

# De/coloniality, disabled sexualities, and anti-oppressive education: a review of Southern African literature

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## Abstract

This review seeks to establish the current body of knowledge on the intersection of de/coloniality and the sexuality of disabled individuals. It suggests that few studies problematise the lack of such intersections in Southern Africa. The review locates this dearth of knowledge within the recent rollout of comprehensive sexuality education in schools, which remains silent to intersections of de/coloniality, disability, and sexuality. This analysis builds on the recommendation of Kumashiro to consider marginalised and post-structural theories in developing anti-oppressive education for disabled groups in terms of their sexualities. This becomes relevant as the sexuality of disabled individuals has been subject to institutional oppression based on colonial ideologies of health, beauty, and sexuality, since socio-medical discourses portray disabled individuals as infertile, non-sexual, and degendered. Given the shortage of relevant studies, the review uses the available local and international literature to locate the complex, interconnected structures and actors that perpetuate repressive colonial systems such as ableism, compulsory able-bodiedness, and heteronormativity within sexuality education. It suggests alternative ways of looking at these intersections within the diverse scope of comprehensive sexuality education. It does not claim that decoloniality is the panacea to erase the consequences of coloniality towards disabled sexualities, but suggests that it is one of the modalities that can redress the complex, interconnected systems of post-colonial oppression. The review recommends that future authors consider other marginalised and post-structural theories in conceptualising anti-oppressive education, like Foucauldian theories.

**Keywords:** Ableism, anti-oppressive education, comprehensive sexual education, decoloniality, disabled sexualities, heteronormativity

Globally and in Southern Africa,<sup>1</sup> researchers and academics have responded to decoloniality debates around the consequences of coloniality towards knowledge, but few have studied the sexuality of disabled individuals.<sup>2</sup> Decoloniality<sup>3</sup> is an emancipatory call for the re-examination of assumptions that have been taken for granted to liberate previously colonised individuals from colonial ways of thinking about language, power, education, intelligence, race, gender, class, and identity (Maldonado-Torres, 2007; Mignolo, 2007; Ndlovu-Gatsheni, 2015; Quijano, 2007). Decoloniality scholars have generally been steadfast in responding to the political and epistemological debates of decoloniality (Ndlovu-Gatsheni,

2015). Ndlovu-Gatsheni (2015) concurs with the assertion of Wa Thiong'o (1993) regarding the stronghold of Euro-North American-centric modernity in post-colonial Africa, declaring that '(e)ven decolonisation struggles of the 20th century failed to substantially "move the centre" and to effectively "re-member" Africa after over 500 years of "dismemberment"' (Ndlovu-Gatsheni, 2015, p. 486). In post-colonial Latin America, Maldonado-Torres (2007) stressed the distinction between coloniality and colonialism, and the ramifications of coloniality (Maldonado-Torres, 2007, p. 243):

Coloniality is different from colonialism. Colonialism denotes a political and economic relation in which the sovereignty of a nation or a people rests on the power of another nation, which makes such a nation an empire. Coloniality, instead, refers to long-standing patterns of power that emerged as a result of colonialism, but that define culture, labour, intersubjectivity relations, and knowledge production well beyond the strict limits of colonial administrations. Thus, coloniality survives colonialism. It is maintained alive in books, in the criteria for academic performance, in cultural patterns, in common sense, in the self-image of people, in aspirations of self, and so many other aspects of our modern experience. In a way, as modern subjects we breathe coloniality all the time and every day.

Ndlovu-Gatsheni (2015) extends the distinction of Maldonado-Torres (2007) by highlighting that decolonisation refers to a coloniser suspending the direct military and colonial administrations of its colonised region.

To understand the consequences of coloniality on gender sexuality, Quijano (2007) separated coloniality into four tiers: control of the economy, control of authority, control of gender and sexuality, and control of knowledge and subjectivity. In terms of the control of gender and sexuality, Quijano (2007) discusses the 'colonial difference' within ideas such as the feminisation/masculinisation of roles, hierarchies and bodies, and the sexual division of labour as differing across colonial landscapes, but with no direction on the sexuality of disabled individuals. Locally and internationally, Chappell (2015, 2016, 2019), Shakespeare (2000), and Shakespeare et al. (1996) have attempted to integrate queer theory to understand the intersections of disability and sexuality, but with no linkage to decoloniality. Some have merged decoloniality and queer theory in a 'decolonial queer politic', 'queer intersectionality', and/or 'postcolonial queer' (Morgensen, 2011; Riggs, 2010; A. Smith, 2010), but with no consideration of the sexuality of disabled identities. Hunt and Holmes (2015, p. 156) agree with the definition of Riggs (2010) of a 'decolonial queer politic' by stating that '(t)his politic seeks to queer white settler colonialism and the colonial gender and sexual categories it relies on – to render it abnormal, to name it and make it visible in order to challenge it'.

