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Sexuality education in South Africa: a sociocultural perspective

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In a multicultural society such as South Africa, it is difficult to define what should be viewed as “sexual health” or “culture-appropriate” content to teach in schools. Drawing on findings from black Life Orientation teachers who teach sexuality education, this article will argue that teachers shy away from teaching crucial information regarding sexuality because their own sociocultural values and moral beliefs could contradict or differ from the programmes that they are expected to teach.

Seksuele opvoeding in Suid-Afrika: ’n sosiokulturele perspektief

In ’n multikulturele samelewing soos Suid Afrika is dit moeilik om te bepaal wat as “seksuele gesonde” of “kultuur-toepaslike” inhoud geag word om in skole te onderrig. Met verwysing na bevindinge uit ’n studie met swart Lewensoriënteringonderwysers wat seksuele onderrig aanbied, sal hierdie artikel aanvoer dat onderwysers wegskram daarvan om noodsaaklike inligting aangaande seksualiteit te onderrig aangesien dit mag bots met hul eie sosiokulturele waardes en oortuigings, of dit mag verskil van die programme wat van hulle verwag word om in skole aan te bied.

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Sexuality education offers one of the most promising means to not only address the sexual health of the youth, but also assist in curbing the HIV pandemic. Therefore, it is important to consider the 'realities' that affect the effectiveness of programmes taught in schools. In addition, all stakeholders, including teachers, parents, learners and members from the community, do not necessarily hold the same beliefs regarding the content that should be taught. UNESCO (2009: 2) emphasises the need for effective sexuality education because cultural values and religious beliefs affect all people, the youth in particular, in their understanding of this issue.

Our developing society becomes increasingly complex where sexual practice is concerned. Norms and values regarding sexual behaviour change with time, creating confusion in those who want to conform to them (Bezuidenhout 1998: 8). Not only is there a discrepancy in what is conveyed about sex in school programmes, but the sexual behaviour of community leaders is not always consistent with what is preached. Sports stars, politicians and laymen alike are role models for the youth regarding safe sexual practices. These role models' excuse when their promiscuous behaviour comes to light is 'it is our culture'. According to Avert (2010), an estimated 5.2 million people were living with HIV/AIDS in South Africa in 2008, and over 250 000 people died of AIDS in the same year. With the high incidence of HIV-positive individuals in South Africa, sexuality education in our schools could be in jeopardy if society does not take responsibility for the lifestyle that is impressed upon the youth.

1. The need for cultural reflection

In South Africa, with its vivid tapestry of diverse cultural groups, the task of defining which behaviour is normal and acceptable in a given society becomes even more difficult. An important aspect is the fact that we so often attempt to stereotype cultural groups. In reality, education is striving towards integrating cultures into inclusive settings. This inevitably leads to multicultural settings in which cultural groups are including members of other cultural

groups. This leads to more demands placed on the teacher, as the teacher is also considered part of a certain culture in a setting where learners are regarded presently as only partially segregated. For sexuality educators to become agents of social change, it is necessary to understand the different views on the role of culture regarding sexual practices. In addition, adults must realise that what they view as culture may not be what the modern youth experiences as culture. Kelly (2002: 2) clearly states that there is hope for the HIV pandemic, as education is a powerful tool that reaches the majority of learners when they are still at a receptive age. In this way, they can be transformed to take action and ownership of their sexual practices. However, the problem arises when one attempts to compare cultures. Rüsen (2005: 269) warns against comparison when studying sexuality in the context of a pre-given culture. Comparison presupposes the norms of one's own culture. He adds that studies usually focus on differences and not similarities between cultures, which could lead to oversimplification and overgeneralisation.

According to Morgan (1994), many contemporary advocates of sexuality education ground their position in liberal theory. Liberalism holds that freedom of choice is a fundamental value, and the youth should thus be free to make their own choices regarding sex and, by implication, their culture. Liberalism maintains a strong commitment to "equality, sexual subjectivity, unrestricted choice, and individual responsibility limited only by a Harm Principle" (Morgan 1994). It is, however, imperative that one should have adequate knowledge of sexual issues before informed decisions can be made.

In a context where ignorance and misinformation can have a profound effect on the protection and well-being of learners, as well as in recognition of the social nature of sexual relations, there have been calls for a paradigm shift in relation to sexuality education and social relationships in a world affected by HIV. Proponents of this approach argue that "the rules that govern sexual behaviour differ widely across and within cultures" (UNESCO 2009: 2). People from different cultures have diverse ideas regarding what

is deemed acceptable and desirable behaviour, but this does not mean that unacceptable and undesirable behaviours do not occur. The UNESCO review further states that this kind of approach promotes the development of critical thinking skills as well as learning and reflection about the ways in which gender, rights and other aspects of social context (race, ethnicity and class, for instance) affect sexual experience.

