

# Analysing sexual experiences through ‘scenes’: a framework for the evaluation of sexuality education

Vera Paiva\*

*University of São Paulo, Brazil*

This paper describes an alternative approach to undertaking and evaluating sexual health promotion, focusing on the notion of *sexual scenes* and *scenarios* and how these can provide a vantage point from which to examine sexual experience. The concept of sexual scenes provides a context within which to analyse many of the behavioural and epidemiological factors associated with sexual practice. In principle, such an approach provides a tool for *conscientization*, action and the invention of novel group and individual repertoires that may result in individual and social mobilization for health and/or sexual and reproductive rights. Scenes can be elicited through individual interviews, group interviews and discussions, or through staged and dramatized performance and students’ writing. Analysing sexual scenes offers an entry point for dialogue in sexual health promotion programming. Evaluation of these programmes can be part of the process of changing sexual scenarios. Change is witnessed not only through individual changes but, especially in impoverished communities, through challenges to dominant local sexual scenarios and engagement with structural concerns.

## Introduction

A wide range of researchers in the field of sexuality and sexual health are coming to recognize that cultural and structural factors must be subject to analysis when considering the promotion of sexual health (Dowsett & Aggleton, 1999; UNAIDS, 1999; Parker *et al.*, 2000; Easton *et al.*, 2002; Kegler *et al.*, 2002). As discussed elsewhere (Paiva *et al.*, 2004), however, to date perhaps the majority of sexual health programmes takes the form of specific ‘interventions’ to change individual knowledge, attitudes, behaviours or skills.

The importance of the social setting in which sexual experiences occur and the cultural context that produces young people’s vulnerability to sexually transmitted infections (STIs) and sexual abuse—for example, through poverty, structural

---

\* IP/ NEPAIDS, University of São Paulo, Brazil, Av. Professor Mello Moraes 1721, São Paulo, SP 05508-030, Brazil. Email: veroca@usp.br

violence, gender norms and unequal access to health care—is rarely recognized in the information presented to young people or discussed with the adults responsible for their sexual socialization. On the whole, educational media as well as face-to-face interventions continue to focus almost exclusively on the provision of biomedical information about STIs, condoms and contraceptives, often reflecting the moral values of the authors.

This paper will describe an alternative approach to sexual health promotion, focusing on the notion of *sexual scenes* and *scenarios* and how these can provide a vantage point from which to explore sexual experience. The concept of sexual scenes, it will be argued, provides a context within which to analyse many of the behavioural and epidemiological factors associated with sexual practice. Sexual scenes also offer a methodology for that enables researchers to co-construct with participants new repertoires for insight, action and experience. In principle, such an approach provides a tool for *conscientization* and action, and for the invention of novel group and individual repertoires that may result in individual and social mobilization for health or sexual and reproductive rights.

### **Sexual scene, sexual scenarios and the emancipatory approach**

The concept of the ‘sexual scene’ has been inspired by the work of scholars dedicated to re-conceiving and reframing sexuality within a social constructionist perspective (Gagnon & Parker, 1995; Parker & Aggleton, 1999). Its origins can also be found in Freire’s (1967, 1970, 1996) work on cultural action for freedom and autonomy, and Moreno’s (1997) work on psychodrama. Sexual scenes are intimately related to the notion of cultural scenarios, which Simon and Gagnon (1999, p.29) have described as ‘instructional guides’ that exist at the level of collective life:

All institutions and institutionalized arrangements can be seen as systems of signs and symbols through which the requirements and the practices of specific roles are given ...

Scenarios are rarely entirely predictive of actual behaviour, however, and they are generally too abstract to be applied in all circumstances. Lack of congruence between a general and relatively abstract scenario and a concrete situation is resolved through the creation of interpersonal scripts. Additionally, the symbolic reorganization of reality in ways that realize the actor’s many layered and multi-voiced wishes occurs through intrapsychic scripting or ‘fantasy in a rich sense of that word’ (Simon & Gagnon, 1999, pp. 29–30).

A sexual scenario can be defined in terms similar to a culture scenario, but focuses on the local sphere of sexuality. A truck driver’s cabin, for example, may act as the stage for different scenes within a Brazilian lorry driver’s sexual scenario and scripts, which may include sex with his wife in the truck cabin or with his lover or with a sex worker. Each of these scenes will have associated with it certain practices and meanings that are typical of the truck drivers’ sexual scenario. The driver will most probably practice anal sex only with his lover, and will use condoms only with the sex worker, who will never be kissed (Villarinho *et al.*, 2002).