Despite the location of decoloniality within gender and sexuality praxis and disability within gender and sexuality studies, a review of local and international literature suggests that few have responded to the intersections of de/coloniality, disability, and sexuality altogether, especially within the Southern African context. This becomes pertinent when we consider that countries like South Africa have considered national rollouts of comprehensive sexuality education (CSE)<sup>4</sup> in schools, but most CSE programmes remain silent on the intersections of de/coloniality, disability, and sexuality. The landscape in most Southern

African countries remains rife with a high rate of HIV infections among able-bodied and disabled youth, early sexual debut, avoidable teenage pregnancies, a lack of education, and an awareness and unwillingness of government officials to recognise the sexual health of young people (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2018; United Nations Population Fund, 2019; World Health Organization, 2011).

Intergovernmental organisations like the United Nations provided guidelines to African countries to devise CSE interventions for teachers, parents, and the government to engage and prepare young people for healthy sexual practices and relationships (UNESCO, 2018). The uptake and implementation of CSE programmes within most Southern African states has been at times problematic due to knowledge, skills, and resources needed by teachers and parents (Chavula, 2017; DePalma & Francis, 2014; Malaya, 2018). However, most Southern African countries have been steadfast in initiating school and other community initiatives related to CSE (Bhana et al., 2019; Malaya, 2018; Nyimbili et al., 2019). Although CSE is believed to be a broad curriculum of diverse subjects that include gender, sexuality, and anti-oppressive education (AOE; Bhana et al., 2019; Francis, 2019), it has overlooked the consequences of de/coloniality in the sexuality of disabled identities. AOE is an approach within educational research and practice that aims to unmask many 'common sense' methods used in teaching and learning that actually perpetuate oppressive education methods (Kumashiro, 2000). This review therefore responds to a call by Kumashiro (2000) to consider marginalised and post-structural theories to address the multiplicity and situatedness of oppression when conceptualising AOE.

A desktop review using the broad key terms 'coloniality', 'decoloniality', 'disability', 'sexuality', 'sex education', 'comprehensive sexuality education', and 'Africa' was conducted on Google Scholar for books, journal articles, and official documents published at any time from countries in Southern Africa. A total of 865 books, journal articles, and official documents were retrieved and 556 of these were selected for review based on the key terms, scope, and aim of this article.

### **De/coloniality, disability, and sexuality**

In an essay titled 'Decoloniality as the future of Africa', Ndlovu-Gatsheni (2015) defined decoloniality as follows:

Decoloniality speaks to the deepening and widening of decolonisation movements in those spaces that experienced the slave trade, imperialism, colonialism, apartheid, neo-colonialism and underdevelopment. This is because the domains of culture, the psyche, mind, language, aesthetics, religion and many others have remained colonised. (p. 485)

Decoloniality discourse has gained attention around debates of how we can deconstruct and decentre Euro-North American-centric epistemologies and knowledge systems, particularly in teaching and learning environments (Zembylas, 2018). Zembylas (2018), Morreira (2017), and Vorster and Quinn (2017) argue how decoloniality discourses have made a visible impact on higher education as an enterprise to drive social transformation in teaching and learning pedagogies, academic staff development, and language policies. In terms of people

with disabilities (PwD), similar transformation agendas that are informed by some aspects of the decoloniality movement have been enacted in policies such as employment equity, access to institutions of learning, and reasonable accommodation procedures (Sefotho, 2018). That is because the experience of disability has evolved from the preoccupation with the disability as an individual medical concern to be 'fixed' by medical intervention (Stiker, 2019) to the human rights approach that views disability as the social exclusion of PwD. Following the advocacy of the disability rights movements of the 1960s and the advocacy of international conventions such as the United Nations Convention on the Rights of Persons With Disabilities (United Nations, 2009), a social definition of disability emerged that views disability as social injustice resulting from the exclusion of PwD in everyday spheres. According to the United Nations (2009), disability ought to be viewed as 'an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full participation in society on an equal basis with others' (p. 5).

