

Making the Case for HIV/AIDS/STI Prevention through Schools

Description of the tool:

This tool sets out a number of arguments that can be used to convince others of the importance of efforts to prevent – through schools – HIV and other sexually-transmitted infections (STIs) as well as to put a stop to the stigma and discrimination associated with HIV and AIDS. These arguments also give reasons why communities and schools both need and will benefit from HIV/STI prevention interventions and related health promotion activities.

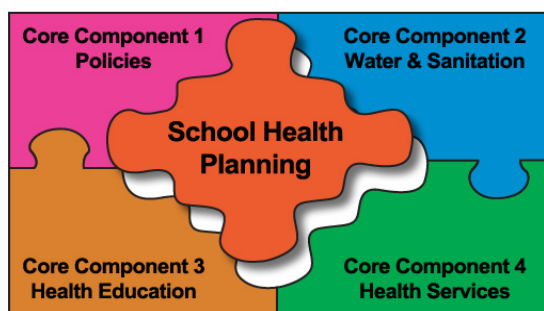
The information in this tool was adapted by UNESCO from the following publication:

WHO/UNESCO/UNAIDS/Education International 1998. *WHO Information Series on School Health – Document 6. HIV/AIDS Prevention as an Entry Point for the Development of Health-Promoting Schools*. Geneva: WHO.

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Description of the document:

This document is intended to help individuals advocate for and implement HIV/AIDS/STI prevention through schools. Clearly showing that HIV prevention programmes are effective in reducing the risk of HIV infection among young people, it puts forward strong arguments for addressing HIV/AIDS/STI prevention through schools and why schools must accept the responsibility to educate their community members and work with them to determine the most appropriate and effective ways to prevent HIV infection among young people. It describes the concepts and qualities of a Health-Promoting School, specific ways in which schools can use their full organizational capacity to prevent HIV infection, and how each of the four components of FRESH can be used to prevent HIV/AIDS/STI.



FRESH offers a strategic framework within which to develop an effective school health programme. Planning and evaluation are essential processes that enable the framework to be adapted to local resources and needs. Careful planning and documentation of outcomes enhances the success and sustainability of school health programme activities.

Making the Case for HIV/AIDS/STI Prevention through Schools¹

I. Preventing HIV/STI and related discrimination among school-age youth is important!

The following arguments can be used to convince others of the importance of efforts to prevent – through schools – HIV and other sexually-transmitted infections (STIs), as well as to call a halt to the stigma and discrimination associated with HIV and AIDS. They give reasons why communities and schools both need and will benefit from HIV/STI prevention interventions and related health promotion activities.

Argument: *For better or worse, schools play a significant role in the HIV pandemic*

Schools can contribute to or hinder the prevention of HIV/STI and related discrimination. For example:

For the better, schools:

- provide education about HIV/AIDS/STI to school staff and community members;
- work with communities to determine the most appropriate and effective ways to educate young people about HIV/AIDS/STI;
- take part in national and community initiatives to prevent HIV/AIDS/STI;
- develop policies about HIV that support the rights of students and staff to learn and work in schools;
- develop policies that support the provision of HIV/AIDS/STI education;
- provide education to young children to reduce fear about HIV/AIDS;
- provide education to pre-adolescents to explain how HIV is and is not spread and how HIV affects families, communities and nations;
- provide education to adolescents, before they are faced with sexual decisions, to help them acquire the knowledge, attitudes, values, skills and support needed to avoid HIV/STI;
- integrate HIV/STI education into education about reproductive health, life skills, alcohol/substance use and other important health issues;
- include HIV/STI education in other relevant subject areas such as home economics, family life, science, social studies and other areas as suggested in official school policies;
- enhance education about HIV/AIDS/STI through practices that foster caring, respect, self-efficacy, self-esteem and decision-making; and through conditions that allow for the healthy development of students, teachers and other staff;
- provide training to teachers who are responsible for teaching about HIV/AIDS/STI;
- engage young people in HIV/AIDS/STI education in the classroom and through peer education and a variety of other learning experiences such as theatre, song and poster design;

- teach boys and girls to respect themselves and each other;
- foster discussion of HIV/AIDS/STI, sexuality and other important health issues in the community and family.

For the worse, schools:

- are a source of rumour and misinformation about AIDS;
- permit individuals who are not adequately informed to address HIV/AIDS/STI with students and staff;
- ask or even require teachers to teach about HIV/AIDS/STI without providing proper training or tools;
- develop policies that prohibit the attendance of students and staff who are infected with HIV and consequently generate unwarranted fear;
- isolate students, teachers and staff whose families are infected or affected by HIV/AIDS;
- prohibit discussions about HIV/AIDS/STI lessons, creating suspicion and curiosity;
- forbid teachers to provide sexual information along with education about HIV/AIDS/STI, thereby restricting clear and accurate information about routes of transmission and differences in sexual orientation;
- provide only sporadic, fragmented and inadequate opportunities for students to learn about HIV/STI prevention, resulting in many unanswered questions and concerns among students and staff;
- exclude young people from becoming actively involved in developing and implementing learning experiences that could influence their health for the better, including education about sexuality and HIV/STI prevention;
- help sustain gender inequality by not teaching young men and women how to interact respectfully with one another;
- help sustain biased attitudes among students, teachers and staff by not acknowledging differences in opinions, values and beliefs about sexuality, gender and equity;
- remain isolated from national and community HIV/AIDS/STI initiatives even though the issues are highly relevant to young people.

Argument: *HIV infection has reached pandemic proportions*

During 2002, an estimated 5 million people became infected with HIV and 3.1 million persons died from AIDS. By the end of 2002, the total number of AIDS deaths since the beginning of the epidemic stood at 27.9 million. AIDS and HIV infection are a worldwide pandemic that requires a worldwide response.

Argument: *HIV/AIDS is affecting millions of young people*

HIV infection is one of the major problems confronting school-age children today. They face fear if they are ignorant, discrimination if they or a family member or friend is infected, and suffering and death if they are not able to protect themselves from this preventable disease. Since 1988, the number of children and adolescents infected by HIV has increased sharply, in both urban and rural areas worldwide.

An estimated 42 million people alive today are infected with HIV or have AIDS; almost a third of these are young people aged 15-24. In 2002, 2.9 million children and young people worldwide became infected, including 800,000 children under 15 and over 2.1 million aged between 15 and 24. Some 8,000 children and young people became infected with HIV each day – approximately six per minute. In many countries, over 50% of all infections are among 15-24 year olds who are likely to develop AIDS in a period ranging from several months to more than 10 years. At present, women and adolescents are the primary groups becoming infected with HIV in some of the most affected areas. Young people who are neither infected by HIV nor orphaned because of AIDS are nonetheless affected by the socio-economic consequences from the epidemic in hard-hit communities and countries. These figures are a cause of great concern to health professionals, educators and community members because ***HIV infection is preventable.***

Argument: *HIV infection is a chronic disease that affects the physical, psychological and social well-being of individuals who are infected, their peers, families and community members*

Statistical data about HIV/AIDS does not adequately convey the loss experienced by families, communities and nations. Physically, HIV and AIDS are an ordeal for those with the illness. A common cold can turn to pneumonia in a matter of days. People with AIDS are often sick and unable to engage in the day-to-day activities that many of us take for granted. Illnesses can come and go over a period of months or even years and differ in severity. Many people with HIV and AIDS suffer from depression because every hour of each day they must live with the knowledge that they are ill, that they will probably grow sicker and that they will die prematurely as a result of HIV infection. In the later stages of AIDS, a large percentage of people experience various forms of mental illness similar to senility. Slowly and painfully, AIDS drains their energy and enjoyment of life. This can take many years and have devastating effects on the patients, their families and friends.

