo. Moreover, Conn found these dramatic tools, together with those of style or genre, as supportive of the drawing-out of young Ugandan women's hidden, at times painful, sexual experiences, often suppressed by patriarchal and gender customs normalising their oppression and submission to men.

Cobbett-Ondiek (2016) spoke of the controlling force of contextual social norms that support dominance of women's bodies by men, as penetrating and able to diminish new empowering social norms created in educational spaces. Using the example of a Kenyan education programme preventing gendered violence, Cobbett-Ondiek described how the expression of new ideas on bodily integrity, sexual pleasure, and rights learnt by young Kenyan women were fundamentally constrained by prevailing social values of female appropriateness and bodily expression. Muwonwa (2017) then explained how most young Zimbabwean women fearful of "male backlash at females deploying their bodies in public in sexually assertive ways" (p. 188), typically monitored their bodies to ensure adherence of patriarchal norms of perceived respectable attire and behaviour. Therefore, while dramas provide a valuable space for trying out new ways to proposing change to sexuality education, it is vital that young people are not burdened with unrealistic expectations of empowerment that ignore influential social determinants like norms and gender role expectations.

Drama's stimulation of one's senses, such as its visual, action, and auditory appeal (Boal, 1979; Francis, 2011b) makes it akin to the emotional, physical, and sensory aspects of sexual sensual arousal and pleasure (Koepsel, 2016; UNESCO, 2018a). Making drama's performed and enjoyable aspects like a sexual performance that too can be evaluated, and at times found dissatisfying. Oosterhoff, Müller, and Shephard (2017) explained that for sexually conservative contexts that have experienced an erosion of cultural systems of sexuality education, growing access to affordable, portable, internet-enabled devices means young Africans are increasingly able to access online real-world practicalities on how to offer and experience sexual pleasure and intimacy. Young people (globally and in Zimbabwe), increasingly drawn to the graphic, visual, and auditory nature of pornography, are using this medium as a principal learning resource

on sex and intimate relationships, and accessing it via spaces of their own choosing (Oosterhoff et al., 2017; Timire, 2014), Hence, the dramatised quality of sexual relationships is a phenomenon young Zimbabweans are progressively familiar with and, likely be able to relate to.

The dramaturgical use of local ideas, imagery, and characters to re-create staged believable worlds that personify and contest the status quo is a long-standing African custom (Ravengai, 2018). Thus, being young African performing arts students, co-researchers used home-grown experiences of sexuality education to scaffold a dramatised, realistic make-believe world. A re-imagined world that made it possible for co-researchers to fuse current ideas of their more confident and defiant young adult selves, with those of their possibly obedient and hesitant past younger school-going selves, to begin to challenge teacher and broader adult authority within sexuality education. A world where past experiences of sexuality education interjected with present conceptions, infusing what was, with hopes of what could have been. A recrafting of dramatised narratives that interwove experiences of submission and silencing with possibly present hopes of subversion and resistance.

CHAPTER 6 YOUNG PEOPLE'S POSTERS AND DRAMAS ON A PERFECT SCHOOL-BASED HIV PREVENTION-ORIENTATED SEXUALITY EDUCATION LESSON

6.1 Introduction

This chapter presents a critical analysis of co-researcher proposals in responding to the third sub-research question: *'What are the strategies for change that young Zimbabweans envision as demonstrating a 'perfect' school-based HIV prevention-oriented sexuality education?'* The young women had two discussion sessions and young men had one on their ideas for a perfect sexuality education lesson. Main points and themes from these discussions were further analysed using different PAR methods. As separate groups, young women chose poster creation (see Appendix I for posters and summaries) and the young men mostly preferred the drama method (Table 16, p. 166). Young women and men decided to participate in one combined group discussion, and collectively chose the drama method (Table 17, p. 166) to further examine proposals for a perfect lesson.

The young women (including Beauty) drew individual posters. Their posters mostly proposed perfect sexuality education be: taught by *"professional experienced people"*; in *"easy and enjoyable"* classes where students are not *"shy"* and able to *"say whatever is in your mynd [mind]"*; learning that *"sex is natural"*. Young men mostly generated two dramas that broadly strategised: a wish to feel safe and able to talk about sex; African traditional spirituality beliefs on heath; questioning the notion *"sex is bad"*; embracing a belief that *"sex is good"* - pleasurable and intimate; and proposing a different youth-directed participatory model to sexuality education. For the combined discussion session, Beauty and Peter decided to co-facilitate. Thus, the outcome of the 'perfect lesson' part of the data collection offered a practical gender-relevant teaching model for sexuality education.

I adopt a similar style to chapter five for critiquing the role and teaching style of the teacher, how the students are portrayed, and presentation of the content (or curriculum) in a perfect sexuality education lesson. Unlike the static posters, the dramas again emerged as fundamental for integrating co-researchers' ideas and actions to re-create the physical reality of a classroom; not surprising given that these are drama students.

Dramas united the visual, relational and dynamic use of people, costumes, props (such as chairs) to depict locally situated scenes.

Table 16: Overview of men's dramas

Men's Drama	Topic (relating to sexuality education)	Dramatists	Writer and/or Director
4: *"Today we will talk about sex education"*	Perfect lesson (discussion group 3)	King, Elton, David, Adam, Dingani	No script and facilitated by Dingani
5: *"But actually, what do I benefit if I wank?"*	Perfect lesson (discussion group 3)	Adam and King	No written script and directed by Adam

Table 17: Overview of combined women and men's group dramas

Combined Drama	Topic (relating to sexuality education)	Dramatists	Writer and/or Director
1: *"Sugar daddies and sugar mummies"*	Experiences (combined discussion group)	None (not acted)	Written by Elton
2: *"Sex is good*"	Experiences, good and bad plus perfect lesson (combined discussion group)	Ben, Sihle, Mary, King, Sizwe, Suku, Dingani	Written and directed by Dingani

6.2 Narrative of Women's posters

Beauty facilitated two discussion groups asking young women about strategies for a perfect sexuality education lesson. She began by facilitating a discussion and writing of main points. Three mind-map flipcharts bearing no images were generated. All mind-maps included the central topic of 'a perfect sexuality education lesson', with lines and arrows linking text (Figure 13, p. 167 presents one example). The main points listed central themes from the discussion.

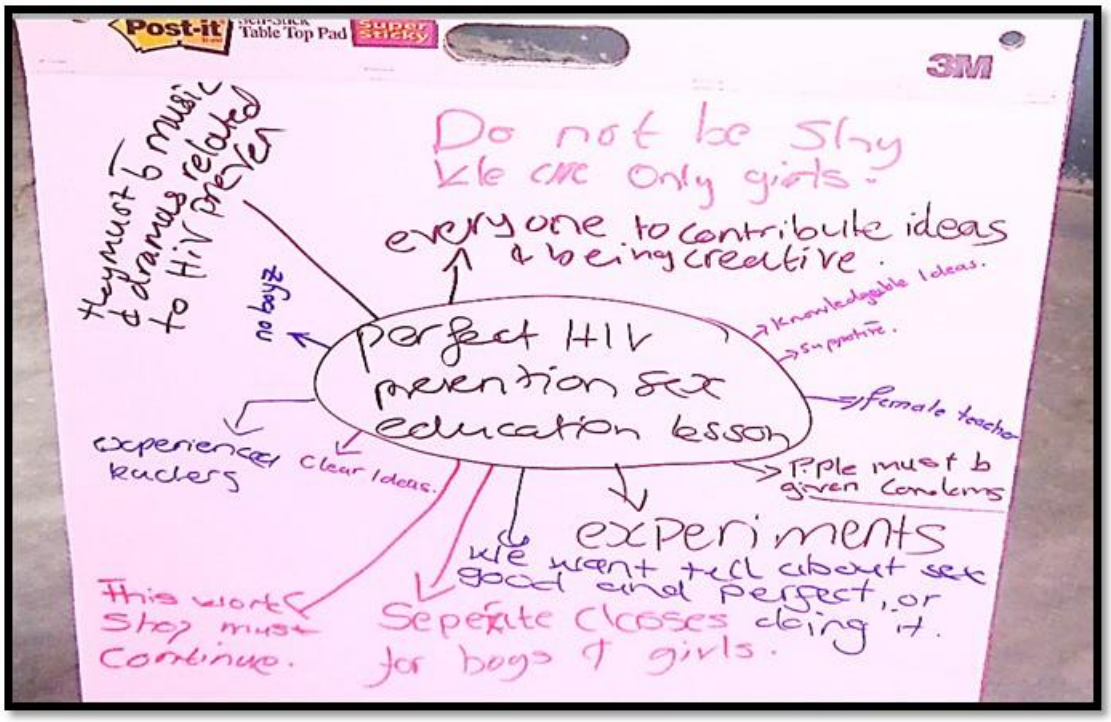

Figure 13: Example of young women's mind-maps

In all three mind-maps, co-researchers described their perfect sexuality education lesson as taught by *"experienced teachers"*; characterised by free-thinking students who demanded teachers, *"must consider our feelings as young people"* and advocated for *"separate classes for boys & girls"*; and content that proposed *"sex is just a natural [thing]"* and is *"good & healthy"*. Perfect lessons were labelled as *"creative"*, with "*no wrongs"* or *"mistakes*. Co-researchers dared to dream knowing their aspirations *"might not happen but could happen".* After two hours, Beauty offered methods including drama, poster creation, and poetry to further analyse discussion themes. The five co-researchers (Suku, Mary, Sipho, Precious and Sizwe) present chose to make posters.

The following day, Beauty facilitated another group discussion to complete the previous session. Sihle and Tina joined Suku, Mary, Sipho and Precious, with Sizwe absent. Beauty began by facilitating a recap and adding of new ideas on co-researchers' strategies for a perfect sexuality education lesson. Young women chose to simply speak out, not write down their thoughts, which were audio recorded. After an hour, Beauty again presented the different PAR methods. Those present reaffirmed their poster choice. Although, Mary was initially reluctant to create a poster, saying *"I don't know how to"*, but Beauty reassured her that *"a lot of the posters…[involve] writing and then decorating",* focusing on content not quality. Relieved her creativity ability was not being tested, Mary decided to produce a poster. C. Mitchell, Theron, Stuart, et al. (2011)

advised that individuals be encouraged to creatively use images, colours, and fonts as necessary, especially when the research includes young people. This group's decision-making process provides practical insights for using teacher or facilitator encouragement to support student voice in sexuality education.

Everyone then helped distributing material (for example, paper, paints, and coloured pens) for the poster exercise which lasted over an hour. As local artefacts, posters showed a range of images including: people, the HIV/AIDs red ribbon, a danger skeleton symbol, and a cartoon character. Co-researchers also used captions which added useful information for sexuality education. Conn (2010) observed the benefits of captions when analysing young Ugandan women's drawings of their place in society. Baetens and Surdiacourt's (2011) instructive examination of 'reading' images together with captions in relation to graphic novels proved useful for poster interpretation. Baetens and Surdiacourt explained that images like words can be understood as communication devices. Building on Baetens and Surdiacourt, findings recommended the compilation of youth-determined posters into a graphic novel style learning material for students and teachers to use. For Kemmis and McTaggart (2005) relevance, ownership, and local-based analysis of social issues are a fundamental aspect of PAR.

6.2.1 Teachers: "Taught by professional experienced people"

Captions describing co-researchers' perfect sexuality education lesson called for *"experienced"* (Suku, Sihle, Precious, Sipho) and *"professional"* (Sihle and Tina) teachers. As Tina put it, *"let professional tutors and mentors conduct the lessons and workshop so that the information will be delivered properly"*. Suku's words *"we need"* and Sihle's *"we want",* captured forceful expectations and frustrations of being taught by inexperienced and untrained teachers.

Suku, Sihle, Tina, Precious and Sipho's captions on their perfect sexuality education lesson proposed a *"supportive", "conducive" "good & open" "learning atmosphere"*. Tina captioned her perfect sexuality education lesson as being *"easy and enjoyable"*; and Precious as *"always good & open"*, and for *"A perfect lesson: avoid order man"*. Captions suggested a perfect sexuality education lesson would need teachers able to facilitate thought-provoking, open, and innovative informal lessons.

To gain deeper insight into co-researchers' captions, I followed the advice of C. Mitchell, Theron, Stuart, et al. (2011) and asked the group to further elaborate. Precious, Sipho and Suku were keen to discuss further. Sipho explained that her caption *"do not*

be shy" meant students *"must be free [and]… be able to ask any question"*. Explaining the *"supportive ideas"* caption, Precious said, *"Like if a person [teacher]…says…don't have sex…I [want to]…know what the sex of it is for, right? It supports…why I should not do it"*. Suku described her caption *"you must consider our feelings as young people"* as a direction for teachers to *"not to keep putting us down"*. Their post-activity remarks demonstrated the potential for poster content to support greater reflection and clarification by co-researchers. Poster depictions on teacher professionalism as fundamental to perfect lessons, echoed Women's Drama 1 to 3 regarding teacher skills and attitudes. In PAR, proposals for change progress favourably when co-researchers can debate, modify, and add to themes when given time to reflect on insights obtained from the research process (Kemmis et al., 2014; McGarvey, 2007). Possibly, the passage to time had given young women space to reflect and re-analyse earlier perspectives.

6.2.2 Students: "Say whatever is in your mynd [mind]"

All seven brightly coloured posters distinctly presented students as autonomous, happy, thoughtful social agents. For perfect sexuality education, Suku characterised students as able to *"say whatever"* was on their minds. Some posters presented students as thoughtful, sensitive, and somewhat apprehensive. Sihle and Sipho urged students to *"not be shy"*. Co-researchers' ideas suggested student learning and ability to express views is shaped by a social environment that limits their voice. Various posters (Suku, Sihle, Tina and Mary) utilised images of smiling young people with captions, possibly also illustrative of a call for greater dialogue in sexuality education lessons and wider society about sex. Descriptive of this call, were Suku's student images with the captions *"[Schoolboy]: I like it when we talk about sex"…[Schoolgirl]: We have to discuss about these issues guys"*. Generally, the posters used words like *"talk"* (Suku and Mary), *"say"* (Sihle), and *"expression"* (Precious) when conveying a wish to debate and learn more about sex in a perfect sexuality education lesson. Moreover, one poster described a *"mix [of] girls and boys"* (Precious) as a characteristic of a perfect sexuality education lesson, whilst another simply advocated for *"no boys"* (Sipho). These captions made clear that for a few young women, the gender composition of a class should be contestable and negotiated; while others, like Precious, might not mind learning about sex with young men present. Other young women, like Sipho, experience a mixed-gender sexuality education class as awkward and uncomfortable.

6.2.3 Content: "Sex is natural"

Poster images and captions candidly depicted content proposals and created a clear impression these were from a young person's and not a teacher's perspective. They proposed perfect sexuality education lessons as characterised by 'the student' as the absolute focus, especially when determining content. Each co-researcher's call for change was powerful when considered individually, and as a collective voice. Captions proposed *"clear ideas"* and *"right elements"* focused on sex as *"natural",* therefore *"good [and] healthy"*. Posters on a perfect sexuality education lesson made clear two central perspectives.

First, over half the group (Suku, Sihle, Tina, and Precious) used terms such as *"natural"* and *"nature"* as new ways of conceptualising sexuality education content. Tina spoke of sex as *"a gift from mother nature"*. Sihle, Sipho, and Beauty used optimistic captions like *"good", "healthy"* and *"enjoy"*. These expectations counter dominant adult beliefs. I felt a sense of awe reading the writing. As a Zimbabwean woman, I comprehended the potential for personal ridicule for breaching age, gender, and sex talk taboos that limit young women's voices on their sexual lives. I understood the courage it took for these young women to personally talk about sex as a *"natural"* and enjoyable part of life.

Further, Suku, Sihle and Mary's imagery of a young woman and a young man could be influenced by the beliefs in heterosexuality, as the sexual norm. I reasoned that *"natural"* sex in the Zimbabwean societal context is between a man and a woman, with limited space for contestation of sexual orientation. Hence, sketching same-sex characters might not have occurred to most or else considered offensive. Gunda (2010) observed the irrational fear and hatred of individuals deviating from the heterosexual norm is deeply embedded in Zimbabwean society. Furthermore, the use of the HIV/AIDS red ribbon symbol by the majority (Suku, Precious, Sipho, and Beauty) suggested an ingrained awareness of public sexual health campaigns.

The posters offered different conceptualisations that presented positive and negative aspects of sex. As illustrated by Beauty's balloon caption, "*Enjoy sex but stay safe. HIV kills…I am a male condom. Use me wisely and always"*. The majority (Suku, Sihle, Tina, Precious, and Sipho) captioned an overwhelming desire to learn more about the mechanics of sex. Captions repeatedly called for *"clear"* explanations (Tina, Precious,

and Sipho) and to be *"…to be shown how it's [sex] done"* (Sihle). Suku demanded, *"You must teach us on how [sex] is done & why. May[be] we will understand"*.

Initially, I found Suku's comments boldly humorous as I imagined the absurdity of students being shown instructional sexuality education videos in school. Then, I recollected my undergraduate years at Rhodes University, Grahamstown, South Africa. Aged 21, with my friends, and a bag of popcorn, I recalled attending public viewings of instructional and explicit sexuality education videos in the lecture hall, as part of a sociology paper on human sexual behaviour. Admittedly, a university setting is more liberal, with students generally perceived as adults. Nonetheless, for these locals a perfect sexuality education was one where the *"why"* and *"how"* of sex was explicitly explained. Suku's wanting to *"understand"* the motives and the *"how"* of sexual intercourse captured the essence of what most demanded from a perfect sexuality education.

Second, Sihle, Precious, Mary, Sipho, and Beauty's strategies for perfect sexuality education resonated with the dominant ABC approach for HIV prevention. Co-researchers wanted to know: *"why we should abstain"* (Precious); about having sex *"with the right person [for the] right reasons and the right time"* (Beauty); on the *"use of condoms"* (Precious), and that *"people must b[e] given condoms"* (Sipho) in lessons. Or, as put by Sihle, *"I luv [love] doing it [sex] as long as I condomise"*. Captions proposed a future sexuality education model where being faithful to one person was not just rhetoric but contested and situated in local representations of faithful intimate relationships. Mary's poster with the captions, *"good girls & boys wait [for]…marriage"* was distinctive in its apparent acceptance of sexual abstinence before marriage as characterising a perfect sexuality education. Poster creation gave artistic space for Mary's individual voice that countered popular consensus. PAR needs to have diverse ideas, be flexible, and responsive to distinctive local needs (Kemmis et al., 2014; McGarvey, 2007). Posters propose greater acceptance and ownership of sexuality education when content is collaboratively designed with young people. The emotive language and strong, vibrant imagery portrayed hope that their aspirations for perfect sexuality education would be fulfilled.

6.3 Narrative of Men's Drama 4 (perfect lesson)

On a typically sweltering Friday afternoon, about mid-March, the third young men's group discussion was hosted. We were back again in the poorly ventilated, dusty and

graffiti covered back-stage room. The group session lasted approximately 2 hours 40 minutes. Dingani, King, Gift, Elton, David, and Adam arrived on time, Ben was absent, and Peter was late. At the outset, I recalled co-researchers felt annoyed with Peter's lateness, and agreed that I initially facilitate the discussion. Peter came 15 minutes later and took over the facilitation. One hour of group discussion and co-researchers' listing of central themes on a perfect HIV prevention education lesson passed. Conscious of the time, I suggested Peter ask the group to decide on methods to further analyse discussion themes. The majority, Dingani, King, Elton, David and Adam decided to use improvised drama, while Peter and Gift chose to create posters.

Drama 4 was largely 'spur-of-the-moment', with Dingani and King having a brief preparation talk before the start. Post-drama it was noted that by bringing in Peter (an audience member) who had not been participating, as a student character to comment on masturbation, Dingani (who role-played a teacher) used a Boalian 'forum theatre' technique. Thereby transforming a passive audience spectator into an active actor, i.e. a "spect-actor" (Boal, 1979, p. xxiv). Dingani clarified that *"forum theatre takes into consideration that even the audience…[can become] actor[s]..[able to change the] direction"* of a drama. Boal (1979) explained that when using drama to raise individual and collective consciousness of oppression, it is central for the audience to actively engage as actors in social change. As the co-researchers explained, Boalian forum theatre allows for the retelling of a real life oppressive situation relevant to the audience, as demonstrated by this drama's creation of a space for young men to practise challenging inequitable social realities as fundamental to perfect sexuality education.

Through a cyclic performance, the oppressive scenes are depicted several times, with different audience members (spect-actors) able to stop the scene, take on the protagonist's role, and change the outcome (Boal, 1979, 2002). Other characters maintain their oppressive roles, improvising as the outcomes change. Boal (1979, 2002) created the role of a 'joker' to facilitate the exploration to social change[27] and act as a go-between bringing the audience and actors together. Cyclic performance was not part of this drama, yet there was a clear embodiment of Boal's use of theatre to re-enact oppressive real life experiences, and experiment on different strategies as part of a perfect lesson.

[27] For this drama, Dingani took on the joker role.

Men's Drama 4: "Today we will talk about sex education"

Characters: Male teacher - Dingani; male students - Elton, David, Adam and King; audience members drawn into drama scenario as male students - Peter and Gift

Synopsis: The drama begins in a classroom where a group of male students are casually seated in a circle. An amiable male teacher gives each student a cup of orange juice and then joins the circle. The teacher informally leans on a desk as he begins his lesson by saying *"Alright. Today we will talk about sex education"*. A few students look surprised and apprehensive at the mention of the word 'sex'. To put his students at ease and encourage open dialogue, the teacher matter-of-factly invites his students to, "*speak…and ask your uncle everything that you want"*. Thus, the affable teacher adopts an uncle persona, refers to his students as *"my nephews"*, smiles and uses conversational tone throughout the lesson. To support debate and facilitate student self-expression, the teacher then says, *"Alright who has the first question?"*

Consequently, the lesson topics are mainly presented as series of questions asked by the students, namely: *"What is sex?"*; *"But Sir, what about Themba and Jason [two young men having sex]?"*; *"How? How [is oral sex done]?"*; *"Can I go and do it [sex]?"*; and *"So it's better for a person to just do this [sex] by themselves?"*. The teacher responds to these posed questions by directly asking individual students for their ideas. The teacher also responds to these student questions himself by describing: sex as being between *"a man and a woman"*; encouraging student choice, saying *"No, that is not in my power to decide"* when asked by a student if *"Can I go and do it [sex]?"*; and discussing the *"spirituality"* of sex.