The following sociocultural issues that should be taken into account when studying the influence of perceptions regarding sexuality education will be discussed: social class, ethnicity, age, gender, language and religion.

2. Methodology

This article, in essence, is a desk review of sociocultural factors that could influence the sexual interactions of the youth. Articles included in the desktop review represent the published research and writings on sexuality education known by the author. The articles meet the following criteria: they focus on school-based sexuality education programmes; they address the issue of culture and sexuality, and they have been published in peer-reviewed journals or edited books. By making use of peer-reviewed publications, it is assumed that publications included comprise a minimum level of research quality. Themes were identified and used in the drafting of a questionnaire. In addition, a qualitative study was done with 13 African educators, twelve female and one male, with ages ranging between 32 and 48. These teachers are enrolled for the BEd Hons in Inclusive Education at the University of the Free State. The sample was purposive insofar as all the educators have registered for an HIV/AIDS Education module while teaching Life Orientation (including sexuality education) in the senior level (Grades 7-10). The researcher wished to explore the teachers' own perceptions regarding sexuality education from a sociocultural perspective and their attitudes towards the content taught in the school curriculum, hence the adoption of a qualitative approach.

A qualitative approach is the most suitable one to gain an understanding of thought processes and feelings (*cf* Strauss & Corbin 1998). Methods included a preliminary questionnaire to gather information on whether teachers felt comfortable teaching sexuality issues to learners from their own personal perspectives. The open-ended questions were worded clearly. This was followed by a focus group discussion. In this study, the focus group discussion was unstructured to elicit the participants' true experiences and perceptions. During the analysis of the questionnaires and interviews, feedback was analysed in order to distinguish themes, patterns and categories. The participants' answers were interpreted in order to enhance general statements as well as to render new ideas. Answers that occurred in the interviews were explored in order to include all feelings and ideas. Themes that emerged prompted the researcher to do a follow-up questionnaire until she was of the opinion that data saturation had been reached. Data elicited were used to enrich the literature review and an attempt was made to understand the influence of culture on educators who teach sexuality education.

Burns & Grove (2001: 159) emphasise that the rights of the re-researcher and the participants should be protected for research to be ethical. Participants were given the choice to participate, and confidentiality was guaranteed. No names or identifying details were asked on the questionnaires so that no information could be linked to any respondent. In addition, the study was conducted in classroom settings to ensure minimal disturbance of the respondents' daily routine. In this study, the trustworthiness was enhanced by rich description of data, literature control, and the retaining of all data. The limitation of this survey was that only a small proportion of educators were involved. It was, however, not the aim of the study to compare cultures, but to gain an understanding of the views of adult educators concerning sexuality education with specific reference to what is viewed as their cultural realities.

3. Discussion of findings

3.1 Culture and social class

Wood (2008: 48) is of the opinion that we are all shaped by our culture and life experiences, and our behaviour is determined by what we are taught. Social class cannot be viewed as something that we deserve, but rather as something that we are born into. Therefore, teachers teach from the perspectives of their own class affiliations. Teachers can, thus, be experienced as positive individuals who seem ready for change. However, in reality, practice remains to a large extent unchanged because teachers are still operating from their own sociocultural perspective. The majority of the teachers who participated in this study were of the opinion that they were comfortable in teaching certain aspects of sexuality education such as knowledge regarding the facts and myths of HIV/AIDS, but they indicated that they found it difficult to teach all aspects regarding sex “because of the way I was brought up”. A study by Vayrynen (2003: 6) supports these views when he states that, although teachers seem eager to participate in a changing environment, the transformation “seemed to stagnate at a certain point: the rigidity of teaching/learning practices”. Zimbarbo (Mwamwenda 1995: 173) agrees that teachers are not always ready to address the issue of sexuality education. He argues that some cultures still view sex and sexuality as something that should not be discussed. Participants in this study mentioned that “a lot of knowledge they (learners) have about sex makes them want to practice the real thing”. This brings us to the question raised by Francis (2010): Is school an appropriate environment for sexuality education?

Beyers (2005: 42) found that adolescents view culture and socio-economic class as major contributors in the sexual practices of learners. Learners, who come from homes where both parents are working, are regarded as a high risk because they are viewed as having more opportunities to engage in sexual relationships. The peer group states that this is not only found in poor communities where both parents are expected to work, but also in ‘higher class’

communities where adolescents are more inclined to experiment with drugs and alcohol. Therefore, it is not certain that only cultural groups should be targeted for sexuality education, but learners of all groups and ages. At the same time, teachers are compelled to forget their own cultural notions regarding sexuality education and equip themselves to take social class into account when attempting to understand a society's culture in order to teach a diverse group of learners. As children are born into different societies, so children of different social classes are sent on different life paths. Thus, it is the responsibility of the teacher to empower learners regarding all life skills issues to develop them into adults who can make responsible decisions regarding sexual relations.