In addition to suffering from the consequences of a serious illness, people with HIV and AIDS often suffer from isolation and condemnation and are excluded from social interaction with family, friends and the community. Patients and their families often lose access to education, their jobs and sometimes health care. Ignorance plays a large part: misconceptions about HIV and sexual orientation often result in hostility and harassment. The families and friends of people with AIDS also go through the pain of isolation, fear and despair.

Nations also suffer. People with AIDS have fewer years of life expectancy, which has severe repercussions within the social and economic sectors. Economic losses from AIDS could soon exceed total foreign aid to some seriously affected countries. AIDS cripples not only the individual who suffers from the disease, but also their local communities and society at large.

HIV/AIDS clearly affects the education sector and the quality of education provided, particularly in certain regions of the world, such as Africa. The consequences of the AIDS epidemic include a probable decrease in the demand for education, coupled with absenteeism and an increase in the numbers of orphans and school drop-outs, especially among girls. A decline in education for girls will have serious repercussions on progress made over the past decade towards providing an adequate education for girls and women. Reduced numbers of classes or schools, a shortage of teachers and other personnel and shrinking resources for educational systems all impair the prospects for education.

Argument: *Schools need to provide HIV education along with education about sexuality, reproductive health, life skills, substance use and other important health education issues*

Young people are society's greatest asset and deserve strong investments from society. Supporting schools is one way to invest in youth and prepare them to lead satisfying and productive lives. Investment in youth benefits nations and communities, as well as individuals. However, such investments cannot yield their full benefit if HIV/AIDS, STI, sexual violence, unplanned pregnancy and other preventable health problems disrupt the learning and lives of students. Effective HIV/STI intervention is needed to maximize investments in youth and bring about improvements in equity, social and economic development and productivity. By responding strongly to the challenge of HIV/AIDS, the education sector can help reduce the future impact of this disease on overall development.

Argument: *Schools need to educate the community and work with it to determine the most appropriate and effective ways to prevent HIV infection among young people*

HIV/STI prevention requires consideration and discussion of complex, sometimes "taboo", issues such as sexuality, substance use and beliefs that are rooted in religion, culture and law. Some parents and community leaders regard education about sexuality and related issues as family or religious matters, and not appropriate topics for school. Yet, parents often lack factual information and/or have difficulty addressing these issues among themselves and with their children. Some parents rely on schools to educate their children in ways they themselves cannot.

Opinions and needs vary from school to school and from community to community. It is clear however that in no community, can schools alone decide the most appropriate way to help young people prevent infection with HIV or other STIs. Community members must be well informed and closely involved in making such decisions. Schools should therefore help to educate the community as a whole, and create forums for debate and discussion so that, together, the school and the community can make decisions about how to equip young people with the knowledge and skills needed to prevent HIV/STI and related discrimination.

Argument: *Policies and curricula can offer highly visible opportunities to demonstrate a commitment to equity, gender and human rights*

Traditionally, schools are institutions that model society. Within the context of this "model" society, students learn skills needed to make decisions about complex issues. Schools promote objectivity, enquiry and debate as a part of the learning process, and by their very nature can foster discussion of social issues such as equity, gender and human rights, all of which are challenged by HIV/AIDS.

The school can either be a place that practices discrimination, prejudice and undue fear, or it can be a place that demonstrates, in a highly visible manner, society's commitment to:

Equity

Schools can ensure that "*every child and every adolescent has the right to education*", especially education that is necessary for survival. According to the Convention on the Rights of the Child, the right of children, even those with impairments, to receive education should not be circumvented under any circumstances. In response to the challenge of HIV, young people need to receive information about HIV/AIDS/STI and their risk of infection. Pupils infected with HIV should have the same educational opportunities as others. Schools

can ensure that both girls and boys receive complete information about HIV/STI and their prevention, and that all young people develop attitudes of respect and care for themselves, their partners and for other people infected and affected by HIV or AIDS.

Gender Specificity

Worldwide, rates of HIV infection are increasing among women. Women are physically more vulnerable to HIV infection than men. They are also socially and economically more vulnerable to conditions that force people to accept the risk of HIV infection in order to survive. Yet, in many places, schools are hesitant about providing sex education to girls because of cultural demands to protect young women from sexual experience. Thus, women often lack the skills needed to communicate their concerns with their sexual partners or to practice behaviours that reduce their risk of infection. In addition, women are often subject to systematic interpersonal and institutional inequalities; men control important methods of HIV/STI prevention, such as condoms. Gender-specific education can help women address such structural and interpersonal inequalities.

Human Rights

Schools can provide knowledge and help people to acquire skills that are needed to avoid HIV/STI and prevent related discrimination. Those who are economically, socially or legally deprived have little or no access to HIV/STI prevention programmes. The school may be the only channel for reaching the deprived (especially women) with knowledge and skills for their well-being. Professional educators, regardless of moral or political convictions, are bound to protect and promote the human and civil rights of all people and help people recognize the psychosocial damage caused when human rights are denied, whether for reasons of religion, culture, gender or sexual orientation.

II. HIV/STI prevention interventions in schools really work!

The following arguments can be used to convince others of the effectiveness of HIV/STI prevention efforts in schools. They can also help to justify decisions to increase support for such efforts.

Argument: *We know how HIV infection is spread*

The specific behaviours that spread HIV infection are well defined. Schools have been successful in teaching young people that HIV is spread from an infected to an uninfected person through unprotected sexual intercourse, through shared use of unsterilized drug injecting equipment, and skin piercing, tattooing and shaving equipment; blood transfusions (though only in countries where blood screening is not routine), and from an infected mother to her child during birth or breast-feeding.

Argument: *Schools can help prevent and reduce the risk of HIV infection among young people*

Schools have been successful in helping young people acquire the knowledge, attitudes and skills needed to avoid infection. Education, when it is appropriately planned and implemented, is one of the most viable and effective means available for stopping the spread of HIV infection.

Evaluation studies of HIV/AIDS education have identified the characteristics of school programmes that are effective in persuading students to adopt safer sexual practices. Effective programmes focus on specific risk-taking behaviour, are based on social learning

theory, use active and personalized teaching methods, provide instruction on how to respond to social pressures, reinforce social norms against unprotected sex, and offer opportunities to practice communication and negotiation skills. In addition, programmes that promote postponement of sex and protected sex have been found to be more successful than programmes that promote abstinence alone.