His informal, open teaching style encourages critical and collaborative dialogue where terms like *"penis"*, *"vagina"*, *"oral [sex]"*, and *"masturbation"* are used. The teacher ends the lesson by saying for the *"next session my nephews…we will be talking about HIV prevention"*.

6.3.1 Teachers: "So, I must not speak about it (sex) with my father, but go to my uncle instead?"

Men's Drama 4 begins when a male teacher (Dingani) uses an easy-going tone with his class saying, *"Alright. Today we will talk about sex education"*. Immediately, the teacher is characterised as informal through his setting aside the standard 'good morning class' formal greeting. The teacher's approachable style sends a message that he is friendly and casual. Two students, upon hearing the teachers' opening lesson statement, remark with humorous exaggerated astonishment, *"Ah?!"* (Elton – eyebrows raised in surprise) and *"Sex!"* (King – incredulously echoes the word). In response, the teacher (Dingani) applies a non-emotive, calm, and encouraging voice to directly question his students' outward inhibitions saying, *"What is shocking you?...have you not heard the word sex?"* Francis (2013) and Waite and Conn (2011) observed the use of shock, exaggeration, and humour within drama as allowing permission to question the status quo, release any possible tension, and an invitation for sharing concealed thoughts, including open talk on taboo topics, like sex. Dramatists deliberately chose contextual scenes and dialogues as relevant action-orientated means of uncovering their critical views on a likely to be taboo or sensitive sexuality education topic.

The following dramatic dialogue sparked by the teacher's question, sheds light on the way cultural and familial traditions regulate young people's voice:

> King [Student]: Ah sir. I always hear it [word sex]. But [slightly cowers] if I say it at home my father hits me.
>
> Dingani [Teacher]: Yeah, actually even back in the olden days, isn't right? You used to come to us uncles and we would teach you these things [through discussions about sex]. You see? That's why your father will hit you. So that you will run to us uncles.
>
> King [Student]: So, I must not speak about it [sex] to my father, but go to my uncle instead?
>
> Dingani [Teacher]: Yeah, come to uncle…today do not trouble yourselves that much.

Dingani's (teacher) adoption of an 'uncle persona' somehow creates a realistic cultural teaching character. This persona is manifest when Dingani uses words such as *"Speak to your uncle and ask your uncle everything that you want"*. In Zimbabwe, uncles and aunts, not parents, are generally seen as culturally appropriate in the role of same gender confidant to their respective nephews and nieces, on matters relating to puberty and sex (Mate, 2009; Muparamoto & Chigwenya, 2009; Nyatsanza, 2015). However, the ongoing impact of HIV/AIDS and external migration has fragmented extended family structures, including the immediate family. The growing absence of uncles and aunts, combined with an increase in single-parent or child-headed homes, means young people have limited options on who to talk to about sex (Mate, 2009; Muparamoto & Chigwenya, 2009; Nyatsanza, 2015). As a woman I cannot truly relate and access what it means to a young Zimbabwean man. Yet, the uniting experience of being Zimbabwean, and these characters' conversation, made clear to me young men's preference to talk to other men and not women, about their sexual lives. Specifically, male relatives such as uncles, whom young men respected but did not fear. This drama's portrayal of a teacher adopting the customary role of an uncle to teach and guide his 'nephew' students offers a cultural model to perfect sexuality education.

At the time of this study, Zimbabwe had developed the 'Auntie Stella' teaching resource to facilitate student learning during sexuality education lessons at local schools. 'Auntie Stella' (typically a teacher/facilitator) encourages students to discuss and write anonymous letters to 'her' on issues ranging from sex, intimacy, to sexual coercion (Leach & Humphreys, 2007; TARSC & Kaim, 2006). This drama endorsed the need for 'an uncle' sexuality education learning resource aimed at young men. Young

men visualised a perfect sexuality education lesson as taught by a somewhat older[28], same gender person able to relate to students informally, as an approachable young uncle, as opposed to a stern older, 'parental' teacher. Aspirations that echoed Chapter five's dramas portrayals of students' preferences for informal, gender-specific and age-appropriate teachers, and school environments safe from sexual coercion as fundament to sexuality education.

The opening scene presents a classroom with chairs and a desk arranged in circle. The students casually seat and/or slouch on chairs, and the teacher leans against the desk. A representation markedly different from the traditional classroom arrangement, whereby students sit straight backed on chairs behind desks arranged in rows facing a standing teacher. The teacher (Dingani) uses a collaborative teaching style made apparent when he invites questions and debate saying, *"Alright who has the first question?"* Furthermore, he does not appear annoyed when interrupted by inquisitive students. Instead, the teacher endeavours to respond to students' questions and encourages others to share ideas by asking more questions. Therefore, this drama endorsed an open-ended approach to teaching where students are given space to experiment with different ideas and ways of expressing them.

This drama presents a teaching style aligned to Freire's (1985, 2005) problem-posing education which endeavours to dismantle inflexible, paternal student-teacher dynamics, so as to create collaborative, change orientated, problem-posing learning spaces. Dingani (teacher) acts as a facilitator of students' decision-making on sexual matters by moving away from the current didactic, monologue teaching model towards a dialogue driven, critical and open-minded model. I observe a pivotal moment when Dingani (teacher) seemingly improvises and chooses to centre on student agency:

> King [Student]: So, it is alright? Can I go and do it [sex]?
>
> Dingani [Teacher]: No, that is not in my power to decide.

The teacher's response suggests an astute honesty, as in reality it would be highly unlikely he would be able to stop his student from having sex.

After this drama, I sought clarity from the group regarding aspects of their perfect sexuality education lesson. They explained the importance of not feeling afraid to ask questions, and for a teacher to invite debate. Adam: *"you see the way the questions were*

[28] During earlier discussions, some co-researchers used words like *"a teacher who is not that old"* and *"middle-aged"* to make apparent aspirations to be taught by a teacher younger than their parents, but older than themselves.

coming out. I wasn't afraid [to ask] about masturbation… [men laugh]". Sensing my confusion, Dingani explained how his teacher character became more of a *"facilitator"* who *"just introduced the topic"* and invited *"the students themselves … [to] bring about questions and discuss"*. Other terms used when describing a perfect sexuality education lesson included *"much more informal"*, and for the teacher to *"guide"* and *"aid"* students'.

A further issue is that the teacher is depicted as someone who feels uncomfortable talking about two men having sex with each other. The dramatists make the lesson lifelike as they include elements of current social realities. When one of the students (King) asks about *"Themba and Jason [two men]"* having sex, the teacher (Dingani) tenses up and slightly raises his hands protesting, *"that [homosexuality] is non-existent in African culture…Even God, that's why He made who? Adam and Eve…not and Steve"*. He then abruptly ends this discussion and defensively says, "*I cannot talk about it [homosexuality] much"*. Whilst the teacher endeavoured to adopt non-judgemental attitude, he is uncomfortable talking about homosexuality. The student's (King) question proposed that a perfect sexuality education should also recognise people' own values and personal beliefs about sexuality and provide a space to be able to address these as well.

Perhaps intuitively slipping back into social reality, Dingani's (teacher) unscripted response suggested it is alright, at times, for teachers to be forthright about their discomfort in talking about taboo topics. Possibly, Dingani was himself uncomfortable, and his almost instinctive disapproval of homosexuality was a typical reaction to a deep-seated local condemnation of homosexual practice. Findings indicated a perfect sexuality education lesson would equip students and teachers with creative methods, such as drama, which support dramatising social reality as a means to at least explore difficult topics. What this exchange shows, however, is that there needs to be a mechanism to keep the debate in difficult areas going, rather than it being shut down. Another possibility is offered by H. Cahill (2006, 2010, 2015b) when exploring the use of drama to create a space for developing a hidden thoughts mechanism. Here, a scenario is acted out and, as drama characters remain in position, audience members are asked to assume the role of the characters' hidden thoughts, and thus expose what these characters could have thought or felt, but not expressed in the scene (H. Cahill, 2006, 2010, 2015b). Strategies presented in this drama, and by H. Cahill offer useful ways for

making apparent, complex and taboo counter knowledge that can be hidden in a character's portrayal of sexuality education.

6.3.2 Students: "Please can I ask?"

Although seated casually, the students are depicted as polite, somewhat formal, and respectful towards their easy-going teacher by using formal utterance like *"Sir"* (King) or *"Please can I ask?"* (Elton), as is the norm in Zimbabwe. The students are also represented as initially shy and inhibited. As the drama progresses, probably taking their cue from the teacher's (Dingani) relaxed, frank 'uncle' persona perched on a desk and talking about sex, most (King, Elton and Adam) appear eager to ask their friendly teacher candid questions about sex – at times using their bodies to emphasise voice. For example, one student (Adam) says: *"So it's better for a person to just do this [sex] by themselves [masturbation]…[laughs]?"*, whilst seating slouched in a chair with legs spread open and making an up and down motion with a hand rolled to a fist, above his genital area. It is highly unlikely that a Bulawayo school-boy aged 13-18 years old would explicitly talk about and depict masturbation in a typical sexuality education lesson.

Recalling my years growing up in church and later attending Christian women's groups, I was told masturbation (and oral sex) was immoral. Thus, I felt reluctant to listen or talk about this matter. So, I was heartened by Adam and Dingani's laughter that permeated the room. Humour seemed to give Adam the confidence to express himself, and for Dingani to facilitate further dialogue on masturbation. Dramatised ideas appeared to be a mixture of reality and aspiration. The drama method created an imagined space where co-researchers could explore being young, curious, and embarking on their sexual lives; as such, reflecting young people's genuine desire for perfect sexuality education.

In Drama 4, Dingani led the sexuality education scenes and developed the narratives. Dingani was slightly older than most of the group. He was highly regarded by the younger ones. He was a university student and well placed at the Amakhosi Academy. Dingani's jokes and relaxed nature helped him gain support and buy-in from others. Dingani was quite close to King as they often supported each other and shared similar views. At times, their joint voices could influence the choices made by rest of the group. For example, King aided Dingani to get others to participate and help setting-up the room. I recalled that Dingani, King, and Elton' voices were louder and more dominating

than the rest. Those three were close mutual friends; hence they preferred to perform dramas together. These findings suggested the potential for using students and their social networks to support the emergence of young leaders, tutors, and designers of perfect sexuality education curriculum.

Others, like Peter and David, only spoke when Dingani questioned them, as noted in this script below. The following scene goes back to when Adam's asks about masturbation, that sparks a debate between Dingani, Peter, and David.

> Dingani [Teacher]: [laughs] You see Ndebele [meaning fellow Ndebele brother – referring to Adam]….this masturbation, I don't question it...from what I know, I think it has some dangers and benefits. Pete tell us the danger. What is dangerous about people doing masturbation?
>
> Peter [Student]: Ah…you can become addicted. At the same time, sometimes your hand will be giving you more pleasure than a woman!
>
> Dingani [Teacher]: ….you are now always using your hand. Ah it now becomes a challenge…David, tell us as well. How is it a danger to do…masturbation?...
>
> David [Student]: I don't know.
>
> Dingani [Teacher]: Oh, so you also do masturbation.
>
> David [Student]: That it's a danger, I don't know about it.

Peter is very direct when speaking about masturbation; possibly drawing confidence from his experience as this group's facilitator. David appears to step out of his student character and himself tenses, hesitant and possibly fearful of joining the discussion on masturbation. Findings proposed that when planning perfect sexuality education, it is important to consider how to partner with different student voices. A real-world sexuality education lesson is also characterised by different personalities.

6.3.3 Content: "Today we will talk about sex education"

As mentioned earlier, the teacher's (Dingani) opening line *"Today we will talk about sex education"* sets the lesson agenda. The teacher's immediate emphasis on 'sex' is somewhat divergent from the present focus on 'HIV prevention' in sexuality education. Yet, as the excerpt below illustrates, most of the lesson content or curriculum is distinctively formulated through a series of questions and answers between the students:

> Elton [Student]: …what is sex?
>
> Dingani [Teacher]: …Sex, isn't right? It is whereby one or two people…engage in sexual intercourse, right? That's the first basis of sex, right?...It's a man and woman. A boy and a girl…
>
> King [Student]: But sir what about Themba and Jason [two men]?

> Dingani [Teacher]: ...That one for the other side [male on male anal sex] no. I cannot talk about it much. But [heterosexual] sex…it's whereby you mate…that's one form of sex, right? The [heterosexual] sexual intercourse…then there is another one that they call oral [sex]…eh they say it's done using the mouth/
>
> Elton [Student]: How? How [is oral sex done]? Using the mouth?
>
> Dingani [Teacher]: Yeah, you take your thing [penis] and put it in the mouth [of a woman]…then sex happens…
>
> King [Student]: Ah! Never!
>
> Elton [Student]: Then, then she swallows it like this?
>
> Dingani [Teacher]: Yeah…Then we have this one they call mechanical…The one for masturbation…
>
> King [Student]: …Can I go and do it [sex]?...
>
> Adam [Student] … So, it's better for a person to just do this [sex] by themselves [masturbation]?…[laughs]

The opening question by a student (Elton), when encouraged to do so by the teacher, is a fundamental one - *"what is sex?"* The teacher (Dingani) describes the *"first basis of sex…. [as] whereby you [man] mate [with a woman]".* As a core text, the sexuality education syllabus uses terms "acceptable and deviant sexual behaviour" (Ministry of Education Sports Arts and Culture, n.d, p. 11), in describing heterosexual and homosexual sex respectively. As represented by this drama, it is reasonable to assume that young people at school are taught about acceptable heteronormality that is influenced by Christianity and the sexually conservative norms of Zimbabwe's dominant majority ethnic group, the Shona people. Before the colonialising impact of Christianity, homosexuality was either tolerated or existed in traditionally sanctioned forms in African societies (S. Arnfred, 2004; Epprecht, 1998; Kaoma, 2018; Msibi, 2011). Epprecht (1998) pointed to pre-colonial Zimbabwean stone paintings that clearly depicted men having sex with other men. Kaoma (2018) described how some contemporary Zimbabwean women (and their families) adapted pre-colonial beliefs of ancestral spirit possession by a male spirit, to garner social approval for same-sex traditional marriages. Existence of pre-colonial tolerance or acceptance of homosexuality suggested that space be given to the exploration of these traditional beliefs and practices in perfect sexuality education.

As described in chapters one to three, people who are not heterosexual are intensely stigmatised and ostracised in contemporary Zimbabwe, especially men who have sex with men. Gunda (2010) in his book *The Bible and homosexuality in Zimbabwe* observed that the Criminal Law (Codification and Reform) Act 2004 described

'sodomy' as solely a male criminal act, encompassing both consensual and non-consensual sexual acts, including anal penetrative sex. Anal sex is allowed between men and women in Zimbabwe, as long as both parties being able to legally consent do so, and is outside the confines of illegal sex work (Criminal Law (Codification and Reform) Act 2004). Students' self-reflections illustrated a contextual awareness of real issues that made this drama's sexuality education lesson feel partly 'perfect' or aspirational, but also reflecting 'social reality'.

Raising other lesson topics, an enthused student (Elton) spontaneously asks, *"How? How [is oral sex done]?"*. The same student (Elton) later asks whether *"she swallows"* semen during oral sex, and queries if *"fingering [inserting fingers into a vagina for sexual stimulation]…[is] addictive"*. An audience member turned 'spect-actor/student' (Peter) presents his topics of *"[sexual] addict[ion]…[and] pleasure"*. Peter's statements may suggest an interest to explore topics like the personal, relational, and behavioural impacts of sexual addiction and sexual pleasure. A few of the men laugh away some of these candid sex topics. This potential for ridicule and embarrassment is largely tactfully diffused by the straight-faced, upfront teacher (Dingani). For example, the teacher describes the practicalities of sex as, *"…you take your penis, then [put] in the woman's vagina and then you start doing your sex"*. This drama may raise the importance of creating a non-judgemental and safe space for students to ask thought-provoking questions. A perfect sexuality education space where students use words like, *"penis"*, *"vagina"*, *"masturbation"* and *"fingering"* without fear of judgement.

Drama 4 started to create a space to debate *"form [s] of sex"* such as differences in sexuality between people, and various types of sex including anal, oral, and vaginal sex as essential to perfect sexuality education. Scenes showed young men's complex life contradictions and possible battles over conservative moral values which oppose lesbian and gay liberation. This drama proposed a situated model of presenting, and analysing taboo topics of homosexuality, masturbation and oral sex as part of perfect sexuality education. Scenes recommended that the perfect lesson would go deeper and more fully into the territory of a taboo discussion. The make-believe aspect of drama, together with the hope inspired by visualising the perfect lesson promoted considered, open talk about topics often avoided as embarrassing and taboo in sexuality education.

Student questions trigger the following dialogue on the *"dangers"* of sex in terms of personal, relational, cultural, and practical contexts. The dialogue encompasses the *"physical"* and *"spiritual"* aspects of sex:

> Dingani [Teacher]: Yah! Spirituality isn't you see…a person is made of, it's the body, the soul and the spirit. The spirit is what we call *'imimoya'* [a local Ndebele term for spirits and supernatural apparitions]
>
> Elton [Student]: Oh, OK
>
> Dingani [Teacher]: So there when you are doing sex with a girl. The one that you want to do it with isn't right? When you are exchanging liquids at that time. During sex didn't you know that you exchange liquids?
>
> Elton [Student]: OK
>
> Dingani [Teacher]: So that that time when you were exchanging liquids. You exchanged *'imimoya'*….So you ask yourself one thing. That now you are 15 years...After 20 years when you are [older]. You will have exchanged with how many people?

Use of cultural spiritual metaphors shows that co-researchers view the *"dangers"* of sex through the prism of contaminating one's spiritual wellbeing. This spiritual ill-health is achieved, explains Dingani, by *"exchanging…'imimoya'...with many people [during sex]"*. Having multiple sexual partners will result in an individual collecting various unknown *'imimoya'*, which could be harmful and dangerous to the person's own spirituality. As an African, listening to those conversations on spirituality, I was enthralled by the scene's imaginative ingenuity and brought back to the root of our spiritual beliefs. This is somewhat like the beliefs in the supernatural and of ancestral spirits requiring constant appeasing, and not to any Christianity teachings. The teacher's explanation of the disease dangers of *"exchanging liquids"* during sex seems a more culturally acceptable explanation, well received by his students. These perfect lesson topics contradict current sexuality education which has been dominated by biomedicine.

For Africans, we learn that collecting *'imimoya'*, especially unknown ones, is potentially dangerous and life threatening to the individual and his/her family, and can result in numerous misfortunes, including insanity, financial ruin, illness and death. Hence, sexual misconduct, like promiscuity, can open the door for vengeful spirits possessing that individual through sorcery or spiritual attacks from unappeased ancestors. Rödlach (2006) observed an intricate fusion of supernatural and medical beliefs in Zimbabwean cultural understandings of the transmission and disease progression of HIV/AIDS. This drama brought up possible integration of relevant indigenous beliefs and worldview within sexuality education. Additionally, within his

explanation on the *"dangers"* of sex, Dingani also endorses the advice of monogamous relationship: *"right person for you who is the only one…[you] will have sex with"*. Explanations echo those presented by some of the young women's posters, demonstrating that even when visualising a perfect lesson, fragments of dominant sexuality education can be present.

6.4 Narrative of Men's Drama 5 (perfect lesson)

Once more, Adam adopted his distinguishing strategy used for Men's Drama 3 to playwright, direct, and play the lead role in his drama. King volunteered to act out Adam's characterisation of the minor female role. Unlike other dramas generated, Men's Drama 5 made no mention of a teacher or classroom scenario. Adam's perfect sexuality education lesson portrayal centres on a student's monologue, with a setting of his home as context.

Men's Drama 5: "But actually, what do I benefit if I wank?"

Characters: A young man named Adam - Adam; Adam's girlfriend, Carol - King

Synopsis: The drama commences with Adam seated on a chair in a circle, surrounded by an expectant audience. Adam unbuckles his belt, begins reaching for his penis, and then pauses. Sounds of laughter, astonished *"Ah's?!"* and *"Seriously?!"* come from some audience members.

The drama is mainly a soliloquy, with Adam speaking out his thoughts about what he has just learnt during a perfect sexuality education lesson at school. Now alone at home, the student wonders, *"But…why should I do it [masturbate]?" Why can't I just…call her, you see?"* Adam appears torn between masturbation versus inviting Carol, his girlfriend, over for sex. He calls and invites Carol over. When she arrives, the couple hug and sit suggestively close to each other. Adam tenderly tells Carol, *"I was missing you so much"* to which she smiles, lowers her head and shyly asks, *"Really?"* Adam then raises his hand, signifying a shift in the scene to once again describe his thoughts. He looks troubled, saying *"But I don't love this Carol"*.

The drama concludes with Adam's decision to *"control…[his sexual] feelings*" and refrain from *"using Carol"* for sex. Instead, he says, *"I want to take you out today and buy you a pizza"*. Given his sexual desires remain unfulfilled, it is possible Adam later returns home alone and masturbates.

6.4.1 Student: "But…why should I do it (masturbate)?"

A couple of minutes after Men's Drama 4 finished, I heard Adam's chair scratching the floor as he enthusiastically got up and said*, "Right. My turn!"* This drama was unscripted and mostly unrehearsed, although Adam had a brief pre-drama conversation with King. Adam began with an introduction: *"So a perfect lesson for sex education I*

think we should have people teach us first how to control ourselves, you see? How to control our small heads [penises] that are inside your trousers here, you see?"

In the opening dramatic monologue below, I listen to Adam verbalising and pondering thoughts on how his sexual desires could be fulfilled:

> Adam: [Reaches for his penis, pauses and speaks out his contemplations]. But…why should I do it [masturbate]? …Why can't I just call her you see? And she comes and helps me out…we have sex...Ah the hand though [someone laughs]. But actually, what do I benefit if I wank [masturbate]?...But let me just call her and she comes. I will feel better. [Call's his girlfriend] Eh Carol….what's up?... [During the call Carol agrees to come over to Adam's place].

Immediately, the student (Adam) is presented as the focal character of perfect sexuality education. Occasionally, it was difficult to separate make-believe from reality, as Adam used his name for the student character. Yet, this interaction between fantasy and reality helped encapsulate the importance of the student, made manifest by the encircling audience attentive to the monologue , which showed that a perfect sexuality education lesson is one where 'the student' is the absolute focus.

I remembered feeling the room erupt with bursts of laughter, exclamations of shock, and one man put a hand on his head in surprise, as Adam's opening act was to unbuckle his belt. Those responses showed Adam's provocative unscripted opening captured audience attention and created a playful, unpredictable learning space. In a home setting, the student was portrayed as pensive and laid-back. Adam's use of questions such as *"why"* and *"what?"* demonstrates critical awareness and invites the audience to think how to answer them. This drama presented the challenge of creating playful, humorous, and provocatively spontaneous lessons that support acting out of ideas in perfect sexuality education.