Adopting a scene and scenario approach allows us to analyse *sexual experiences* and not only opinions about sexuality, reported condom use and/or unprotected vaginal and anal sex. In daily life, sexuality is seldom described simply as consisting of behaviours and practices. Instead, we picture the event and communicate it as an experience, sharing opinions about what occurred, characterizing it as 'quick sex' or as 'romantic', as 'hot', and so on.

Frequently, sexual encounters are given a form as though they were a scene or the repetition of a scene. Examples include the 'I-gave-him-what-he-wanted' scene, a 'dangerous night' scene, the 'he is the one for me' scene or the scene in which 'I could not resist her'. These scene titles make us turn the pages of our experience and enter into the theatre of ourselves; that is, we access or organize the memory of the event through a scene that follows from its title or overarching definition.

Sexual health programmes and sexuality educators are better positioned for dialogue if they are able to talk about scenes and experiences. In working with young people and their sexual experiences, it is insufficient to focus on best practices and behaviours or to rely only on manuals detailing the practice of protected sex. Sexual, gendered and erotic scripts, as well as sexual scenarios and socio-economic contexts, are important parts of sexual experience, along with history and culture. They are best accessed through dense description and the decoding of singular, unique scenes.

Analysing a sexual scene can provide a point for entry into dialogue in sexual health promotion programmes as well as group observation, self-observation and reflection on sexual experiences (Paiva, 2000b). A scene is unique, and will never be the same again because one's description and decoding of it will most probably remake it. A sexual scene narrative is always constructed by the person who was part of it, or imagined it, or observed it. It can be accessed by a trained interviewer in individual or group structured interviews, it can be staged in a workshop or dialogical class or it may be shared in a clinical encounter. It may be filmed, videotaped or reported in a field-notebook.

Sexual scene narratives are initiated and co-constructed by the coordinator, researcher or appointed expert. He or she prompts the participants to describe the space, time and rhythm of the scene, other people in the scene, and the action and meaning of the scene. The coordinator may explore and amplify details by guiding participants to describe other salient dimensions such as desires, personal resources and community resources. Also of interest may be beliefs, values, access to condoms and education or health services, or any number of other factors.

Participants' analysis of narratives through a scene offers a testimony to sexual experience in their own terms. In a sexuality education setting, for instance, it can lay the foundations for the interaction between personal, cultural, moral, institutional, political and economic factors within the sexual domain. It supports and generates understanding of what prevents people from acting on decisions and options, as well as understanding of different levels of individual and group, social and programmatic vulnerability to STIs, HIV/AIDS, sexual abuse or the violation of rights (Mann & Tarantola, 1996). It can also help us understand why

there may be a lack of awareness and agency, assuming there is an obvious sphere of action for a *sexual subject*. A fundamental characteristic of such an approach is that through it, sexual subjects come to understand how actions are contextualized and can, therefore, identify mechanisms for transformation. This kind of perspective assumes that anyone can develop so as to become an expert on his or her own life and sexuality.

A robust Latin American tradition of activism shares the emancipatory perspective assumed by this framework. Pedagogy for freedom and autonomy, developed by Paulo Freire (1967, 1970, 1996), emerged in the 1960s in the context of social movements concerned with peasants' literacy. Freirean pedagogy offered a critique of what he called colonizers' (class-biased) 'banking' education, in which the educator makes deposits into the student or into the participants of development projects. Freire's pedagogy of the oppressed advocated for a dialogical and conversational approach to education. Dialogue involves respect: it should not involve one person acting on another, but is a collaborative venture situated in the lived experience of participants. By valuing popular language and contextually relevant themes, access to education may also 'break the silence' and, in turn, make education meaningful. Within such an approach, participants are invited to deconstruct their own social scenarios through consciousness-raising education or *conscientização*. Within such a framework, 'awareness' should be understood as more than a psychological outcome intended to change individual attitudes, behaviours and knowledge; instead, it also aims to promote citizenship (Paiva, 2000a, b).