Argument: *HIV prevention interventions can have a broad impact on students' health and the classroom environment*

HIV/AIDS/STI interventions in schools can teach behaviours that will empower children to make healthy choices related to sex and other health issues. They can provide children with opportunities to learn and practice life skills, such as decision-making and communication skills, which in turn, can help enhance other important areas of adolescent development.

HIV/AIDS interventions that deal with personal beliefs and use participatory techniques can also lead to closer bonds between the teacher and the class and demonstrate to the school population and community that the school cares for its students.

Argument: *Sex education will not lead to early sexual activity*

Researchers in many different cultural and ethnic settings have studied whether sex education leads young people to engage in sexual intercourse earlier than they would if they had not received sex education.

A 1997 UNAIDS review of 53 studies which assessed the effectiveness of programmes to prevent HIV infection and related health problems among young people concluded that sex education programmes **do not lead to earlier or increased sexual activity among young people**. In fact, the opposite seems to be true. Twenty-seven studies reported that HIV/AIDS and sexual health education neither increased nor decreased sexual activity or rates of pregnancy and STI. Twenty-two reported that HIV and/or sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners or reduced unplanned pregnancy and STI rates. These findings do not support the debate that sexual health and HIV education promote promiscuity. On the contrary, the review concluded that school-based interventions are an effective way to reduce risk behaviours associated with HIV/AIDS/STI among children and adolescents.

Argument: *HIV prevention interventions in schools can benefit the entire community*

In many places, schools are a vital, central component of the community; school decisions and actions directly affect many community members. Families of children in the schools may lack education themselves but hope to learn from their children. This is particularly true of migrant populations or disadvantaged socio-economic groups.

Young people who are adequately informed can play a positive role in helping prevent HIV and other STIs. They can spread their knowledge to family members and others in their communities. Through their daily interactions, school/community projects, drama or print media, they can reach out to the community and foster discussion and debate, reflection and learning.

¹ Adapted from: WHO/UNESCO/UNAIDS/Education International 1998. *WHO Information Series on School Health – Document 6. HIV/AIDS Prevention as an Entry Point for the Development of Health-Promoting Schools*. Geneva: WHO. http://www.who.int/school_youth_health/resources/en/

Planning HIV/STI Interventions: Conducting a Situation Analysis

Description of the tool:

After describing what a situation analysis consists of, this tool then sets out the reasons for conducting such an analysis, who should be involved in the process and what information is needed. A table outlines the basic questions that might form the starting point of a situation analysis in respect of planning HIV/STI interventions and suggests methods for collecting data.

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FRESH offers a strategic framework within which to develop an effective school health programme. Planning and evaluation are essential processes that enable the framework to be adapted to local resources and needs. Careful planning and documentation of outcomes enhances the success and sustainability of school health programme activities.

Planning HIV/STI Interventions: Conducting a Situation Analysis¹

What is a situation analysis?

In simple terms, a situation analysis is an effort undertaken by programme planners to gather and analyze information that will help them to design, implement and evaluate interventions. Typically, the kind of information collected relates to who is affected and why or how they are affected, the severity of the problem, and resources and strategies that might be employed to produce the desired outcomes. For HIV/STI interventions, information about individuals' knowledge, attitudes and behaviour is often of key importance.

Why conduct a situation analysis?

Efforts to reduce HIV/STI infection through school-based interventions are most likely to succeed when two conditions are met:

- i) they are strongly supported by policy and decision makers, the school staff and students, and parents and other members of the community; and
- ii) credible information about the need for the interventions, the resources required and the outcomes expected is used to plan, implement and evaluate all aspects of the effort undertaken.

At whatever level of programme planning (national, district or local), both the process and results of a situation analysis can help to meet these conditions. A good situation analysis has several benefits:

- Policy-makers and decision-makers need strong arguments, especially when their actions involve allocating resources.
- Accurate and up-to-date information can provide a basis for discussion, justification for action, setting priorities and identifying groups in special need for interventions, such as children living in geographical areas where HIV/STI and substance use are prevalent.
- Data obtained through the situation analysis can help ensure that interventions are tailored to the specific needs, experience, motivation and strengths of students, staff, families and community members targeted.
- Data obtained through the situation analysis provide a baseline against which to measure future trends in HIV infection rates and HIV-related behaviours. This is essential for evaluating the results of the activities undertaken, and for making improvements to on-going programmes.

Who should be involved in conducting a situation analysis?

To ensure the success and sustainability of school health programmes, the FRESH initiative calls for effective partnerships between education and health sector workers, and the active participation of students, parents and other community members in all school health promotion activities. It is a good idea to involve a cross-section of all of them in planning and conducting a situation analysis. In this way, commitment for the programme will be developed and implemented as of the outset. Ideally, two teams of supporters should be assembled: a School Health Team and a Community Advisory Group.²

Information needed

Several kinds of data and information are useful in a situation analysis:

- HIV and STI infection rates, where they are available, can provide evidence of potential risk. Information about potential risk may be very important for convincing policy-makers and the public that HIV/STI interventions are important in schools. Data about death caused by AIDS or substance use can also be useful. These data are useful in determining the extent to which HIV, AIDS, STI and substance use are health problems in the community or nation.
- Data on sexual behaviour, unintended pregnancy and (psycho-active) substance use rates among young people can help to determine the extent to which they are at risk of HIV/STI.
- Data about HIV/STI-related knowledge, attitudes and skills are also important for planning effective education programmes. (18) These data can be obtained by conducting a survey. Many survey questionnaires exist and the local health agency may be able to provide examples.

The table on the next page outlines the basic questions that might form the basis of a situation analysis in respect of HIV/STI and suggests methods for collecting data.

Planning HIV/AIDS/STI Interventions: Conducting a Situation Analysis

Basic Questions	Sources and Methods for Data Collection
How prevalent are HIV, STI, unintended pregnancy and substance use in the community or nation?	<ul style="list-style-type: none"> ▪ Review of existing data from a local health authority; ▪ Sample survey by self report
How prevalent are HIV, STI and unintended pregnancy in school-age children and young people?	<ul style="list-style-type: none"> ▪ Same as above
How many people are thought to be affected by HIV/AIDS?	<ul style="list-style-type: none"> ▪ Same as above
Are there data on HIV infection rates or AIDS-related deaths among school-age children, young people or adults in your community or nation?	<ul style="list-style-type: none"> ▪ Same as above
What are the important behaviours, behaviour determinants and conditions that place young people and adults at risk for HIV infection in the community?	<ul style="list-style-type: none"> ▪ Same as above
Do parents, teachers and young people have basic knowledge about AIDS and HIV/STI?	<ul style="list-style-type: none"> ▪ Questionnaire; ▪ Focus group discussions
What are the common attitudes and beliefs of teachers, parents and youth towards AIDS and HIV/STI?	<ul style="list-style-type: none"> ▪ Same as above
What are the common attitudes and beliefs of teachers, parents and youth towards education about AIDS and HIV/STI?	<ul style="list-style-type: none"> ▪ Same as above
Does a school HIV policy pertaining to privacy, learning and employment exist? Are school staff, teachers and students informed of its existence?	<ul style="list-style-type: none"> ▪ Interview with school officials
Are other health programmes and interventions in place into which education about HIV/STI can be integrated?	<ul style="list-style-type: none"> ▪ Interview with school and community leaders

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² See “Establishing a School Health Team” and “Assembling a Community Advisory Committee” under the heading General Purpose Tools for information about the composition and responsibilities of these groups.

