

# Childhood Sex Education Facilitating Zero HIV Infection

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## **Abstract**

The continual prevalence of HIV and AIDS epidemic in sub-Saharan Africa leading to high rate AIDS related deaths indicates that in spite of tremendous efforts made so far, humanity is struggling with the epidemic. Families have to invest more in sex education of their children/wards. Many families and faith-based communities continue to shy away from critical discussion around the discourse of sex education for minors. Often the commonest attempts made in line with sex education have always been to educate the youth who are in their teens, but what happens to those who are outside the age bracket of being teenagers. This paper raises a serious concern that aspiring for zero HIV infection means revisiting families and faith-based communities' commitment to sex education of children. In this regard, one of the preoccupying issue is; at what age should children be exposed to in-depth sex education leading them to understand the implications of the vitality and nuance of sexual activity, which happens to be one of the major sources of HIV transmission? In other words, children as well as adults need to be well-informed of sex and sexuality related issues to facilitate appropriate decision making on matters of sexual activity. Therefore, now is the time to take children's sexual education serious.

**Keywords:** Childhood sex-education, In-depth sex education, HIV and AIDS epidemic, zero HIV infections

## **Introduction**

Although the conception of childhood sex education may be thought-provoking but it is an obligation that calls for attention; specifically in the face

of on-going prevalence of HIV and AIDS epidemic including other sexually transmitted diseases. It is a fact that childhood sex education has proved beneficial in preventing varying occurrence of unwanted pregnancy (Boonstra 2010:27; The World Bank 2011-2015:1). The paper's key argument for childhood sex education is built on the premise that everyone needs to make informed choices regarding sexual engagement based on exposure to open, honest conversation about love and relationships (De Melker 2015:1). Besides, in sub-Saharan Africa where 23.5 million people are living with HIV infections (UNAIDS 2013), childhood sex education is needed to aid all other efforts made to curb further HIV infection. Equally, childhood sex education is affirmed by the fact that sexual development is a normal process that everyone undergoes. Therefore, children are sexual and gendered beings who need to exercise their rights, particularly with regards to making informed choices in the face of HIV and AIDS epidemic (Bhana 2007:309). Consequently, it is anticipated that children as well as adult (including emerging adults) be exposed to appropriate sex education that is honest, frank and trustworthy in order to equip them with the necessary skills in the context of their involvement in any sexual activity.

In this context, even babies who suck at their mother's breast are described as exhibiting sexual energy (Freud 1856-1939; Erikson 1902-1994). The on-set of human sexual activity starts from infancy to childhood and continual development span through adolescence to adulthood and old age. For this reason, it is necessary that families including faith-based families (communities) take the demands of childhood sex education as serious as it could be, and where shortcomings exist, the necessary measure must be taken towards improvement. For example, Netherlands has attracted international attention regarding early sex education for children, which proves to be valuable in equipping children with the needed skills for understanding sexual diversity, sexual assertiveness and above all developing capability for self-protection against sexual coercion, intimidation and abuse (De Melker 2015:1; Rutgers WPE 2015). The stance for equipping children with the necessary skills for self-protection against sexual coercion, intimidation and abuse associated with the possibility of HIV transmission leading to AIDS related death is the primary objective of this paper. In view of the foregoing, the paper advocates for childhood in-depth sex-education as part of the essential tools needed to curb the increasing rate of HIV and AIDS epidemic in Africa and the world in general. This childhood in-depth sex education should reflect broader

engagement on issues of self-awareness, self-respect/right, responsibility, and respect for others. Arguably, children will grow into responsible adult engaging personal agency needed for making informed decision regarding involvement in sexual activity and achievement of sexual health, facilitating zero HIV infection.