Pedagogy for the development of autonomy embraces group dynamics and psycho-educational techniques. It has led to the emergence of a more inter-subjective approach to education with the result that diversity and creativity have become more valued, while providing a laboratory for the realization of citizenship as a form of psychosocial emancipation (Paiva, 2003). Sexual health promotion that takes into account gender and power relations, sexism, homophobia and human rights may benefit from the use of this approach. From the perspective of emancipatory approaches, notions such as 'sexual health' and 'adolescence' are seen as normative or constructed discourses, not as naturalizing concepts, and are therefore flexible and locally negotiated. (Paiva *et al.*, 2004). The development of sexual literacy therefore assumes young people's construction as sexual subject and sexual citizens (Paiva 2000a, b, 2003; Cáceres *et al.*, 2004; Shepard, 2004; Rance, 2001; Alpizar & Bernal, 2004).

### **Analysing sexual experiences through sexual scenes and scenarios**

What follows is the outline of a session that has been conducted since 2003 as part of HIV/AIDS prevention programmes in Brazil. The session is part of a larger programme of work with young people from a wide variety of social backgrounds. Participants in past workshops have included activists and peer educators as well as health and educational professionals. Each participant is addressed as an expert on themselves, on their own social scenario and their own sexual experience.

The process used in the workshop was inspired by the idea of coding and decoding. As originally defined by Freire (1970, 1978).

The *coding* of an existential situation is the representation of that situation showing some of its constituent elements of interaction. *Decoding* is the critical analysis of the coded situation. Its decoding requires moving from the abstract to the concrete; this requires moving from the part to the whole and then returning to the parts; this in turn requires that the Subject recognize himself, together with other Subjects. If the decoding is well done, this movement of flux and reflux from the abstract to the concrete which occurs in the analysis of the coded situation leads to the surpassing of the abstraction by the critical perception of the concrete, which has already ceased to be dense, impenetrable reality. (Freire, 1978, p. 114)

The workshop commences by discussing the results of a national survey of the Brazilian urban population conducted by the Ministry of Health/IBOPE (Paiva *et al.*, 2003) (Figure 1). Participants are informed that condom promotion, voluntary HIV 1 testing and counselling, and anti-retroviral treatment have been central to the work of the Brazilian National AIDS Programme. Numerous initiatives have taken place to promote fewer sexual partners, sexual abstinence, monogamy and condom use with equal emphasis; and HIV prevention has taken place through public and private

Fig to follow

Figure 1.

sector mass media campaigns, face-to-face counselling, in schools, workplaces and community-based organizations. Against this background, participants are asked “What do the numbers in Table 1 tell you?”

Typically, participants identify the differences between male and female respondents, different generations and respondents with differing levels of education. Having done this, we then asked the following question: ‘How do you explain these differences?’ In responding to this question, participants are encouraged to interact with one another. Group members draw on their practical and common-sense knowledge, and they share and debate lay theories of how and why men have more ‘casual’ sex than women, why women are less likely to ask for condoms to be used, and why men and women use condoms more consistently in casual relationships. They see how schooling can be a protective factor, and that the number of years a young person stays in school can be an indicator of his or her living conditions and their family’s socio-economic status and values. Participants are able to reflect on equity, access to education, information and condoms, and can see the impact of condom promotion efforts across different generations, as well as how much work lies ahead if one wishes to decrease overall vulnerability to HIV infection.

As the discussion develops, additional questions are introduced, such as: ‘Do teenagers have rights concerning sexuality?’ ‘Which rights are violated or not protected?’ ‘Who and where are the “out-of-reach”?’ or ‘Who cannot act on the basis of Brazilian National AIDS Programme recommendations for prevention?’ In order to focus the discussion, participants are presented with a second data set, describing condom use at first intercourse among under 20 year olds (Table 2).

Table 1. Percentage of Brazilians (January 2003) who reported condom use at first sexual intercourse and consistent condom use in the previous six months, by sex, age, education and regular or casual sex partnership

	First intercourse (%)	Reported partnership (%)		
		Regular only	Regular and casual	Casual only
Male ( <i>n</i> =688)	29.3	7.8	1.5	8.6
Female ( <i>n</i> =610)	23.2	10.5	0.2	1.0
Age				
14–25 years	54.5	15.2	1.8	11.6
26–40	20.6	8.5	1.0	3.5
40–55	12.8	6.5	3.5	2.9
56+	11.9	2.7	–	–
Years of school				
Up to grade 4	15.1	5.8	–	1.5
Grade 5–8	26.9	6.5	0.3	6.8
Grade 9–11	38.8	14.2	1.4	6.5
College	33.3	16.3	6.1	9.2
Total ( <i>n</i> =1298)	26.4	9.1	0.8	5.0

Source: Paiva *et al.* (2003).