Evaluating HIV/STI Interventions

Description of the tool:

Evaluation is a powerful method by which to raise awareness about school health programmes and to strengthen them. This tool describes different types of evaluation that can be carried out, what should be evaluated and how. This tool contains a checklist that schools can use to evaluate a school's HIV-related policies, curricula, staff development programmes and the school environment.

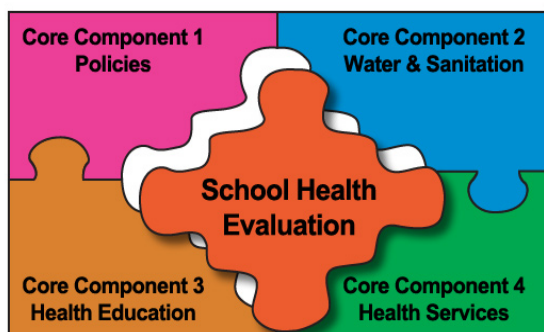
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Evaluating HIV/STI Interventions¹

Evaluating HIV-related policies

School health HIV-related policies can be assessed to determine what exists and what such policies cover. An assessment of content and process can be made by comparing adopted policy with policy guidance that may be available from the local health agency or other relevant organizations. Expert appraisal of the medical content of the policy can ensure that facts and medical research are accurately reflected. Those for whom the policies are intended can be surveyed for their insights as to the value of the policy.

Schools can use the following checklist to help them evaluate their HIV-related policies.

Does a school policy exist that:

- © expresses the goal of preventing the spread of HIV infection and minimizing the negative impact of HIV/AIDS?
- © offers a rationale for educating students and school staff about HIV/STI?
- © addresses the placement of HIV/STI in the curriculum?
- © encourages the integration of HIV/STI issues into relevant subject areas?
- © addresses the amount of time that should be devoted to education about HIV/AIDS/STI?
- © requires that HIV/STI lessons be taught sequentially from primary through secondary school, taking into account the students' ages and developmental stages?
- © establishes a supportive school environment that does not discriminate against students or teachers based on their health status, sexual orientation or gender?
- © ensures that teachers are protected from criticism or censure if they address controversial topics like HIV/AIDS and sexuality in a manner consistent with school policy?
- © outlines appropriate hygienic precautions about exposure to blood?

For HIV-positive students and staff, does a policy exist to:

- © protect their privacy and confidentiality?
- © ensure that students' and teachers' rights to education and employment are upheld?
- © guarantee non-discrimination towards staff, students and family?
- © ban discriminatory comments among students and staff
- © include emergency leave for illness or bereavement of school personnel, students and related family members?

Evaluating HIV/STI curricula

Proposed curricula should be carefully reviewed. Curriculum review committees are perhaps the best way to evaluate curriculum content. By combining experts with teachers, students and community leaders, the committee can achieve a balance of opinions so that curricular content can be developed with consideration for community values.

Schools might use the following checklist to help them assess important aspects of curriculum development.

Does the curriculum:

- © integrate HIV/AIDS education across the core curriculum and/or within comprehensive school health education?
- © provide all students, at each grade level, with age- and gender-appropriate learning experiences, and consider cultural and religious beliefs?
- © include information about the prevalence of HIV/STI among young people in the nation/area and the extent to which young people practice behaviours that place them at risk of infection?
- © set objectives that reflect the needs of students, based on local assessments and relevant research?
- © include lessons that provide opportunities to address a range of preventive options, e.g., delaying sexual intercourse, condom use, no use of drugs, use of clean needles?
- © include opportunities to practice skills for avoiding HIV/STI, pregnancy and drug and alcohol use?
- © address the use of effective teaching strategies?
- © provide opportunities for parents and the community to learn about and reinforce education about HIV/STI?
- © help students recognize their attitudes and feelings about HIV and people living with AIDS?

Evaluating HIV/STI staff development programmes

Whether students will improve their HIV/STI-related knowledge, skills and attitudes depends to a large extent on their teacher's ability to communicate effectively and teach about complex and sometimes taboo topics. Training can be provided through in-service workshops or continuing education programmes.

Review instruments that can be used to evaluate staff development activities include surveys to assess: educators' needs; general attitudes among educators towards people with HIV or AIDS; confidence in teaching abilities; comfort with sensitive issues; and HIV/AIDS knowledge. These can be administered pre- and post-training.

The following checklist can be used to help assess aspects of HIV-related teacher training.

Does training for school personnel include:

- © training objectives and content that will meet the identified needs of teachers?
- © allocation of authority, personnel, time and resources to a staff member who will be responsible for initiating, managing and coordinating the training?
- © follow-up sessions or other means by which to periodically provide updates on HIV and other important health problems?
- © consistency with HIV/STI and substance use education in the curriculum?
- © practices to increase teachers' comfort with discussing sexual behaviour, intravenous drug use and slang terms?
- © ways to deal with cultural and religious traditions that perhaps hamper discussion about sex and sex-related matters in the school?
- © innovative participatory techniques, skill-building exercises?
- © referral skills and ways to access health and social services?
- © methods to assess the impact and effectiveness of the training, with revisions in the training format made as needed?

Evaluating the school environment

The school environment has a strong effect on the success of classroom interventions. The following checklist may be helpful in evaluating the degree to which the school is creating an environment that supports principles and interventions related to HIV/STI prevention.

Does the physical and psycho-social environment:

- © provide information about HIV/AIDS in the school library?
- © sponsor school assemblies or after-school programmes designed to promote HIV prevention?
- © display posters and relevant materials as part of a public awareness programme?
- © place HIV/STI prevention high on the agenda for meetings of parent/community/school groups?
- © maintain a school/community task force to develop programming to prevent HIV/AIDS/STI and related discrimination?
- © provide resource materials for parents to supplement school programmes?
- © provide opportunities for students and staff to openly discuss their fears?
- © promote values of mutual respect, acceptance and trust?
- © host positive activities like the World AIDS Campaign and AIDS Awareness Day events?