## **Why Childhood Sex-education?**

Beginning a conversation about sex early and continuing that discussion as the child grows could be described as childhood sex-education. Sex education helps children understand their body and specifically helps them to appreciate their sexuality (Parent Guide 2009:7), which includes talks about the anatomy of the body and reproductive health, gender identity/role, relationships, love and affection and body image. This is a privilege that cannot be taken away from children, they need the space to talk about their concerns and pleasures, anxieties and hopes, as well as issues relating to sexual rights and resistances (Bhana 2007:309). It is a strategy that parents ought to employ in order to ensure that children get the right sexual information (Kaufman 2011a:2). The right information about sex-education includes teaching the right values and norms appropriate and acceptable not only to the parents but also within the cultural circumstances in which the child is located. For example, if parents believe that sexual intercourse should be saved for marriage, then in embracing early sex education, the parents have the opportunity to transmit such attitude to children rather than wait for when they have become adolescent. It is not that an adolescent cannot be taught sex-education but there is greater chance of higher risk of non-receptivity since the adolescent may be dealing with many other issues, besides sexual identities and rights.

The argument for early sex education is particularly significant considering the continual spread of the HIV epidemic of which children are not exempted. Although, UNAIDS (2014:1) reports that between 2002 and 2013, there was a 58% reduction in the number of new HIV infections among children (under 15 years of age). The emphasis on the reduction were associated with improved innovation towards mother to child transmission which is slightly different from the empowerment that comes from aiding children become active agents in making informed decision regarding their involvement to sexual activities, particularly as they grew into adolescence and emerging adults. Besides, UNICEF (2016:1) reports that out of 2.0 million

adolescents living with HIV infections across the globe, 1.6 million are located in sub-Saharan Africa. Basically, the essence of early childhood sex education portrays the recognition that from childhood, children need to develop a healthy sexual identity; leading them to becoming active participators in making informed choices regarding what they do with their bodies. And such sex education need to be thoughtfully planned and executed.

In this context, parents are the first source of information about life. Therefore, their ability to inculcate the right information about sex helps children avert making risky mistakes as they grow up. It is important to note that if parents fail to educate their children about sex, the children will still learn about sex from somewhere else even at an earlier age than the parents least expect. Alternatively, children learn sex-education from many other sources such as the media particularly from TV, and other internet sources including their peers (Strasburger 2012: 1). Children easily access pornography from the internet. What children learn from the media might be sensational and superficial pointing to the fact that parents must review what their children learn through the media (Brown, Greenberg & Buerkel-Rothfuss 1993:513; Gruber & Grube, 2000:212). Studies show that the more children are exposed to sexual images in the media, the more likely it is they will engage in sexual behaviours at a younger age (Strasburger 2012: 1). Studies have also found a cause-and-effect relationship between viewing sexual content in the media and earlier age at first sexual intercourse (Brown, Greenberg, Buerkel-Rothfuss 1993: 501; Gruber, Grube 2000:211). The major concern over children's learning of sex education through the media is based on the fact that they may not have the cognitive skills to question what they learn. The implication is that children might most likely follow thoughtlessly what they see, hear and observe, and this kind of learning has lasting consequences in the face of HIV and AIDS epidemic. Therefore, if Africa and the world at large have to curb HIV to zero infection, then childhood sex education administered by parents is an essential alternative needed to counteract what the media and other sources offer that are not profitable.

In the same way, learning about sex-education from their peers could be detrimental because such information given by peers might not carry the appropriate messages. Even when children learn sex-education from school, parents must be involved and interested in knowing what their children are taught in order to ensure that the right messages are transmitted unto their children. Otherwise, parents risk exposing their children to misinformation.

Therefore, when parents fail to have the conversation around sex with their children it means that parents will have little or no control over what their children know about sex and possibly their level of involvement and activity. In the light of such situation, parents cannot expect their children to behave appropriately when they have not been properly taught, and the bigger problem about children's behaviour in relation to sex is linked to the possibility of their contracting sexually transmitted diseases of which HIV is part of the sub-systems.