Table 2. Condom use at first sexual intercourse, by sex and educational level (aged under 20), Brazil

	Girls (%)	Boys (%)
Answered 'Yes'	63	69
Years in school		
Up to 4 years	15	43
4–8 years	50	56
High school and college	70	87.5

Source: Paiva *et al.* (2003).

Participants generally agree on the high numbers of young people who have protected sex, and that young people's sexuality may be less problematic than is generally believed. Also important can be the acknowledgement that 'male hormones' and stereotypical images of masculinity can co-exist with condom use, and that sex is not a force of nature but depends on what we think about it.

Bringing these observations closer to the lives of workshop participants so that they can focus on their own sexual constructions and explore how they may be reconstructed requires a different form of discussion. To begin this process, participants are asked to think about a 'realistic' scene, such as in one of the popular Brazilian television soap operas, and to imagine one of the people interviewed in the study reported in Figure 2 participating in it. It usually takes less than five minutes for the group to come up with some imagined scenes for discussion. 2

The most popular scenes usually involve a girl about 16 years old. Typically, she is black and lives in a shantytown. She shares a one-room dwelling with a number of other people. She is not at school and had her first sexual experience in a corner, late at night. She has few expectations for the future, no access to information on contraceptive pills or condoms, and is pregnant. Some group participants—usually men—say that she had decided to become pregnant, while others say that she was

## Fig to follow

Figure 2.

simply naïve. Some participants say that her family has not taken care of her, while others suggest that her parents work long hours, have little money, are tired and cannot give her the attention she needs.

In a follow-up exercise, participants are then asked to think about a more personal sexual scene (Figure 3). Participants are asked to close their eyes or look down so as to give other people in the room some privacy. 3

*After warm up*

This is to be a mental and internal exercise. We will not be sharing it. You may want to remember your last sexual scene, or your last wished for one, or the first one in your life. a) Where were you? (Pause) Who were you with? (Pause) What were you doing? (Pause)

How would you identify your partner? The ‘love of your life’, one of many lovers, a date, a husband/wife? (Pause) What is the meaning of what you are doing? What are you doing it for? (Pause) Are there words involved? (Pause) Do you like it? (Pause)

Now, leave your body and go upwards to the ceiling, to the sky, to the top of a tree (Pause) from wherever you can see the scene. What is the mood, colours, the time? Is there any other character there, virtual or literal (Pause), people you do not know, neighbours, the kids next door, the priest, the doctor, the teacher, your Mum, your “ex”, your future partner? (Pause)

b) Now think about your partner’s body. Be your partner for a moment... Now, put yourself in your partners’ shoes. What is the meaning of the encounter now? What are your feelings now? (Pause) Go back to the ceiling... and to your body and yourself. Would you like your partner to be someone else? Who? (Pause)

c) Now change your partner’s age, make them older or younger (Pause) How do you feel? Is the scene the same?

d) Now, imagine that you are much poorer than you are, and that you have never been to school (Pause)

e) Now, change your partner’s colour (ethnicity, background, race). Would it be possible for you to enact the same scene, would it be in the same setting, would *you* be the same? (Pause)

f) Now change your partner’s sex, make him a woman or her a man (...)

The exercise concludes by asking participants to sit back and be silent for a moment, to save for themselves some mental notes to think about later, describing what he or she has learned.

Figure 3. De-coding a sexual encounter.

Importantly, sharing a personal scene is not the point in this exercise as it can be in some therapeutic situations. The goal here is rather to encourage people to reflect upon their own sexual experiences, and be able to re-think and get close to other people's scenes. The exercise can be long or short in duration, such as when exploring only the first changes of body and character (Figure 3, points c and d). The precise design of the exercise depends on the audience, its values, the inter-subjective ambience and setting, and the connection established with the facilitator.

The effects of the process can be dramatic. For example, after this exercise a 16-year-old boy may identify his difficulties in dealing with, in his own terms, group pressure to prove his virility. Alternatively, he might think about why he has to get drunk in order to be less shy and act consistently with the dominant male script, eventually causing him to forget about condoms. Boys and girls can also begin to identify with others in the workshop who do not know how to use a condom and/or who are unable to access them. They too may have few job opportunities, and the places in which to have sex are not the ones pictured in the condom-use leaflets handed out at school, as they do not have a room or a bed for their own use alone.

