



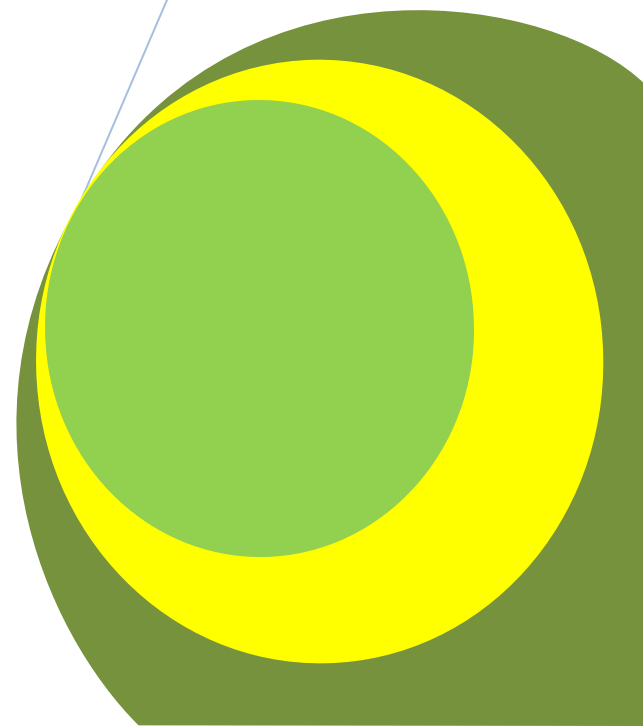
Greener Journal of Educational Research

ISSN: 2276-7789 Impact Factor 2012 (UJRI): 0.7230 ICV 2012: 6.05

Taboos and the pragmatics of teaching HIV and AIDS at primary school: Views from selected primary school teachers in Chipadze, Bindura

By

**Taurai L. Chinyanganya
Jonah Muguti**



Research Article

Taboos and the pragmatics of teaching HIV and AIDS at primary school: Views from selected primary school teachers in Chipadze, Bindura

Taurai L. Chinyanganya^{1*} and Jonah Muguti²

¹Lecturer in the Languages and Media Studies Department
Zimbabwe Open University.

²Lecturer – Zimbabwe Open University.

*Corresponding Author's Email: chinyanganyatau@yahoo.co.uk

ABSTRACT

This study was conducted in the context of Shona culture, where discourse on sex and sexuality is regarded as taboo. Sex and matters related to it cannot be mentioned freely, more so to primary school going pupils. HIV/AIDS being largely contacted through sex, it was theorized that classroom practitioners face problems in communicating about and teaching HIV/AIDS/STI information. The study, carried out in a number of Bindura Primary Schools in Zimbabwe, sought information on how educators develop and use linguistic strategies to inculcate HIV/AIDS knowledge to the young ones without breaching social expectations and taboo limits. Data were collected, through the use of a questionnaire, from a random sample of 60 teachers, selected from four primary schools. The study throws some insight into the strategies by which teachers teach about sex and sexuality without being offensive to social expectations. It also reveals the effect these strategies have on the meanings of the messages conveyed by teachers, in the effort to reduce the spread of the HIV/AIDS pandemic in our schools.

Keywords: Language taboos, pragmatics, HIV/AIDS education.

INTRODUCTION

This study was conducted within the context of Shona culture, where sex and sexuality are regarded as taboo subjects. In most African societies there are certain subjects that cannot be discussed openly, more so among the younger generations, for example primary school going pupils. Culturally, it is regarded as taboo to mention things to do with sex. HIV/AIDS being largely a sexual condition, it was hypothesized that classroom practitioners are confronted with challenges in communicating about and teaching HIV/AIDS/STI information. The study was carried out in a number of Bindura Primary Schools and sought information on how educators develop and use linguistic techniques and strategies to inculcate HIV/AIDS knowledge to the young ones without breaching social expectations and taboo limits. Data were collected, through the use of a questionnaire, from a random sample of 60 teachers selected from four Bindura primary schools. It is hoped that the study will throw some insight into the strategies by which teachers teach about sex and sexuality, without being offensive to social expectations. The study also explored the efficacy of these strategies in conveying information to children, in an effort to reduce the spread of the HIV/AIDS pandemic in our schools and generally in the country.