At the same time, Shakespeare et al. (1996) argued that the disability rights movements forgot to claim ownership of equal sexual and reproductive health (SRH) for PwD. However, Finger (1992) maintained that there are some reasons why SRH was not prioritised by the vanguard of the disability rights movement:

Yet the disability rights movement has certainly not put sexual rights at the forefront of its agenda. Sexuality is often the source of our deepest oppression; it is also often the source of our deepest pain. It is easier for us to talk about – and formulate strategies for changing – discrimination in employment, education and housing than to talk about our exclusion from sexuality and reproduction. (p. 8)

Indeed, the advocacy for equal SRH demands that we reflect on the legacy of coloniality on the sexuality of disabled bodies, which the available literature has neglected. As pre-colonial and colonial periods differ in respect to each post-colonial nation (e.g., pre-colonial America entails the period before 1607 and colonial America entails the period from 1607 to 1775 as opposed to pre-colonial Africa which entails the period before 1870 and colonial Africa entails the period from 1870 to 1914), it is impractical to refer to general experiences of sexuality of PwD in pre-colonial and colonial times. However, the recorded history of the sexuality of PwD dates back to before the 1600s (Stiker, 2019).

For example, in the United States, '(i)n 1614, the first medical diagnosis of mental retardation was recorded, the cause of the condition was given as "overindulgence in sexual pleasure"' (Wade, 2002, para. 8). The social morality at the time suggested that the sexuality of children and PwD resulted in a socio-medical discourse that created the misconception that PwD were pure, innocent, and genderless (Abramson et al., 1988), and thus 'expected to be impotent and uninterested in sex' (Foulke & Uhde, 1974, p. 199). History suggests that such medical conditions and societal attitudes had 'total disregard for the sexual rights' of PwD (Kempton & Kahn, 1991, p. 94). This denial of sexuality fuelled the eugenics movement of the 1880s, which led to the mass sterilisation of persons with significant disabilities until the 1940s (Wade, 2002). Abramson et al. (1988) also noted that the first sterilisation laws came to pass in Indiana by 1907, and by 1948, 42 states had

passed such laws. Kempton and Kahn (1991) maintain that the eugenics movement intended to remove the survival of persons with significant disabilities who were characterised in the same category as 'sexual perverts' and 'habitual criminals', given the belief that they were predisposed to criminality and sexual promiscuity (p. 96). However, instead of deeming the sexuality of children and adults as nonexistent, medical practitioners recognised the need for sex education (usually emphasising abstinence, preventive measures, and safer sex options; Wade, 2002). Given the conservative and abstinence-only approach within most sex education programmes, CSE was introduced to draw attention to an individual's values, beliefs, attitudes towards sex, and further attention to consent, power, pleasure, and communication within relationships (Francis, 2019).

### ***Global perspectives of disability and sexuality***

In the 1970s, after the disability rights movements of the 1960s, researchers in first-world countries such as the United States, the United Kingdom, and Canada started asking questions about the need and complexities of offering CSE to children living with visual disabilities, for example. Foulke and Uhde (1974) asked, 'Do *blind* children need sex education?' Holmes (1974) considered the planning and implementation of a sex education programme for visually handicapped children in a residential setting. Scholl (1974) investigated psychological constructs in the psychosocial effects of blindness, focusing on the implications for programme planning in sex education. In a study on sex education for the handicapped, Bass (1974) suggested better adjustments in children with disabilities who received CSE. Torbett (1974) advocated for a humanistic and futuristic approach to sex education for blind children. The work of these researchers suggested that, given the visual, written, and auditory nature of most CSE programmes, children with visual, hearing, or multiple impairments are often overlooked when schools conceptualise CSE material (Foulke & Uhde, 1974; Scholl, 1974; Torbett, 1974). These limitations encouraged future researchers to consider that the accessibility of CSE material is not only about translating content into Braille or other accessible formats (Kapperman et al., 1993). Specialised instructional methods like real-life models of genitalia should be combined to make CSE more meaningful and practical. The need for providing CSE for lesbian, gay, bisexual, transgender, intersexed, queer, asexual, and other sexual identities (LGBTIQ+) for disabled youth was foregrounded in the 21st century. For instance, the thematic clustering of Duke (2011) in a meta-synthesis showed that, despite schools in the United Kingdom, the United States, and Canada creating an inclusive climate for all learners, 'LGBT youth and special education students are both members of socially stigmatised groups' (p. 25). As a sexual minority, Duke (2011) concluded that 'LGBT students who receive special education services, therefore, possess multiple stigmatised identities and simultaneously occupy multiple socially devalued positions' (p. 25).