The analysis of a scene can also lead to the identification of violations of rights or lack of protection of rights, including the absence of HIV prevention programmes and care, lack of access to HIV testing and treatment, and the absence of value-free education. By means of such exercises, participants can begin to understand how personal vulnerability is constructed and will not feel less accused, incompetent or guilty for not enacting proper behaviours. They may invent and learn how to cope with all these dimensions or his/her sexual experience, conscious perhaps for the first time of the influence of structural barriers.

The denser and more widely explored the scene description, the more sophisticated can be the analysis. Scripts, skills and behaviours 'in scene' can be understood and re-created as repertoires for real life. Using scenes can help people to comprehend scripts and social scenarios, as well as their desires and rights. It can also help individuals to think about viable forms of personal, social and group innovation.

### **Changing scenes as an entry point to evaluation**

It is challenging to evaluate programmes aimed at strengthening the awareness, autonomy and agency of people as *sexual subjects* and at promoting sexual citizenship through *conscientization*. Working through scenes, however, can help us identify synergistic interventions to assess the relative impact of various components of an educational or a health promotion programme.

In our work, just as the programmes and the workshops are conducted collaboratively, so too is evaluation. Indeed, evaluation becomes part of the process of changing sexual scenarios. The researcher is never external to the process and cannot interpret the data outside the collective action of the group. There is no final outcome moment in structural research or in psychosocial emancipation studies of the kind described here. One of the main outcomes instead is the development of reflective and analytic skills on the part of all those who participate in programmes.

Programmes can be assessed by bringing together, in follow-up group evaluation sessions, scenes within the individual narratives shared. If individual scenes are collated in this way at the start of a programme, the programme can be evaluated at 3-month, 6-month or 12-month intervals to identify changes in the scenes that appear. Key questions to ask here include: 'What is new?' 'What parts of the scene have been more difficult to change?' 'What are your attitudes?' 'What are your partners' practices?' 'Have there been changes in the way in which condoms and contraceptives are perceived in the relationship or community?', and so on. Are there difficulties with stigma, discrimination and poverty? Which aspect of the scene requires more social, group and individual agency and action? Sharing with participants the finding that changes for health promotion can only be achieved in the long-term is also relevant information to be shared.

Scenes can be elicited through structured individual interviews, group interview and discussion, or through staged and dramatized performance, as well as through students' writing in response to titles such as 'A typical sexual experience' (Paiva 2000a, b). Through such work, and over time, it is possible to decode and observe with participants the *direction* of changes (or lack of it) in their personal scenes, or the impact of mobilization towards changing the sexual scenario (through new community norms, access to HIV testing and condoms) on the three dimensions of vulnerability to HIV—the individual, the programmatic and the social.

The interpretation of evaluation findings, however, must be organized differently from that usually applied to behavioural research. In scene analysis, behaviours are positioned theoretically and empirically as an inter-subjective phenomenon, embedded in the way sexuality and sexual health care is organized in local social and cultural contexts. Change is witnessed not only through individual changes but, especially in impoverished communities, through challenges to local sexual scenarios and interaction with structural concerns. Such an approach challenges fatalism and strengthens aspirations towards human development and the enhancement of social well-being.

It is very common, and an indicator of success, for the experts who facilitate workshops and other fellow participants to become virtual characters in participants' reported sexual scenes (Figure 4).

In the example in Figure 4, John came to understand that being sexually active at age 16 was not 'natural' and could be a choice. Maria understood that violence is not necessarily part of the sexual script.

Some months later, it may be possible to elicit scenes in which the experts disappear altogether and in which young people themselves adopt the expert role—telling other girls in their neighbourhood about condom use or violence, or initiating, as Maria herself did, a conversation at the dinner table. In doing this, she is fostering the development of herself as a *sexual subject* through finding a way to become an agent of her new attitudes and intentions. If the entry into the educational dialogue had consisted instead of modelling pre-defined behaviours in a skills training exercise, it would never have been possible to meet or inspire her in this way.

Changing scenarios can also be the focus of evaluation. In a middle-class school, for example, workshop participants indicated that girls needed support from local

"...and then I thought about you [the expert] discussing condom use with us", a boy shared in the session.

A girl included in her scene a picture of educational materials: "I remembered that poster [that you showed us] that described putting on a condom with special erotic techniques... and I put it in my mouth!"