3.2 Ethnicity

Some ethnic cultures do not contribute to the curbing of the HIV/AIDS pandemic. For example, certain groups still hold the opinion that, when a man dies of HIV, his wife should carry the blame for apparently bewitching him (Beyers 2005: 42). Walker *et al* (Wood 2008: 52) support this by stating that traditional African beliefs link illness, in particular those related to sex, to witchcraft. This clearly implies that, if you come from a certain culture, you do not need to take responsibility for your sexual promiscuity. In the same breath, certain groups still believe that HIV/AIDS is mainly a homosexual disease, and many white people still believe that this disease is solely an illness of black people. In addition, Forster (1998: 540) found that for certain groups, contracting HIV is regarded by some as divine retribution or collective punishment imposed upon people for sins such as adultery. It is, thus, reason-able to assume that certain groups hold certain beliefs and values regarding specific issues. These ethnic values and beliefs may ultimately determine whether people want to participate in programmes aimed at responsible sexual behaviour (Ross & Deverell 2010: 106) as it could reinforce stigmatisation of infected people and force them to keep silent, thereby jeopardising their chances of obtaining treatment.

It becomes clear that the truth held by one group may differ from that held by another. Where do we then start to choose appropriate content to teach in the sexuality education class? The answer certainly lies with the learners themselves, as stated by Aggleton (1997: 17), as learners should be given the freedom to negotiate their own sexuality. In this study, the teachers made it clear that most of the prescribed information regarding sexuality education in the school curriculum is not taught to learners. The reasons conveyed were that teachers do not only feel uncomfortable with the content, but they themselves were also never informed of the facts of sex. Some comments illustrate this: “we do not find it necessary to talk to children about sexual issues, it is an adult thing”; “my parents never told me about menstruation, and when I started to menstruate, I was too afraid to tell because they would think I’ve had sex”.

This notion is supported by Helleve *et al* (2009: 191) who state that teachers often choose not to teach certain content because the topics could contradict personal values, beliefs and comfort zones. They warn against teachers who may use culture as an argument to mask their own insecurities. It should be a cause for concern for society that the majority of sexuality educators do not feel comfortable teaching learners how to become sexually competent, especially in view of the rapid spread of HIV/AIDS. Campbell (2003: 133) states that “sexual behaviour change is more likely to come about as the result of the collective renegotiation of young people’s gender and sexual identities than through individual decisions to change one’s behaviour”. This statement concurs with the theory of social representations in the sense that an individual is believed to establish a reality as a result of influences conveyed by society by means of the media and interaction with other people. If the information is distorted, it could lead to misperceptions within the individual (Wagner 1996: 48).

Research has shown that stigmatisation can contribute to the spread of the disease in the same way that ethnocentricity can (*cf* Skinner & Mfecane 2004; ICRW 2006). Sexuality education and, by implication, the prevention and curbing of the HIV/AIDS

pandemic, is not only the responsibility of those affected, but also that of the entire community. As Theron (2005: 59) rightly states, there are only two types of people: those infected or those affected by the disease. If teachers continue to feel incompetent or uneasy about sexual issues, one cannot expect them to deliver sexually assertive adults.

3.3 Age

Adolescence is viewed as a time of sexual scouting and experimentation, distinguishing between fantasies and realities (Santrock 1996). Parents and educators often believe that they need to teach what they deem appropriate and culturally acceptable, without taking into account the needs of the learners. The participants in this study made it clear that talking about sex in certain cultures is still taboo. If they try to discuss sexual issues with the learners, the parents complain to the principal. In addition, many of them believe that certain issues regarding sexuality education should not be taught to learners, as it could bring about curiosity and sexual desire. Adolescents are considered a high-risk group to engage in unsafe sexual practices because of their developmental stage. Sexual development of a person must be viewed as a process that embraces physical, psychological, emotional, social and cultural dimensions, and is inextricably linked to the development of one's identity (UNESCO 2009: 5). According to Gage & Berliner (1998: 129), identity is seen as "an understanding of the self". The forming of an identity, which includes a sexual identity, is viewed as one of the most important developmental tasks of adolescents because they are confronted with the responsibility of 'finding themselves' and making the decision regarding which role they would fulfil in society. If they do not develop an identity successfully, it may lead to conflict, anxiousness, a feeling of isolation and ineffective decision-making. Marcia (Soenens *et al* 2005: 108) identifies four identity statuses that can be applied meaningfully in this context:

- Identity confusion: The adolescent has not been confronted with identity crises and no choices have been made.