Background

HIV has become one of the greatest enigmas for governments the world over. It has decimated populations and a cure to the condition continues to elude science. Significantly, combating and eradicating HIV and AIDS was made Millennium Development Goal number six and special effort has been called upon on all governments to work towards reversing the scourge. HIV and AIDS are most concentrated in the developing world with sub Saharan countries accounting for 95% percent of all infection (Socar, 2009). HIV and AIDS have become the leading causes of death in Africa accounting for 22.6% of total deaths in 2000 (Zimbabwe Human Development Report, 2000; Institute of Development Studies [UZ], ****).

The words HIV and AIDS evoke feelings of discomfort and embarrassment in many African communities because of their causal link with sex and sexuality. "Discussion of AIDS is still taboo in most African societies essentially because of its relationship with the sexual act". (McFadden, 1992). In Zimbabwe the subject of HIV/AIDS remains veiled in mystery and regarded as taboo. Intervention methods aimed at curbing the spread of the condition are hampered by the difficulties imposed by culture, on talk about HIV and AIDS. The school system in Zimbabwe requires that children are taught about AIDS at primary school and, in the context of such taboos, it was interesting to find out how the teachers articulate the issues without offending taboo beliefs.

Taboo

Many societies have issues, practices, words and nomenclature that they regard as taboos. Such taboos are there for certain functions. Tischler (1983) cited in Chigidi (2009) states that "Every society has means of training and of social control that are brought to bear on each person, making it difficult for individuals to act or even think in ways that deviate too far from the group's values and norms. Deviation would be regarded as taboo and all societies have their rules about taboos. The same point is developed by Meade (1930) also cited in Chigidi (2009).

To respect taboo was duty towards society, because whoever broke it caught the taboo contagion and transmitted it to everyone and everything he came into contact with. Thus it behoved the community to enjoin respect for taboo, and even more, it behoved the individual to avoid contact with things taboo, otherwise his infraction of this potentially conventional inhibition recoiled upon him, in particular, with deadly severity (Meade, 1930:18).

Wadaugh (1998) defines taboo as "the prohibition or avoidance in any society of behaviour believed to be harmful to its members in that it would cause them anxiety, embarrassment, or shame." Another insightful definition is one according to Tagil (1995) who posits that "Taboo can be characterized as being concerned with behaviour which is believed to be supernaturally forbidden, or regarded as immoral or improper; it deals with behaviour which is prohibited or inhibited in an apparently irrational manner. In language, taboo is associated with things which are not said and in particular with words and expressions which are not used." Those who break taboo rules are rebellious and society labels and punishes them as obscene, vulgar, offensive and blasphemous.

Taboos can be divided into two categories; linguistic taboos and non-linguistic taboos. Non-linguistic taboos involve 'deviant' behaviours like incest, bestiality, homosexuality, etc. while linguistic taboos forbid the saying of certain things. Such things should not be said, not because they cannot be, but because people do not talk about them. Certain objects can only be referred to in certain circumstances, or only by certain people (Wadaugh, 1998). Both in traditional and modern societies, "compliance with verbal taboos is part of the ethnography of communication; for society sometimes places certain words under strict verbal censorship". Yankah (1998) cited in Mashiri et al. (2003). Examples of tabooed subjects among other things include sex and sexuality.

HIV and AIDS are stigmatized generally but more so in the developing world where significantly, 95 percent of all HIV-infected people live (Socar, 2009). In Africa most cultures regard the HIV/AIDS condition as inherently sexual; unlike in the developed world where intravenous use of drugs contributes to the infection rates, the main conduit by which the condition is passed from one person to another in Africa is through heterogeneous sex. Thus from the outset the condition is taboo. In certain sectors of the southern African population, the very words AIDS and HIV arouse superstition, fear, shame, stigma and are usually shrouded in secrecy (Horne, 2004). Though the taboo gravity is being lessened with the advent of electronic and other media, Shona people are still fussy about what is said and what cannot be said. A competent speaker of Shona is acutely aware of speaking norms that prohibit verbal references to certain words... whose direct verbalisation could unleash forces of instability or stir grief (Mashiri et al., 2003). The paper is thus grounded in Hymes' (1962) ethnography of communication as stated by Philipsen (1975) that "each community has its own cultural values about speaking and these are linked to judgments of situational appropriateness."