In the pedagogy of learning, children's sex education ought to follow the procedure of open and truthful conversation which must be on-going. And one of the major argument for such engagement is to equip children with skills for understanding their sexual rights and putting such rights in action whenever the need arises. Consequently, parents must design an action plan for the process of sex education to unfold and become realistic aspect of their child rearing activity. There is no doubt that appropriate sex education has proved to be a powerful agent in bringing about behaviour change leading to reduced sexual activity, especially among young people (Acedo 2009:20; UNAIDS/WHO 2010:5).

### **Common Parental Attitude to Childhood Sex-education**

Globally, parents tend to shy away from childhood sex education on the basis that children are young, and as such not able to deal with the complications associated with sexual activity. In this regard, Wilson, Dalberth, Koo and Gard (2009:56) posit that parents' common excuse for delaying talking to pre-teenage children about sex is based on the argument that they are young and the parents themselves do not know how to handle such conversations. Supportively, Nyarko, Adentwi, Asumeng, and Ahulu (2014:21) in reporting a research findings of a study conducted among Ghanaian parents towards sex education for lower primary school, indicated that 58% of a sample population of 100 parents expressed unfavorable attitude towards children's sex education on the grounds that children are too young. Furthermore, Bastien, Kajula and Muhwezi (2011:1) reviewed studies of parents-child communication about sexuality and HIV and AIDS in sub-Saharan Africa across 1980 to 2011 and reported that among other things, the over-all features of sex education between parents and children seems authoritarian and characterized by vague warning rather than direct and open discussion. Convincingly, it can be said

that parents do not feel comfortable talking to their children about sex at an early age.

In addition, such position taken is not different for Christian based communities. Athar (1996:2) argues that faith-based communities conceive sex as a taboo, therefore often resort to giving moral education not sex education. Affirmatively, Ankomah (2010:200,) emphasizes that faith-based communities perceives sex education for children as ways of encouraging immorality. And this kind of attitude is not far from what school teachers think about children's sex education. For example, this extract from Bhana (2007b:309) research findings present a school teacher's opinion regarding talking to children about sexual issues including HIV and AIDS as follows:

I don't think that they know too much about HIV/AIDS (sic). I think that it's just a few of them that know but generally 'cos you can't really talk about it. I mean, as their teacher, I would not want to get too much into that 'cos they're too small. Children should not be introduced to this sort of thing at such an early age. They're too young and then they start to experiment t... that is why I would not like to sort of talk about sex .... If they ask any question, I give them innocent answers...they don't really know about it or sex. They're very innocent ....

The extract was reported in a research study that explored what HIV and AIDS mean to seven- and eight year-old children in South Africa and how sexual and gender dynamics are embedded within these meanings. The extract reflects that teachers in school are protecting the children from engaging in honest conversations around sexuality education; and directly it reflects the same attitude of parents at home. Irrefutably, the issue of sex education in schools has been very controversial with respect to the age/stage at which it should begin. In his essay, 'Sex Education in Ghanaian Society: The Skeleton in the Cupboard', Osei (2009:3) illustrates how his mother lost her teaching job in 2004 for teaching her class one pupils the parts of the body. Much of such attitude are grounded on the notion that a child is innocent (Bhana 2007a:413; Faulkner 2011:1), therefore, should not be bothered by adult's anxieties. In this regard, some parents' argument focus on, at what age should children be talked to about sexuality. The association is that such attitude is linked to social-cultural orientation most especially in Africa where sex education is reserved for initiation ceremonies (McLaughlin, Swartz, Cobbett,

& Kiragu 2015:210). As earlier mentioned, sometimes, when children are taught sex education, the dominant perspective that parents and care-givers present is the notion that ‘sex is bad’ (Pattman & Chege 2003:103; Pattman 2006:90), in order to scare children away from possible participation.

Some parents and care-givers constantly get into the debate, reflecting arguments such as aren’t words like penis and vagina too complicated for children to understand (McLaughlin, Swartz, Kiragu, Walli & Mohammed 2012:2; Parent Guide 2009:9)? The irony is that these children are born with penis and vagina, so why not begin a sincere conversation with them early regarding these parts of their body. Such conversations will enable them to at least develop the use of appropriate language in terms of naming parts of their body and could as well be helpful in medical situations, specifically when reporting cases of abuse for which children are not necessarily exempted.

