

SEX EDUCATION IN PRIMARY SCHOOLS FOR THE DEAF IN UGANDA

Background and Justification

Several primary schools/units (PS/U) for Deaf children have been established in Uganda since 1958. Sex Education (SE) in all primary schools is contained in the science subject. Several initiatives in relation to the increased prevalence of HIV/AIDS have been introduced into mainstream education including a government led campaign like the Presidential Initiative on AIDS Strategy for Communicating to Young People (PIASCY) and non government interventions like Straight Talk, Young Talk; initiated by UNICEF (RHO, 2005). However, these initiatives are hardly available to deaf children. Given the fact that the SE needs of deaf children are quite unique and that the lack of SE makes them doubly vulnerable, there is need to address this issue more purposefully.

What we know:

- While there have been some sporadic efforts by the Uganda National Association of the Deaf (UNAD), to reach deaf population, exclusion of deaf children from mainstream interventions in the fight against HIV/AIDS has put them at a higher risk of infection as reported by USDC, 2005.
- SE in primary schools for the deaf is similar to that in the mainstream primary schools (Kisoro Trust)
- Anecdotal evidence indicates that SE for deaf children is often inadequate.

Aim

To establish and document information that can be used in providing better SE in PS/U for the deaf.

Objectives

Find the views of Deaf children on SE; assess the level of knowledge on SE among children in primary schools for the Deaf; establish strategies that have been used currently to try to create behavior change; identify potential ways to bridge the information gap among children in PS for the Deaf.

Methods

Children were purposefully selected, putting into consideration gender balance, age and ability to communicate well in Uganda sign language (USL). Teachers were purposefully selected, to include head teachers, senior women, men and science teachers. 40 self administered questionnaires with 40 children, 4 Focus Group Discussions (FGDs) with the same deaf children, 4 video recordings of FGDs and 18 questionnaires with teachers. Data was qualitative and quantitative.

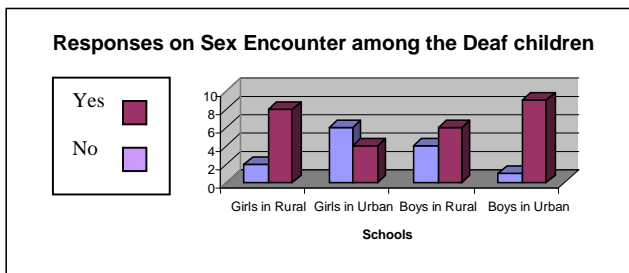


A girl expresses herself during a FGD

Results: Attitudes: Children felt some issues on SE should not to be talked about in public, e.g. *'... I felt so ashamed to tell my sister and mom', (when she first experienced monthly periods), 'hair in the armpits...then at the back near the buttocks...'* (Others cover hands on face and laugh/ashamed- when asked about some of the body changes during puberty).

Knowledge

There was evidence that girls were more knowledgeable and articulate but generally their knowledge on SE was inadequate; e.g. on ways of avoiding HIV/AIDS, they responded: *'after condom use, you wash and dry in sun, then use again'*. When asked where and how babies are made they responded: - *'mother gets baby from hospital'*. On how they felt when they first experienced puberty signs: *'...hair developed in my armpits, I thought it happens to Deaf like me', 'when I grew small breasts, I thought it was for boys to touch...'* *"when starting menstruation, I thought I had acquired HIV"*. In the urban school, there was no child who mentioned another type of Sexually Transmitted Disease (STD), apart from HIV/AIDS. All the children could not define the word puberty. Although the teachers responded that they had taught topics related to SE like: - human reproduction, HIV/AIDS, STDs, among others, children's responses showed that they didn't or hardly understood the content. Some children had some knowledge on HIV/AIDS especially in rural areas. This was partly attributed to UNAD HIV/AIDS sensitization programs as observed during data collection.



Abuse

All the girls in the urban school had their first sex encounter through rape. They reported that this was done at home by their neighbours or strangers when left at home alone, or sometimes sent by their parents/guardians.

Strategies used by teachers

Guidance and counseling, extra co-curriculum activities, talking environment, school rules and regulations and peers counseling. It was noted that the above were not working well primarily due to inadequate USL skills: - Out of the 10 urban teachers, the most frequently reported challenges were:-inadequate communication skills in USL, (n8), inadequate teaching/learning aids (n4), lack of parental involvement (n3). The 8 rural teachers' frequently reported challenges were: inadequate communication skills in USL (n6), teaching/learning aids (n3) and negative attitude (n3) and slow learners (n3).

Potential ways to bridge the gap

Increase USL capacity, provide friendly teaching/learning aids; routine guidance and counseling, sensitization, use music dance and drama, early enrolment of children in school, reorganizing SE curriculum, parental involvement and recruiting deaf people in schools.

Research challenges

Age bracket of children was increased in the sample because they are enrolled in school late; the number of teachers was increased and varied in schools after noting that it could enhance the quality of the study; few sections of the recorded FGDs missed out focusing on participants who were signing/giving information.

Conclusion

The views of children in PS/U for the deaf on SE and the level of knowledge they had acquired show that they have inadequate knowledge on SE. This calls for better intervention measures so as to promote and protect human rights including good health and quality education.

Recommendations

- Raise awareness on importance of SE for deaf children through discussion with reliable family members.
- Build teacher capacity to deliver the SE to the children well in Uganda Sign Language.
- Encourage the development of teaching/learning aids that are friendly to deaf learners/children.
- Recruit qualified sign language deaf instructors in schools to serve as role models
- Forums for teachers of deaf children for information and experience sharing. Involve parents, The AIDS Support Organization, Reproductive Health Associations, UNAD and National Union of Disabled Persons of Uganda (NUDIPU) and other partners in SE provision

What the study has added

- Deeper knowledge gained on SE related issues by the study participants (children and teachers). Giving the information needed to revise the curriculum and pilot this in a new Katutandike Project in Masaka.
- Teachers do not have enough skills to deliver the content of SE to children.
- Parental involvement is lacking in SE provision.
- Late enrolment of deaf children in school.
- Teaching/learning materials are not user friendly.

References

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