The male student is depicted as the dominant decision-maker. Personifying male power, Adam coaxes 'his sexual partner' to *"come over",* then ponders and decides not to have sex with her. Perhaps acting out his belief in female subservience, King (acts as Carol) adopts a shy, demure, soft-spoken female characterisation. Amid laughter, *"No hugging"*, *"No kissing!"* protests, and contrasting support for *"Action guys!"* Adam and King (in character) hug upon meeting, and later pretend to kiss. Sayings like *"I will be waiting for you"* make apparent that Adam is pursuing his bashful girlfriend. Representing inequitable gender relations in a perfect sexuality education lesson implies young men view dominance over women as normal. UNAIDS (2011) described gender-sensitive programmes as those acknowledging women and men's agency as often

constrained by dissimilar and disproportionate social conventions, which typically result in their differing ideas and concerns.

6.4.2 Content: "But I don't love this Carol"

In the following excerpt, Adam orates feeling and respect for his sexual partner:

> Adam: But I don't love this Carol. Ah what's the whole point [of having sex with her]? As there is nothing as nice as, as sleeping with someone that you love. [But] …I keep using Carol so painfully. Why? At the end of the day I will not marry her. I will leave her. So why can't I just? Leave her and let her go? But I don't need that [partnered sex].

Adam's improvised opening to his concluding monologue made it clear he does not *"love this Carol"* or plan to *"marry her"*. Nevertheless, Adams appears conflicted as fulfilment of his sexual desire clashed with the fondness (but lack of love) for his sexual partner. Earlier, Adam speaks yearningly of the *"[pleasures of] the hand"* in relation to masturbation. Then later observes, *"…there is nothing as nice as, as sleeping with someone that you love"*.

As detailed in the opening monologue, the student uses a deeply personal, provocative word on *"wank[ing]"*. Colloquial slang he might use with friends to talk about sexual desire that struck me as at odds with formal language used in core curriculum. Using slang in the curriculum might be regarded as rude and inappropriate. The informality of the word *"wank"* communicated masturbation as a pleasurable, everyday sexual experience. Markedly different from formal words like "reproductive organs" and "frigidity" used in the sexuality education syllabus (Ministry of Education Sports Arts and Culture, n.d, p. 11). Demonstrating the language of adult-driven ABC norms as disconnected to youth self-expression. Adam's monologue made clear that a perfect sexuality education lessons needs be shaped by words students informally use to talk about sex.

6.5 Narrative of Combined Women and Men's Drama 2 (perfect lesson)

Beauty and Peter negotiated with their separate groups to co-facilitate one young women and men's group discussion. The combined group was hosted on an afternoon in late-March. The majority: David, Adam, Ben, Elton, Dingani, Sihle, Sizwe, Suku, Precious, Mary, and Sipho (five men and six women) attended this 2 hour 30-minute

session. King, Gift, and Tina[29] were absent. Beauty and Peter asked the group: 'Tell me, what a perfect sexuality education lesson would look like?' After a 2-hour discussion, the group chose to use drama to again analyse their discussion themes. Dingani was elected by most to stand and lead the drama planning. Later, some others explained to me that Dingani's training as a drama director made him an ideal leader. Dingani negotiated with rest of the group and they agreed to have the drama written, rehearsed and performed in five days.

Later, Adam and Sipho opted out of this drama. Seeking to understand their decision, I spoke to Adam and Sipho separately. Adam appeared concerned that some people with strong personalities like Dingani and King might stifle his voice. I saw Sipho was made upset by other performers questioning her acting ability. On performance day, Adam and Sipho participated on their own terms as supportive audience, while the rest of the group memorised lines, rehearsed, and performed. After the performance, I asked Dingani as to why they did not use the forum theatre principles as it was initially agreed by the group. Dingani explained that the drama's delayed start, together with the late arrival or absence of others, led him to decide there was insufficient time to include forum theatre's characteristic audience 'spect-actor' participation in the drama.

The drama development process provided beneficial insights about the negotiated aspect of collaboration for sexuality education. To begin, Ben volunteered to write a storyline based on the group discussion's main points, which Elton used to write Combined Drama 1. But later, others led by Dingani and King rejected Elton' script, arguing it did not represent the group's vision for perfect sexuality education. Being more focused on creating the conditions for drama to occur, I overlooked to take the time to stop and encourage an explanation of choices. Possibly as Dingani and King were outspoken, dominating, and the most senior, their voices were more respected than Elton's. Later, Elton gave me a copy of his script to read. I agreed with the majority decision as the script focused solely on experiences of sexuality education and excluded others' visions for a perfect lesson. Using flipcharts listing the discussion points, and Ben's storyline, Dingani wrote and directed Combined Drama 2, reflecting majority consensus for a perfect sexuality education lesson.

[29] Although absent, King and Tina later agreed to take on character roles for this drama and attended group rehearsals. David and Precious were later unable to participate in the rehearsals and performance, due to other commitments.

Combined Drama 2 was performed on a cold wet April afternoon as part of Amakhosi's weekly 'Plays on Sunday'. Young people from surrounding areas, my family and friends came to watch. Dingani's ability to improvise and direct the performance was impressive. Dingani took on absent Tina's role (female counsellor) which he altered to a male counsellor; got Ben to take over a female teacher role (again Tina's) as a male teacher; asked Sihle to take on an additional role of Lily (originally Sipho's); and requested King take on the extra role of Tsepo, Elton' (latecomer) role.

Combined Drama 2: "Sex is good"

Characters: Male counsellor - Dingani; male students Sibusiso[30] and Tsepo - King; male teacher - Ben; female student Oluhle - Sizwe; female student Sindi – Suku; female students' Lily and Lerato - Sihle; and NaTsepo (Tsepo's mother) - Mary

Synopsis: Amakhosi's open theatre main-stage is divided into two sections. Past and future scene reflections are performed on the central part of the main-stage. The present scenes - set in an HIV voluntary counselling and testing session, are near the edge of the main-stage.

The first scene depicts Sibusiso's (central character) present. A counsellor and Sibusiso sit on two chairs and face the audience. Recently diagnosed as HIV positive, a despondent Sibusiso reproachfully tells his counsellor, *"the education system let me down"*. The second scene shows Sibusiso's past dramatised experiences of sexuality education– as he 'narrates' them to the counsellor. In this scene, a male teacher sternly tells a class (which includes schoolboy Sibusiso) that *"it is a sin to do sex. That is why those that do sex get AIDS and die"*. The scene includes depictions of the students' social and home life. In the third scene, the 'present day' counsellor defensively says, *"But there was nothing wrong with our teaching, was there?"* To which an exasperated Sibusiso responds, *"we were told sex was bad [by teachers], yet our peers told us sex was good*". The fourth scene, set in Sibusiso's schoolboy past shows him coaxing his female school friend, Oluhle, to have sex with him, saying *"it will be our secret"*. For the fifth scene, the present-day counsellor asks Sibusiso, *"did you use [a] condom?"* Sibusiso euphemistically replies, *"I believed that sweets could not be eaten still wrapped in its wrapper"*[31]. Sibusiso then says, there is a *"new approach that I heard of that might be the solution...[called] participatory action research"*.

The sixth scene perhaps hints at adult Sibusiso's yearning for a different past – is set in a classroom in the future and displays a perfect sexuality education lesson. Here, a friendly looking male teacher earnestly uses words like "*suggest"* and *"I understand"* when having a one-on-one discussion to seek a young Sibusiso's ideas on how to improve sexuality education. The scene moves on to depict the same classroom populated by more students, and with the teacher deciding to implement Sibusiso's ideas. Further, the teacher describes sex as *"a good thing"*. The concluding seventh scene brings the audience back to Sibusiso's adult present, where he tells the counsellor "*It is the wish of the young people [that the new approach be adopted]"*.

Similar to Goffman (1959, 2008), this drama used dramaturgy to situate and connect local scenes, imagery and terminology to young people's every experiences and actions.

[30] Drama renders Sibusiso in the present as an HIV positive adult, then in the past and future as a young schoolboy.
[31] A euphemist term implying sex is more pleasurable without condom use.

Co-researchers used time (present, past, and future) as a complex scaffold for building their perfect sexuality education lesson. Therefore, while the teacher, student, and content framework is used to interpret the drama, this section offers a flexible and fluid presentation of the different components suggesting that perfect sexuality education design adopt a similar approach.

This drama has seven scenes. The first five scenes featured Sibusiso's (King) counselling session and his schoolboy experiences of sexuality education. Scenes six to seven provided co-researchers' designs for perfect sexuality education. Possibly, the initial five scenes created a space for contemplation and visualisation necessary for co-researchers to zoom in and envision a defined 'perfect lesson'. Proposing that drama then become a useful method for supporting group reflections and the formulation of 'aspired' perfect sexuality education. Here, the drama might have provided the group with a space, permission, and opportunity to deliberate on issues, which can sometimes be difficult to express, like sex and sexuality education.

6.5.1 Teachers: "The education system let me down"

The following opening present-day scene is set in a Bulawayo HIV voluntary counselling and testing centre:

> King [Sibusiso]: …If it was not for that [education] system I wouldn't be in [this] position today [HIV positive]…I deserved better…the education system let me down…what is education for development that does not involve the one that needs the education?...
>
> Dingani [Counsellor]: We did all that was in our power to educate you.
>
> King [Sibusiso]: (He rises in anger and moves to the centre stage)[32] But what good did it do to force knowledge that we could not digest. You can force the donkey to the river, but can you force it to drink? Everything you stood for became a joke, we had no need for it. It was the teacher's way of frightening us. AIDS was a monster on the prowl trying to devour us whilst sex was its chosen channel that it moved through. Sex became a bad sin, a fruit that every youth wanted to taste…

This dramatic dialogue carried the pain and anger young people can feel when they acquire disease like HIV/AIDS due to, for example, not being given access to and taught how to use condoms. To be effective sexuality education must clearly support young people's safer sex knowledge and practice (Attawell et al., 2014). King's emphatic outrage saying *"the education system let me down"* proposes sexuality education should be supportive and enable students to take ownership of their sexual

[32] Character direction in round brackets written by Dingani.

health. King explains that *"force"* and *"frightening us"* will not change students' sexual actions.

A key study contribution is to demonstrate the need for young Zimbabweans' worldviews to shape perfect sexuality education. This drama's use of compelling narrative imagery painting HIV/AIDS as a *"monster on the prowl"*, and local saying, *"You can force the donkey to the river, but can you force it to drink?"* aligns with African oral tradition. These sayings offered perfect sexuality education lessons as taught using the African storytelling tradition, with students gathered around a storyteller. Here, students could debate, choose the storyline and characters.

The second scene, set in the past, depicts the group's mostly bad experiences of sexuality education, presenting similar ideas on a focus on the disease dangers of sex, sexual abstinence before marriage, and faithfulness to one sexual partner. The third scene reverts to the present, whereby Sibusiso (King) briefly speaks of his desire to *"taste it [sex]"*. I focused on the fourth scene, which dramatised Sibusiso's memories of sexuality education, as this shed more light on co-researchers' aspirations for a perfect lesson. In the excerpt below, ironically, two female students (role-played by Sizwe and Suku) speak about sugar daddies, condom use, and sex as *"good"*. Student relevant topics not covered in their earlier lesson (scene two).

> Sizwe [Oluhle]: My sugar daddy promised to take me shopping later on today…
>
> Suku [Sindi]: But Oluhle you heard the teacher saying sex is bad. You will get AIDS
>
> Sizwe [Oluhle]: The teacher is lying, sex is good why is he always running after girls at the compound…people want to enjoy good things by themselves….and deny others pleasure
>
> Suku [Sindi]: What about HIV?
>
> Sizwe [Oluhle]: Me, I use condoms. I know what I am doing

Alone as peers, student characters candidly speak about the reality of their sex lives. A seemingly self-assured Oluhle (Sizwe) places hands on swaying hips as she tells Sindi (Suku) about her *"sugar daddy"*. Similar to Women's Drama 1, the drama method again presented the complex contradicting double lives of some youth. Lives where students engage in forbidden multiple and concurrent unsafe sexual relationships with limited condom use. Goodreau et al. (2012) and Timire (2014) identified such sexual relationships, especially when characterised by limited condom use, as increasing HIV infection risk. UNESCO (2009, 2018a) advised increased use of context-specific learning to explore young people's sex beliefs as strengthening sexuality education. In a

country where age limits voice, perhaps a perfect sexuality education would create a youth peer facilitated space to interrogate and merge these double lives.

The scenes show the recurring optimistic topic, *"sex is good"* and characterised by *"pleasure"* as central. Students seeking to maximise sexual *"pleasure"* perilously have *"sweets [sex]"* without consistent use of *"their wrappers [condoms]"*. Sizwe (Oluhle) captures student frustrations at *"lying"* teachers who say, "*sex is bad"* and yet are *"always running after girls"*. To improve youth health, these perspectives advocate sexuality education challenge negative conceptualisation of sex. Conversely, for students to feel safe and able to learn about sex, addressing sexual abuse within schools needs to be a key sexuality education policy priority.

6.5.2 Students: "So, what do you suggest we do?"

The fifth scene returned to the present day, wherein Sibusiso (King) tells his counsellor about how he *"managed to [coax] Sindi to have sex [without a condom]"*. Sibusiso, then introduces a *"new approach"*, presented in the sixth (out of seven) scene, when dramatists gave their strategies for a perfect sexuality education lesson. This is the focus of the following section. It begins with a male teacher (Ben) using a kind and encouraging tone speaking to one of his male students, Sibusiso (King) saying:

> Ben [male teacher]: Tell me Sibusiso, I have seen that you are uncomfortable as we learnt about HIV prevention and sex education at the school hall. Why is that?
>
> King [Sibusiso]: Ahh sir…[Appears hesitant and afraid to respond]
>
> Ben [Male teacher]: It's okay, you can confide in me
>
> King [Sibusiso]: I will be shy with so many people around
>
> Ben [male teacher]: So, what do you suggest we do?

This scene shows that a teacher's ability to build trust and ask the right questions forms an essential component of setting-up a collaborative class atmosphere. The teacher (Ben) expresses reassurance, after perhaps sensing Sibusiso's (King) hesitation by saying, *"It's okay, you can confide in me".* The teacher (Ben) deliberately uses persuasion to open a dialogue with the student asking, *"So what do you suggest we do?"* Then, upon hearing the student's recommendations, the persistent teacher resumes to probe, *"but what exactly make[s] you shy…[and] what do you suggest should be done?"* Showing a great respect for student voice, later, when speaking to the whole class, the teacher (Ben) then says, *"students we have heard your opinions"* – these student recommendations are implemented by the teacher.

A teacher's dress-code was depicted as important to perfect sexuality education. For scene six, Ben changed his attire from a formal grey suit into jeans, a colourful blue shirt, and untied his shoulder length dreadlocks. This deliberate action was used to visually emphasise the teacher's casual manner. Minimising some of the student-teacher power imbalance can facilitate difficult talk on sex. Further, this drama relayed similar messages to Men's Drama 1 on good experiences of sexuality education. Together, the two dramas offered an insightful message for student-led perfect sexuality education; specifically, for adults to work with young people and support partnerships for shaping perfect sexuality education.

6.5.3 Students: "I end up not asking because I am afraid"

Similar to previous dramas on a perfect sexuality education, this drama's students were characterised as initially nervous and cautious but then revealed to be intelligent, curious, and eager to share ideas when encouraged to do so. Schoolboy Sibusiso (King) tells the teacher, *"being taught sex by a woman is scary. So, I end up not asking because I am afraid of what she is thinking"*. Straightway, Sibusiso creates a firm impression of the students' preference of a perfect sexuality education lesson to be delivered by a *"same sex"* educator, and in a small gender-specific group setting, not in the *"school hall"*. Mate (2009) described the culture and norms of masculinity in Zimbabwe as linked to an assumption of male sexual prowess and virility. Having a female teacher delivering sexuality education possibly challenges existing gender roles, and male students might feel uneasy to appear sexually uncertain, vulnerable, and unskilled in front of their female peers. This perfect lesson performance reiterated the need for gender-specific design of sexuality education described by both group's previous dramas.

6.5.4 Content: "It is the wish of the young people"

The drama allowed the group to share their *"wish of the young people"* (King) for a perfect sexuality education. I was profoundly struck by the different questions students asked in the two lessons performed in this drama. In the earlier second scene on bad experiences of sexuality education set in a mixed girls and boys class, Suku (role-playing a female student, Sindi) asks, "*What is HIV?"* Yet, for scene six's all-boys perfect sexuality education lesson taught by a male teacher, King (role-playing a male student, Sibusiso) immediately asks confidently, *"What is sex?"* To which, the male teacher replies, *"it is a good thing"*. I saw in these very different questions added

confirmation that in perfect sexuality education young people aspire to learn more about the intricacies of sex as normal part of the human experience.

6.6 Summary of analysis

This chapter offered a critical interpretation of young Zimbabwean's strategies for change for a perfect sexuality education lesson. Field-work practice was guided by this study's subjectivist epistemology valuing personal and diverse worldviews (Guba & Lincoln, 1994). Freirean theory advocating for a socially just new status quo wherein marginalised voices are heard (Freire, 2005) and PAR design which allows for these voices to shape the research process (Kemmis et al., 2014) were also used.

6.6.1 Teachers

Central themes arising from the perfect sexuality education lesson focused on depictions of teachers as caring, collaborative, confident, trained and skilled in facilitating a space for students to guide the topics and delivery of curriculum. Posters and dramas offered a future whereby teachers transformed from the villainous didactic authoritarians remembered in past experiences of sexuality education. Specifically, Men's Drama 4 and Combined Drama 2 projected this changed role of teachers from dominating anti-heroes to caring collaborators. For one, Men's Drama 4 anticipated a cultural teaching model of a gender-specific 'uncle' (or 'aunt') teacher as a means of harnessing existing strengths in local traditions. Men's Drama 4 modelled a perfect teacher as informal, approachable, and able to incorporate African indigenous health philosophy alongside Western concepts of sexual health. Drama offered a lively means for co-researchers to depict different local teaching models that counter standardised teaching in sexuality education. These dramatised perspectives were important in portraying realistic illustrations of how sexuality education can offer gender and culturally responsive teaching.

A theme depicted by Men's Drama 4 and Combined Drama 2 was the gap in parental skill and candour to openly discuss sex with their children, especially when young people misinterpret key sexuality education messages. None of the posters made mention of their home life or spoke of parents. Similarly, Moyo's (2017) Zimbabwean study found that parents are largely left out of school-based sexuality education and activities. Aunts and uncles, not parents, are the traditional sources of sexuality education for young people in most African contexts. DePalma and Francis (2014) observed a growing awareness among some South African teachers of the dynamic

nature of cultural to include the capacity of parents to discuss sexual health and relationships topics with their children. These dramas showed an expectation for perfect lessons to incorporate the potential for parents to support young people's sexuality education at home.

The role of teachers as not the paramount aspect of perfect lessons was a key theme detailed in section 6.6.4. Briefly, all the women's posters, and Men's Drama 5 rendered teachers' voices and imagery absent. For example, the posters detailed young women's expectations of a teacher in a perfect lesson from a student's perspective. Though teachers, were depicted for Men's Drama 4 and Combined Drama 2, they formed a supportive role of facilitating the learning of the central character, 'the student'.

6.6.2 Students

The overriding theme of 'the student' as of utmost importance and absolute focal point of perfect sexuality education emerged as an interlinking theme for the dramas and posters. Again, reinforcing the idea raised in chapter five of students (not teachers or content) as the fundamental leading protagonists of sexuality education. Student characters rose to prominence as they were sketched and dramatised as keen and able to openly express their views on sexual matters when given the space in a perfect sexuality education lesson. The concise analysis of the student as central to perfect sexuality education is expanded in greater detail in section 6.6.4, as this theme was more pronounced when focusing on method as voice.

The theme of the peer group as important to young people's hopes for sexuality education came through strongly, especially in Men's Drama 4 and Combined Drama 2. These dramas used student characters' actions and expressions to show co-researchers' everyday lives and hopes for perfect sexuality education as shaped by the considerations and actions of other young people. Some of the young women's posters depicted this peer group influence through utilising images of people and captions. The notable influence of the peer group as well as some of its potentially harmful impacts (including pressure to consume drugs and alcohol or bullying) to young people's sexual ideas', actions, and emotions is well documented in sexuality education (Allen, 2017; H. Cahill, 2015a; Campbell & Cornish, 2010). For this study, the peer group emerged as a potentially encouraging building block in young people's development into adulthood, sexual identity, and voice. Whether through sketched ideas or dramatic actions to supportive talk, collegial laughter encouraged each other to participate in the research

process. These moments of peer reassurance helped release tension when nervous about expressing taboo ideas, even though ‘in character’.

6.6.3 Content

Using vivid drawings and captions or dramatised actions, words and scenarios, co-researchers showed how a locally produced artefact such as a poster or drama can create a tangible space to experiment, try out and propose new topics and representations of contextually relevant perfect sexuality education. This study’s posters and dramas therefore became local cultural artefacts and knowledge resources. Artefacts are capable, if given the space, of shaping local sexuality education and continue to be passed on via evolving curriculum to subsequent students and teachers. Findings presented perfect sexuality education content (or curriculum) as dynamic, evolving to reflect designs of young locals. For as Mubangizi and Kaya (2015) explained African home-grown ways of knowing are traditionally passed on:

> …through practice by experimentation, trial and error, independent observation of nature and human behaviour, and through voluntary community sharing of information, stories, proverbs, songs, and ritual. This makes education more relevant to the needs of the learner and her/his respective community. (p. 128)

The key theme of public expression of private voice as possible in a perfect lesson, echoed aspirations raised in chapter five in earlier dramas on experiences. The concept of a perfect lesson supported these young Zimbabwean’s re-imagining a hopeful future where presently unthinkable sexuality education conversations on taboo topics are part of the curriculum. Posters proposed future topics as statements and captioned ideas on make-up of perfect sexuality education curriculum. Holman, Harbour, Said, and Figueroa (2016) provided a Mozambican example of how images sourced through public databases (either scripted or unscripted) can be used to propose content and spark the debate on sexual matters within sexual health research. This study’s findings extended the research of Holman et al. (2016) by illustrating the potential of images, and drawings created by young people as knowledge resources that can spark debate on locally relevant topics to sexuality education. For the dramas, student characters, whether in the classroom, school, domestic or broader social spaces, raised topics or problems and proposed solutions. Together, these methods supported student shaping of sexuality education grounded on the collaborative problem-solving pedagogy proposed by Freire (2005) that creates possibilities for the oppressed to challenge the status quo.