Another issue that likely lead parents to assume the attitude of avoidance regarding starting early conservation around sex with their children is based on whether they should talk to boys and girls differently about sexuality (Parent Guide 2009:9). Probably, it is important to recognize that both boys and girls need the same important information to become healthy persons who understand their human sexuality enabling them to develop proper self-awareness including self-respect for self and others. In the context of HIV and AIDS epidemic in Africa where UNAIDS report emphasizes that:

Globally women comprise 52% of all people living with HIV in low- and middle- income counties, and men 48%. However, in sub-Saharan Africa, the centre of the global epidemic, women still account for 57% of all people living with HIV. In addition to the greater physiological vulnerability of women to HIV, gender inequalities includes vulnerability to rape, sex with older men and unequal access to education and economic opportunities. (UNAIDS 2013b: 78)

These points to the fact that both boys and girls should be taught same information regarding sex in order to equip the girl-child, who may likely be abused to improve her resilience and at the same time improve the boy’s responsibility skills as he grows into a man to resist abusing any woman including avoiding same-sex abuse whenever such abuse abound. In this sense, sexuality education is a powerful agent in bringing about behaviour change leading to reductions of sexual abnormal behaviours including the transmission

of HIV and other venereal transmitted diseases, especially among young people. Knowledge is power which parents cannot withhold from their children, thus, there is need to start empowering children with early sex education in order to sustain their human right and dignity.

### **At what Age should Children be Exposed to Sex-education?**

Prescribing the age at which children should be exposed to sex education would be difficult but based on the premise that sex is a natural phenomenon for which everyone is curious about, entails that children too are inquisitive about sex. Accordingly, children should not be excluded from proper sex-education appropriate to their age. For instance, research findings show that children from the age of 4 and/or earlier in the Netherlands are exposed to comprehensive sex-education (De Melker 2015:2). In this regard, it is anticipated that children from the Netherlands have been equipped with resources to navigate their sexual choices among other things. According to the World Bank, teenage pregnancy rate in the Netherlands is one of the lowest in the world, five times lower than the United States of America (The World Bank, 2011-2015:1). Likewise, HIV infection rate including other sexually transmitted diseases are low (The World Bank 2011-2015:1). This means that starting early to engage children to active sex-education has tremendous advantages.

McLaughlin (2012:2) argues that ‘the young people have a vigilant awareness of a highly sexual world around them, including prostitution, pornography and drug-related sex, and a fairly sophisticated knowledge of adults’ sexual practices. Therefore, it is not an exaggeration to argue that children are at risk if treated as innocents in matters regarding sexuality including HIV and AIDS education. Bhana (2007:211) advocates that early childhood sex education is a necessity needed to be incorporated into South African school curriculum for children, specifically for 7-8 years old, which beyond equipping them with sexual right ought to broaden their knowledge and understanding of HIV and AIDS. One of the major arguments was based on the fact that in the face of HIV and AIDS crisis in South Africa, teachers need to engage school going age children creatively with knowledge of HIV and AIDS in order to broaden their understanding as well as facilitate their negotiating right, in terms of empowering them with life skills for resisting sexual abuse of any kind (Bhana 2007:309).

The argument regarding resisting sexual exploitation has greater risk associated with some shocking incidences wherein baby-girls (children) have been found pregnant at the age of five. The case of Lina Medina, a Peruvian woman who became the youngest confirmed mother giving birth to a son at the age of five years seven months in 1939 is a reality that cannot be contested (Delaney, Lupton & Toth 1988:51; Mikkelson & Mikkelson 2004:10; Time 1957:1). Although conception at age five could be disputed but medical science has proven that such is possible due to precocious puberty, which is described as early onset of hormonal development leading to sexual maturation and it can commence as early as at age 6-8 for girls and at the age of 9 for boys (Kaplowitz, Kemp 2015:1; Woodham 2015:1). Globally, there is a list of youngest birth mothers presenting an overwhelming figure of about 109 young mothers across the age of 5-10 years (Wikipedia). Significantly, most nations of the world are represented as having at one time or the other experienced this youngest birth mothers, and specifically the African countries represented are Kenya, Namibia, Nigeria, Senegal, South Africa, Rwanda and Zimbabwe. These kind of news, though could be contested seems worrisome not only for the rudeness of unwanted pregnancy but the associated consequences of contracting sexual transmitted diseases, including HIV. One of the newest news of such kind is the story of a five year old pregnant girl in Nigeria who is pregnant for an unknown person (Naijahints.com, 2016:1). In a survey undertaken by Lim and Kui (2006:1), boys as young as nine years old said they have had sexual experiences.