HIV/AIDS Education

AIDS has become one of mankind's greatest challenges in this century and as a result, all governments make efforts to fight the plague by implementing policies meant to alleviate and prevent the condition. AIDS was first identified in Zimbabwe in 1985 and is said to have peaked at 36% between 1995 and 1997, but since then, HIV prevalence has declined to 14.2% in 2010 (MoHCW, 2010). Though there is a positive decline in the figures, 14% still is high according to international standards. The fact that around 14.1 million children have lost one or both parents due to the epidemic in the subcontinent means that serious efforts have to be made to fight the disease. According to UNESCO (1999) "Experience has demonstrated that the HIV/AIDS epidemic is a complex, multifaceted issue that requires close cooperation and therefore multidimensional strategies." One of the most efficacious ways of intervention is through imparting AIDS education throughout the education of the young in the country and in

Zimbabwe; it is a requirement that AIDS lessons are conducted at all educational levels starting at Grade Four in primary school.

Taboo Avoidance Strategies

HIV/AIDS, sex and sexuality have to be dealt with at primary school thus presenting challenges for the classroom practitioner, forcing them to strategise to convey the message without wounding any feelings or causing too much embarrassment. In order to deal with taboos they employ avoidance strategies to minimize embarrassment. Some of the strategies used involve the use of euphemism or the dressing up of certain words or subjects to make them more palatable or presentable. Euphemistic words and expressions allow us to talk about unpleasant things and disguise or neutralize the unpleasantness... (Wadaugh, 1998). At times people develop an elaborate system of substitutions including words with no traceable associations as well as words from other languages (Mncube, 1994). In addition people also use colloquial expressions and slang for naming HIV/AIDS or referring to its consequences. It is against this background that this study sought to find answers to the following questions:

- How much influence does society have on classroom interaction between teachers and learners on issues related to sex and sexuality?
- How effective is classroom communication between teachers and learners during HIV/AIDS instruction?
- What strategies are used by teachers to conform to taboo restrictions on language relating to sex and sexuality?

The main objectives of this paper were to:

- Determine the extent to which classroom interaction between teachers and learners on sex and sexuality is influenced by social pressures.
- Determine the effectiveness of communication between teachers and learners on HIV/AIDS instruction.
- To explore taboo avoidance strategies employed by classroom practitioners in the course of their teaching.

Design and Methodology

The study adopted a descriptive survey approach whereby prevailing conditions relating to constraints encountered by primary school teachers in dealing with vocabulary restrictions that are imposed upon them during delivery of vital information on sex and sexuality. Descriptive surveys are very common and useful approaches of studying different phenomena in social science. Their main advantage is that they allow the researcher to study representative samples of target populations and then generalize the findings to populations of similar setting. Statistical analyses of responses provide solutions to predetermined research questions.

Population

The study population comprised grade four to six primary school teachers in Bindura South Circuit. There are fifty – six schools altogether ten of which are urban and the remainder rural. All the schools run classes from grade one to seven. Grade four to six teachers were considered because they teach HIV/AIDS. While grade seven teachers also teach the subject, they were however, left out of this study due to the heavy commitment with their classes that were preparing for examinations.

Sampling Procedures

Sampling was done at two stages. The first stage in the sampling procedure was to randomly select three urban and fourteen rural primary schools from their respective populations. Each of these samples of schools represented 30% of the total schools in each category. By employing a simple random sampling method, the study ensured that all schools had an equal chance to participate in the study. Since grade four to six teachers in either category were approximately the same, the second stage in the sampling procedure involved randomly selecting twenty grade four to six teachers from each of the initially sampled categories of schools. This provided a total sample of forty grade four to six teachers. The final sample of the study is as shown in table below.

Table 1: Distribution of sample by School location and Gender

School Location	Total No. of School	Sampled Schools	Sampled Teachers (Males)	Samples Teachers (Females)	Totals
Urban	10	3	12	8	20
Rural	46	14	6	14	20
Totals	56	17	18	22	40

Data Collection Instruments

A self-completion questionnaire and a structured interview were used to gather data needed to resolve the research questions.

The Questionnaire

A teacher questionnaire was designed so that the teachers could express their views, thoughts, feelings and challenges relating to teaching HIV/AIDS lessons that covered issues on sex and sexuality. The teachers were also required in the questionnaire to provide strategies that they employed in dealing with vocabulary restrictions associated with sex and sexuality topics. Both closed and open-ended questions were designed and this approach was intended to provide respondents with opportunities not only to honestly choose from pre-determined responses, but to also freely express themselves.