Whether through sketched or role-played characters, co-researchers depicted the need to make visible often difficult personal expression on taboo topics as fundamental to perfect sexuality education. Chief emergent perfect lesson topics included: homosexuality; sexual interest, excitement and enjoyment; the how to of dating, intimacy and love; seduction and flirtation; oral sex; masturbation; and graphic specifics of sex in perfect sexuality education. Findings proposed perfect sexuality education begins to challenge leading norms of silence and secrecy surrounding their developing sexuality. Therefore, increasing social acceptability of frank sex talk as an essential aspect of perfect sexuality education. Once more, raising the topic from dramas on experiences that showed sex as personal and intimate, but also contested and public as sexual expression is shaped by social and cultural norms.

Sexual arousal and enjoyment encompass the fun and excitement of sex, as well as a range of issues such as shared intimacy, trust and acceptance (Fiaveh, 2018; Kelbessa, 2017; Rye & Meaney, 2007). Co-researchers presented their emerging sexual desires as an expected part of development. Kissing, touching, masturbation and sensual talk are examples of non-penetrative safer sex illustrations of experiencing sexual pleasure and/or relational intimacy (Fiaveh, 2018; Kelbessa, 2017; Rye & Meaney, 2007). Posters and dramas depicted co-researcher expectations for perfect sexuality education to learn about a broad range of sexual topics, including those that offer different safer sex options based on young people's lived experiences.

Findings illustrated that topics proposed by young people as expected content for perfect sexuality education integrated a lived understanding of the dynamic and complex nature of sex, people, and local context. For example, the private topic of solo masturbation and sexual self-pleasure was openly and distinctly explored in Men's Drama 4 and 5. Men's Drama 4 proposed masturbation as a potentially socially isolating sexual experience that creates relational distance, a lack of mutual intimacy, and potential conflict between sexual partners. Possibly due to perceived lack of intimacy, affection, and love as one partner prefers sequestered self-pleasure to mutual sexual arousal and joy. Whereas, Men's Drama 5 proposed masturbation as an exhilarating and fulfilling experience of safer sex and desire. This drama presented the concept of self-pleasure as a caring act whose fulfilment negates the need to compel a romantic partner into shared sexual intimacy before a love bond and intimacy is created. Complex and real-world depictions of sexual realities guide perfect sexuality education.

6.6.4 Method as a space for voice

As is typical in PAR, co-researchers had varying preferences for methods when envisioning strategies for a perfect lesson. Young women liked to use graphics, text, and images produced on flipcharts to create personal posters self-expressing plans for perfect sexuality education. Chevalier and Buckles (2012) described captioned drawings, like posters, as a low-cost practical method for examining individual and collective local issues with diverse audiences. Findings proposed the poster method as supporting the release of personal free-thinking and lifelike drawings, thereby giving young people space to express hopes for sexuality education. Whereas, young men chose the demonstrative and social performance art method of drama. It is likely that young Zimbabwean men are more accustomed than young women to dominating social spaces and action, shaping their choices. Even when joining the young men for combined drama, it appeared that most young women were not encouraged by others to produce drama scripts, lead, or direct (section 6.5). Possible gender differences in the way young women and men express contemplation and action for sexuality education, offer design insights for communication and learning methods and are an important theme for discussion.

As a Zimbabwean female researcher and reading of literature (Muwonwa, 2017; Venganai, 2015) made me conscious of the construction of gender norms in women and men's actions. I recalled childhood memories of observing the hands-on domestic nature of women's work. I vividly remembered my mother's endless cleaning, cooking, or washing of clothes while supervising the maid of our house; and an aunt's pride in her handiwork, a home vegetable garden. Then, my grandmother's laughter when I complained at being tired of passing seeds as she hand-planted maize on our rural farm. These reflections reminded me that for Zimbabwean women our lives are often lived in private domestic domains. As Chinyowa (2011) explained, for Africans, performance art like drama traditionally occurs in public community spaces; the male dominated domain. To stand up and speak up in public is not the norm for Zimbabwean women. Notably, even as performing arts students, these young women might not have been comfortable or familiar with taking a lead in using drama's public domain to represent aspirations for sexuality education. Dramas recommended that designs for perfect sexuality education are cognisant of the need to negotiate local power dynamics. The drama method made clear the importance of offering a safe space for all, including those who are less comfortable expressing private voice in public in sexuality education.

As previously mentioned, when brought together for one combined group discussion on a perfect lesson, young women and men picked drama as a collective means for added analytical practice. Combined Drama 2 represented a central research output whose dissemination style, a performance to the local community, was shaped by young women and men. The passage of time due to the staggered nature of the previous focus group discussions created a space for co-researchers to cultivate critical awareness and embody the leap of faith needed to envision a perfect sexuality education lesson. Showing drama to be a contextual practical method that uses human metaphors to question power relations. Men's Drama 4 showed how the expert drama students used techniques for social change, such as forum theatre, to illustrate its great potential for sexuality education. Boal (1979) envisioned forum theatre as giving complete space for the practice and trying out of different ideas. Therefore, the drama method offered practical means of experimenting with a perfect sexuality education lesson, which could have been hard to if no one has ever seen one. Valuable aspects in contexts like Zimbabwe, where open talk is often banned or creates dangers for those participating because of its critical power.

The drama method (Men's Drama 4 and Combined Drama 2) supported co-researchers' astute application of dramaturgical techniques such as props, context, characters, improvisation, movement, voice, and facial expression to bring to life their version of a Bulawayo grown embodiment of a teacher for a perfect lesson. Turner and Behrndt (2008) explained dramaturgy as created "through a dialogue between the play and a particular community of people in a particular time and place" (p. 36). Men's Drama 4's largely impromptu dialogue and audience interaction showcased young men's conceptions of a perfect lesson as facilitated by a same gender teacher, adopting an amicable 'uncle persona' and encouraging open-minded talk about sex grounded within an African spiritual worldview. Findings showed that although these young men are urban and educated via Western rooted school systems, their self-hood remains rooted in cultural identities and knowledge.

The counter view of teachers as not central to and dominating a perfect learning space was a reoccurring theme. Different methods gave space for young Zimbabwean's diverse expressions of this lack of teacher centrality. Posters exposed young women's introspective, personal hopes that distinctively did not focus on images of teachers, the classroom, and school space. The poster captions spoke of but did not depict teachers. As there were no images of teachers, posters rendered this typically central group

silenced by their absence. Instead, posters captioned as central, young people's expectations of teacher countenance, competence, skill, teaching-style, and ability to create opportunities for student voice to determine a sexuality education lesson. The poster method supported renditions of teachers as voiceless and spoken for using young women's imaginings and words. A notable expected role reversal as typically young people are the group that is absent and silenced, given that sexuality education currently forefronts adults as central policy-makers and implementors. Furthermore, posters suggested greater investment in teacher training, resource and infrastructure provision, and time allocated in the school curriculum as needed to improve sexuality education. Ultimately a paradigm shift is required in sexuality education in Zimbabwe.

The posters used graphics of young people, colourful captions, and various images to forefront their elevation of perfect lessons as completely guided by and centred on young people. This use of drawings, images and text to convey the artist's innermost life experiences, thoughts, and desires is also referred to as cartooning (Baetens & Surdiacourt, 2011; Cameron & Theron, 2011). Co-researchers' cartooned posters centred on and put forward their visions of young people as wanting to experience the pleasurable, pulsating aspects of sex as creative, strong, change activists able to speak their minds in a perfect lesson space. Yet, individual nuances emerged as some of the posters captioning the vulnerability of young people, called for perfect sexuality education lessons to be spaces whereby students felt respected and safe to express innermost feelings and ideas. Cameron and Theron (2011) and C. Mitchell, de Lange, and Moletsane (2017) have described the combined use of drawings and captions sourced from local milieu as forcefully clear means of expression that engage and reach wider audiences, due to the use of imagery and home-grown sayings. Aspects that hold much potential for engaging young people to future sexuality education designed by their peers. This proposed the importance of clear and straight-forward language when designing content of future sexuality education.

Men's Drama 5 was notable in its expectation of a perfect sexuality education lesson as one in which 'the student' is at the absolute centre. Presented as mainly a dramatic monologue, this drama stripped away teacher characters and content to zoom in on one student. Thus, showing the immense potential of young people for critical self-examination and analysis in sexuality education. Boal (1979) described the dramatic monologue as a theatrical vehicle that focuses direct analyses of knowledge, ideas and action from a solo perspective (such as those of students) as supportive of revealing and

challenging deep-rooted power dynamics. By centring audience attention on the solitary voice of 'the student', it emerged as the single most important dimension for perfect sexuality education. A loud resonating, youth-led perfect counter monologue to subvert the prevailing adult-led monologues to sexuality education.

Yet, the absolute focus on students in perfect sexuality education was not sketched and dramatised as individualising or isolating. Posters and dramas showcased young people as having personal, social, cultural, and school lives that interconnect. Echoing earlier themes on experiences, findings proposed perfect sexuality education move beyond an individualising paradigm conceptualising young people as mostly silent actors, independent of their social contexts. For one, the dramas enacted young people as having full, vibrant social lives that shape the classroom experience of sexuality education. Ranging from the young men's multiple identities as sexually curious Bulawayans, sons, nephews, and friends (Men's Drama 4); to the deeply thoughtful and sexually aroused young lover (Men's Drama 5); and sisters, brothers, peer group influencers, sexually adventurous and active young people, and later frustrated, yet hopeful young adults (Combined Drama 2). An array of identities that do not fade away when young people enter a classroom and become supposedly uniform students. Whereas the posters used of local sayings, illustrations of people and images to convey the contextually social nature of students' expectations for perfect sexuality education. Student characters were therefore dramatised, sketched, or captioned in a perfect lesson as agents co-creating their learning through critical self-analysis, peer and wider social conversations – both inside and outside the classroom space.

Thus, poster and drama methods gave artistic space for the important theme of a perfect sexuality education lesson as one where the multiplicity of young people's social identities, which are at times in conflict, are acknowledged and brought into the learning space. Questions emerged, such as how can one be a dutiful son or daughter and obey a parent's command not to have sex before marriage, yet fulfil a developing, exciting desire to enjoy the pleasure of sexual arousal and satisfaction? Findings showed that these embodied social identities and conflicts embed and play out in young people's daily life, and relational experiences to form the bedrock of their sexual identities and lives.

Reflection and reflexivity are central aspects of PAR that are harnessed by the imaginative visual methods of drawing and drama to create a physical, conceptual, and

emotional space to support co-researcher contemplation and action (Kemmis et al., 2014; C. Mitchell & de Lange, 2011; C. Mitchell et al., 2017). Specifically, C. Mitchell, Theron, Smith, and Stuart (2011) described the activity and artefacts of drawings as equally important as each supports the artist and/or audience to pause, reflect, and think about their daily lives, actions, and realities. Poster creation and drama thus gave space for young Zimbabweans to explore and wrestle with their developing sexual desires, identities, conflicted emotions, and importantly with what it means to be a sexual being in the social world that forbids it. Young people seemed to use the drama method to fuse their past experiences as 'schoolchildren', with their present ideas as young adults to guide their creation of a future perfect sexuality education lesson – an idea that notably came through in Combined Drama 2. C. Mitchell and de Lange (2011) described collaborative drama creation as supportive of young people's shared reflexivity. For one, this drama harnessed the notion of time as a reflection tool supported by the use dramaturgical tools of stage, position, narration and audience imagination to consider co-researchers' conceptions of their roles and shaping of past, present, and future sexuality education.

A reoccurring theme that built on findings from the previous chapter was the continued use of comic humour, satire, exaggeration, and shock to activate audience discomfort, surprise, and expectation of the unconventional as part of the experience of perfect sexuality education. Again, raising the idea that in a perfect lesson young people would have the critical space, strength and courage to express taboo topics. The posters used bright graphic, at times comical images of smiling people, cartoon characters and vivid text to create a protective distance between the co-researcher and the content produced. Posters boldly proposed young women's perfect sexuality education content as focused on sex as pleasurable and beneficial to sexual health and wellbeing. Cameron and Theron (2011) explained the combined use of graphic imagery and text as aiding direct communication on often hidden topics that would have been difficult to discuss using words or drawings alone. For drama, Boal (1979) described the "mask" and "costume" (p. xiv), as shielding dramaturgical techniques adding distance from potential social censure or recrimination towards an imagined character and scenario's taboo ideas. Thus, dramatists are masked, transformed, and credibly distanced from self through assuming a character's different sayings, voice intonation, actions and, sometimes, set of clothing. While the taboo ideas might make the audience uneasy and uncomfortable, these dramaturgical techniques provide reassurance that these characters and ideas are

‘not real’, and the actual views of the dramatists. Yet, it is vital not to idealise the distancing and shielding power of artistic methods like drama or poster creation, as social censure is still possible if taboo boundaries are pushed beyond the limits of current social acceptability.

The theme of using drama as a ‘reflection method’ to generate conceptual and physical critical spaces that support learning for perfect sexuality education came through strongly in Combined Drama 2. This notion was made manifest in the way co-researchers used drama techniques of different scenes, interjection, voice-over and imagination to contemplate present, past, and future sexuality education. Collaborating with young people in similar reflective practices could provide valuable evaluations and recommendations for sexuality education. Boal (2002) explained drama’s embodied, performed, and visual action as supportive of critical reflections of people’s everyday actions and ideas, so as to “see themselves today and imagine themselves tomorrow” (p. 12). Co-researchers’ impassioned advocacy for perfect lessons demonstrated a hope in the potential of sexuality education to move beyond their recalled bad experiences and create youth-led local models best positioned to safeguard sexual health.

CHAPTER 7 DISCUSSION

7.1 Introduction

This chapter offers an examination of how current models position young Zimbabwean voices in policy design, together with young Bulawayans' past experiences of sexuality education in school, and future strategies for a perfect lesson. Study findings are discussed in relation to current sexuality education literature, theory, and practice, particularly focusing on Sub-Saharan Africa. Chiefly this allows for an exploration into the ways that the present research supports, adds to, or questions current sexuality education knowledge as it relates to HIV prevention. Study limitations are explored taking into consideration possible ways the research design and implementation may have unfavourably impacted on the findings. Methodological implications, key recommendations for future policy and practice in sexuality education for HIV prevention in African schools, and areas of future study are offered. In conclusion, the chapter examines this study's main contribution on the use of PAR to create a space to partner with young Zimbabweans in determining sexuality education policy and practice.

7.2 Study overview

This study utilised Freirean philosophy to support the adoption of PAR method with young Zimbabweans. The main research question was:

'How can a space be created for the voices of young Zimbabweans to shape school-based HIV prevention-oriented sexuality education?'

The three sub-research questions were:

1. *How do current models for school-based HIV prevention-oriented sexuality education position young Zimbabwean's voices in policy design?*
2. *How do young Zimbabweans perceive their experiences of school-based HIV prevention-oriented sexuality education?*
3. *What are the strategies for change that young Zimbabweans envision as demonstrating a 'perfect' school-based HIV prevention-oriented sexuality education?*

7.3 Discussion of main findings

This study's findings make a noteworthy contribution to local, situated ideas and strategies of young Zimbabwean's as fundamental to a youth-led sexuality education as an important component of HIV prevention. This study's findings provide the basis for a counter model of sexuality education in Zimbabwean schools, and similar African contexts. Table 18 (p. 203) summarises the key emerging ideas structured around the performative combination of teacher, student, content or curriculum, and space.

7.3.1 Positioning of young Zimbabwean voices in current sexuality education models

This study's review of Sub-Saharan African literature on school-based sexuality education models, specific to HIV prevention, found that young African's voices are chiefly excluded, and therefore absent from policy design. For the global health priority of advancing young people's sexual health, their voices need to be positioned as fundamentally central to sexuality education.

The review identified three key themes in relevant research: current school-based sexuality education models, the dominant sexuality education model found in African schools, and the potential for an alternative more optimistic, positive and youth-oriented sexuality education model. Though gaps where observed in the conceptualisation of sexuality education in schools, the review found the frameworks offered by Jones (2011, 2015), Miedema et al. (2011), and Roien et al. (2018) gave space to understanding the different philosophies and beliefs shaping sexuality education policy design, implementation, and evaluation. While the different frameworks presented counter ideas, the review found they also had significant overlaps in philosophies and outcomes. These overlaps, together with this study's critical paradigm (Freire, 2005; Kincheloe & McLaren, 2011), informed the emergence of a structuring around the dominant sexuality education model and an alternative critical sexuality education model.

Table 18: Young Zimbabwean's sexuality education experiences and perfect lesson ideas

	Experiences (past reality)	Perfect lesson (preferred reality)
Teachers	Authoritative, silencing, and unwilling to hear student perspectives on sex; misleading, lacking training and skills to confidently facilitate open talk on sex; stern, kind-hearted and paternal; and potential sexual predators.	Collaborative, respects and seeks student voice; candid, trained, skilled and confident in using specific, frank terms to encourage debate on sex; friendly peer or slightly older colleague; trustworthy and safeguards student sexual health and wellbeing.
Students	Students' perspectives as peripheral and silenced from sexuality education. Eager to learn about sex, timid, fearful, silenced and overly polite to the extent of subversion. Yet, conversely loud, strong, questioning and mocking of perceived teacher incompetence and disrespect of student voice.	Student ideas as central to shaping sexuality education. Emphasis on young people as leaders, agents of change, outspoken and able to express their ideas. The need to rebel and subvert authority eliminated as young people's knowledge, concerns and hopes paramount.
Content	Curriculum determined by adults. Young people's sexual lives and identities socially prohibited and ignored. Emphasis on sexual abstinence and the disease dangers of sex. Consistent condom use and faithfulness to one sexual partner promoted as least preferred options for young people, by adults. Focus on individual behaviour change as HIV prevention agenda and neglect of social realities shaping young people's sexual health.	Curriculum shaped by young people. Young people's sexual lives and identities socially accepted and supported. Focus on sex as pleasurable and good for one's emotional and physical wellbeing. Spotlight on young people's personal and collective voices as paramount. African spiritual belief systems and cultural ways of facilitating young people's learning about sex, puberty, intimacy and wellbeing promoted.
Space	Learning spaces as highly regulated. Lessons mainly in a structured classroom setting, where the teacher stands, and issues commands to students seated in regimented rows awaiting permission to speak.	Learning spaces as fluid. Moving from a casual classroom set-up where students are free to be inattentive or slouch in their chairs. Then beyond the physical, to mental and creative learning spaces where student voices are the absolute focus of sexuality education. Learning spaces characterised by informality, spontaneity and free expression.

Presently sexuality education is shaped by the dominant sexuality education model that has been guided by health behaviour theories, deficit models, and fears of youth sexual health associated with culture and religion; and heavily influenced by neoliberal ideals of self-determination and individual responsibility for sexual health. Philosophies, ideals, and negative conceptualisations of young people demonstrate a fundamental lack of perceptive understanding and partnership in sexuality education to local needs and ways of knowledge. The review concluded that a critical sexuality education model was needed that would create a robustly safe and supportive space for young Zimbabweans, and others in African settings to take centre place in policy design. Presently, it is not clear what form this critical model might take, and some possibilities are presented on Table 18 (p. 203) and below.

Study findings proposed that more optimistic messages be provided in sexuality education. For one, influenced by behavioural economics, nudge theorists Thaler and Sunstein (2008) described individuals' decision-making as mostly irrational, instinctive, and shaped by a compelling propensity to "go along with the status quo or default option" (p. 8). Through the use of psychological or economic incentives (Thaler & Sunstein, 2008), nudge strategies have recently been very influential (World Bank, 2016, 2018). Yet these are still strategies that are 'done to individuals', rather than 'by individuals'. We may want to look more to prosumer models of sexuality education, which forefront the role of the consumer (young people) as producers in a co-design process, for recent empowerment-based approaches (Conn et al., 2017).

Findings of this study concurred with the social determinants of health (Baum, 2016; World Health Organization, 2008) paradigm which supports a locally situated approach to health that can create the space for a critical challenging and change of inequitable, and unjust sexuality education policy, norms, and practices that unfairly exclude young Zimbabweans voices and designs. However, social determinants is perhaps less strong on the mechanisms for making such spaces a reality; whereas the new prosumer and co-design thinking offers actual practice-based solutions for empowerment (Conn et al., 2017).

Co-researchers' resourceful cultural expression in the use of drama as a means of knowledge transfer, further supported the work of Francis (2010a) and Kafewo (2008) in using drama for African school settings to promote creative sexuality education spaces. This study demonstrates the power of these kinds of approaches. An original

finding of this study is the potential for an Afrocentric model of sexual education in schools to emerge, utilising performance or drama, and using a structured framework which represents the importance of relationships and actors in sexuality education, not just content – as outlined in Table 18 (p. 203), along the lines of the teacher, student, content, and space relationships. It is vital for the sexual health and wellbeing of young Zimbabweans that they are partners in this endeavour.

7.3.2 Young Zimbabwean's experiences of sexuality education

Findings presented in this section offered a critical interpretation of young Zimbabwean's experiences of sexuality education. Through the focus groups and dramas emerged perspectives of sexuality education experiences. These emphasised social power relations and dynamics as fundamental to their experiences of sexuality education in school.

Teacher characters were revealed to be complex, changeable, and dynamic social beings, whose professional practice is shaped by personal and societal norms, values, and beliefs. A prominent theme was of co-researchers' bad experiences of teachers who were unempathetic, silencing, authoritative, and powerful. Distinctively, through the visual imaginings of the drama method (Men's Drama 3) and a young man's poster (Ben), the genres of irony, exaggeration, and satirical humour were used to expose the deeply hidden issue of male teachers as potential sexual predators, and of schools as sexually dangerous contexts. Findings showed some good experiences of teachers who were kind, paternal, and concerned about student welfare. Nonetheless, the overriding theme was of the bad experiences due to a lack of teacher training, capability, and confidence to deliver sexuality education curriculum. Furthermore, dramas acted out teachers as non-central characters, powerless to shape the curriculum or ignore the engulfing power of conservative social norms shaping classroom interactions. Therefore, dramas depicted teachers as exhibiting a keen tendency to use conservative, negative, and euphemistic messages promoting the disease dangers of sex and sexual abstinence (until heterosexual marriage) as the best means for young people to safeguard their sexual health. Beginning to look forward to a perfect lesson, the gender of a teacher and composition of the class was presented as an aspect to be negotiated.