### ***African perspectives of disability and sexuality***

In Africa, there is a history of discrimination laws towards PwD, such as the 1957 reformation of the Immorality Act of 1927 under South African apartheid laws to criminalise

sexual relations with persons with mental disabilities (Serrano-Amaya, 2017). Sait et al. (2011) maintain that the African literature seems to suggest an 'African taboo' when issues of sexuality and disability are discussed simultaneously. Kafer (2003) asserts that a lack of disability discourse, including sexuality within the African context, indicates that 'sexuality cannot be part of the disabled bodies' experience' (Kafer, 2003, p. 82). Sefotho (2018) clarifies this disconnection of sexuality and disability from an African ontology of disability. Accordingly, reality and being are described in terms of a force that holds everything together in an intimate ontological relationship. The vital force that informs the universe provides the basis for a hierarchy of superiority since it establishes grades depending on the genus of the species. Many African communities believe that PwD have a lower status in society, although they participate in the same ontological force. In fact, the names used for PwD fall into the class of nouns that include things (non-human entities) of an undesired nature.

IsiZulu, SeTswana, and Shona all use derogatory terms for a handicapped person ('isidalwa', 'segole', and 'chirema', respectively). The nature of these names is a reflection of PwD's lower status in society. They are exempted from most rituals and rites of passage such as circumcision, marriage, and childbearing. The names given to them impose limits to their opportunities in life, which further isolate them from fully participating in society. Yet, Sefotho (2018) maintains that the understanding of disability often occurs through concepts and language that are given meaning in a particular culture. For example, a Basotho indigenous view of disability can be seen in both a positive and a condescending manner. Basotho people treat PwD with care and respect and place their needs before their own (Sefotho, 2018). However, the language used to refer to PwD includes terms such as 'sehole' (a handicapped person), which further dehumanises and removes the notion that PwD can be sexual beings (Kafer, 2003). From this point of view, there is no need to make provision for CSE or to encourage access to SRH for PwD from the African perspective (Badu et al., 2018; Burke et al., 2017; Karimu, 2017).

Not surprisingly, there has been an emergence of research in Southern Africa around access to SRH for PwD (Carew et al., 2017; Peta, 2017; Peta & Ned, 2019). E. Smith et al. (2004) investigated the barriers to accessing safe motherhood and reproductive health services among women with disabilities in Lusaka, Zambia. Their results showed that the strong desire to have children and affection could increase the opportunity for the rape and sexual exploitation of women living with disabilities. Because nurses and health care providers do not expect PwD to be sexually active, the women with physical disabilities in the study of E. Smith et al. (2004) stated that nurse-midwives feared complications and the possible delivery of a child with a disability, which resulted in over-referral to tertiary maternity centres outside the locality of the women with limited mobility. Peta et al. (2017) conducted similar studies with disabled women in Zimbabwe, which revealed that patriarchy still dictates their sexual negotiation with – at times – exploitative sexual partners:

. . . The result is a situation where disabled women challenge patriarchy by asserting their own sexuality and rejecting a lack of access to sexuality, but at the same time reproduce the same notion by becoming victims of patriarchal heteronormative sexual norms and practices. Borrowing words from Dunne cited in Beckett (2004), we metaphorically state

that participants report their experiences of sexuality with a tone, which resembles practices of disabled women who are 'sleeping with the enemy'. (p. 422)

Furthermore, Mavuso and Maharaj (2015) conducted a study of experiences of access to SRH by PwD in Durban, South Africa, and found that because of the false assumption that PwD are not sexually active, PwD may themselves be failing to take up SRH given the stigmatised attitudes of health care providers. In fact, the avoidance of these health-seeking behaviours may increase the risk of sexually transmitted infection such as HIV, especially when CSE is not being provided (Mavuso & Maharaj, 2015, p. 83):