- Foreclosed identity: The person has not experienced any crises, although alliances are formed, possibly as a result of the family's influence.
- Identity moratorium: Within this status, the adolescent is experimenting with alternatives in critical areas, but is not competent in problem-solving. This stage is important because the adolescent is struggling with decision-making in order to develop an own identity.
- Accomplishment of identity: When an individual has been confronted with crises and has questioned values, and as a result has resolved these questions, s/he has formed an identity. This person does not behave according to the expectations of others.

Learners move through these stages and are thus constantly at risk of becoming involved in negative behaviour such as experimenting with sex. The importance of the role model – the teacher, parent or alternative caregiver – cannot be overemphasised. Sprinthall *et al* (1994: 159) add that the peer group is influential during this phase, and the adolescent will choose to follow the group. If the group holds the opinion that its members are not at risk of contracting HIV, the individual would have the same conviction.

Although teachers do not always feel comfortable with the idea of talking openly about sex (Peltzer & Promtussanano 2003: 350), Wood & Hilman (Wood 2008: 37) challenge this view by stating that it is the responsibility of every teacher to respond to the challenges posed by HIV/AIDS and its related issues. Many teachers believe that it is the primary task of parents to educate their children in this regard, but parents are often reluctant to talk about sex with their children because of cultural norms, their own ignorance or discomfort (UNESCO 2009: 5). In addition, teachers often feel frightened to raise the issue of sex with learners, as they believe that they do not have the skills and knowledge to address this issue. As one participant in this study states: “we were never informed about sex, and this leads to the negative bearing that culture has on sexuality: it deviates from the truth most of the time”. If educators do not take responsibility for the sexuality

education of learners, the youth will depend on the knowledge of peers which could be detrimental for the HIV/AIDS pandemic in South Africa. In order to effectively meet the needs of learners, the attitudes of the teachers concerned with meeting the changing needs of the youth should be addressed.

3.4 Language

Despite the ideal that all learners should have access to equal education, most textbooks used in South African schools are still printed in Afrikaans or English only. The majority of teachers work in schools where English is the official language of learning, but not the first language of the majority of the teachers and learners. In classrooms with an increasing variety of cultures, the teacher can find it difficult to convey the right message. This can impede the success of sexuality education as the teacher may not feel comfortable in voicing the content needed to educate learners. According to Helleve *et al* (2009: 191), teachers believe that the discussion of certain sexual issues was more acceptable between peers than cross-generational communication, but stress that the context in which this communication takes place is also critical. Initiation schools were an exception, as adults involved in these settings feel at ease to discuss all aspects regarding sex and sex-uality with boys attending these schools.

Participants in this study mentioned that adults use a “language” that children cannot understand because they feel sex is for adults only. One participant states that “most of the things are hidden and a different language that children don’t understand is used” and “the tradition kind of interferes with modern knowledge”. The reason given is that children should not question or ask questions regarding sex. This view stresses the significance of a shift towards responsible sexuality education. More importantly, sexuality education must be concerned not only with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action in order to improve health.

One can conclude that certain values and beliefs that are taught are not necessarily true. In addition, the message can unintentionally become distorted. Wood (2008: 63) clarifies this by stating that teachers may refer to a “victim” of AIDS or rape, and send a message of stigmatisation without realising it. Teachers should also be sensitive when referring to, for instance, doctors as “he”, as this could contribute to the notion that women are the weaker sex.

3.5 Religion

The creational mandate to “have many children, so that your descendants will live all over the earth” (Genesis 1:28) makes it clear that humankind were given clear norms, but not a blueprint as to how exactly this should be achieved (Van der Walt 2007: 140). In this sense, it is important to bear in mind that different groups may interpret this mandate in different ways. In this sense, according to Van der Walt (2007: 141), the extended family system in traditional African societies cannot be viewed as ideal or as wrong. Depending on different socio-economic circumstances, this system could make a positive contribution to or ruin the family.

Participants in this study raised further concern that many churches do not allow sexuality topics to be taught in schools. Since religious education generally improves the moral character of learners and controls the negative influences society places on them (Dever & Falconer 2008: 65), it must be accepted that religion and religious practices have an important role to play in the sexual health of the youth.