The Interview

Face-to-face interviews were done in order to provide further explanations on responses given through questionnaires. The interview schedule was developed in a similar way to the questionnaire, only that the interviewer could re-phrase questions or probe respondents in the event of incomplete answers. The interviewer was also exposed to other useful behaviours that could be exhibited by respondents such as facial expressions, gestures and even hesitations in answering certain questions.

Data Collection Procedure

Data were collected from the 11th to 18th of September 2012. Questionnaires were dispatched to schools using different means. Appointments for interviews were also made for the last three days of the data collection week. Despite that it was the opening week of schools, all teachers responded to the questionnaires on time.

Data Presentation and Analysis Methods

Tables are used to present the data. Basic statistical calculations that include percentages, means, modes and medians were done as a way to illustrate relationships among observed characteristics. Item analysis was also done in order to extrapolate themes from free responses.

Presentation of Results

The number of female teachers decreased as one moved up from grade four to grade six compared to that of male teachers. This trend is generally characteristic of primary schools. However, in terms of grand totals, the difference in the distribution is insignificant to skew the results of the study on gender lines. Table 2 below shows the distribution of respondents by grade taught and gender.

Table 2: Respondents by Gender and Grade Taught N=40

Grade Taught	Gender		Totals
	Females	Males	
4	8	4	12
5	8	5	13
6	6	9	15
Totals	22	18	40

Language Most Frequently Used in HIV/AIDS Lessons

When the respondents were asked to indicate the language that they used most frequently in teaching HIV/AIDS lessons, it emerged that English and its combination with Shona language were the main media of instruction. In response to this question, 95% (N=40) responded and 5% did not. Table 3 below indicates the results of the response distribution for those who answered the question.

Table 3: Language Most Frequently Used N=38

Language Used	No. of Respondents	% of Total Respondents
English only	18	47
Shona only	0	0
Both English and Shona	20	53
Totals	38	100

There appears to be some restriction about what language teachers can use comfortably in HIV/AIDS lessons. While 53% say they code-switch between Shona and English, 47% use only English. None of the respondents indicated Shona only as their medium of instruction during HIV/AIDS lessons. The reasons for their choice can be inferred from the following comments by the respondents:

- *Normally I use simple vocabulary and not deep Shona to put across my ideas.*
- *I try as much as possible to use light vocabulary on issues about sex and sexuality.*
- *I usually stick to English vocabulary which is rather less embarrassing than Shona.*
- *It is taboo to say Shona words for private parts.*

What remains unclear is whether the children grasp the intended knowledge, skills and attitudes from these lessons, given that they may not be proficient enough in the language to fully benefit.

Teachers' Descriptions of their Feelings When Discussing Sex and Sexuality in HIV/AIDS Lessons

The majority of respondents agreed that there are lesson topics that involved them and their pupils in discussions of sex and sexuality and when they were asked to describe their feelings during such lessons, the answers given ranged from feeling comfortable, embarrassed, shy, and restricted in the language to use. Table 4 shows the distribution of their responses.

Table 4: Distribution of Teachers' Responses N=40

Description of Feelings	No. of Respondents	% of Total Respondents
Comfortable	19	47.5
Shy	3	7.5
Embarrassed	3	7.5
Restricted in language use	15	37.5
Totals	40	100

Almost half of the participating teachers (47.5%) said they are comfortable dealing with issues of sex and sexuality with their classes. Thirty-seven and half percent however indicated feelings of being restricted in the language they use to convey meaning to children. The remaining 15% expressed feelings of shyness and embarrassment. There seems to be significant evidence of inadequate coverage of critical content in some HIV/AIDS lessons resulting from teachers' feelings of shyness, embarrassment and sanctions on vocabulary.

Teachers' Perception of Children's Feelings When Discussing Sex and Sexuality in HIV/AIDS Lessons

Teachers were further asked to rate the feelings of their learners during discussions of topics about sex and sexuality. Table 5 shows their responses.