John said: "I paid attention to my feelings as we discussed in the group, not to the others in my mind, the *galera*<sup>a</sup>, and thought that I'd rather wait some more time before we had sex".

Four months after, in a follow up session Maria told us "And then I began a conversation like this: "You know, I heard [she did not mention the prevention program] that there is a woman who was infected by HIV from her husband. Isn't it terrible! These men they go out to have sex in the streets with other people, they do not use a condom, and they come home drunk and infect their wives and mothers of their children... You should not do it to your girl friends, hey! (...) Or you should take an HIV test before changing partners. Do you know they just opened a new health centre for it? And they give out condoms there too. (...) Well, all four [my brothers and father] became red as a pepper, and could not face me... But I think I made my point! Also I hope my brother is going to talk with my boyfriend...as they play on the same football team."

Figure 4. Changing scene narratives some months after an HIV-prevention workshop. aA popular slang term for 'group of young people' or 'other people in my group'—the Portuguese term refers to the ships used to bring slaves to Brazil.

retailers, not snide remarks when they bought condoms at the nearby drugstore. They also needed to be less discriminated against by boys when carrying condoms. Students in this same school also decided that the health clinic in the neighbourhood should accept boys for a counselling session on family planning, not only for STI treatments, and that girls should not be disrespected by the local gynaecologist when they sought advice after having sex (Paiva, 2000a, b).

### Expert validation of outcomes: which expert?

A six-month follow-up showing a 10% increase in condom use may be a good outcome for a behavioural intervention, but will never be sufficient for the group or community involved in more educational process conducted within an emancipatory and human rights framework. In this latter approach, impact on personal coping and community mobilization often becomes visible in the months that follow in collected and observed scenes. Importantly, programme results are not the 'problem' of outsider experts who will someday come back with the solution. Instead, local people become the experts in their own lives and, by sharing and valuing their experiences, they come to understand how they can be part of the solution.

Such a framework assumes that definitions of quality of life are not technical definitions, but the result of political debate and consensus (Paiva, 2003). Individual and collective experiences depend on each local community's dedication to 'projects of happiness' and on people's rights to pursue them. Sexuality has a role to play in any person's project of happiness, beginning when he or she is young, and the approach advocated for here assumes that young people's voices should be included in debate.

People do not stop living, educating their children or changing their lives because of disagreement on which is the right track to happiness, what are the right ethical and moral values, or how mechanisms for socio-cultural and behavioural change work. People are always inventing new ways to attain their imagined happiness. They also invent new models of prevention and new ways of dealing with health threats such as AIDS. Examples of such creativity in practice can be witnessed in the adoption of condom use by gay men before a viral aetiology for AIDS had been identified and in harm reduction through the use of clean injecting equipment developed by and for drug users. As Altman (1993) wrote more than a decade ago, the words 'experience' and 'expert' have the same etymological connection. When given the opportunity, people can make sense of local epidemiological and survey data in a way that brings a richness of interpretation not readily available to science.

Validation of understanding using this approach depends on sharing the analysis and results with the participants of programmes and studies, and on input *in their own terms*. The direction of a public health programme, and more especially sexuality health and educational programmes, is not only a question of technical expertise but also the result of public debates concerning priorities, values and rights, as mentioned earlier. Changes in meanings of sexuality, new collective definitions of quality of life and projects of happiness as people and communities define them should be given higher priority as criteria for success.

Importantly, a successful effect will rarely take the form of a simple and definitive 'Yes' or 'No' answer but will emerge instead as a *direction*, and the achieved direction should be the focus of the evaluation. Sexual health promotion from this perspective cannot work in the same way as medical interventions do, even if our sense of emergency claims it must. Crucially, sexual health promotion approaches have to have impact in the cultural and symbolic realm, affecting other programmes as well as attitudes, practices and unique sexual scenes.

Such an approach requires us to think more critically about differences within sexuality, within and across generations, between hetero-erotism and homo-erotism, with respect to race, values, culture, powers and hierarchies, as well as in relation to different social and economic statuses and political contexts (Miller & Vance, 2004). It also requires a clearer recognition of the interaction between human rights and health, and an understanding of sexual health indicators as indices or proxies for human rights protections and violations.

Finally, such an approach encourages us to view HIV prevention, education and care as involving an encounter between experts. Every citizen is seen as an expert on

his or her own sexual experience. This is in opposition to models of intervention in which a service provider is the expert who offers to the consumer choices a predetermined package of health protection behaviours, technologies, values and identities (Paiva, 2003). Central to the more emancipatory vision argued for in this paper is the recognition of the need to sustain education and interaction as ongoing processes, with numerous intermediate outcomes, malleable to different contexts and relevant to different encounters.