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Characteristics of Successful Health Education Programmes to Prevent HIV/AIDS

Description of the tool:

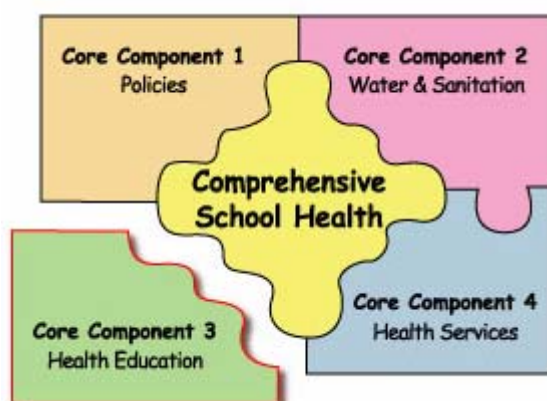
Skills based health education, promoted within a supportive framework, such as the one proposed by the FRESH initiative, offers an effective method of equipping children and young people with the knowledge, attitudes and skills they need to help them steer clear of behaviour that would place them at risk and to adopt healthier life styles. Based on reviews of some 113 evaluated programmes, this tool describes what successful HIV/AIDS prevention education programmes seem to have in common.

The information in this tool was excerpted by UNESCO from the following organization's website:

The Partnership for Child Development: <http://www.freshschools.org>

The information contained in this tool is available at the following address:
<http://www.freshschools.org/education-0.htm>

The rationale for Core Component #3 of the FRESH framework for school health programming is described and is linked to pages describing the other FRESH core components: health-related school policies, safe water and sanitation and school-based health and nutrition services. Successful interventions for both HIV/AIDS and substance abuse prevention in the USA and Nigeria are described, and links provided to further case studies on skills-based health education conducted in Zimbabwe, Peru, Columbia, Vietnam and Tanzania.



This information supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education**. It will have a greater impact if it is reinforced by activities in the other three components of the framework.

Characteristics of Successful Health Education Programmes to Prevent HIV/AIDS¹

Reviews of school-based HIV/AIDS prevention programmes (23 studies in the USA; Kirby *et al.* 1994), 37 other countries (reported in UNAIDS 1999) and 53 studies in the USA, Europe and elsewhere (UNAIDS 1997a), have identified the following common characteristics of health education programmes that have been successful in preventing HIV/AIDS:

- They focus on a few *specific behavioural goals*, (such as delaying initiation of intercourse or using protection), which require knowledge, attitude and skill objectives.
- They provide *basic, accurate information* that is relevant to behaviour change, especially the risks of unprotected intercourse and methods of avoiding unprotected intercourse.
- They emphasize *clear and appropriate values* that will strengthen individual values and group norms against unprotected sex.
- They offer modelling and practice in *communication and negotiation skills* in particular, as well as other related “life skills” in general.
- They make use of *Social Learning theories* as the foundation for programme development.
- They address *social influences* on sexual behaviour, including the important role of media and peers.
- They use of *participatory activities* (games, role playing, group discussions etc.) to achieve the objectives of personalizing information, exploring attitudes and values, and practising skills.
- They advocate for *extensive training* for teachers/implementers to enable them to master basic information about HIV/AIDS and to be given an opportunity to practice and become confident with life skills training methods.
- They *support* reproductive health and HIV/STI prevention programmes set up by school authorities, decision and policy-makers, and the community at large.
- They make *evaluations* (e.g. of outcomes, design, implementation, sustainability, school, student and community support) from the standpoint of programme improvement and encouragement of successful practices.
- They are age-appropriate, targeting students in different age groups and at different stages of development with suitable messages that are of relevance to young people. For example, an appropriate goal for a programme targeting younger students, who are not yet sexually active, might be to delay the initiation of intercourse, whereas for

sexually active students, the emphasis might be placed on reducing the number of sexual partners and encouraging condom use.

- They are all *gender sensitive*, intended for both boys and girls.

Sources of studies mentioned:

1. Kirby, D., Short, L., Collins, J., Rugg, D. *et al.* (1994). School-based Programs to Reduce Sexual Risk Behaviors: A review of effectiveness. *Public Health Reports*, 109(3): 339-361.
2. UNAIDS (1999). Sexual Behavioral Change for HIV: Where have all the theories taken us?
3. UNAIDS (1997a). Impact of HIV and Sexual Health Education on the Sexual Behavior of Young People: A review update.

¹ Excerpted from: The Partnership for Child Development website.
<http://www.freshschools.org/education-0.htm>

Guidelines for School Health Education to Prevent the Spread of AIDS

Description of tool:

This tool provides guidelines for the planning, implementation and evaluation of HIV/AIDS prevention education in schools.

The information in this tool was adapted by UNESCO from the following organization's website:

U.S Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00001751.htm>



FRESH offers a strategic framework for developing an effective school health programme. Planning and evaluation are essential processes that enable you to adapt the framework to local resources and needs. Careful planning and documentation of outcomes enhances the success and sustainability of school health programme activities.

Guidelines for School Health Education to Prevent the Spread of AIDS¹

Introduction

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Because the virus is transmitted almost exclusively by behaviour that individuals can modify, educational programs to influence relevant behaviour can be effective in preventing the spread of HIV (1-5).

The guidelines below have been developed to help school personnel and others plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other HIV-related illnesses.

The guidelines provide information that should be considered by persons who are responsible for planning and implementing appropriate and effective strategies to teach young people about how to avoid HIV infection. These guidelines should not be construed as rules, but rather as a source of guidance. Although they specifically were developed to help school personnel, personnel from other organizations should consider these guidelines in planning and carrying out effective education about AIDS for youth who do not attend school and who may be at high risk of becoming infected. As they deliberate about the need for and content of AIDS education, educators, parents, and other concerned members of the community should consider the prevalence of behaviour that increases the risk of HIV infection among young people in their communities. Information about the nature of the AIDS epidemic, and the extent to which young people engage in behaviour that increases the risk of HIV infection should be taken into consideration.

Planning and Implementing Effective School Health Education about AIDS

The Nation's public and private schools have the capacity and responsibility to help assure that young people understand the nature of the AIDS epidemic and the specific actions they can take to prevent HIV infection, especially during their adolescence and young adulthood. The specific scope and content of AIDS education in schools should be locally determined and should be consistent with parental and community values.

Because AIDS is a fatal disease and because educating young people about becoming infected through sexual contact can be controversial, school systems should obtain broad community participation to ensure that school health education policies and programs to prevent the spread of AIDS are locally determined and are consistent with community values.

The development of school district policies on AIDS education can be an important first step in developing an AIDS education program. In each community, representatives of the school board, parents, school administrators and faculty, school health services, local medical societies, the local health department, students, minority groups, religious organizations, and other relevant organizations can be involved in developing policies for school health education to prevent the spread of AIDS. The process of policy development can enable these representatives to resolve various perspectives and opinions, to establish a

commitment for implementing and maintaining AIDS education programs, and to establish standards for AIDS education program activities and materials. Many communities already have school health councils that include representatives from the aforementioned groups. Such councils facilitate the development of a broad base of community expertise and input, and they enhance the coordination of various activities within the comprehensive school health program.⁶

AIDS education programs should be developed to address the needs and the developmental levels of students and of school-age youth who do not attend school, and to address specific needs of minorities, persons for whom English is not the primary language, and persons with visual or hearing impairments or other learning disabilities. Plans for addressing students' questions or concerns about AIDS at the early elementary grades, as well as for providing effective school health education about AIDS at each grade from late elementary/middle school through junior high/senior high school, including educational materials to be used, should be reviewed by representatives of the school board, appropriate school administrators, teachers, and parents before being implemented.