Students were portrayed as nuanced characters who, on the one hand, are overly polite, soft-spoken, trusting, and respectful. Yet, on the other, are forceful, loud, and contemptuous of teacher sayings and actions that negate students' eager sexual curiosity

to learn about sex, love, pleasure, and intimacy in sexuality education. Dramas showed students as vulnerable to intimidation and silencing by antagonistic teachers, sexually coercive school environments, and misleading, unclear sexuality education content. The central theme was that of students as chief protagonists, possessing agency to counter teachers, and a silencing sexuality education curriculum. Resolved acts of typically unnoticed covert resistance (Hollander & Einwohner, 2004) were a fundamental means of agency expression which seemed to fuse co-researchers' perhaps submissive 'school-going' sexuality education experiences with their more rebellious present 'young adult' selves. Young women's dramas depicted their experiences of classrooms as characterised by gender inequality. Whilst, young men's dramas represented their discomfort of appearing vulnerable, and sexually inept in front of female peers, and perhaps a need to challenge and change their learnt dominance over women.

Scenarios, sayings, props, and actions combined to create the interconnecting strong thread of the euphemism, negativity, and individualising topics in sexuality education content or curriculum as bad experiences of sexuality education. Findings depicted experiences of pessimistic curriculum as resulting in students being turned off, anxious and thus less optimistic about their sexual health. To counter this pessimism, drama showed that offering collaborative spaces and possibilities for young people to shape content was fundamental to creating good experiences of sexuality education, as opposed to the continuing focus on negative content as supreme. The leading bad experience was of irrelevant, adult-led content that feasibly labelled young Zimbabweans as irresponsible disease vectors. Le Mat's (2017) Ethiopian study asserted that "lived realities of young people […] contrast with what is taught in sexuality education." (p. 415). Similarly, this study found that curriculum was experienced as disconnected to young people's local realties and desires to learn about safer sex in the context of hurried, risky sex, sexual pleasure, love, and specifics of sex. Raising the question that, if schools are encouraging students to excel and 'be the best' within the school curriculum, what does it mean to 'be the best' in sexuality education? Given the conservative social context, it is unlikely students will be taught to be the 'best lover' or how to experience 'the best' orgasm. However, findings suggested that good experiences of sexuality education would be classroom spaces wherein students and teachers can come other and share their different expertise to explore these topics.

The drama method's representation of thought and action strengthened this study's advocacy for young Zimbabwean's to shape the designs, implementation, and

evaluation of sexuality education. Dramaturgy being an established African custom that Zimbabweans utilise to explore, embody, and challenge the status quo (Chinyowa, 2009b; Durden, 2011; Ravengai, 2018), was used by the performing arts students to create scenes, storylines, and actions that brought to life their experiences of sexuality. Drama supported a channelling of private, taboo expressions typically suppressed by inequitable social contexts through the use of body and voice into public actions and sayings. Boal's (1979) proposed drama as means for social change, and this study's findings, illustrated that young people began to use the method to imagine their perfect sexuality education lesson. Nonetheless, findings cautioned against imposing idealistic expectations that can pressure students to extend the empowerment they may experience in a sexuality education lesson into their often sexually conservative and inequitable social contexts. Young Zimbabweans' expressed a dislike of these experiences and made it clear that they wanted something different for a sexuality education space that moves beyond information acquisition, to proving opportunities for collective debate and exploration of taboo issues shaping their developing, real life sexual realities.

7.3.3 Young Zimbabwean's strategies for perfect sexuality education

Study findings offered demonstrated young Zimbabwean's strategies for 'perfect' sexuality education. When envisioning a perfect lesson, young women chose the personal and reflective method of poster creation, while the young men mostly chose the public and demonstrative drama method. Yet, when brought together for one combined group discussion on a perfect lesson, both groups decided to use the drama method as a means of further analysing their discussion ideas and showcasing, through a performance to the local community, their sexuality education strategies and designs. The divergent methods used by young women and men as separate groups to envision a perfect lesson demonstrated a need for adaptable, local sexuality education curriculum that acknowledges possible gender differences in thought and action. Moreover, this study raised the important issue of the need to strengthen the hope young people have for sexuality education, so as to nurture their collaboration and desire to learn.

This study found that villainous antagonistic teachers from co-researchers' recollected experiences, transformed in a perfect sexuality education lesson into keen, compassionate facilitators who are supportive of students' exploration of their growing sexual identities. As detailed below, this teacher transformation rendered them secondary characters, indeed as facilitator and mentor, whose role it is to create sexuality education spaces that support the central characters' ('the student') learning

and direction. An essential teaching style proposed by the findings was that of a teacher harnessing African storytelling traditions to create a space for students to share local cultural artefacts of poster sayings and images, and drama's embodiment of home-grown storylines, metaphors and characters as fundamental to perfect sexuality education. Men's Drama 4 specifically presented a cultural teacher model of an affable 'uncle' (or aunt) offering gender-specific perfect lessons. The growing popularity of digital storytelling proposes good synergies between the visual and audio aspects of traditional African storytelling, use of arts-based methods of drama and drawing, and harnessing of a cultural teaching model and metaphors into digital versions.

The overriding theme of the perfect lesson images, sayings, scenarios, and characterisations was of 'the student' as the absolute focus of sexuality education. Findings revealed students to be confident and articulate when using preferred methods of voice. In African, and global settings (Conn et al., 2017; D'Amico, Denov, Khan, Linds, & Akesson, 2016; Duveskog & Sutinen, 2013; C. M. Mitchell & Sommer, 2016); the digital world of ideas and imagination is becoming incredibly important for creating apps, stories, games, videos, and offers endless creative possibilities far removed from a negative, restrictive focus on the ABC approach. Conn et al. (2017) and Duveskog and Sutinen (2013) showed the practical and collaborative use of digital methods to create real-world, online spaces in which young people as co-designers of sexuality education can create strategies shaped by their local concepts and actions.

Student characters' use of local terms and informal language proposed that perfect sexuality education would use their everyday language and terms to shape curriculum. Lessons gained in 2014 from a paper I co-authored with colleagues (Maibvisira et al., 2014) on diverse youth voice and New Zealand public policy, taught me that young people have important ideas to share. We maintained that youth use personal language linked to their ideas for self-expression which can inform policy-making. Francis' (2011b) South African school-based research argued for sexuality education to utilise everyday terms students use to talk to peers about sex, intimacy, and HIV/AIDS.

Posters and dramas on a perfect lesson further analysed the core theme of 'the student' as the absolute focus and central protagonist of sexuality education that their previous reflections on experiences had raised. Teacher characters were rendered either as absent, secondary characters and facilitators, or spoken for through the sketching and captions of co-researchers. All young women's posters rendered students' images and words as

central to perfect sexuality education. Men's Drama 5 distinctively used the dramatic monologue genre to spotlight 'the student' as the supreme focus of perfect sexuality education. The contribution of this study has been to show that the use of individual and collective methods can be localised and adapted to personal choices that offer valuable mechanisms for sexuality education.

The social situated nature of sexual concepts, and actions came through sketches of people, scenarios of students outside the school setting critiquing a lesson, at home grossly, misinterpreting key messages, and a dramatic soliloquy by a student in the private home setting. Dramas and posters proposed the expression of young Zimbabweans' personal, hidden voices in a perfect lesson as unconstrained by social determinants such as endemic poverty, conservative sexual norms, and inequitable age and gender norms. Moreover, the drama creation process for the combined group discussion illustrated the importance of negotiation and power dynamics between different students when shaping strategies for sexuality education. The drama method portrayed as normal, young people's sexual fantasies, curiosity, and desires for a sexual outlet; for example, through partnered sex or masturbation. Policy-makers and practitioners would do well to propose dynamic methods like drama when collaborating with youth on creating perfect sexuality education focused on sexual desire, pleasure, and relational intimacy

The drama method channelled co-researchers' blurring of fictional scenarios and social reality boundaries, often through shock, dramatic irony, and humour to make visible taboo topics, including those of homosexuality, sexual joy and intimacy, complexities of masturbation and sexual addiction, and notions of sexual seduction and dating. For example, the use of a Boalian forum theatre technique to transform a passive audience member into an active "spect-actor" (Boal, 1979, p. xxiv) for Men's Drama 4 illustrated their desperate need to step out of top-down, silencing disciplinary and paradigm silos, and actively embrace transdisciplinary paradigms and approaches to future sexuality education. A key strength of this study has been to show that young people's imaginings about taboo topics such as sensuality, incest, self-pleasure, homosexuality and possible financial rewards of sex, do not stop within the four-walls of a classroom nor are silenced by conservative sexuality education curriculum.

Topics of oral sex, 'fingering', and masturbation were raised by Men's Dramas 4 and 5 as pleasurable alternatives to penetrative sex. While the idea of female masturbation

was not raised by the young women's group, their dramatised desires of sexual pleasure suggest that perfect sexuality education give space for exploration of such concepts. Though diminishing, the pre-colonial cultural practice of young women's labia elongation is described by Kelbessa (2017), Nzegwe (2011) and Venganai (2015) as still practised in some African countries, such as Zimbabwe, South Africa and Uganda. Elongated labia have been characterised (Kelbessa, 2017; Tamale, 2006) as visually pleasing and enhancing the erotic pleasure of both partners through mutual masturbation and foreplay. Nzegwe (2011) pointed to labia elongation as "the ultimate sexual toy" (p. 262), for masturbation, as it introduces young women to the areas in their bodies such as the vagina, that can give them intense sexual pleasure and satisfaction. The collaborative design of sexuality education curriculum that is situated in cultural practices, thus can give space to the respect of young women and men's desires for sexual pleasure and fulfilment.

This study contributes to existing knowledge on African sexual health spirituality beliefs (Kaoma, 2018; Kelbessa, 2017; Rödlach, 2006), by providing young Bulawayans' home-grown spirituality and health beliefs as strategies for perfect sexuality education. Men's Drama 4 proposed perfect sexuality education include contextual analyses and acknowledgement of the co-existence of traditional knowledge, and biomedical explanations of disease. I am mindful of the practices of indigenous beliefs and knowledge which survived the conquering influence of colonialisation and Christianity. Being raised as a Christian African girl, I have been made aware of the complexity and contradictory nature of the world where those young Zimbabwean men live. A world where individuals can hold concurrent beliefs in Christianity, biomedical science, and African traditional spirituality. However, current sexuality education is disconnected from indigenous belief systems young people may still strongly hold. Lessons need to allow young Zimbabweans to freely talk about their belief systems without being judged, and how this knowledge impacts sexual health decisions. For example, a young person may believe that his/her HIV positive status is caused by a vengeful spirit or witchcraft. These supernatural beliefs might hinder getting the right information about HIV transmission, and health-seeking decisions on medical versus spiritual treatment. Only though disclosing such information can sexuality education be contextual and made meaningful for young people.

7.4 Study limitations

Though providing noteworthy findings that add to the body of knowledge on sexuality education, the study encountered some limitations. Whilst not a negative of the study, young Zimbabweans were recruited for this research from a performing arts academy, they were from a low-income urban setting, and characteristically black African area. It would therefore be beneficial to conduct similar research in other settings such as schools and rural areas.

It was outside the capacity of the study, and indeed reflects the challenging political and social environment of Zimbabwe as discussed in chapter two, to collaborate with a local NGO or with schools. Further research involving such institutions would be valuable. Further stages of the PAR, or indeed more research which explores this study's key findings in a school context, would be valuable in guiding proposals for sexuality education change into tangible observable actions.

This study partnered with young Zimbabweans mainly for purposes of data generation, and, to some extent, dissemination. As the coordinating researcher, I formulated the research question and goals, array of PAR methods for expression (although co-researchers had the option of proposing alternatives), and wrote-up the final report (present thesis). The nature of gaining a qualification provides some limits to the design process. The environment of Zimbabwe at the time contributed to challenges on various fronts and it may be that in a differing political and social environment there would be more scope to extend such research.

This study's co-researchers, like those of Ngwenya (2014), played a key role in shaping the research process by deciding on additional members, what PAR methods to use to further analysis, and how to express their voices and share key findings to local community. The performance of Combined Drama 2 to the local community was the central way co-researchers chose to share their proposals for sexuality education. This study supported the view that PAR scholars should continue to strive to be understood, negotiated, and adapted to local needs and settings.

A potential limitation related to the lack of viewpoints from key adult stakeholders in sexuality education, including teachers and policy-makers. I concurred with critical scholar Allen (2011) who argued for centring entirely on young people's voices in sexual health research. Namely, as adult perspectives are already dominant in current models, and come through even when young people talk about their experiences of

sexuality education (Allen, 2011). The decision to omit adult stakeholders' voices was guided by a desire to hold true to this study's defence of the legitimacy and importance of young Zimbabwean's typically silenced ideas as shaping sexuality education.

Given that generation of data were situated within group discussion, it is possible that some young people's personal voices might have been silenced and intimidated by the shared nature of the research space. Especially, if these young voices belonged to those identifying as members of highly stigmatised key population groups, such as young men who have sex with men. Perhaps, as described by Hunt et al. (2017), Kaoma (2018), and Msibi (2011), Zimbabwe's Christian majority's sexual morality endorsed by society, which prizes virginity, chastity, fertility and heterosexual normality (with marriage), continued to repress these young men, even in a fictional reality. The use of biblical moral terminology and stigmatising law means homosexuality is widely socially regarded as sinful, depraved and rarely discussed, except to censure (Gunda, 2010). Nonetheless, this study's research design, presentation of PAR methods, and group agreement were designed to uphold a respect for voice diversity and difference. Furthermore, due to fears of prosecution, imprisonment, and a hostile context, it will likely be difficult for the strategies of young men who have sex with men to be represented in perfect sexuality education.

Kemmis et al. (2014) characterised PAR's standard for success as based on whether co-researchers' "have a strong and authentic sense of development and evolution in their *practices*, their *understandings* of their practices, and the *situations* in which they practice" (p. 19). Findings from this research showed that co-researchers' comprehensions of their experiences of sexuality education, and strategies for a perfect lesson developed as they were given the space and time to propose local actions for change.

7.5 Methodological implications

Freire's critical pedagogy has shaped the fields of research, health, and development practice (Campbell et al., 2016; Freire, 2005; Ngwenya, 2014). However, Freire's radical aims for collaborative social transformation have often been co-opted and reduced to instrumental paradigms aligning with powerful agendas (Jordan, 2009; Leal, 2007). Guided by Freirean theory, this study provided an example of how the voices of a marginalised group, young Zimbabweans, can unite to create a local youth-led model to sexuality education. Findings demonstrated that radical PAR and future public health

agendas can align if social spaces are created that respect and support young people's leadership voices in sexuality education. As mentioned above, extending such PAR type methods or innovative sexuality education prototyping in Zimbabwean schools would beneficially build on the findings of this study.

The conceptualisation of dialogue as able to ignite ideas for change, as emphasised by Boal (1979), guided this study's use of drama as the central space for data generation and analysis. For one, Boal characterised dialogue as persistently subversive and "dangerous, because it creates discontinuity between one thought and another, between two opinions, or two possibilities […] so that all opinions are possible, all thoughts permitted" (p. xvi). This study's use of focus group discussion, together with drama as a voice driven method, gives opportunity for a space for discordance and trialling uncommon public talk on sexual matters that is necessary in sexuality education.

Freire (2005) described power as both potentially oppressive and liberating. For one, the endeavour to minimise my researcher power and create a collaborative space with young Zimbabweans was at times challenging. Application of PAR principles of collaboration and flexibility created internal unease. However, the 'letting go' of researcher power, and thus the desire to control another's actions created opportunities for informality and partnership wherein co-researchers felt able to share experiences and hopes for sexuality education. Findings suggested that spaces for creativity, uncertainty, and informality can give rise to new ideas and actions for sexuality education.

This study provided insight into how the presentation of different PAR methods can support diversity in voice representation. The drama method encouraged personal and collective analyses that highlighted the 'teacher, student, and content' framework as core elements of a sexuality education lesson; some elements of which are absent from relevant programmes. Though dramatised perspectives are not actual reality as they are based on reflecting back and deliberately distorting the reality. Dramatic genres of exaggeration, humour, and satire helped make visible and interrogate taboo ideas shaping young people's sexual lives that are typically excluded from sexuality education. This study, as with others in the field of education, demonstrates that the drama method offers great potential as a locally popular, sustainable, low-resource means to supporting collaboration with young people's voices in sexuality education. Whilst drama has featured widely in education, this is less so in the HIV arena, given the normative paradigm of biomedicine, stigma, and donor norms, as demonstrated in

chapter three. Thus, there has been limited scope for use of creative, voice driven, and youth-led approaches such as presented by this study, in school-based sexuality education.

This study's findings recommended a potential dual use of the drama method in sexuality education. Firstly, as a PAR method supporting young people's formation of physical and conceptual research spaces. Dramatised, make-believe, and local research spaces enable typically taboo and open expressions on love, pleasure, sexual orientation and different forms of sex, as a vehicle for young people's shaping the design, delivery, and evaluation of sexuality education. Secondly, as a collaborative classroom drama method that gives critical space for teachers to facilitate students' leadership, ownership, and testing-out of ideas and actions as fundamental aspects of sexuality education. A classroom method that moves beyond the school context to incorporate young people varied social identities and realities as important to sexuality education.

The poster method enabled a greater focus on personal introspection by co-researchers that conveyed individual emotions, hopes, and thoughts for sexuality education. C. Mitchell et al. (2017) spoke about drawings of images and captions, whether done using software or traditional paper and pen methods as a straightforward method of creating data. Gaventa and Cornwall (2008) advised that PAR principles of partnership with local people should not result in a collective popular voice that silences the dissenting minority. Findings showed that different PAR methods conveyed the different nuances, ideas, and designs that young Zimbabwean's have for sexuality education. However, poster creation, whilst it is a reflective, emotional, and personal method, is not relational and dynamic. Thus, making it difficult both in the space of a study, and in a classroom, to adapt to the relational, social, and power aspects of sex, love, and intimacy to emerge during sexuality education lessons.

This research has a practical application offering insight to home-grown ways that young Zimbabweans conceptualise their social world as a framework for the exploration of African knowledge systems and sexuality education. Du Toit and Coetzee (2017) observed established African ways of knowing as based on the:

> …existence of a fluid/holistic/non-dichotomous order where identity is not constituted by excluding that which is other, but *in relation* to that which is other…Key to personal subjectivity in Africa is the capacity to enter into relations with others, rather than the rational mind. (p. 341)

This study's findings illustrated that young people experience their sexual lives as personal, relational, and social aspects of their localised notions of sex, relationships, and a desire to experience intimate connection. Different to the ideas of the dominant sexuality education model, findings presented the potential for African concepts, and knowledge systems, but primarily youth voices and views to inform a new critical sexuality education model of HIV prevention in schools.

7.6 Key recommendations

This study strongly indicates that there are significant gaps in current sexuality education policy and practice, as it relates to HIV prevention in Zimbabwean schools. The study concurred with Villa-Torres and Svanemyr (2015) that young people's leadership in the design of policy and programmes aimed at their sexual health and wellbeing, such as sexuality education, should continue to be high on the agenda. Key recommendations for developing appropriate strategies for creating a space for collaboration with young Zimbabweans' to shape policy, practice and future research are presented.

7.6.1 Sexuality education policy design recommendations

Future policy response should be guided by an African youth-centred model of sexuality education as important to HIV prevention. Adopting an African youth-centred model of sexuality education has notable implications for the core elements of a sexuality education lesson; teachers, students, and content – and the social spaces these inhabit. There are a number of important changes which will need to be made to sexuality education policy.

For teachers, greater efforts will be required for considered exploration and attention to the role they play in sexuality education. Future sexuality education policy will need to shift from conceptualising teachers as objective policy implementers, whose subjective, social experiences and actions are largely ignored. Implementing an African youth-centred model of sexuality education would mean that teachers are trained to be collaborative, candid and confident to use frank terms to facilitate classroom debate with students. Key policy priorities should, therefore, be to plan for long-term changes to the wider school curriculum that necessitate greater integration of a participatory and caring relationships into the wider school systems, spaces and relational interactions; and engagement with powerful stakeholders such as parents and NGOs for ways to creative supportive, safe social environments.

The role of students in sexuality education is rarely included in policy, and implementation of an African youth-centred model would require fundamental and comprehensive changes to the present adult-led negative paradigm that ignores young people's voices. To partner with young people, greater investments will be needed to create local, cultural, low-resource sexuality education programme responses that are sustainable in the long-term. Young Zimbabwean's designs for sexuality education policy place 'the student' at the absolute centre, and as such this will require major paradigm shifts in social structures and norms. Currently, Zimbabwe's sexuality education policy response, like most in the region, has largely been determined by neoliberal agendas of powerful conservative forces and external donors (Attawell et al., 2014; S. Moyo, 2017; UNESCO, 2018a; Yankah, 2015). This donor-driven focus on individual responsibility for sexual behaviour and health outcomes persistently resonates with local policy-makers eagerness to placate influential local churches, and the Christian majority.

Advancing the agenda for an African youth-centred model of sexuality education will demand a change in the current normative content that prescribes when and how socially acceptable sexual thoughts and actions are to be expressed by young people. This study's proposal of different, youth-centred content means sexuality education policy and practice will need to develop new curriculum in partnership with young people that uses their terms, language, reflects their local social realities and desires for more optimistic content that has topics such as sexual pleasure, intimacy, and masturbation. As a starting point, adult-dominated spaces could purse partnerships with young people's organisations in local communities, NGOs, and nurture the growth of youth capacity as social agents and experts of their ideas and experiences. The implications of young people holding African sexual health spirituality beliefs suggests that sexuality education policy begin to explore new curriculum and programmes that integrate local culture, and ways of comprehending sexual health and wellbeing.

The relational space, activities, and methods in the classroom, including the complex social contexts within which these occur, are typically excluded by sexuality education programmes. Promoting an African youth-centred model of sexuality education would demand recognition of the often inequitable power dynamics present in the classroom, and wider social spaces. Especially given conservative sexual norms, inequitable age and gender norms, the taken for granted authoritarian power of teachers, and negative curriculum that combine to create powerful silencing forces to student voice and designs

for sexuality education. Ensuring that education systems, HIV prevention programmes and systems are able to support local partnerships with young people will be difficult but should be a priority for future government policy.