## **Conclusions**

The framework offered in this paper provides a challenge to conventional ways of approaching sexuality and sex education with young people, and expands the *preventionist* focus of such work, within which experiences of young people are almost always viewed from an adult-centric perspective (Paiva *et al.*, 2004). More often than not, such a stance presents adolescence as a period of crisis, passage and transition, and presumes that problems with irresponsible and risky behaviours will be automatically resolved when young people reach adulthood (Calazans, 1999; Weller, 1999; Stern & Medina, 1999).

It is as though adult life and adult sexuality do not involve phases, passages or transitional periods, and that adolescence alone is a period of crisis and change. Yet, the HIV epidemic reminds us how difficult it is for adults to act on their intentions regarding sex and sexual life. Ultimately, age means very little outside of the social, cultural, local and inter-personal contexts in which it is located.

The cultural and structural interventions described in this paper are made possible because of the specificity of Brazilian history and culture, which has created social support and led to open and frank sexuality education programmes as part of the school curriculum. As Paulo Freire taught us, however, social experiments such as these cannot be transplanted, but must be reinvented. It is within this spirit that the framework offered here may perhaps inspire other experiences around the world.

## **Acknowledgments**

Special acknowledgment to Robert Sember, Peter Aggleton and Mary Crewe, to whom the author is indebted for their patient and careful editing as well as for suggestions to improve the argument. The author would also like to thank all the participants of the meeting on Effects and Effectiveness in Sex and Relationships Education, held in South Africa, all of whom offered wonderful feedback on the original paper.

## **References**

- Alpizar, L. I. D. & Bernal, M. G. (2004) Youth sexuality and human rights: some reflections from experience in Mexico, *Health and Human Rights*, 7, 217–230.
- Altman, D. (1993) Expertise, legitimacy and the centrality of community, in: P. Aggleton, P. Davis & G. Hart (Eds) *AIDS: facing the second decade* (London, Falmer Press), 1–12.