Moreover, young people are having sexual intercourse at a much younger age (Naidoo 2001:1 Small & Luster 1994:181; Stack 1994:204), and sometimes even as young at the prime age of three. On this basis parents cannot continue to overlook the fact that children could sometimes become sexually active, whether by coercion or act of their own personal agency, therefore the onus fall on families and faith based communities to reassess their commitment towards childhood sex education if the HIV and AIDS epidemic really need to be curb to zero tolerance. In this perspective, this paper advocates that children from infancy be exposed to adequate sex education appropriate to their age. It means that parents must be alert and eager to assist their children understand their bodies starting by helping infants name the different parts of their body including the genitals. And this effort must be continuous as children grow until they become emerging young adults who are capable of making informed decision regarding sexual activity. The implication is that appropriate action

needs to be developed to help parents be active teachers of children's sex education.

### **Proposed Program of Activity for In-depth Sex-education**

In line with teaching and learning principles, this proposal for in-depth sex-education for children will start by stating the purpose, the objectives, teaching methodologies and content, bearing in mind that the outcome measure will reflect in the long term desire of reducing HIV infections among other things.

#### ***Purpose***

The purpose of childhood sex education is to equip children with the necessary knowledge and understanding about sexuality including sexual activity appropriate to their age. In this way, assist children exercise their human right including building resilience capacity in face of any possible voluntary sexual participation or abuse which might expose them to HIV infection. To a great extent the program of activity aims at encouraging African parents (including parents across the globe) to talk to their children early and often about delaying sexual activity.

#### ***Legible Teachers***

The first teachers for this in-depth sex-education are the parents and other primary care-givers. It is anticipated that faith-based communities should be coopted to extend their moral teaching of values and norms to early sex-education for children. The emphasis on legible teachers is based on the fact that many parents, specifically African parents would argue that traditionally they were only taught about sex during initiation ceremonies (Bhana 2007:312; Mnguni 1999:75; Zimba 2015:1). This kind of argument stems from the fact that sex is reserved as an adult activity for which children are exempted from. Besides, Africans perceive talks around sex as taboos (Bastien, Kajula & Muhwezi 2011:1; Dimbuene & Defo 2011:129). On the one hand, some parents would rather prefer that teachers take the lead in teaching sex education in school-settings (Nyarko, Adentwi, Asumeng & Ahulu 2014:25). On the other hand, based on-going conversation it is anticipated that parents cannot

shy away from teaching their children everything they need to know about life (Driscoll & Nagel 2008:175), including sex education. In this context, the parents and care-givers (family) as the primary source of socialization processes must take the lead in initiating children to appreciate and befriend their bodies, which are closely associated with progressive holistic human sexual development.

### ***Objectives***

The specific learning objectives for the anticipated childhood sex-education should include the following:

- To help children learn about their sexual self
- To assist children learn factual information on all aspects of sex
- To help children learn about the opposite sex
- To enable children learn and understand the sexual behavior of others
- To help children appreciate that sex is part of life
- To help children develop critical views regarding sexual messages transmitted through the media and other sources
- To equip children with life skills needed to negotiate and make informed decision regarding sexual intimacy
- To help children access information about HIV and AIDS (including other venereal diseases) in order to reduce possible infection
- To help children maintain healthy sexual life

### ***Teaching Methodologies***

Parents should use all possible available means to teach children about sex-education including explanation, questions and answers, discussion, storytelling, songs, riddles, dances, proverbs, cultural narratives of values and norms etc.