Creating caring and compassionate policy spaces that advocate considered introspection by policy-makers, and communities of the positive, local pre-colonial notions of sexuality, gender, and power would be needed. Therefore, the promotion of an African youth-centred model of sexuality education would necessitate the formulation of policy that embraces African epistemology, and ways of knowing. The African philosophy of 'ubuntu' offers one possibility. Though the concepts and ideas of 'ubuntu' are contested (Kaoma, 2018; Praeg, 2017; Teffo, 2017), there is agreement in its embodiment of an African identity and worldview that integrates personal, relational, and social connectedness and unity as one. Teffo (2017) characterised the main qualities of 'ubuntu' as "compassion, solidarity, social justice, forgiveness, reconciliation, inclusivity, and public-spiritedness", among others (p. 566). To begin, these qualities could be used to guide inclusive and compassionate legislative reform of laws such as the Criminal Law (Codification and Reform) Act 2004 that reinforce deep-seated ostracising of key populations to the HIV prevention response, such as men who have sex with men and sex workers. Ubuntu's social justice concerns (Teffo, 2017), could be used to challenge Zimbabwe's valuing of patriarchy. Patriarchal values typically result in young men and women having different social starting points that are made manifest in the classroom and wider social spaces. A standardised sexuality education policy that does not take into account gender-based social inequities would unfairly privilege young men. It is recommended that policy is designed in partnership with young women and men so as to reflect their nuanced lived realties and social concerns.

In the long-term, future policy will need to acknowledge the currents global shift towards an internet-based online society. Internet access and affordability in Africa is projected to increase (GSMA, 2018; World Bank, 2018). Information and communication technologies are gaining traction as an education medium in African contexts (UNESCO, 2017; World Bank, 2018) and offer potential for the policy design of sexuality education (van Heijningen & van Clief, 2017; Waldman & Amazon-Brown, 2017). In 2016, Zimbabwe was ranked 94 out of 228 countries in terms of internet access, as a promising 23% of its population were labelled as internet users (with varying levels of access) (CIA, 2018). Growth in portable, internet-enabled devices, such as tablets, laptops, and smart mobile phones is resulting in a move from fixed,

expensive desktop computers and associated consumables. Mobile phones remain the most popular means to access the internet across Africa being the "best technology…that people already have, know how to use, and can afford" (World Bank, 2016, p. 146). Though the study findings did not specifically reference the use of technology or internet as part of co-researchers' recommendations for sexuality education. The growing presence of internet-enabled devices, such as smart mobile phones, make these an increasing part of young people's everyday experiences, and fundamental to promoting an African youth-centred model of sexuality education.

Technology-led democratisation that changes the ways Zimbabwean's communicate and access information could provide impetus for challenging sexuality education. For Sub-Saharan Africa, mobile internet access is projected to increase from 21% (2017) to 40% (2025), as more people (including youth) have access to smart phone technology (GSMA, 2018). Increasing internet access means young Africans will be able to proactively seek out and/or create the latest sexuality education knowledge readily, affordably, and in spaces of their choosing – outside the classroom space. The internet offers users "portability, anonymity, informality, 'personalised' responses, and ability to interact with peers who are not local or part of face-to-face networks" (Waldman & Amazon-Brown, 2017, p. 23). Oosterhoff et al. (2017), UNESCO (2018a), and Waldman and Amazon-Brown (2017) used the emerging term 'digital sex education' to describe internet-based methods and contexts providing access to sexuality education knowledge using images, text, and sound. It presents a major shift from a top-down adult-led sexuality education model towards a bottom-up user-driven young people's model.

Continuing changes to the way people access, share, and create knowledge opens the possibilities of 'cloud-based' sexuality education. Mitra (2014) and Mitra et al. (2005) described a future whereby access to technology and the internet transformed a teacher's commanding role to that of encouraging facilitation of groups of students to take on the central role of creating learning contexts, supportive of critical thought and action. Mitra (2014) explained "schools in the cloud" (p. 553), as using the internet to connect students and teachers. Cloud-based education requires less expenditure in expensive school infrastructure or high numbers of teachers, has more flexibility and the potential for reaching a wider audience (UNESCO, 2017; World Bank, 2016). Thus, offering immense possibilities for low-income settings like Zimbabwe that struggle to provide essential school infrastructure and resources to deliver sexuality education.

Therefore, the continuing role of material schools and teachers will need to be explored, considering emergent internet-based technologies. Especially, in contexts where young people's education can be disrupted for long periods by wars, natural disasters, poverty, road, and other infrastructural challenges. Digital technologies potentially offer a lower cost means of educating larger numbers of young people, including those in remote or hard to reach areas. If school-based sexuality education maintains the use of current models that exclude partnerships with young people, there is a risk of it increasingly becoming a costly and irrelevant health intervention.

Use of internet-enabled portable devices bypasses some of the present resource constraints (such as a shortage of trained teachers) and means more students can be trained, at times via software, to use technology that creates youth-led ideas for sexuality education. Yet, as internet-driven methods become more prevalent within education, teachers will still need to be trained in using digital technologies. Demartini and Mitchell (2016) advised the need to equip teachers on how to use technology to collaborate with students when facilitating sexuality education.

Presently, digital technological advances within sexuality education in African settings mostly occur outside the school space, in the community and NGO sectors (Waldman & Amazon-Brown, 2017; Ybarra, Bull, Prescott, & Birungi, 2014). Evidence from Sub-Saharan African countries, like Uganda's CyberSenga[33] (Ybarra et al., 2014), suggest the possibility of offering Zimbabwe's mostly textbook based Auntie Stella programme as an online resource sexuality education for young people, using local cultural metaphors. Waldman and Amazon-Brown (2017) examined Every1Moble, a development agency with programmes in eight Sub-Saharan African countries including Zimbabwe. In Zimbabwe, Every1Mobile uses the internet to offer online sexual health knowledge platforms to young people. In 2013, Every1Mobile launched its smartSex programme as an candid online portal for young people to access information on relationships and sex (Waldman & Amazon-Brown, 2017).

Nonetheless, the online world is not a neutral space, as it can silence as well as provide a means of voice (van Heijningen & van Clief, 2017; Waldman & Amazon-Brown, 2017). van Heijningen and van Clief (2017) proposed three key characteristics of a safe, encouraging and creative online space for sexuality education. Namely the capacity to: 1) hide a user's identity; 2) connect and form friendships with other users; and 3) offer

[33] In Uganda, the term 'senga' is typically used to refer to a paternal aunt.

perceptive and knowledgeable moderation that supports informal talk and commonplace networks (van Heijningen & van Clief, 2017). Emerging digital innovations point to a need for an enabling policy environment that places priority on the provision of spaces, mechanisms, and strategies for students and teachers to use these advances to support youth voice in sexuality education.

7.6.2 Sexuality education practice recommendations

This study's central argument is that creating a space that enables young Zimbabwean's collaboration and shaping of sexuality education is fundamental to producing local, culturally relevant sexuality education policy and practice that best meets their sexual health needs. Most co-researchers in this study challenged the leading negative notions of students reflected in the practice of sexuality education. These notions included viewing students as reckless risk-takers, innocents to be protected, and passive, objectified receivers of adult-led sexuality education. Whilst, these notions are reflective of a broader social context that deems premarital sex sinful and prohibited, it is proposed that Zimbabwe's education system begins to be part of a broader, long-term systematic change needed to create collaborative social spaces that supports youth-led sexuality education. To begin this transformation, schools and wider social institutions need to start viewing young people as capable, active subjects with agency who need supportive, frank, and non-judgemental spaces wherein they can test-out new ideas and actions relating to sexuality education. There is a need to move away from a tokenistic use of the language of participation and empowerment that does not manifest these principles in the practice of sexuality education.

Greater focus is needed to examine ways young Zimbabweans can act as partners guiding the implementation of sexuality education. Findings showed the capacity of young people to partner in the implementation of their designs for sexuality education. The heutagogy model for learning offers some insights. Heutagogy is "concerned with learner-centred learning that sees the learner as the major agent in their own learning, which occurs as a result of personal experiences" (Hase & Kenyon, 2007, p. 112). Hence, providing young people with the necessary resources and building their knowledge, skills, and capacity to direct their acquisition, sharing, and application of knowledge becomes fundamental (Blaschke, 2012). Ideas appropriate to this study's attention to creating sexuality education programmes that put young people's perspectives, social reality and shaping at the centre.

Though changes to the curriculum can be time consuming, requiring approval and funding by state policy-makers (Luke, Woods, & Weir, 2013), a growing number of Zimbabwean schools have student-led, after-school AIDS clubs[34] that offer an existing resource of young people engaged and concerned about sexual health (Musingarabwi & Blignaut, 2015; National AIDS Council, 2006). In the short-to-medium term, older students from AIDS clubs could be trained to assist teachers in delivering sexuality education lessons. Findings from this study showed young Zimbabwean's strong recommendation for slightly older peers and cultural resources ('uncle' or 'aunt') as facilitators of future sexuality education.

Schools hold the potential, through professional and peer support, for young people's voices to shape sexuality education (H. Cahill, 2015b). This study showed that as established sexuality education agendas continue to exclude their voices, young people will look for knowledge outside the adult-controlled classroom space. Kehily and Nayak (2017) noted that:

> For many children and young people, sexuality is rarely derived from any singular source or formal pedagogy. Rather, sexual learning involves a 'sticking together' of different experiences, practices, knowledge and understanding. It is then contingently assembled in diverse ways through bodily practices, including first-hand experiences, peer-group interactions, formal and informal sexuality education, popular culture representations, as well as social media networks and technologies. (p. 22)

This study identified possible community sources of local knowledge about love, sex, and intimacy as including peer groups, cultural resources (aunts and uncles), and young people's personal experiences of sex. As previously mentioned, young people are already engaged with and eager to learn from online platforms. Furthermore, Conn et al. (2017) asserted that young people are progressively looking to internet-based knowledge solutions, as these offer greater ability to choose and influence what, how, where, and even with whom they can see content. Yet, as Demartini and Mitchell (2016) described, a continuing adult-led fear of online platforms as dangerous, potentially polluting of youth innocence or encouraging reckless deviant behaviour, is an obstacle to learning, especially in schools. There is a need to view information and communication technologies not as distractions or add-ons, but as essential components to future sexuality education.

[34] AIDS clubs are a social after-school activity offering students the space to discuss HIV/AIDS related issues and learn from each other.

This study illustrated that teachers, as people, may be uncomfortable teaching aspects of the sexuality education curriculum or hold personal beliefs that differ from the curriculum. Further, considering the decline in teacher training for Bulawayo, and the rest of the country on sexuality education, it is recommended that teacher pre-service and in-service training give space for reflections on how personal values and beliefs can influence professional practice. Thus, offer opportunities for the emergence of strategies that support the implementation of sexuality education curriculum as intended. Furthermore, H. Cahill et al. (2016) spoke of the potential of students as advisors whose insights could be used to inform teacher sexuality education training. Given the country's sexual conservatism, together with a shortage of qualified and experienced teachers for most subjects, such change will be challenging. For one, pre-service teachers are often not trained to teach sexuality education. They receive limited guidance and resources, or specialist materials like videos or models of sex organs to inform their lessons. Moreover, social contexts play a pivotal role silencing and shaping teacher actions to conform to sexual, gender, and age norms, and not the sexuality education curriculum.

Technologically fuelled disruptions to established student-teacher hierarchical classroom room relations, counter the traditionally didactic teaching of sexuality education. An atmosphere of change can create opportunities for schools and NGOs to partner and support each other. Whilst schools provide access to young people, NGOs are often better placed to access donor funding; try out innovative ideas, and provide schools much needed services, including trained sexuality educators.

7.6.3 Recommendations for future research

It is recommended that future research could take this study's proposals for change to sexuality education and explore trialling key findings in partnership with young people in a school setting. Considering the conservative and authoritative nature of Zimbabwean schools, it is likely the more liberal setting of an NGO's offices could provide a space for implementation of study proposals. Given increasing access and affordability, future research is needed that explores the possibilities offered by information and communication technologies for creating online, interactive environments that support new ideas, actions, and candid talk about sex by young people as fundamental to sexuality education.

Significant sexuality education research has been conducted for the Sub-Saharan region. Yet, central sexuality education messages remain largely the same. Namely, that "young people should either avoid sexual intercourse or use a condom correctly every time they have sexual intercourse with every partner. Certain effective programmes emphasize being monogamous and avoiding multiple or concurrent sexual partners" (UNESCO, 2018a, p. 92). This is mostly because research is shaped by the dominant sexuality education model to focus on HIV prevention and reduce young people's complex social realities to quantifiable sexual beliefs and behaviours. More research is needed on young Zimbabwean's developing culturally rooted, contextual definitions, and conceptualisations of health, sex, love, intimacy, and sexual discovery.

Findings from this study were generated with young Zimbabweans in an urban context, and largely presented heterosexuality as the accepted norm. This study concurred with Nyatsanza (2015), that it is important for sexuality education to reflect on Zimbabwe's different contexts of urban and rural schools. Future research could explore partnerships with young people in rural areas to create sexuality education reflective of their contextual realties and challenges. In light of the deeply hostile environment to key populations, such as young men who have sex with men, it is advised that potential research seek to partner exclusively with members of key populations using their established networks. It is hoped these exclusive research spaces would create opportunities for young key population members to feel able to share their strategies and hopes for future sexuality education.

7.7 Concluding remarks

I began this journey several years ago naïve to the personal change that embracing a collaborative, change, and voice driven research design to sexuality education would bring. The opportunity to go back to my hometown, Bulawayo, and partner with young locals provided invaluable experience to me as an emerging Zimbabwean sexual health researcher.

At the start of my research journey, I recall feeling discomfort about the prospect of candid talk about the specifics of sex within a focus group setting. I discovered, like most Zimbabweans, openly discussing sex felt uncomfortable, because it is taboo. When training the field-work facilitators, Beauty and Peter, I realised the need to change and become comfortable talking about sex so as to foster an open, encouraging focus group space. This self-reflection and change was a product of practising PAR.

Conceptualising and doing PAR led me to question the cultural silences around open sex talk that I had internalised growing up in Bulawayo. The reflection sparked by on-going research learning, revealed that I had the power within me to question the status quo, and change. For one, I realised early on that in order to foster collaborative research relationship with these young locals, I had to minimise my power as an overseas trained, adult doctoral student. One of the ways, I did this was to intentionally adopt an attitude of a 'naïve' inquirer seeking to learn new knowledge. This helped me to create a welcoming and informal research situation, where the co-researchers were given the authority and space to try out new ideas and experiment.

My mindset was challenged and influenced by listening to, viewing portrayals and dramatised actions of co-researchers experiences and strategies for change to school-based sexuality education. I had began the research journey with some preconceived beliefs regarding sexuality education. Namely, that sexuality education: 1) as a subject matter is so shrouded with taboo and contention that young people might not be able to express ideas and strategies for sexuality education; 2) needed adult leadership for successful implementation; and 3) should continue to have some focus on biomedical and disease dangers of sex to safeguard young people's sexual health. I learnt from this study's findings that: 1) when given a creative, supportive and collaborative space, young people can use methods such as drama, and genres such as humour, exaggeration and satire to bright to light and propose change to social norms, values and customs that silence their sexual lives; 2) adult leadership of sexuality education is not inevitable, but an aspect that young people questioned, and saw as negotiated as part of collaboratively created curriculum; and 3) local resources, cultural models and indigenous philosophies can be used to create innovative and sustainable sexuality education that reflects young people's local realities. Whilst, I started the study somewhat uneasy and uncertain as to what form a youth-led model to sexuality education would take. As the study progressed, my preconceptions were challenged as I began to hear, see and internalise co-researchers clear aspirations and proposed changes to sexuality education.

The study findings have presented insights to how young Zimbabweans voices and strategies for sexuality education can collaboratively shape its policy and practice. The continued dominance of adult-led concepts, exclusion and lack of respect for young people's ideas, and absence of local relevance, formed part of their bad experiences of sexuality education. Young people's aspirations for perfect sexuality education provide a roadmap that can inform a critical model.

This study's fundamental contribution has been to embrace the methodological challenges and opportunities offered by PAR to provide an example of young people's leadership in sexual health research. Co-researchers' diversity of designs and often spur-of-the-moment expressions, mostly through dramatisations and creative illustrations showed that sexuality education can be fluid, spontaneous, and tailored to specific country or local group context. Young Zimbabwean's hopes for change support the recommendation of an urgent transformation from the dominant adult-led model to embrace an African youth-centred model of sexuality education.

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Appendices

Appendix A: Co-researcher Information Sheet

Co-researcher Information Sheet

The effectiveness of HIV prevention sex education: Perspectives of Zimbabwean youth

What is this research all about? What is the point of this research?

Finding out what young people have to say about HIV prevention sex education is really important. Presently, what adults say controls the type of HIV prevention sex education youth get.

However, I believe that only hearing what young people have to say is not good enough. So I plan to hold focus group discussions, for young women and young men separately, to hear your experiences of HIV prevention sex education at school, what was good and bad about it and ideas on how you would change it. In these groups, you decide what activities you want to do, as part of a group. Each of these fun interactive groups will not be more than 3 hours, which means I will need about 9 hours of your time in total.

Why does what you have to say matter?

What you have to say is important because often what youth have to say about their sexual lives is not listened to by adults. Instead, adults come up with what they think is best for HIV prevention sex education aimed at young people, without involving young people. Speaking out and sharing your thoughts about the effectiveness of HIV prevention sex education will help generate ideas about how to change the situation to include the voices of young people.

What will happen?

You and other young people will take part in activities like group discussions, dramas, drawing and writing poems. What you say and decide will influence what we do in the group discussions.

Please read the attached longer form for more details on the research and how to get in touch.

Languages:

Copies of this information sheet are available only in English

Date Information Sheet Produced:

14th of October 2013

Project Title

The effectiveness of HIV prevention sex education: Perspectives of Zimbabwean youth

An Invitation

Hi there, my name is Carol Maibvisira. I grew up in Bulawayo spending the early years of my childhood in Mpopoma Township. I went to local schools such as Kumalo Primary and Eveline Girls High School. My personal experience of growing up in Bulawayo, plus the grief of losing family and friends to HIV related illness, makes HIV prevention important to me. My experiences have shaped the choices I make in terms of the kind of work I do and subjects/topics I study. For example, I ran a shelter and rehabilitation programme in Kambuzuma, Harare aimed at young women living on the streets. This involved working closely with young people, listening to what they had to say and including youth in making decisions regarding their well-being and care. I am currently a PhD student in Public Health at Auckland University of Technology in New Zealand.

You are invited to take part in this study which will explore young Zimbabweans views on the effectiveness of HIV prevention sex education.

Your participation in this research project is voluntary and you may withdraw from the study at any time before the end the focus group discussions. However, if you leave the study, any information you have shared up to that time will be used.

As the main researcher, I am not currently involved in any community or health service organisation for young Zimbabweans; therefore you will not be advantaged or disadvantaged in any way if you choose to take part or not take part.

What is the purpose of this research?

What youth have to say about HIV prevention sex education is important. However, simply hearing what young people have to say is not enough. Currently, adults' perspectives concerning young people's sexual health, dominates HIV prevention sex education targeted at youth. Adults often focus on the dangers of sex, and ignore other important reasons people have sex. For example, some people have sex because of peer pressure, curiosity or they think it's fun.

This study plans to include youth in discussing the effectiveness of HIV prevention sex education. I plan to host 3 focus groups discussions for young women only and another 3 for young men only. Two facilitators will be helping me. A young woman will run the women's group and a young man will run the men's group. I will sit in on the young women's groups but will not facilitate them. I will not be present at the young men's group discussions. Separate gender focus groups have been planned to reduce feelings of embarrassment or shyness that can occur when discussing topics of a sexual nature with members of the opposite gender present.

Young people will participate in deciding:

a) How they want the group discussions to be done: e.g. choosing exercises or activities.

b) If they want to have extra discussions, following the 3 organised sessions.

c) How the main ideas from the discussions will be presented to other young people and adults.

The research team plans to work with you in deciding how what you have to say about the effectiveness of HIV prevention sex education shapes what is discussed; how the research is carried out and presented to other people. A big part of this will mean discussing your experiences of HIV prevention sex education, what was good and bad about it and coming up with suggestions for change. I will also produce a thesis, journal articles and present findings at conferences.

How was I identified and why am I being invited to participate in this research?

The study is recruiting young women and men aged 18-24 years who live in Bulawayo; and have at some stage of their lives received HIV prevention sex education at school. You do not need to be currently at school or college. To take part, you will need to be able to speak English. You have been identified and invited to take part in the study either through organisations helping me recruit co-researchers or other recruited co-researchers who know you meet the recruitment criteria.

The organisation or person recommending you to the study will be given copies of this information sheet and a consent form to give to you. If you are chosen, you will be given the choice to meet with me and ask more questions about the research. Young men will also have the option of meeting up with the male facilitator. Once you have said yes to taking part in the study, a consent form will be sent to you to read, sign and return to the researchers.

What will happen in this research?

If you decide to take part in this research, the recommending organisation or person will pass on an envelope with a consent form to sign. When you have completed the form, please post it back to me in a sealed envelope (postage stamp is included). Address the envelope to Carol Maibvisira, c/o IYASA, 8 Herbert Chitepo Street, Bulawayo, Zimbabwe.

I will get in touch with you as soon as I receive the consent form and invite you to take part in either the young women's or young men's groups. Details on the venue and time will be included in the invitation. The focus groups will be more like group discussions on what each person thinks is good and bad about their experience of HIV prevention sex education and how future lessons can be changed.

An initial 3 group discussions lasting no more than 3 hours each will held. This brings the total initial time commitment to about 9 hours. However, this is negotiable with the group members and could be less. Also, if young people decide to have extra group discussions to talk more about issues raised in the first 3 sessions, more can be hosted. During the discussions, co-researchers can chose to also take part in creative drawing (no drawing skills are needed), drama exercises, poster creation, writing poetry or suggest an activity.

The group discussions will focus on:

- Your past experiences of HIV prevention sex education in school
- What was good and bad about your experiences
- Coming up with suggestions for changing HIV prevention sex education

Accurate representation of what is discussed is essential. Based on your consent, the group discussions will be audio taped; with handwritten notes taken during each group. You can request the tape to be turned off or withdraw from the focus group without giving a reason. I will need help writing down what is said in the audio recording and turning some Ndebele words into English. So, the facilitators will assist me. I will produce a written record of what was discussed in the focus groups, and present this back to you and the other co-researchers.

If you become tired during the group discussion, you can choose to leave this discussion early. Please be aware of the importance of not discussing 'who said what'; with anyone outside the group. The need to maintain group confidentiality is also noted in the consent form and will be further emphasised at the start of each focus group. Co-researchers will also be asked how they want the study findings presented to young people (this includes you as well) and adults; and be involved in putting this information together. Findings from this study will be presented in my doctoral thesis, journal articles and conference presentations.