The culture of marginalising women also has its roots in religion. Men are held to be the head of the house, but ironically the women have to take the leading role in practising safe sex by insisting on the use of condoms and monogamous relationships (Strebel & Lindegger 1998: 4). Therefore, the role of the teacher is not to decide which cultural premises to proclaim, but to focus on the issue that is destroying so many lives of young people who do not have access to the knowledge so desperately needed.

Learners do not live in a vacuum, but are part of a society that determines the interpretation of culture and norms. It cannot be denied that religion and religious practices play an important role in the holistic development of learners (Clough & Holden 2002: 64), including the development of sexuality. It is inevitable that sexuality educators define which cultural and religious practices are essential in dealing with the pandemic, and disregard those that do not contribute to the cause.

3.6 Gender

Gender is socially defined in contrast with sex that is of a biological nature. The traditional roles of men and women have developed over a long time, and are conveyed by the family and the community. This “reality” differs from culture to culture, within families, communities and between generations. It is, therefore, important to realise that sexual culture is not static.

Although sex is traditionally associated with pleasure, it is contrasted with realities and dangers in society, such as rape, HIV and sexually transmitted diseases. This contrast could cause the youth to find it difficult to experience sexuality in a positive way (MacPhail 1998: 72). The values regarding the sexual roles of men and women that are honoured by society and certain cultures are conveyed in many ways. Thus, it is important to distinguish between male and female sexuality.

From birth, daughters are usually regarded as softer and more fragile than their male counterparts. It is not surprising then that in sexual relationships the woman is viewed as the prey and the man as the hunter. One can deduce that, in society, women can keep their definition of femininity and blame sex as accidental. MacPhail (1998: 72) states that this notion can lead to contracting HIV because women do not take precaution, as it may imply that they act against the values of society by anticipating sex. A direct consequence of this belief is that women are marginalised and regarded as the weaker sex.

Men are usually regarded as being sexual, whereas women are not supposed to be. In certain cultures, it is approved that men gain sexual experience before marriage. Some men claim that they want to test the fertility of a woman before marriage to ensure children are born within the marriage. Certain cultures encourage men to prove their manhood by having many sexual relations. Women, on the other hand, are labelled as “cheap” and shameless if they follow suit. These double standards could cause sexually active women to be stigmatised and rejected by their families and friends.

The opposite could also be true: some men do not have sufficient knowledge regarding sex, but their manhood may be ridiculed if they make this known. In this way, society can force men to have an active sex life, whereas women should be passive and focus on satisfying the needs of men. These beliefs have changed: females find themselves in a new dispensation of empowerment and equity, although they are still living in a world dictated by men and culture.

Although sexual health could be viewed in many different ways, homosexuality is a reality, but is never addressed in a classroom situation, as it is considered to be in conflict with societal norms. As one participant states: “if you are attracted to the same sex, you will not be regarded as sexually healthy by society, although you are true to yourself”. It can be deduced that culture tends to hide or obscure reality while trying to teach only what is acceptable to a certain group of individuals.

It is a cause for concern that many teachers responsible for sexuality education were raised in societies where distorted information was held as the truth. Until we realise that the accepted norms and values of one person are not necessarily those of another, we cannot strive towards improving the youth’s sexual health. The demands made on teachers need to be addressed in order to empower all stakeholders in the quest for a sexually healthy society.

4. Conclusion

Differences in culture, especially when taking into account the sexuality education of our youth, should not be marginalised, but should be treated as of equal value. We must realise that we are not in a position to judge differences in culture, but that we should work together towards a societal culture that would assist in curbing the HIV/AIDS pandemic in South Africa, as well as providing information towards socially competent youth.

Allen (2001: 113) suggests that young people hold knowledge gained from practice in higher regard than knowledge gained from sources such as sexuality educators. The reason could be that the youth cannot identify with what is deemed important to adults. They themselves have different needs regarding sexuality, as proposed by Francis (2010: 315). He argues that for sexuality programmes to be effective, the entire spectrum of discourses needs to be included, “from disease to desire”. If these needs are not met in practice, then what we teach from our own cultural perspectives may go unheeded. If sexuality education is to succeed in the sense of changing promiscuous behaviour into responsible sexual behaviour, the researcher proposes that cultural beliefs in the teaching of sexuality education be forgotten in order to teach relevant knowledge that would attract the interest and attention of learners so that they can draw on this knowledge in practice. In addition, teachers should be trained in sexuality and sexual and reproductive health issues to overcome embarrassment when teaching sexuality issues.

Although certain practices do belong to certain cultural groups, culture is regarded as dynamic, an interchanging issue. “We don’t talk about sex” should not be used as a scapegoat to avoid our responsibilities.

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Beyers/Sexuality education in South Africa: a sociocultural perspective

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