Sometimes you will see condoms. I would like to take them, but I'm afraid of what the people around me might think or say. You feel ashamed because you are disabled and what would people say. You fear that they would make assumptions about my disability and question if I am also sexually active. I have that fear and it prevents me from taking them. Then what happens is I end up not taking the condoms. (P4, female)

### **Decoloniality and anti-oppressive education**

At this point, it becomes pertinent to ask how decoloniality scholars respond to these complex, interconnected structures that are reminiscent of repressive colonial systems such as ableism, compulsory able-bodiedness, and heteronormativity. Decoloniality scholars are not only invested in emancipating people from distorted realities and oppressions that are intertwined by hegemonic Euro-North American-centric socio-medical and cultural discourses but are interested in underlining whose interests are served by maintaining these discourses (Maldonado-Torres, 2006, 2007, 2011; Mignolo, 2007, 2011, 2012; Ndlovu-Gatsheni, 2015; Quijano, 2007). Many identify the responsibility of decoloniality as that of intellectuals from imperialist nations as 'a deimperialisation movement by re-examining their own imperialist histories and the harmful impacts those histories have had on the world' (Chen, 2010, p. vii). It is paramount to understand the implications of coloniality through systems such as ableism and how they have subjugated PwD to the periphery of White, male settler colonial standards of beauty, sexuality, and ultimate personhood.

### ***Ableism, compulsory able-bodiedness, and heteronormativity***

According to Schweik and Schweik (2009), from the late 1800s to the 1970s, a few American cities enacted unsightly beggar ordinances, which colloquially became known as the 'ugly laws'. According to these ordinances, it was declared illegal for 'any person, who is diseased, maimed, mutilated or deformed in any way, so as to be an unsightly or disgusting object, to expose himself or herself to public view' (Albrecht, 2006, pp. 1575–1576). From a decoloniality point of view, the 'ugly laws' represent the instrumentality of how ablest attitudes can transform themselves in the form of regulations and demarcations to marginalise certain bodies while allowing others to move to the epicentre. In this case, in 2017, the South African Ministry of Basic Education announced a rollout of CSE for learners of school-going ages (Department of Basic Education [DBE], 2019). However, to date, the DBE (2019) has not proposed any guidelines or lesson plans for learners with disabilities or consideration of their sexualities. This demonstrates the idea of compulsory able-

bodiedness (i.e., under-representation of children with disabilities within CSE) and heteronormativity (i.e., over-representation of sexual relationships between a heterosexual male and female in most forms of sexuality education) being taken as the norm while other bodies and sexualities remain unequally represented. As mentioned earlier, decoloniality is not the 'magic potion' to erase the consequences of coloniality on the sexuality of disabled individuals. The review builds on the theory of Kumashiro (2000), which identifies four interrelated approaches that educators can consider in incorporating decoloniality within the diverse scope of CSE.

The following section offers suggestions for researchers and teachers working in the CSE praxis on how to integrate de/coloniality, disability, and sexuality into each of the four approaches of Kumashiro (2000).

### ***Integrating decoloniality, disabled sexuality, and anti-oppressive education***

For Kumashiro (2000), the four approaches become central in configuring the nature of education, supporting curricula, teaching pedagogies, and educational policies and processes needed for change. According to Kumashiro (2000), education for the other was seen as integral in improving the conditions and treatment of othered groups. In this approach, CSE educators can draw on queer and crip theory to not only critique heteronormativity and ableism but to empower and affirm the identity of disabled sexualities away from its colonial expressions of the sexuality of disabled bodies as devoid of any sexual manifestation. Kumashiro (2000) also saw education about the other as essential in providing complete knowledge about othered students. Here, decoloniality can be integrated by reflecting on various disabled sexual expressions within former colonial landscapes, such as the gender-fluid, two-spirited Canadian indigenous societies and how disability was embraced within these spaces. Kumashiro (2000) furthermore identified education that is critical of privilege and othering as crucial in enhancing critical awareness of how certain groups are marginalised, while others are moved to the centre by being normalised and privileged within society. Decoloniality can be incorporated into this approach by educators asking mixed groups of students to create reflective life stories of the control, policing, and liberation of disabled and able-bodied sexualities in pre-colonial versus post-colonial eras. The last approach suggested by Kumashiro (2000) was education that encourages societal change and acknowledges the discursive nature of oppression. In other words, the approach appeals to authors who employ theories from post-structuralism (Kumashiro, 2000; see Table 1).