What are the discomforts and risks?

You might experience a level of discomfort or embarrassment due to the study's focus on the encouraging youth to openly discuss sex, as part of thinking about and looking at ways you would change HIV prevention sex education. To reduce the chance of this happening, young women only and young men only, groups will be run by a facilitator of the same gender. Also, the study will use different activities such as creative drawing and dramas, so you can chose or suggest an activity that you most prefer.

How will these discomforts and risks be alleviated?

The facilitators and I will look out for any signs of discomfort or embarrassment. In addition, you can choose not to answer certain questions; ask the audio tape to be turned off or leave the group session without giving a reason. Should this happen, we will immediately consult with counselling services regarding how best to support you.

If necessary, a free counselling session can be arranged through Contact Family Counselling Centre. The Centre offers counselling to young adults. If you would like arrange your own free counselling session please do the following:

- Call the Contact Family Counselling Centre's counsellors and ask for Auntie "Thandie" or Uncle "D" on 09-72400 **OR** visit their main centre at No. 9 Barbour Avenue, Parkview, Bulawayo **OR** email addresses contact@contactfcc.co.zw; admin@contactfcc.co.zw

- You can also visit the Contact Family Counselling Centre's Satellite Centres closest to you (see table below)

CONTACT FAMILY COUNSELLING CENTRE
SATELLITE CENTRES
PROGRAMME

Our counselling department offers counselling to the public at our own premises, but also in different suburbs at different premises. For details see the following table:

CLINIC	*DAY*	*TIME*
SOS CENTRE (MAKOKOBA)	**MONDAY**	**10.30 am – 3.30 pm**
MZILIKAZI HOUSING OFFICE	**MONDAY**	**9.00 am – 1.00 pm**
NORTHEND CLINIC (NORTHEND)	**MONDAY**	**8.00 am – 2.00 pm**
LUVEVE CITY HEALTH CLINIC	**TUESDAY**	**8.00 am – 1.00 pm**
LUVEVE GIRLS TRAINING CENTRE		**2.00 pm – 3.30 pm**
MAQHAWE CITY HEALTH CLINIC	**WEDNESDAY**	**8.00 am – 1.00 pm**
WAY CLINIC (HILLSIDE)	**WEDNESDAY**	**8.00 am – 1.00 pm**
MAGWEGWE CITY HEALTH CLINIC	**THURSDAY**	**8.00 am – 4.00 pm**

What are the benefits?

By taking part in this study you may experience the individual benefit of sharing your views on how what young people have to say can influence HIV prevention sex education aimed at youth. It is anticipated that taking part in this study may strengthen your own ability to voice your views. Also you will help in adding understanding to how youth ideas can be used to change HIV prevention sex education. It is hoped that you will also benefit from open peer discussions on a sensitive topic, sex and the different reasons people have sex.

By talking and listening to other young people's views, and learning more about HIV prevention sex education, this might encourage you to continue to think more about your sexual life and ways you can protect your health. Your involvement is important as it will benefit my study and assist in the attainment of my PhD in Health qualification, which will be obtained as a result of your participation and the data generated.

How will my privacy be protected?

Protecting your privacy is very important to me. You will be asked to create a fictitious/false name to be used in the focus group records and when quoting any information from the study in the thesis, journal articles or conference presentations. If necessary, I will also maintain your privacy by changing any identifying details in the records/transcripts and resulting research publications.

The facilitators will have to sign confidentiality agreements protecting your identity.

All information and study material will be securely kept in locked filing cabinets for up to 6 years in the offices of my two research supervisors (Cath Conn and Sari Andajani-Sutjahjo). The offices are located in the Department of Community Health Development, Auckland University of Technology, Auckland, New Zealand.

In New Zealand, only my two supervisors and I will have access to the information. After 6 years all the study material, transcripts and audio tapes will be destroyed.

What are the costs of participating in this research?

There is no cost for to you for taking part in this study. I will cover the cost of catching a kombis to the research venue and back home. I will also provide refreshments at each focus group discussions in appreciation of your time. You will need to contribute some time to attending the focus group discussions. It is anticipated each group will last no more than 3 hours; with three initial focus groups. In total, you may give up to 9 hours to the study. However, this time could be more if you, along with other co-researchers, decide to have extra group discussions to talk about issues raised in the first 3 group discussions.

What opportunity do I have to consider this invitation?

You have up to one week to consider taking part in the study. You can get in touch with me to ask any questions or get me to explain any issues of concern. If you are a young man, I can also put you in touch the male facilitator. If I do not hear from you within this time, the recommending organisation or person will contact you and ask if you would still like to be part of the research.

How do I agree to participate in this research?

If you decide to take part in the research, you will need to complete and sign the consent form. You will then give this form to the recommending organisation or person, who will send this form to me. An invitation letter will then be sent to you, with the venue, date and times for the group discussions. However, if co-researchers decide to have the group discussions in an alternative venue, this can be discussed in the first group discussion.

Will I receive feedback on the results of this research?

Yes, you will as the results from the research will be examined during the focus group discussions. Also, on the consent form you can chose to receive a summary of key research findings. How you want the results presented will influence feedback to other young people and the community.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Cath Conn, cath.conn@aut.ac.nz, 0064 9 921 9999 ext. 7407

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, *ethics@aut.ac.nz*, 0064 9 921 9999 ext. 6038.

Whom do I contact for further information about this research?

Researcher Contact Details:

Carol Maibvisira, carolafrica3@gmail.com

Approved by the Auckland University of Technology Ethics Committee on 19/11/2013. AUTEC Reference number 13/ 316

Appendix B: Consent Form

Consent Form

Project title: The effectiveness of HIV prevention sex education: Perspectives of Zimbabwean youth

Project supervisors: Dr. Cath Conn (primary supervisor) and Dr. Sari Andajani-Sutjahjo (secondary supervisor)

Coordinating researcher: Carol Maibvisira

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 14th of October 2013.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that the focus group discussions will be conducted mainly in English.
- ○ I understand that hand written notes will be taken during the focus group.
- ○ I understand that discussions will also be audio-taped, transcribed, and if necessary translated.
- ○ I understand that what is said in the group discussions and the identity of the person saying these comments will not be discussed outside the group.
- ○ I understand that what I say or disclose during the focus group discussion will not be directly linked and identifiable to me.
- ○ I understand that I may withdraw myself at any point before and during the focus group discussion, without being disadvantaged in any way.
- ○ If I withdraw, I understand the study can use any information I have shared up to the time I leave the focus group.
- ○ I agree to take part in this research.
- ○ I wish to receive a copy of a summary of key research findings (please tick one): Yes○ No○

Co-researcher's signature: .....

Co-researcher's name:.....

Co-researcher's contact details:

Address:……

……

……

Phone number:…… Date:……

Approved by the Auckland University of Technology Ethics Committee on 19/11/2013. AUTEC Reference number 13/ 316. *Note: The Co-researcher should retain a copy of this form.*

Appendix C: AUTEC Ethics Approval

AUTEC
SECRETARIAT

19 November 2013

Cath Conn
Faculty of Health and Environmental Sciences

Dear Cath

Re Ethics Application: **13/316 The effectiveness of HIV prevention sex education: Perspectives of Zimbabwean youth.**

Thank you for providing evidence as requested, which satisfies the points raised by the AUT University Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 18 November 2016.

As part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online throughhttp://www.aut.ac.nz/researchethics. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 18 November 2016;
- A brief report on the status of the project using form EA3, which is available online through http://www.aut.ac.nz/researchethics. This report is to be submitted either when the approval expires on 18 November 2016 or on completion of the project.

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

Kate O'Connor
Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Carol Maibvisira carolafrica3@gmail.com

Appendix D: Facilitator Confidentiality Agreement

Facilitator Confidentiality Agreement

Project title: The effectiveness of HIV prevention sex education: Perspectives of Zimbabwean youth

Project supervisors: Dr. Cath Conn (primary supervisor) and Dr. Sari Andajani-Sutjahjo (secondary supervisor)

Coordinating researcher: Carol Maibvisira

- ○ I understand that all the material I will be asked to record is confidential. This includes what is said in the focus group discussions and material produced by study members.
- ○ I understand that the contents of the consent forms, tapes, or focus group notes can only be discussed with members of the research team, namely the other group facilitator, and the coordinating researcher, Carol.
- ○ I will not keep any copies of the research information nor allow third parties access to them.

Intermediary's signature:

……

Intermediary's name:

……..

Intermediary's contact details:

……

……

Date: …….

Project Supervisor's Contact Details:

AUT University, North Shore Campus, 90 Akoranga Drive

Appendix E: Observation Protocol

Observation protocol

Project title: The effectiveness of HIV prevention sex education: Perspectives of Zimbabwean youth

Project supervisors: Dr. Cath Conn (primary supervisor) and Sari Andajani-Sutjahjo (secondary supervisor)

Coordinating researcher: Carol Maibvisira

- Carol will sit in and observe the young women's focus groups. As part of the observations Carol will:

  1) Look out for signs of co-researcher distress or discomfort and take the necessary action to provide support.
  2) Note which co-researcher(s) are not very active in the focus group. Carol will then communicate with the group facilitator during the breaks, and discuss ways of encouraging the co-researcher(s) to be more involved in the focus group.
  3) Take hand written notes which will be used to support the data obtained from the audio recording of the group discussions. The notes will record key points of what co-researchers say, observations of co-researcher body language and their general engagement with the research process.

- Carol will not actively take part in the facilitation of the female focus group or in any of the key group activities. For example, she will not contribute to information to be used in producing a mind-map.

- Carol will not be present and so will not observe the young men's focus group, unless asked by the group. However, Carol will communicate with the young men's group facilitator during meal breaks, and immediately after the completion of each group discussion.

Approved by the Auckland University of Technology Ethics Committee on 19/11/2013. AUTEC Reference number 13/316

Appendix F: Researcher Safety Protocol

Researcher safety protocol

Project title: The effectiveness of HIV prevention sex education: Perspectives of Zimbabwean youth

Project supervisors: Dr. Cath Conn (primary supervisor) and Dr. Sari Andajani-Sutjahjo (secondary supervisor)

Researcher: Female and male local group facilitators, and Carol Maibvisira

- All focus groups to be held at Amakhosi Performing Arts Academy premises.
- The group facilitators, and Carol will maintain communication through text and email and be aware of each other's focus group schedule, venue and the anticipated completion times for each activity. The three members of the research team will contact each other via phone within a period of 15mins after the anticipated activity completion time. If the person being contacted is unreachable, the individual seeking contact will go directly to the research venue. If the member of the research team being sought is not at the indicated venue, the individual will contact the necessary authorities.
- Country exit strategy for Carol Maibvisira: Purchase a New Zealand-Zimbabwe return air travel ticket. Carol will keep her passport and an emergency cash supply at hand, in the event that immediate alternative travel, for example via road, is necessary. Carol will text or email supervisors at the earliest available opportunity and provide an update of the situation.
- Communication with supervisors: Carol will make fortnightly contact with supervisors via email and a monthly Skype or telephone call. Supervisors will contact members of Carol's family in Zimbabwe and New Zealand, if they do not hear from her in over two weeks. If neither party are able to contact Carol, then the necessary authorities will be notified.

***Approved by the Auckland University of Technology Ethics Committee on 19 November 2013 AUTEC Reference number* 13/316**

Appendix G: Focus Group Attendance

	Young women	Facilitator	Young men	Facilitator
Group session 1	7 present – Precious, Tina, Sihle, Mary, Suku, Sizwe and Sipho	Beauty	7 present – Gift, David, Adam, Elton, Ben, King and Dingani	Peter
Group session 2	7 present – Suku, Sizwe, Mary, Sihle, Sipho, Tina and Precious	Beauty	6 present – Dingani, King, David, Elton, Ben and Adam (absent – Gift)	Peter
Group session 3	5 present - Suku, Mary, Sipho, Precious and Sizwe (absent - Tina and Sihle)	Beauty	6 present – Dingani, King, Gift, Elton, David and Adam (absent - Ben)	Peter
Group session 4[35]	6 present – Suku, Mary, Sipho, Sihle, Tina and Precious (absent – Sizwe)	Beauty		None held

[35] This additional women's group session 4 was hosted as a continuation of group session 3.

Combined young women and men's group session	11 present – David, Adam, Ben, Elton, Dingani, Sihle, Sizwe, Suku, Precious, Mary and Sipho (five men and six women). Absent – Gift, King and Tina)		Beauty and Peter as co-facilitators	
Checking-back group session	6 present – Suku, Sizwe, Mary, Sihle, Sipho and Precious (absent - Tina)	Carol	4 present – Elton, Gift, King and David (absent: Dingani, Adam and Ben)	Carol
Total number of group sessions hosted	10			

Appendix H: Focus Group Agendas

Focus Group Agendas

Schedule 1: I will meet you at the research venue one hour before the start of the group to: 1) discuss & go over the agenda for the day, & 2) prepare venue for focus group: check that all materials & recording devices are in place

Agenda for session 1	
9:00 - 10:00am	Pre-group research meeting: Set-up venue, go through day's agenda, check all recording devices are on
10:00- 10:30am	Welcome young people - introductions & provide an overview of the day 1) Ice-breaker activity – suggested by facilitator 2) Create group agreement based on respect, confidentiality & shared expectations: "What we say in here will remain here". Use a flipchart & stick this on the wall. Ask co-researchers to choose a fake name to be used for the rest of group discussions 3) Explain key ideas of participatory action research & how we will use them: choice of different methods to use individually, in pairs OR group. Plus, coming up with ideas on how to change HIV prevention sex education
10:30- 11:30am	**Facilitated by facilitator (Carol as support):** Mini-workshop on participatory action research – what is it & how will we use it? Exercise (20 mins) Demonstration & practice of the research methods: mind-mapping, creating posters, poems & dramas. Briefly show & encourage youth to try out each method. End with drama as this might take longer, encourage short skits. **Turn off recorders**
11:30am 12:00pm	Meal break – food & drinks provided. Let youth know lunch break only 30mins ☺
12:00 - 12:45pm	**Turn on recorders. Question: A focus on yesterday** **What is your story/experience of HIV prevention sex education?**

<table>
<tr>
<td></td>
<td>
Present co-researchers with a range of methods: mind-mapping, poster creation, drama & poems. Youth can:
✓ Choose more than one method OR suggest & use a new method
✓ Use the methods as individuals, in pairs OR as group
It's O.K., if one youth chooses to produce a poster, whilst others create dramas
Once you ask the question
☒ Don't try & answer it for the youth
✓ Do repeat the question & write it on the board/flip chart
✓ Do say question in Ndebele if youth are finding it hard to understand
✓ Do tell youth they can chose to answer the question any way the want
<u>Group ranking :</u> after finishing the exercises, <u>(check recording devices are on)</u>
1. Youth come together again as a group
2. Discuss & list main ideas from the exercises about their story/experiences – can use mind-mapping to help in brainstorming ideas
Can draw this table on ground using masking tape OR on flipchart
<table>
<tr><td>Key idea</td><td>Value:</td></tr>
<tr><td></td><td></td></tr>
</table>
3. Here, youth can also <u>ADD</u> new ideas which arise as part of group discussion
4. Agree as a group OR majority vote (e.g. vote by putting up hand OR yes/no vote on a piece of paper), the score of each idea. <u>Youth can set the scoring</u>
5. Ask youth why they chose the score & get them to <u>write down the reason next to the idea</u>
Focus on being informal & encouraging debate: Young people can decide how they score ideas & there is no 'correct answer'. Young people can also change the table. Give youth pieces of paper to write key ideas & values
</td>
</tr>
<tr>
<td>12:45 - 1:00pm</td>
<td>Close the group & confirm next focus group discussion meeting date & venue.</td>
</tr>
</table>

Debriefing meeting after the end of youth discussion: We will discuss 1) what went well, 2) what did not go well, 3) your suggestions/insights, 4) exchange recording devices & research materials. **This will be recorded.**

Schedule 2: I will meet you at the **research venue one hour before the start of the group** to: 1) discuss & go over the agenda for the day, & 2) prepare venue for focus group: check that all materials & recording devices in place

Agenda for session 2	
9:00 - 10:00am	Pre-group research meeting: Set-up venue, go through day's agenda, check all recording devices are on
10:00-11:00am	Welcome & provide an overview of the day 1) Remind youth of group agreement (put up the flip chart) based on respect, confidentiality & shared expectations: **"What we say in here will remain here"** 2) Remind youth to use **fake names** chosen in 1st session 3) **Go over key ideas of participatory action research & how we will use them**: choice of different methods to use individually, in pairs OR group. Encourage youth to ask questions throughout the discussion about anything they do not understand 4) **Ice-breaker activity** ✓ Present optional role-plays & youth choose which one to act out ✓ Ask youth to discuss character & ideas in role-play: Ask youth which their favourite OR least favourite character was & why?
11:00-11:15am	**Previous session recaps:** Go over main ideas from session 1. Possibly say to co-researchers "**In the first group session you were asked to talk about your story/experience of HIV prevention sex education in school. What are the two things you remember most about this session?**" Stick up flip charts from session 1 ✓ Encourage ALL the youth to take part & write 'two things' on flip chart – you can make fun by giving youth time limit & putting charts far from each other **Checking of key messages:** Present ideas from session 1. "**This is what I think were your main ideas from session 1. Are these correct? So, do you want to ADD anything**?" Keep activity fun & encourage youth to take part & feel free to agree OR

<table>
<tr><td></td><td>disagree</td></tr>
<tr><td>11:15am
12:30pm</td><td><u>Check recorders are on.</u> Question: Continued focus on yesterday
<u>What was good and bad about your experience of HIV prevention sex education in school?</u>
As before, present youth with a range of methods: mind-mapping, poster creation, poems and dramas. Youth can:
✓ Choose more than one method OR suggest & use a new method
✓ Use the methods as individuals, in pairs OR as group
It’s O.K., if one youth chooses to produce a poster, whilst others create dramas
Once you ask the question
☒ Don’t try & answer it for the youth
✓ Do repeat the question & write it on the board/flip chart
✓ Do say the question in Ndebele if youth are finding it hard to understand
✓ Do tell youth they can chose to answer the question any way the want
<u>Group ranking :</u> after finishing the exercises, (<u>check recording devices are on</u>)
6. Youth come together again as a group
7. Discuss & list main ideas from the exercises about their story/experiences – can use mind-mapping to help in brainstorming ideas
Can draw this table on ground using masking tape OR on flipchart
<table><tr><td>Key idea</td><td>Value:</td></tr><tr><td></td><td></td></tr></table>8. Here, youth can also <u>ADD</u> new ideas which arise as part of group discussion
9. Agree as a group OR majority vote (e.g. vote by putting up hand OR yes/no vote on a piece of paper), the score of each idea. <u>Youth can set the scoring</u>
10. Ask youth why they chose the score & get them to <u>write down the reason next to the idea</u>
Focus on being informal & encouraging debate: Youth can</td></tr>
</table>

	decide how they score ideas & there is no 'correct answer'. Youth can also change the table. Give youth pieces of paper to write key ideas & values
12:30pm 1:00pm	Close the group & confirm next focus group discussion meeting date & venue. Meal break – food & drinks provided. ☺

Debriefing meeting after the end of youth discussion: We will discuss 1) what went well, 2) what did not go well, 3) your suggestions/insights, 4) exchange recording devices & research materials. **This will be recorded.**

Schedule 3: I will meet you at the **research venue one hour before the start of the group** to: 1) discuss & go over the agenda for the day, & 2) prepare venue for focus group: check that all materials & recording devices in place

Agenda for session 3	
9:00 - 10:00am	Pre-group research meeting: Set-up venue, go through day's agenda, check all recording devices are on
10:00- 11:00am	Welcome & provide an overview of the day 1) Remind youth of group agreement (put up the flip chart) & use of fake names 2) Repeat key ideas of participatory action research & how we will use them: choice of different methods to use individually, in pairs OR group. Plus, today will be coming up with ideas on how to change HIV prevention sex education 4) Ice-breaker activity ✓ Just got out to jail gangster greeting OR two truths & a lie
11:00- 11:15am	**Previous session recaps:** Go over main ideas from sessions 1 & 2. Say the youth "**in the 1st two sessions you were asked to describe & say what was good & bad about your story/experience of HIV prevention sex education in school. What do you remember most about these sessions**?" Stick up charts from sessions 1 & 2 ✓ Encourage ALL the youth to take part & write thoughts on flip chart **Checking of key messages:** Present ideas from session 1. "**This is what I think were your main ideas from session 2. Are these correct? So, you want to ADD anything**?"