Education about AIDS may be most appropriate and effective when carried out within a more comprehensive school health education program that establishes a foundation for understanding the relationships between personal behaviour and health.⁷⁻⁹ For example, education about AIDS may be more effective when students at appropriate ages are more knowledgeable about sexually transmitted diseases, drug abuse, and community health. It may also have greater impact when they have opportunities to develop such qualities as decision making and communication skills, resistance to persuasion, and a sense of self-efficacy and self-esteem. However, education about AIDS should be provided as rapidly as possible, even if it is taught initially as a separate subject.

State departments of education and health should work together to help local departments of education and health throughout the state collaboratively accomplish effective school health education about AIDS. Although all schools in a state should provide effective education about AIDS, priority should be given to areas with the highest reported incidence of AIDS cases.

Preparation of Education Personnel

A team of representatives including the local school board, parent-teachers associations, school administrators, school physicians, school nurses, teachers, educational support personnel, school counsellors, and other relevant school personnel should receive general training about (a) the nature of the AIDS epidemic and means of controlling its spread, (b) the role of the school in providing education to prevent transmission of HIV, (c) methods and materials to accomplish effective programs of school health education about AIDS, and (d) school policies for students and staff who may be infected. In addition, a team of school personnel responsible for teaching about AIDS should receive more specific training about AIDS education. All school personnel, especially those who teach about AIDS, periodically should receive continuing education about AIDS to assure that they have the most current information about means of controlling the epidemic, including up-to-date information about the most effective health education interventions available. State and local departments of education and health, as well as colleges of education, should assure that such in-service training is made available to all schools in the state as soon as possible and that continuing in-service and pre-service training is subsequently provided. The local school board should assure that release time is provided to enable school personnel to receive such in-service training.

Programs Taught by Qualified Teachers

In the elementary grades, students generally have one regular classroom teacher. In these grades, education about AIDS should be provided by the regular classroom teacher because that person ideally should be trained and experienced in child development, age-appropriate teaching methods, child health, and elementary health education methods and materials. In addition, the elementary teacher usually is sensitive to normal variations in child development and aptitudes within a class. In the secondary grades, students generally have a different teacher for each subject. In these grades, the secondary school health education teacher preferably should provide education about AIDS, because a qualified health education teacher will have training and experience in adolescent development, age-appropriate teaching methods, adolescent health, and secondary school health education methods and materials (including methods and materials for teaching about such topics as human sexuality, communicable diseases, and drug abuse). In secondary schools that do not have a qualified health education teacher, faculty with similar training and good rapport with students should be trained specifically to provide effective AIDS education.

Purpose of Effective Education about AIDS

The principal purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behaviour exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behaviour that virtually eliminate their risk of becoming infected.

School systems should make programs available that will enable and encourage young people who have not engaged in sexual intercourse and who have not used illicit drugs to continue to:

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- Refrain from using or injecting illicit drugs.

For young people who have engaged in sexual intercourse or who have injected illicit drugs, school programs should enable and encourage them to:

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- Stop using or injecting illicit drugs.

Despite all efforts, some young people may remain unwilling to adopt behaviour that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behaviour that should be practiced by persons with an increased risk of acquiring HIV infection. These include the following:

- Avoiding sexual intercourse with anyone who is known to be infected, who is at risk of being infected, or whose HIV infection status is not known;
- Using a latex condom with spermicide if they engage in sexual intercourse;

- Seeking treatment if addicted to illicit drugs;
- Not sharing needles or other injection equipment;
- Seeking HIV counselling and testing if HIV infection is suspected.

State and local education and health agencies should work together to assess the prevalence of these types of risk behaviour, and their determinants, over time.

Content

Although information about the biology of the AIDS virus, the signs and symptoms of AIDS, and the social and economic costs of the epidemic might be of interest, such information is not the essential knowledge that students must acquire in order to prevent becoming infected with HIV. Similarly, a single film, lecture, or school assembly about AIDS will not be sufficient to assure that students develop the complex understanding and skills they will need to avoid becoming infected.

Schools should assure that students receive at least the essential information about AIDS, as summarized in sequence in the following pages, for each of three grade-level ranges. The exact grades at which students receive this essential information should be determined locally, in accord with community and parental values, and thus may vary from community to community. Because essential information for students at higher grades requires an understanding of information essential for students at lower grades, secondary school personnel will need to assure that students understand basic concepts before teaching more advanced information. Schools simultaneously should assure that students have opportunities to learn about emotional and social factors that influence types of behaviour associated with HIV transmission.

Early Elementary School

Education about AIDS for students in early elementary grades principally should be designed to allay excessive fears of the epidemic and of becoming infected.

- AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.
- AIDS is very hard to get. You cannot get it just by being near or touching someone who has it.
- Scientists all over the world are working hard to find a way to stop people from getting AIDS and to cure those who have it.

Late Elementary/Middle School

Education about AIDS for students in late elementary/middle school grades should be designed with consideration for the following information:

- Viruses are living organisms too small to be seen by the unaided eye.

- Viruses can be transmitted from an infected person to an uninfected person through various means.
- Some viruses cause disease among people.
- Persons who are infected with some viruses that cause disease may not have any signs or symptoms of disease.
- AIDS (an abbreviation for acquired immunodeficiency syndrome) is caused by a virus that weakens the ability of infected individuals to fight off disease.
- People who have AIDS often develop a rare type of severe pneumonia, a cancer called Kaposi's sarcoma, and certain other diseases that healthy people normally do not get.
- About 1 to 1.5 million of the total population of approximately 240 million Americans currently are infected with the AIDS virus and consequently are capable of infecting others.
- People who are infected with the AIDS virus live in every state in the United States and in most other countries of the world.
- Infected people live in cities as well as in suburbs, small towns, and rural areas. Although most infected people are adults, teenagers can also become infected. Females as well as males are infected. People of every race are infected, including whites, blacks, Hispanics, Native Americans, and Asian/Pacific Islanders.
- The AIDS virus can be transmitted by sexual contact with an infected person; by using needles and other injection equipment that an infected person has used; and from an infected mother to her infant before or during birth.
- A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.
- It sometimes takes several years after becoming infected with the AIDS virus before symptoms of the disease appear. Thus, people who are infected with the virus can infect other people—even though the people who transmit the infection do not feel or look sick.
- Most infected people who develop symptoms of AIDS only live about 2 years after their symptoms are diagnosed.
- The AIDS virus cannot be caught by touching someone who is infected, by being in the same room with an infected person, or by donating blood.

Junior High/Senior High School

Education about AIDS for students in junior high/senior high school grades should be developed and presented taking into consideration the following information:

- The virus that causes AIDS, and other health problems, is called human immunodeficiency virus, or HIV.
- The risk of becoming infected with HIV can be virtually eliminated by not engaging in sexual activities and by not using illegal intravenous drugs.