**Table 1.** Summary of the recommendations of integrating de/coloniality, disability, and sexuality using each of Kumashiro’s (2000) four tiers of the anti-oppressive education approach.

<b>Approach</b>	<b>Description of approach</b>	<b>Recommendation</b>
1. Education for the other	Bettering the conditions and treatment of othered groups	Critique colonial expressions of disabled sexualities, for example, as devoid of any sexual manifestation
2. Education about the other	Providing complete knowledge about othered students	Locating disabled sexualities within gender-fluid communities such as two-spirited indigenous societies
3. Education that is critical of privilege and othering	Enhancing critical awareness of privilege and normalisation of other marginalised groups	Assigning decoloniality students to assorted groups to map the life histories of able-bodied versus disabled sexualities
4. Education that encourages societal change	Encourages social change and use of post-structural practices to underline the discursive nature of oppression	Outlining how socio-medical discourses shape how disabled sexualities think, feel, act, and interact with others in society

The review has laboured to show how hegemonic Euro-North American-centric and African socio-medical and cultural discourses shape how disabled sexualities think, feel, act, and interact with others in society. It was also suggested that it remains incumbent for thinkers from imperialist nations to re-examine and rewrite former colonised peoples’ imperialist histories, which have harmed colonised civilisations around the world (Chen, 2010, p. vii, own emphasis added).

## **Conclusion**

The present review sought to uncover the existing body of knowledge around de/coloniality and disabled sexuality. The aim of this review became pertinent after it was discovered that the current rollout of CSE in schools was silent regarding the intersections of de/coloniality, disability, and sexuality, especially within Southern Africa. Through the perusal of the available research, it became evident that current CSE programmes should be revisited and reworked to incorporate a decoloniality and an anti-oppressive framework. In other words, the relevance of CSE for disabled sexualities not only depends on making the themes of de/coloniality, disability, and sexuality more pronounced but to be cognisant of its own contribution of perpetuating institutional oppressions. These systems of oppression follow from colonial trajectories of health, beauty, assumptions surrounding disability, and its intersections with non-conforming sexualities. This review does not claim that decoloniality should be seen as a universal remedy to erase the effects of coloniality towards disabled sexualities. It builds on the theory of Kumashiro (2000) of AOE to guide educators in the incorporation of decoloniality to conceptualise AOE for disabled sexualities within the broader curriculum of CSE. The review proposed implications of decoloniality in consultation with the four approaches of Kumashiro (2000) of AOE when conceptualising CSE for disabled sexualities. Indeed, the theorisation here requires further empirical evidence to be made more transferable and practical for the classroom. However, it notes that decoloniality

introduces a new perspective to underline the multilayered, complex, and situated nature of oppression. Future research to integrate the intersections of de/coloniality, disability, and sexuality is encouraged to consider other marginalised and post-structural theories in conceptualising AOE such as Foucauldian theories of governmentality and biopolitics that utilise post-structural and discursive devices to underline the language and practices of oppression.

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### **Footnotes**

1.Southern Africa as a region refers collectively to Angola, Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe.

2.The reviewer is aware of the use of people-first language, that is, people living with disabilities as the preferred social definition of disability instead of the medical definition of disability, that is, disabled individuals. The term 'disabled individuals' is used deliberately to demonstrate that changes in theory and international conventions have not yet been realised in the sexuality of people living with disabilities as Chappell (2019) and McKenzie (2013) use the term. Here, the term 'disabled sexualities' does not only denote the varied, under-represented sexual orientation but the mystified sexual practices of disabled persons.

3.Decoloniality and coloniality cannot be separated. The one conjures images, histories, and responses to the other (Ndlovu-Gatsheni, 2015). Hence, the interchangeable use of decoloniality and de/coloniality in this article.

4.Comprehensive sexuality education is a lifelong approach that is envisioned to develop informed beliefs, values, attitudes, skills, and knowledge around communication in relationships; the influence of social media, sexual activity, sexual anatomy, and reproductive and preventive health; and the complexities of sexuality that accompany psychosexual development (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2018).

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