<table>
<tr><td></td><td>Keep activity fun & encourage youth to take part & feel free to agree OR disagree</td></tr>
<tr><td>11:15am
12:30pm</td><td>
<u>Check recorders are on</u> Question: continued focus on tomorrow
<u>Tell me, what a perfect HIV prevention sex education lesson would look like?</u>
As mentioned before, you can use the various methods we discussed to represent your ideas, e.g., a dramas, posters, poems and mind-map drawings. As a group, we will then list & score the main ideas
As before, present youth with a range of methods. Youth can:
✓ Choose more than one method OR suggest & use a new method
✓ Use the methods as individuals, in pairs OR as group
It’s O.K., if one youth chooses to produce a poster, whilst others create dramas
Once you ask the question
☒ Don’t try & answer it for the youth
✓ Do repeat the question & write it on the board/flip chart
✓ Do say the question in Ndebele if youth are finding it hard to understand
✓ Do tell youth they can chose to answer the question any way the want
<u>Group ranking :</u> after finishing the exercises, <u>check recording devices are on</u>
11. Youth come together again as a group
12. Discuss & list main ideas from the exercises about their story/experiences – can use mind-mapping to help in brainstorming ideas
Can draw this table on ground using masking tape OR on flipchart
<table>
<tr><td>Key idea</td><td>Value:</td></tr>
<tr><td></td><td></td></tr>
</table>
13. Here, youth can also <u>ADD</u> new ideas which arise as part of group discussion
14. Agree as a group OR majority vote (e.g. vote by putting up hand OR yes/no vote on a piece of paper), the score of each idea. <u>Youth can set the scoring</u>
</td></tr>
</table>

	15. Ask youth why they chose the score & get them to <u>write down the reason next to the idea</u> **Focus on being informal & encouraging debate: Youth can decide how they score ideas & there is no 'correct answer'. Youth can also change the table. Give youth pieces of paper to write key ideas & values**
12:30pm **1:00pm**	Close group: ✓ Thank you for their participation ✓ Ask them how they would like their key ideas feedback to them, other young people and the wider community. For example, producing a drama OR posters OR a song OR motto. Can be ALL 3 or something else. ✓ Present youth with option of extra sessions (number negotiated) to for example 1) analyse key ideas & 2) discuss issues with young women & men together ✓ Offer co-researchers food and drinks ☺

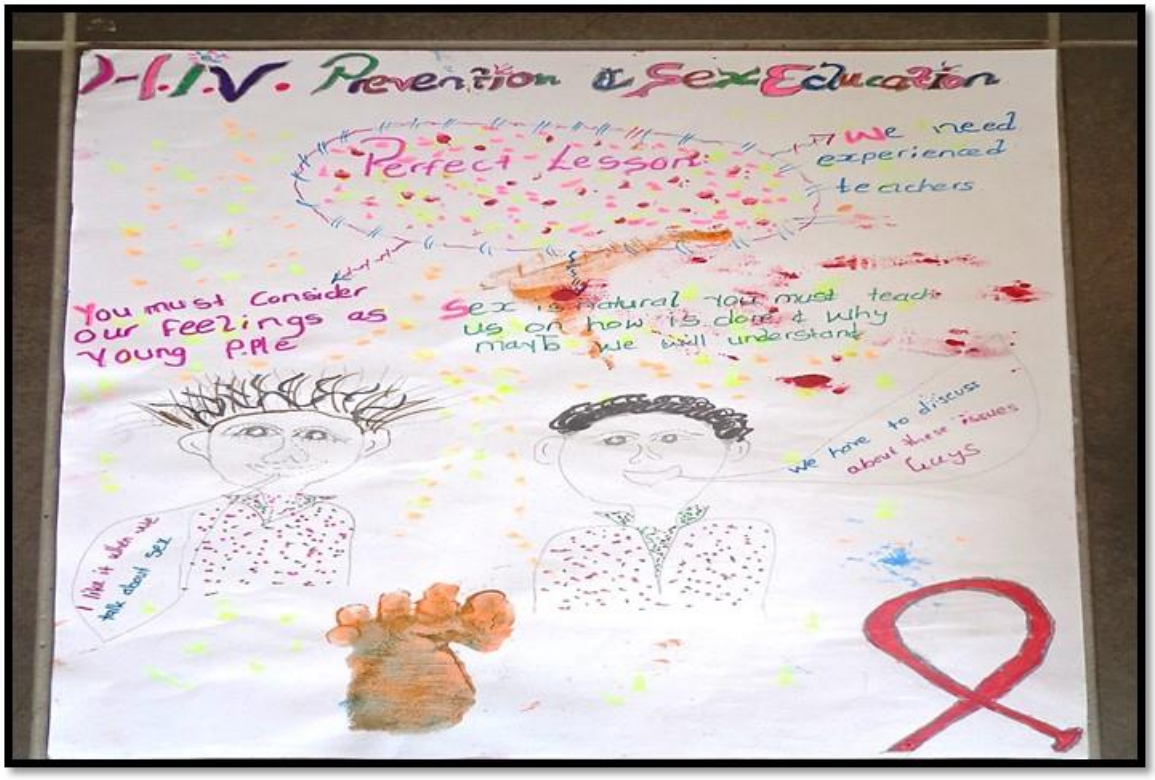
<u>Debriefing meeting after the end of youth discussion</u>: We will discuss 1) what went well, 2) what did not go well, 3) your suggestions/insights, 4) exchange recording devices & research materials. **<u>This will be recorded.</u>**

Appendix I: Young Women's Posters

Young women's posters

Suku's poster

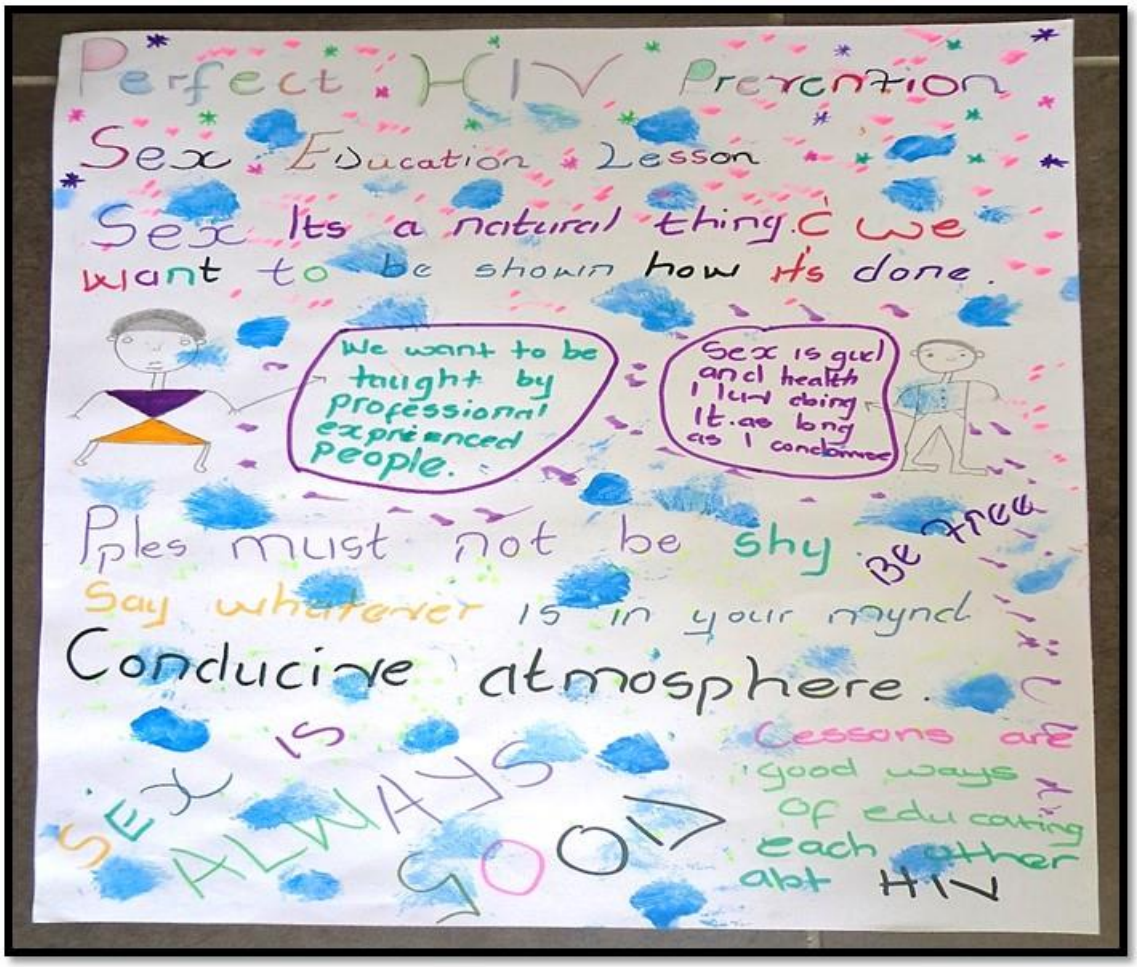
Suku used a blue, pink, and yellow shape possibly representing her dream cloud. She drew a thunderbolt of arrows pointing to text descriptions of her perfect *"H.I.V. Prevention & Sex Education"* lesson. Further down the poster was an image of a schoolboy and schoolgirl. She also drew an HIV/AIDS red ribbon and a set of footprints which I intuited as stepping on a path towards the perfect sexuality education lesson. Suku's poster encapsulated three key lesson components: to be taught by *"experienced teachers"* who encouraged students to *"talk about sex"*; vocal students who demanded teachers *"consider [the] feelings [of] young people"*; and content that explained *"how and [sex] is done & why]*.



Suku's poster

Sihle's poster

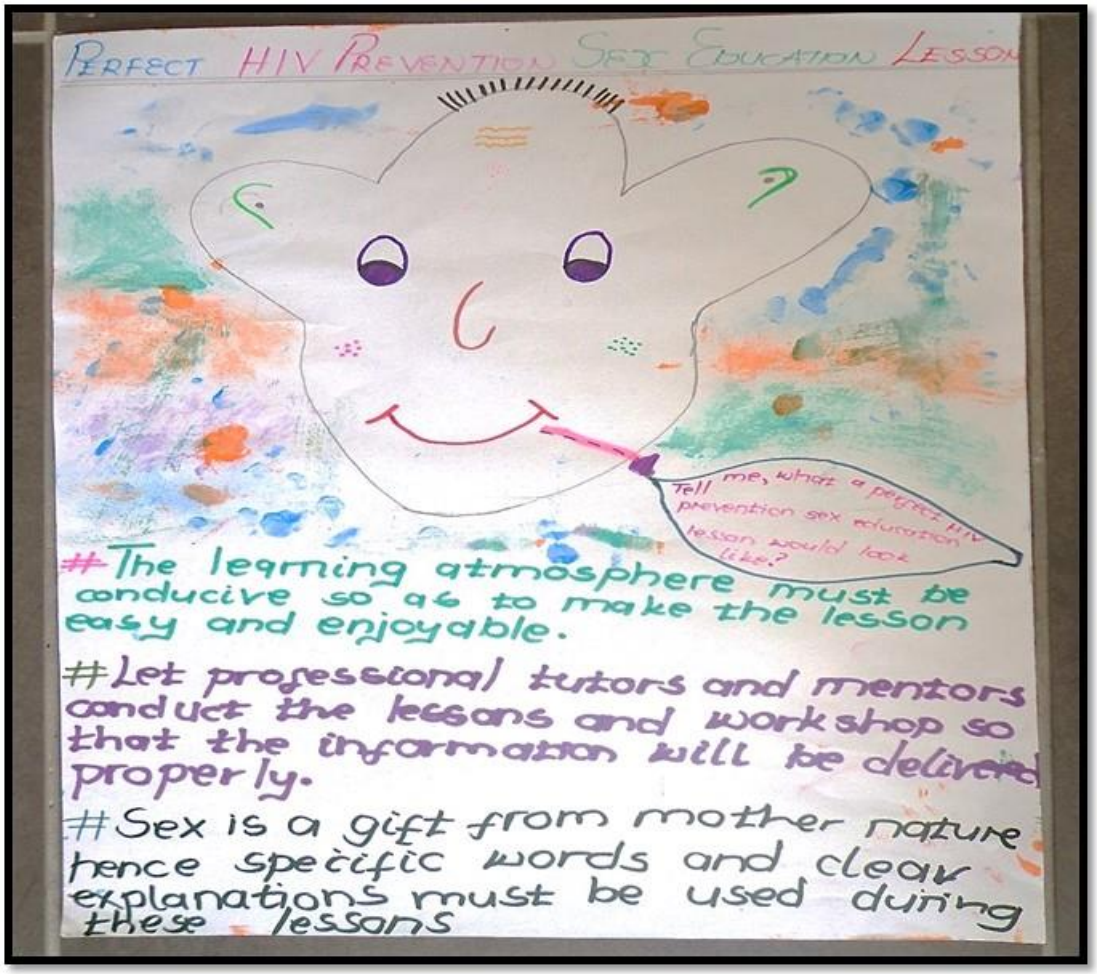
Sihle used an explosion of colour, words, and images. She also drew a schoolboy and schoolgirl, each with text boxes. Generally, Sihle was quiet in discussions. Yet through poster creation, she was able to share and make her ideas louder. She wrote about being *"taught by professional experienced people"* in *a "conducive atmosphere"*; wherein students could *"say whatever is in your mynd [mind]"*; and content presented sex as *"always good"* and *"natural"*.



Sihle's poster

Tina's poster

She drew an image of a smiling person asking, *"Tell me, what a perfect HIV prevention sex education lesson would look like?"* Under this face, Tina penned aspirations to be taught by *"professional tutors and mentors"* in *"enjoyable"* lessons that describe sex is a *"gift from mother nature"*.



Tina's poster

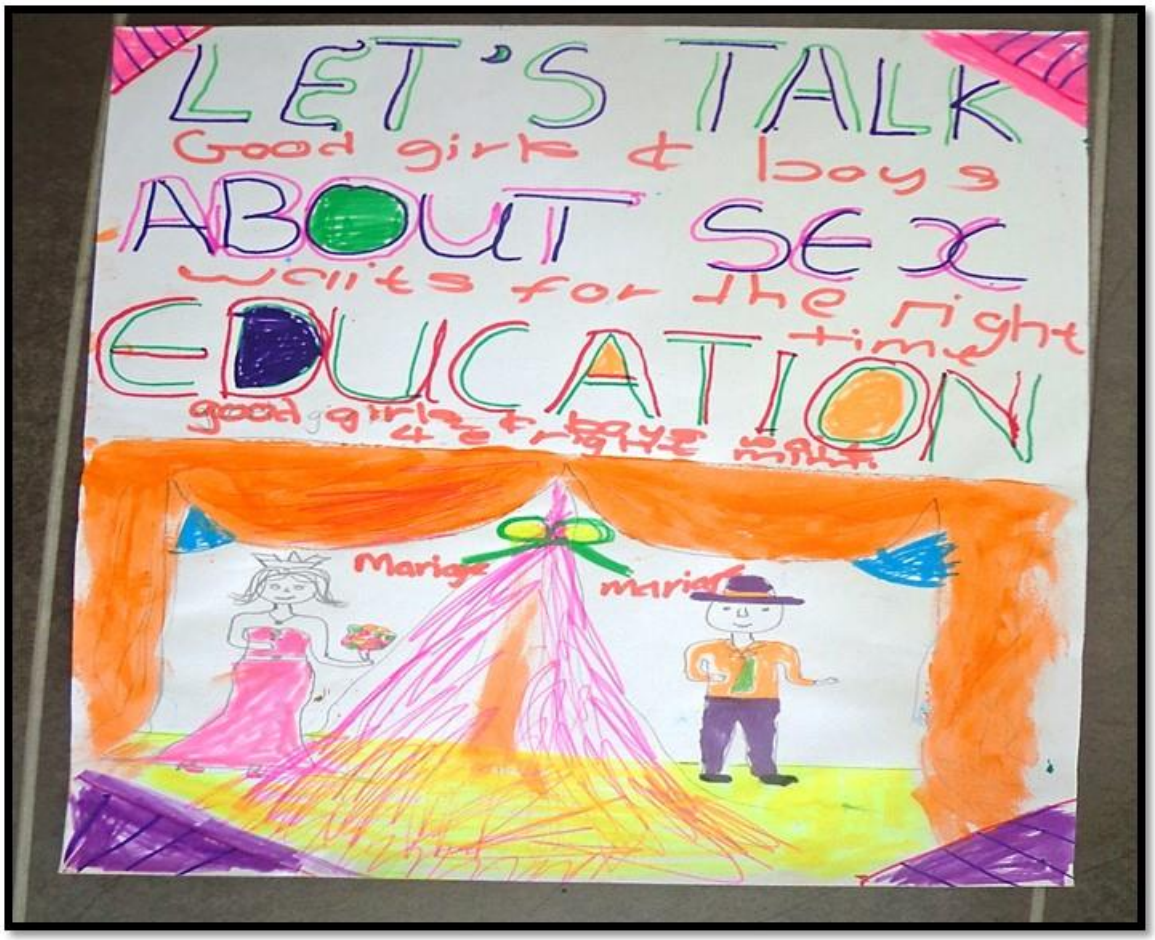
Precious's poster

Precious used words enclosed in multi-coloured shapes, sprinkled with dots and at times directed with arrows to link ideas. The poster proposed perfect sexuality education lessons be taught by *"experienced teachers"* who encourage *"open…expression of wat u noe [what you know]",* and content described the *"use of condoms"*. She also drew an HIV/AIDS red ribbon, and seemed a bright, enthusiastic brainstorm of a young person eager of have her voice heard. Precious's cluster of ideas presented to sexuality educators the potential for using creative tools in supporting the articulation of student perspectives, without fear of giving a right or wrong answer.

Precious's poster

Mary's poster

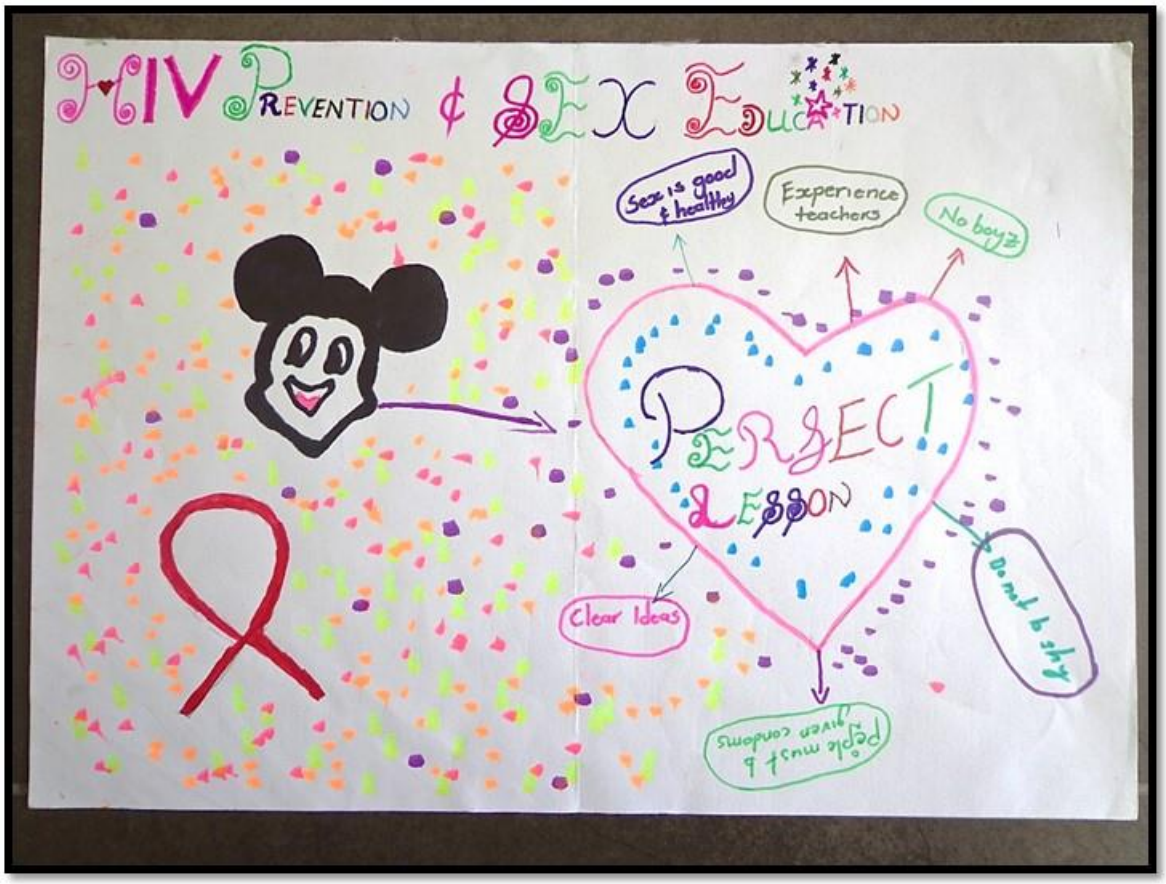
She used a mixture of text and images. Over the past weeks, I had come to know Mary as one of the few Christian gospel singers at Amakhosi. To my reflection, Mary's poster might have represented her Christian beliefs dictating no sex before marriage. For her perfect sexuality education lesson, students can freely *"talk about sex education"*, and content described *"good girls & boys"* as waiting for the "*right time"* and *"right [one]"*. The bottom half of the poster was dominated by a smiling couple, presumably just married at their wedding reception. Unlike the rest of the women, she chose to focus on reinforcing current messages on no pre-marital sex.



Mary's poster

Sipho's poster

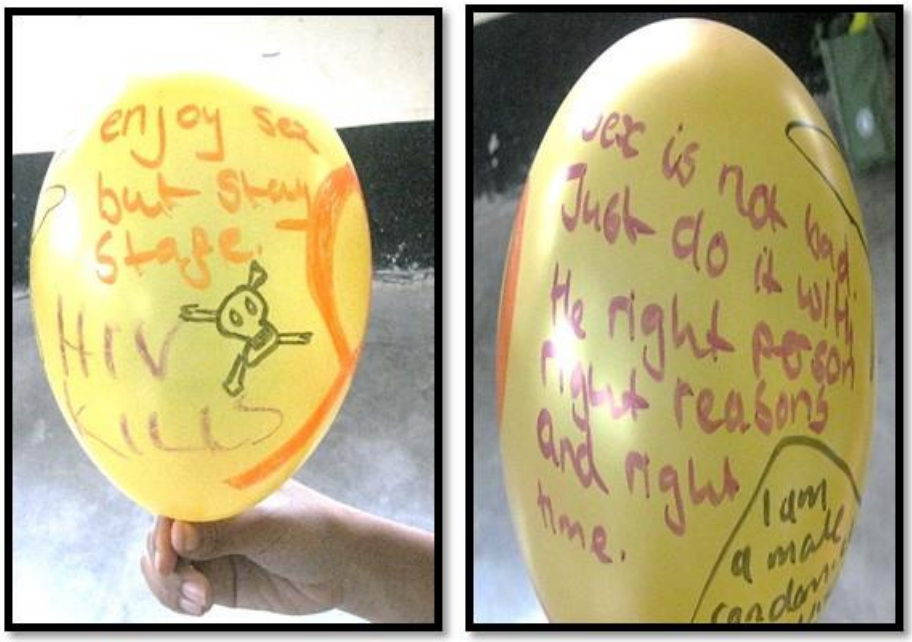
This poster was imaginatively peppered with multi-coloured dots like those used by some of her peers. On my reflection, Sipho's poster was a playful yet heartfelt depiction. She drew a 'Mickey Mouse' cartoon character with a heart shaped text box of a *"perfect lesson"*. She had arrows linking ideas. Namely, sexuality education lessons be taught by *"experienced teachers"*; in learning environments were students are not *"shy"*; and content explained that *"sex is good & healthy"*.



Sipho's poster

Beauty's poster

Beauty used a mixture of words and images imprinted using multi-coloured pens on a bright yellow balloon. I recalled looking at Beauty's balloon, before she popped it and feeling amazed at her creative ingenuity of using an inflated balloon as poster material. Beauty's captions proposed lesson content send a message for young people to *"enjoy sex"* as *"sex is not bad"*. Beauty also used an HIV/AIDS red ribbon and danger skeleton symbols incorporating the need to build awareness and knowledge on HIV/AIDS.



Beauty's poster