### ***Course Content with Appropriate Age Brackets***

The course content is presented in table form portraying a suggestion of what could happen at the various age bracket. It is important to note that this

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presentation is not prescriptive but descriptive in the form of making recommendation of what could happen at various age as there is no specific model available to parents. Therefore, this serves only as a guideline bearing in mind that children develop at different pace and parents also have a right to take different approaches according to what appeals to them. The most important thing is that parents do something in view of carefully orienting their children to appropriate sex education appropriate to their age and the context in which they are located.

Age bracket	Course Content	Course Activity
0-2 years old	Introduction course: i. Love and affection ii. Touch and facial expression iii. Play & laughter	Primarily, parents need to show children at this age bracket a lot of love and affection which will help them to develop proper sexual relationship. Learning through mom and dad's kisses, including other care-givers Learning through touch, play and toilet training. Children learn from what they observe. In this sense, breast sucking should be properly planned and administered including timing. Children learn about the world through touch. Just as babies enjoy playing with their fingers and toes, they will play with their genitals too, because it feels nice. Many children may touch their genital for pleasure or comfort. So, parents need to be attentive to not frown when children touch their genitals.

		<p>Much of the activities here are to be initiated and sustained by parents and care-givers, since the infant is likely not able to use language effectively. It means that parents &amp; care givers are the one who should do much of the reading of materials available on human sexuality &amp; education in order to know the limit of what they can do at this stage.</p>
<p>2-4 years old</p>	<ul style="list-style-type: none"> <li>i. Naming different parts of the body &amp; its functions, including the genitals.</li> <li>ii. Develop positive self-concept: s/he needs to value who they are and are becoming.</li> <li>iii. Approve friendship</li> </ul>	<p>Parents should continue to introduce children to appropriate touch practices and language use for genitals either by self or others.</p> <p>Appropriate game/play materials &amp; videos clips could be used to help children learn the different parts of the body. Also, role playing could be employed as well as songs that teach simple lessons on morals and values.</p> <p>In addition, parents who are Christians could use simplified spiritual passages to tell the child stories about sexuality.</p> <p>Besides alternative materials according to faith orientation of the parents should be used. Encourage them to express their feelings.</p>

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		<p>Parents should show interest in who their children’s friends are.</p> <p>Parents should listen attentively and answer questions sincerely.</p> <p>Parents should be involved in knowing, participating and controlling what the child watch or have access to in terms TV &amp; other internet sources.</p>
4-6 years old	<ul style="list-style-type: none"> <li>i. Reproductive organs</li> <li>ii. Self-image/concept</li> <li>iii. Gender role/category</li> <li>iv. Relationships/intimacy</li> <li>v. Responsibility</li> </ul>	<p>In addition to play charts, video clips, some activities around storytelling, dancing, proverbs, riddles and songs could be used.</p> <p>Tell them stories of family values – let them value their root. Much emphasis should be placed on factual facts about the human body.</p> <p>Talk to them about reproductive organs including inappropriate touch and its consequences.</p> <p>Parents and care givers need to help children understand the dangers of sexual abuse and equip them with skills to report any possible attempt of abuse from others.</p> <p>Guide them to understand gender roles and respect for each gender category.</p>

		<p>Continual positive development of self-concept is needed here. Make them take pride in who they are. Encourage them to talk about their friends- value their friends but gently challenge what may need to be challenged.</p> <p>Use drawings and paintings. Make them draw as well. Let them express themselves in drawing. Encourage them at this stage ask questions &amp; answer them trustworthily.</p> <p>Pay attention to what they have access to in terms of internet, phones and other media sources.</p>
<p>6-8 years old</p>	<ul style="list-style-type: none"> <li>i. Reproductive organs</li> <li>ii. Ethics of relationship-moral/values</li> <li>iii. Lessons on puberty</li> </ul>	<p>Listening attentively to children’s stories which may include anxieties that they feel, inquiries about reproductive organs etc. Give them the space to freely express themselves and be sincere in your responses.</p> <p>Intensified discussion around reproductive organs, emphasizing the implication of respecting their bodies and other people’s body.</p> <p>Help them to understand sexual orientations and the implications each orientation holds in different cultural settings.</p>

