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HIV & education

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Education systems fail to meet the HIV/AIDS challenge

Education is known as the 'social vaccine' against HIV, but is itself threatened by the epidemic. How have education systems responded to HIV and AIDS? A report by the Global Campaign for Education based on research in 18 countries calls for bigger, better and more systematic efforts.

A complete primary education can halve the risk of HIV infection, but one in two African children either fails to enrol in primary school at all, or drops out before finishing. Teacher shortages, already severe in much of Africa and South Asia, are expected to worsen significantly in the wake of AIDS. Are education systems meeting these challenges?

The research in 18 Asian, African and Latin American countries found that only two countries have a coherent education sector AIDS strategy that is actually being implemented. HIV/AIDS strategic plans are often not implemented because they are developed in isolation from other policy and budgetary processes. The study also found that:

- Nearly all countries have developed an HIV/AIDS curriculum but in most cases implementation is hindered by a lack of adequate teacher training and left at the margins of the curriculum.
- Ministries of Education are not taking sufficient steps to ensure that HIV/AIDS infected and affected learners can stay in school and are ill-prepared to deal with the impact of the disease on teachers.
- The relationship between civil society and Ministries of Education differs greatly across countries, but there is an overall lack of partnership and cooperation.
- Non-governmental organisations have focused their efforts on providing HIV/AIDS education in schools but these have, at times, been misguided and fragmented.
- The blame does not rest only with national governments. The international donor community has also failed to deliver leadership and political commitment.

The report concludes that while the response so far is too little, it may not be too late. By acting together now, donors, governments and civil society can help young people to stay safe from AIDS, by:

- drawing up and implementing fully-funded national strategic plans on HIV/AIDS and education
- defining and defending the rights of HIV-positive children and education workers
- meeting the special educational needs of children affected by HIV/AIDS
- strengthening education management information systems to monitor the impact of the epidemic
- training teachers to teach about HIV/AIDS as part of a wider sexual and reproductive health framework
- ensuring that all children, especially the poorest and most marginalised, go to school.

This effort will require immediate major increases in aid and debt relief for affected countries and a more proactive response from civil society organisations seeking to influence HIV-related policies and plans of their governments.

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Smarter and safer
education protects against HIV in rural Uganda

Most studies in Africa have shown that higher education levels are linked to greater risk of HIV infection. Research spanning a decade in rural Masaka District, south-west Uganda, suggests that this is changing, especially among young women.

Although schooling can boost access to and understanding of health promotion campaigns, it also leads to greater wealth and mobility, increasing the potential exposure to HIV infection. To clarify the balance of these effects, researchers at the MRC/UVRI Uganda Research Unit on AIDS in Entebbe looked at changes in schooling levels, HIV prevalence and condom use in Masaka between 1989/1990 and 1999/2000.

They found that:

- In 1989/1990, higher educational attainment was associated with greater risk of HIV infection, especially among men, but actually this could be explained by the age of the groups surveyed.
- In 1999/2000, for females aged 18-29 years, there is a significant link between higher educational level and lower HIV prevalence, even taking into account age, gender, marital status and wealth.
- There is no clear relationship between education and HIV infection in younger or older males.
- Condom use has increased in the surveyed population over time.
- There is a strong association between higher schooling levels and the likelihood of ever having used a condom.
- While the level of condom use is higher among males, the link between education and condom use is stronger for women.

Higher education levels are increasingly linked with less HIV infection, especially for young people. More educated young adults, especially women, have become more likely to respond to HIV/AIDS information and prevention campaigns by effectively reducing their sexual risk behaviour. One potential explanation is that education promotes confidence in decision-making and will particularly help women, who typically play a subservient role in sexual negotiation.

This is an age group in which individuals will have started their sexual life after the beginning of HIV/AIDS information campaigns. The study suggests that, once information about HIV and its prevention is spread, more educated young individuals are able to adapt more quickly and change their behaviour. The researchers conclude that:

- Information campaigns can be effective in changing behaviour.
- The role of the education sector in fighting the epidemic should not be overlooked, especially in many African countries where it is itself under great strain due to the disease.
- In the long run, a more educated population is more responsive to health promotion campaigns.
- Alternative approaches are needed to reach less educated individuals.

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From a distance

HIV interventions for out-of-school youth

Education is a key protective factor against HIV. But school dropouts are increasing in many affected countries. We urgently need new ways to deliver the 'education vaccine'. Can open, distance and flexible learning (ODFL) meet this need? Researchers from the University of London, address this question through field studies in Mozambique and South Africa.