Table 5: Teachers' Perceptions of Children's Feelings N=40

Description of Feelings	No. of Respondents	% of Total Respondents
Comfortable	3	7.5
Shy	21	52.5
Embarrassed	3	7.5
Restricted in language use	13	32.5
Totals	40	100

Teachers perceive only 7.5% of their children as being comfortable when matters of sex and sexuality are discussed in class. They see the rest as either showing signs of shyness, embarrassment or restrictedness in their use of language. What seems to be evident from these results is that there is limited communication between learners and instructors. When these results are compared to those describing the feelings of teachers presented above, it appears both groups are affected almost equally.

Do Parents/Communities Restrict Teachers' Language?

It came out that teachers perceived parents as imposing restrictions on the language that they can use when presenting lessons that involve discussions on topics about sex and sexuality. Twenty-three (57.5%) respondents confirmed this view. Table 6 below shows the responses to the question about whether teachers experience parental/community restrictions on certain vocabulary related to the topics.

Table 6: Do parents/community restrict teachers' language?

Possible Answers	No. of Respondents	% of Total Respondents
Yes	23	57.5
No	17	42.5
Totals	40	100

Taboo Avoidance Strategies

On being asked how respondents dealt with these restrictions in putting across information on HIV and AIDS topics, they indicated that they use a number of strategies to conform to taboo restrictions. The following represent the common methods teachers said they used:

- Use of media like charts and drawings
- Simulations, gestures, signs and use of other words instead of the real words.
- Mainly teaching in English only
- Use of metaphoric substitutions e.g. 'member' or 'stick' for the male organ.
- I usually stick to English vocabulary which is rather less embarrassing than the Shona one.

Conclusions and Recommendations

There seems to be an issue in the dilemma that teachers find themselves in. On the one hand they have to impart knowledge about sex and sexuality (to alleviate the spread of HIV/AIDS); yet on the other hand societal norms place restrictions on what can or cannot be said. Because they are restricted in the vocabulary, they resort to other linguistic strategies to articulate the topics. The situation inevitably influences communication between teachers and the learners. There is no real guarantee that the intended messages are fully understood by the recipients. Therefore from the findings of this study, it is concluded that:

- Society expects certain levels of 'decency' in classroom interaction between teachers and learners
- Communication between the teacher and the learner is limited
- The efficacy of HIV/AIDS intervention programmes at primary school is compromised

In view of these conclusions the following recommendations are made:

- Workshops, outreach and community awareness programmes have to be mounted with the aim of demystifying taboos that tend to inhibit communication on sex and sexuality.
- Encouraging parents to open up more to their children on issues related to sex and sexuality.
- Communities should come up with figureheads who represent and act in the place of the traditional tete and sekuru.

REFERENCES

- Chigidi WL (2009). "Shona taboos: the Language of Manufacturing Fears Sustainable Development." *The Journal of Pan African Studies*. Vol3, no 1, September 2009.
- Horne F (2004). "Some Aspects of AIDS related Discourse in Post-apartheid South African Culture." in *Alternation* Vol II (2): 401-419.
- Hymes D (1962). "The Ethnography of Speaking." In Gladwin T and Sturtevant (eds.) *Anthropology and Human Behaviour*. Washington DC, Anthropology Society of Washington.
- Mashiri P, Mawomo K and Tom P (2002). "Naming the Pandemic: Semantic and Ethical Foundations of HIV/AIDS Shona Vocabulary". In *Zambezia* (2002), XXIX (2).
- McFadden P (1992). "Sexuality and Problems of AIDS in Africa" in Meena, R. (ed) *Gender in Southern Africa: Conceptual and Theoretical Issues*. Harare: Sapes Books. pp157-158.
- MoHCW (2010). *Zimbabwe Health System Assessment*.
- Phillipsen G (1975). Speaking "like a man" in Teamsterville. *Culture patterns of role enactment in an urban neighbourhood*. *Quarterly Journal of Speech*. 61:13-22.
- Socar P (2008). "Teaching Taboo Topics without Talking About Them: An Epistemic Study of a New Approach to HIV/AIDS Prevention in Education in India." *Doctoral Thesis, Stanford University*.
- Tagil P (1995). *Sociolinguistics: An Introduction to Language and Society*. Penguin Books, UK.
- UNESCO (2001). "A Cultural Approach to HIV/AIDS Prevention and Care" in *Strategy and Policy Building*. UN AIDS Research Programme.
- Wardaugh R (1998). *An Introduction to Sociolinguistics*. Blakewell Publishers, Oxford.
- Zimbabwe Human Development Report (2000). *Institute of Development Studies, University of Zimbabwe*.