- Sexual transmission of HIV is not a threat to those uninfected individuals who engage in mutually monogamous sexual relations.
- HIV may be transmitted in any of the following ways: (a) by sexual contact with an infected person (penis/vagina, penis/rectum, mouth/vagina, mouth/penis, mouth/rectum); (b) by using needles or other injection equipment that an infected person has used; (c) from an infected mother to her infant before or during birth.
- A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.
- The following are at increased risk of having the virus that causes AIDS and consequently of being infectious: a) persons with clinical or laboratory evidence of infection; b) males who have had sexual intercourse with other males; c) persons who have injected illegal drugs; d) persons who have had numerous sexual partners, including male or female prostitutes; e) persons who received blood clotting products before 1985; f) sex partners of infected persons or persons at increased risk; and g) infants born to infected mothers.
- The risk of becoming infected is increased by having a sexual partner who is at increased risk of having contracted the AIDS virus (as identified previously), practicing sexual behaviour that results in the exchange of body fluids (i.e., semen, vaginal secretions, blood), and using unsterile needles or paraphernalia to inject drugs.
- Although no transmission from deep, open-mouth (i.e., "French") kissing has been documented, such kissing theoretically could transmit HIV from an infected to an uninfected person through direct exposure of mucous membranes to infected blood or saliva.
- In the past, medical use of blood, such as transfusing blood and treating haemophiliacs with blood clotting products, has caused some people to become infected with HIV. However, since 1985 all donated blood has been tested to determine whether it is infected with HIV; moreover, all blood clotting products have been made from screened plasma and have been heated to destroy any HIV that might remain in the concentrate. Thus, the risk of becoming infected with HIV from blood transfusions and from blood clotting products is virtually eliminated. Cases of HIV infection caused by these medical uses of blood will continue to be diagnosed, however, among people who were infected by these means before 1985.
- Persons who continue to engage in sexual intercourse with persons who are at increased risk or whose infection status is unknown should use a latex condom (not natural membrane) to reduce the likelihood of becoming infected. The latex condom must be applied properly and used from start to finish for every sexual act. Although a latex condom does not provide 100% protection—because it is possible for the condom to leak, break, or slip off—it provides the best protection for people who do not maintain a mutually monogamous relationship with an uninfected partner. Additional protection may be obtained by using spermicides that seem active against HIV and other sexually transmitted organisms in conjunction with condoms.
- Behaviour that prevents exposure to HIV also may prevent unintended pregnancies and exposure to the organisms that cause Chlamydia infection, gonorrhoea, herpes, human papillomavirus, and syphilis.

- Persons who believe they may be infected with the AIDS virus should take precautions not to infect others and to seek counselling and antibody testing to determine whether they are infected. If persons are not infected, counselling and testing can relieve unnecessary anxiety and reinforce the need to adopt or continue practices that reduce the risk of infection. If persons are infected, they should: a) take precautions to protect sexual partners from becoming infected; b) advise previous and current sexual or drug-use partners to receive counselling and testing; c) take precautions against becoming pregnant; and d) seek medical care and counselling about other medical problems that may result from a weakened immunologic system.
- More detailed information about AIDS, including information about how to obtain counselling and testing for HIV, can be obtained by telephoning the AIDS National Hotline (toll free) at 800-342-2437; the Sexually Transmitted Diseases National Hotline (toll free) at 800-227-8922; or the appropriate state or local health department (the telephone number of which can be obtained by calling the local information operator).

Curriculum Time and Resources

Schools should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement, curricula are well-planned and sequential, teachers are well-trained, and up-to-date teaching methods and materials about AIDS are available. In addition, it is crucial that sufficient classroom time be provided at each grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.

Program Assessment

The criteria recommended in the foregoing "Guidelines for Effective School Health Education To Prevent the Spread of AIDS" are summarized in the following nine assessment criteria. Local school boards and administrators can assess the extent to which their programs are consistent with these guidelines by determining the extent to which their programs meet each point shown below. Personnel in state departments of education and health also can use these criteria to monitor the extent to which schools in the state are providing effective health education about AIDS.

1. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?
2. To what extent is the program included as an important part of a more comprehensive school health education program?
3. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?
4. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?
5. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?

6. To what extent is the program designed to help teenage students avoid specific types of behaviour that increase the risk of becoming infected with HIV?
7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counsellors—especially those who teach about AIDS?
8. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?
9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?

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¹ Adapted from: U.S Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) website at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001751.htm>

Addressing Gender in HIV/AIDS Prevention

Description of tool:

This tool discusses the gender dimension of HIV/AIDS, and provides suggestions for ensuring that HIV/AIDS prevention education addresses gender issues adequately and effectively.

The information in this tool was adapted by UNESCO from the following publication:

UNICEF, 2002. *HIV/AIDS Education: A Gender Perspective, Tips and Tools*. New York: UNICEF.

Description of document:

This booklet provides a set of training materials for teachers and other educators in formal or non-formal settings. The critical need for educators and trainers to understand gender and HIV/AIDS issues is a central theme, and assisting them to apply a gender analysis to classroom materials, strategies and methodologies is the main objective of this publication. The ideas and activities are presented as examples to be adapted to local circumstances and conditions, and some tools for doing this are provided.



FRESH offers a strategic framework for developing an effective school health programme. Planning and evaluation are essential processes that enable you to adapt the framework to local resources and needs. Careful planning and documentation of outcomes enhances the success and sustainability of school health programme activities.

Addressing Gender in HIV/AIDS Prevention¹

Introduction

The HIV/AIDS pandemic has developed into a major threat to human development—especially in the poorest regions of the world. As of end 2003, UNAIDS reported that an estimated 37.8 million adults and children were living with HIV/AIDS, including 10 million young people between the ages of 15 and 24. Over 20 million people have died since the first cases of AIDS were identified in 1981, and there is still no cure.

In the early days of the epidemic, men vastly outnumbered women among people infected with HIV. In 1997, women made up 41% of all people living with HIV. Today, nearly 50 percent of the global population of HIV infected persons are women. AIDS is now a leading cause of death among women aged 20-40 in Europe and North America. Worldwide, half of all new HIV infections are in young people aged 10 to 25, with adolescent girls in some places as much as five times more at risk than adolescent boys. The epidemic's 'feminization' is most apparent in sub-Saharan Africa, where close to 60% of those infected are women, and 75% of young people infected are girls aged 15-24.

Being a girl or a boy, a woman or man, influences the nature of the risk for contracting HIV/AIDS and how a person experiences it. First, women are more physically susceptible to HIV infection than men -- male-to-female transmission during sex is about twice as likely to occur as female-to-male transmission. However, relatively simple precautions can be taken to reduce the likelihood of HIV transmission during sexual activity, so this physiologic disadvantage is not a sufficient explanation for the growing discrepancy in the way men and women are infected and affected by HIV and AIDS.