Through ODFL, learners can choose the time, place and pace of their study. In health education, ODFL has helped to:

- increase access to education (especially for remote or marginalised groups)
- enhance school quality to increase child survival and family health
- raise public awareness and action on health initiatives
- encourage people to practise healthy behaviours.

The researchers carried out field studies in South Africa and Mozambique to examine some of the key ODFL initiatives being undertaken to translate national HIV and AIDS policy into practice, and consider how ODFL might be further developed. They found that there are few strategies to address the needs of out-of-school youth, even though children are increasingly missing lessons, dropping out of school and unable to access the national curriculum or develop basic literacy, numeracy or livelihood skills.

In South Africa, ODFL efforts to prevent the spread of HIV have largely relied on television and media campaigns such as Soul City, LoveLife and Khomanani. In Mozambique lack of infrastructure reduces opportunities for mass media campaigns and HIV prevention methods are mostly face-to-face. To be successful young people must participate in the design and implementation of the activities to make sure they are tailored to their literacy levels and real-life contexts.

There is now a real opportunity to change policy, accelerate the educational response and transform ineffective systems. For this to happen ODFL could play a much greater role in educational reforms by sharing the burden schools face and helping to integrate responses to learner's needs more effectively.

Suggestions for ODFL responses are given at three levels:

- at the individual level: ODFL can reach young people through life skills handbooks, youth magazines, newspaper supplements and psychosocial support programmes. It can also help young people to enter the job market by teaching business and management skills and giving careers counselling. Information targeted at infected parents can help them to write a will and plan an inexpensive funeral.
- at the school and community levels: ODFL can deliver the national curriculum more flexibly, so that young people who are out of school do not fall behind with their lessons and can re-enter school more easily. ODFL materials can also improve teachers' ability to empathise with affected young people and to provide psychosocial guidance and counselling.
- at the national level: there is a need to develop, coordinate and disseminate the national information base on HIV and AIDS.

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Pupil power

Ugandan students help to shape the AIDS education curriculum

Education is key to preventing the spread of HIV. But while sex education in Uganda covers effectively the biology of HIV, it fails to prompt behaviour change. Action research from Birmingham University, undertaken in Uganda, engaged pupils in choosing the content and delivery of the curriculum in an attempt to fulfil this need.

Sex education is included within the Uganda curriculum, but not as a topic on its own. Lessons are teacher-centred and emphasise abstaining from sex until marriage and shunning homosexuality. Pupils see these lessons as boring, irrelevant and a waste of time.

The action research in the classroom aimed to empower 14 and 15-year-olds by involving them in the planning and evaluation of the AIDS curriculum. The research used the national curriculum theme of 'growing up', but allowed flexibility. Classes involved games, stories and active participation. Ground-rules, ensuring that pupils would respect and listen to each other, challenged inequalities in the class. There was a shift in emphasis in the curriculum from the science of AIDS, which young people find boring and at times frightening, to their lived sexual experience, including:

- homosexuality, homophobia and the pressure to confirm to heterosexual behaviour
- relationships
- communication skills.

Pupils found the sessions fun. They liked the use of small, single-sex groups for discussions and learning about sexual issues. Boys and girls participated actively in the discussions. They felt they had more respect and control in the classroom and that there were fewer incidents of sexual harassment.

In a later second study, a group of fifty 17 to 19-year-olds at an urban mixed boarding school chose not only the curriculum, but also the methods of learning. They were allowed to decide what and how to learn using mobile sexual health clinic sessions and peer-led support groups. The clinics provided reading materials and videos about sexual health and involved professionals, such as counsellors, teachers, doctors, health educators and radio programmers. The six-member peer groups discussed habits such as use of alcohol, drugs and going to nightclubs.

Students showed different preferences for the content of AIDS education. Positive outcomes of giving students power over the content and format of these sessions include:

- More students attended the mobile sexual health clinic sessions.
- Half of students at one session said they would like to take an HIV test.
- There is increased awareness about the use of condoms.
- Students request more education on social skills.
- Attitudes to gender relations have improved.

This research shows that young people's involvement in curriculum content and delivery improves their response to AIDS education. However, the researcher notes that the source of many injustices lies beyond the school boundary and that challenging them in the classroom alone will not stop them.

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