- Cáceres, C., Frasca, T., Pecehny, M. & Terto, V. (Eds) (2004) *Ciudadanía sexual em América Latina: Abriendo el debate* (Lima, Peru, Universidad Peruana Cayetano Heredia).
- Calazans, G. (1999) Cultura adolescente e saúde: perspectivas para a investigação [Adolescent culture and health: Investigation perspectives], in: M. C. Oliveira (Ed.) *Cultura, adolescência, saúde: Argentina, Brasil, México* (Campinas, Brazil, Consórcio de Programas em Saúde Reprodutiva e Sexualidade na América Latina [CEDES/COLMEX/NEPO-UNICAMP]), 44–98.
- Dowsett, G. & Aggleton, P. (1999) Young people and risk-taking in sexual relations, in: *Sex and youth: contextual factors affecting risk for HIV/AIDS* (Geneva, UNAIDS).
- Easton, D. E., O'Sullivan, L. & Parker, R. G. (2002) Sexualities and sexual health/lessons from history. Emergence of sexuality as a sexual health and political issue, in: D. Miller & J. Green, J. (Eds) *Psychology of sexual health* (Oxford and Malden, MA, Blackwell Science), 53–67.
- Freire, P. (1967) *Educação como prática da liberdade* (Rio e Janeiro, Paz e Terra).
- Freire, P. (1970) *Pedagogy of the oppressed* (Harmondsworth, Penguin Books).
- Freire, P. (1978) *Pedagogia do Oprimido* (Rio de Janeiro, Paz e Terra).
- Freire, P. (1996) *Pedagogia da Autonomia* (São Paulo, Paz e Terra).
- Gagnon, J. & Parker, R. (Eds) (1995) *Conceiving sexuality: approaches to sex research in a postmodern world* (New York, Routledge).
- Kegler, M. C., Crosby, R. A. & DiClemente, R. J. (2002) Reflections on emerging theories in health promotion practice, in: R. J. Clemente, R. Crosby & M. Kegler (Eds) *Emerging theories in health promotion practice and research* (San Francisco, Jossey-Bass).
- Mann, J. & Tarantola, D. J. (Eds) (1996) *AIDS in the world II* (New York, Oxford University Press).
- Miller, A. M. & Vance, C. (2004) Sexuality, human rights and health, *Health and Human Rights*, 7, 5–15.
- Moreno, J. L. (1997) *Psicodrama* (12 edn) (São Paulo, Cultrix).
- Paiva, V. (2000a) *Fazendo arte com a camisinha* (São Paulo, Brazil, Summus).
- Paiva, V. (2000b) Gendered scripts and the sexual scene: promoting sexual subjects among Brazilian teenagers, in: R. Parker, R. Barbosa & P. Aggleton (Eds) *Framing the sexual subject* (Berkeley, CA, University of California Press), 216–241.
- Paiva, V. (2003) Beyond magic solutions: prevention of HIV and AIDS as a process of psychosocial emancipation, *Divulgação em Saúde para Debate*, 27, 92–203. Available online at: [www.abiaids.org.br/cgi/public/cgilua.exe/sys/reader/htm](http://www.abiaids.org.br/cgi/public/cgilua.exe/sys/reader/htm) (accessed) [4]
- Paiva, V., Venturi, G., França-Jr, I. & Lopes, F. (2003) *2- Uso de preservativos pesquisa nacional MS/ IBOPE*, Brazil 2003. Available online at: [http://www.aids.gov.br/final/biblioteca/ibope\\_2003/artigo\\_preservativo.rtf](http://www.aids.gov.br/final/biblioteca/ibope_2003/artigo_preservativo.rtf) (accessed 2 December 2003).
- Paiva, V., Ayres, J. R. & Franca-Jr, I. (2004) Expanding the flexibility of normative patterns in youth sexuality and prevention programs, *Sexuality Research & Social Policy*, 1, 1.
- Parker, R. & Aggleton, P. (1999) *Culture, society and sexuality: a reader* (London, UCL Press).
- Parker, R., Easton, D. & Klein, C. (2000) Structural barriers and facilitators in HIV prevention. A review of international research, *AIDS*, 14(suppl. 1), S22–S32.
- Rance, S. (2001) ¿Por qué ciudadanía sexual? [Why sexual citizenship?], *Conciencia Latinoamericana*, 13, 13–17. Available online at: <http://www.ciudadaniasexual.org> (accessed 10 October 2003).
- Shepard, B. (2004) Pecado e Derechos Humanos: la falta de ciudadanía sexual de la juventud, in: C. Cáceres, T. Frasca, M. Pecheny & V. Terto (Eds) *Ciudadanía sexual em América Latina: Abriendo el debate* (Lima, Peru, Universidad Peruana Cayetano Heredia), 141–152.
- Simon & Gagnon, J. (1999) Sexual scripts, in: R. Parker & P. Aggleton (Eds) *Culture, society and sexuality: a reader* (London, UCL Press) [5]
- Stern, C. & Medina, G. (1999) Adolescência y salud en México, in: M. C. Oliveira (Ed.) *Cultura, adolescência, saúde: Argentina, Brasil, México* (Campinas, Brazil, Consórcio de Programas

- em Saúde Reprodutiva e Sexualidade na América Latina [CEDES/COLMEX/NEPO-UNICAMP]), 98–160.
- Villarinho, L., Bezerra, I., Lacerda, R. & Paiva, V. (2002) Camionhoneiros de rota curta e sua vulnerabilidade ao HIV, *Revista de Saúde Pública*, 36(4), 61–67.
- Weller, S. (1999) Salud reproductiva de los/as adolescentes: Argentina 1990–1998, in: M. C. Oliveira (Ed.) *Cultura, adolescência, saúde: Argentina, Brasil, México* (Campinas, Brazil, Consórcio de Programas em Saúde Reprodutiva e Sexualidade na América Latina [CEDES/COLMEX/NEPO-UNICAMP]), 9–43.
- UNAIDS (1999) *Sexual behaviour change for HIV: where have theories taken us?* (Geneva, UNAIDS).

## Authors Queries

Journal: **Sex Education**

Paper: **127812**

Title: **Analysing sexual experiences through 'scenes': a framework for the evaluation of sexuality education**

Dear Author

During the preparation of your manuscript for publication, the questions listed below have arisen. Please attend to these matters and return this form with your proof. Many thanks for your assistance

Query Reference	Query	Remarks
1	Provide Figure 1 and caption	
2	Provide Figure 2 and caption	
3	Note relabelling of Box 1 as Figure 3	
4	Provide full date website was accessed	
5	Provide author's initials	