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		<p>Introduce them to ethics of moral code in terms of boundaries.</p> <p>Parents should begin conversation around puberty which is anticipated to set in sooner or later. Help them to understand that it is a normal process of human development.</p> <p>Encourage them to ask questions, expressing their feelings and what they may need to do if they feel inappropriately touched by the other.</p>
<p>8 - 10 years old</p>	<ul style="list-style-type: none"> <li>i. Discussion on sexual choices.</li> <li>ii. Boost their ego identity.</li> <li>iii. Lessons on puberty</li> </ul>	<p>Sincere discussion on issues of sex and implication of the choices that they make.</p> <p>Let them understand that choices go with responsibility. They may have started developing changes associated with puberty, therefore devote time to helping them know what to expect and to love this transition period.</p> <p>Continue to enable them appreciate the essence of respecting others in terms of sexual language they use.</p> <p>This should include sincere conversation around code of ethics, morals &amp; values.</p> <p>Use cultural materials that teach norms &amp; values.</p>

		Proverbs, riddles and dances could also be used.
10 - 15 years old	<ul style="list-style-type: none"> <li>i. Lessons on adolescence stage</li> <li>ii. Code of conduct etc.</li> </ul>	<p>At this stage the child is a teenager, so parents should treat them like emerging adults that they are.</p> <p>Help them to understand the physical changes that they are experiencing.</p> <p>Make them feel comfortable with those changes and the implication of making right choices.</p> <p>Again, ensure that the discussions are as sincere as it could be. Give them honest responses.</p> <p>They need to know exactly how the reproductive process works. Help them talk sincerely about their feelings and experiences.</p> <p>Respect their space.</p>

**Implication of the In-depth Program**

Basically, having outlined a program of activity means that parents and care givers are challenged to do everything possible to ensure that they start a conversation early with their children/ward regarding sex education. The sole responsibility falls on parents and care givers to empower children to make informed decisions regarding participation in sexual activity. Early sex education might not completely eradicate HIV infections but hopefully it will go a long way towards reducing the frequency of infections. In addition, to the effort made by parents, faith-based communities and school settings need to be active participators in this process of early sex education in order to ensure that children are not left ignorant. The slogan should be to teach the children the appropriate sex education that they should know.

However, they are some delimitations particularly in the face of the fact that some parents might not be well educated to take up the challenge of reading and understanding the available literature of how to go about early sex education. In this regard, such group of parents might not participate actively in the on-going debate about early sex education. As much as such challenges abound, they are not insurmountable. In order to address such, this paper advocates that faith-based communities and Non-governmental Organizations including all shareholders invest interest in disseminating the information about childhood sex education in their different local area of operation. Another problem that could suffocate such early childhood sex education is the reality that some children might be experiencing lack of parental care either because their biological parents are ill or have passed-on. Again, care givers need to take up the challenge and particularly in Africa where collective responsibility is obtainable, this should not stir much dust. The act of child rearing is a collective responsibility for the Africans, so this challenge should not overwhelm the process of early childhood sex education which aims at reducing HIV infections through childhood sexual empowerment.

### **Closing Remark**

To sum up, it is important to recognize that early sex education could be a daunting task but not absolutely an impossible assignment. Parents and care givers have what it takes to socialize their children to appreciate and comprehend how involvement in sexual activity could be life giving as well risky when not appropriately negotiated, particularly in the context of continual HIV infections that threaten to claim over 35 million lives globally since its inspection (UNAIDS 2016:1). Therefore, children and emerging adults as sources of future hope need to be equipped with life skills tact geared towards zero tolerance for HIV infection.

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