Rather, women's and girls' greater vulnerability to HIV infection, their disadvantaged position in coping with it and their greater suffering from its effects stem from skewed power relations and concepts of masculinity that undermine their right, and ability, to make their own decisions in the family and in society in general. This includes decisions about when to have sex and with whom, and about protecting themselves against sexually transmitted diseases, including HIV/AIDS. Poverty and economic dependence, as well as harmful traditional practices, further increase the risks for women and girls.

Leading global institutions working in HIV/AIDS prevention agree that programmes must address these social, economic and political factors if they are to be successful. It is further recognized that while concerted action from all sectors will be necessary to turn the tide of this epidemic, educators are strategically placed to make a difference, since educational institutions reach further into communities around the world than any others. The evidence shows, however, that educators must be better prepared, motivated and supported in order to effectively address the gender dimension of HIV/AIDS, and thus fulfil this potential. Gender is the recommended tool of analysis.

Gender Definitions At-A-Glance

Sex refers to the physiological attributes that identify a person as male or female. This includes the type of genital organs the individual has (penis, testicles, vagina, womb, breasts), the predominant hormones circulating in the body (oestrogen, testosterone); and the individual's ability to produce sperm or ova (eggs), give birth and breastfeed children.

Gender refers to widely shared ideas and expectations (norms) concerning women and men. These include ideas about 'typically' feminine or female and masculine or male characteristics and abilities and commonly shared expectations about how women and men should behave in various situations. These ideas and expectations are learned, from family, friends, opinion leaders, religious and cultural institutions, schools, the workplace, advertising and the media. They reflect and influence the different roles, responsibilities, social status, economic and political power of women and men in society.

Gender Roles/Identity: Learned behaviour and attitudes, roles and activities, expectations and desires.

A Gender Perspective: Explains and reorients the distribution of power between women and men.

Gender Rights: Emphasising economic, cultural, and social rights in overcoming women's subordination and affirming the human rights of women and girls as integral to a framework of human rights for all.

Gender and HIV: How being female or male influences personal experiences, risks and responses in relation to HIV/AIDS

Why are women and girls most vulnerable to HIV/AIDS?

A number of factors serve to put women and girls at risk

Biological Factors

- Females are at greater risk during unprotected intercourse due to the physiology of the female genital tract, specifically because the vagina is the receptive organ during sex and the mucosa of the vagina and cervix is permeable and so allows body fluids to pass through. The risks are greatest in young girls and menopausal women.
- The presence of a sexually transmitted infection (STI) increases the risk of HIV transmission to both women/girls and men/boys, but particularly to women/ girls. Early detection of STIs is critical to HIV/AIDS prevention. Lack of access to appropriate services is an obvious barrier to early detection and treatment, but delaying treatment also increases the risks to partners. In women and girls STIs often go undetected because of an absence of symptoms but also because she may fear the response of their partner or her own family; she may be unaware she is at risk or she may be unable to prevent being put at risk.
- HIV can be transmitted from parent to child during pregnancy, birth and breastfeeding. Services should therefore offer the choice of voluntary and confidential counselling and testing to both parents.

Social Factors

- Traditional gender norms play a role in the spread of HIV. In most societies men and boys have multiple sex partners, whether they are single, in steady relationships or married. Such practices put females at risk. Staying with only one man does not by itself protect the female partner from contracting HIV/AIDS.
- Female ignorance of sexuality is associated with the feminine norms of virginity and the notion of "saving oneself" for one man. This double standard of female purity and early

male sexual initiation limits women and girls from accessing accurate information and services and from talking openly about their bodies, sex and reproduction - so that they do not know what they need to know to protect themselves from HIV/AIDS.

- The way girls and boys are brought up is linked in gender-specific ways to their emotional and sexual needs. Girls, taught to be dutiful and submissive, and that to be real women they must be attractive to men, are susceptible to having early sex to be accepted, to be protected, for love; boys feel obligated to “seek and conquer” by exerting pressure on girls.
- Females are more likely to have their first sexual experience at the insistence of an older, male partner. Young girls are put at particular risk from having sex with older men, who are more likely to have been exposed to HIV through multiple partners.
- Women and girls are the main subjects of abusive male behaviours that spread HIV/AIDS, such as sexual violence, rape and incest.
- After abstinence, condoms are the most effective form of protection against the transmission of HIV/AIDS, when used correctly. (Non-barrier and oral contraceptives are only effective for preventing pregnancy). Most women do not have the power to ensure that men use condoms. And studies show that men/ boys are less likely to decide to use them, especially in steady relationships.
- Myths—for example, men with AIDS can be cured by having sex with a young virgin—and some traditional cultural practices, such as early marriages and female circumcision, expose girls to higher risks.
- Due to their traditional care giving and nurturing roles, women and girls bear a disproportionate share of caring for HIV/AIDS infected family members. Girls are more likely than boys are to be withdrawn from school to assist in the care of the sick and dying. Men/boys are socialised to expect women/girls to care for them so many do not learn to look after themselves and their children. Worldwide nearly two-thirds of the 120 million children without access to schools are girls.
- Because of the low value placed on girls and women. Families may not be willing to spend scarce resources on their education or for their medical care. Worldwide, this limits their access to the information, skills, and power to protect themselves.

Economic and Political Factors

- All over the world women labour the longest hours for the least economic returns, routinely performing multiple roles—even while pregnant—at the workplace (low paid productive work), in the home (unpaid productive/reproductive work) and in the community (voluntary work). Women and girls are the majority of the world’s poorest people. Because of economic need or insecurity, many women and girls are dependent on men and provide sexual services in return. In such a situation, they have little power to insist on condom use.
- Women are denied equal participation in policymaking and equal access to resources. They face institutionalised discrimination in employment, housing, education and health. And so, their needs are often ignored. This situation increases their dependency and vulnerability and limits their ability to change or influence the conditions they live in.
- Women and girls suffer the most harmful consequences of migration, trafficking, and displacement in armed conflicts, including rape and other forms of sexual violence.

- Because of the low status of women and girls, and the widespread violation of their rights, many are trafficked or sold into prostitution, even by their own families. This places them at high risk of contracting HIV/AIDS. Women and girls are the main subjects of abusive male behaviours that spread HIV/AIDS, such as sexual violence, rape and incest.

School-based Programming

A four-step, all-inclusive approach to increase public awareness, mobilise community support, and develop a gender sensitive teaching and learning environment

STEP ONE: Improve the knowledge base and get the word out.

Use data from all relevant sectors (Health, Education, Labour, Welfare, etc.), broken out by sex and age, to broaden the understanding of the extent and impact of HIV/AIDS, and the associated gender dimensions. Include:

- Regional, national and/or state statistics on the prevalence of HIV/AIDS to demonstrate the urgency of the pandemic and greater vulnerability of women, girls and adolescents.
- The socio-economic conditions and lower status of women and girls relative to that of men and boys and how this is linked to risky sexual and reproductive behaviour.
- The health system response to the sexual and reproductive health needs of adolescents, particularly with regard to prevention and treatment of STIs (sexually transmitted infections) and adolescent pregnancy.
- The prevalence of gender-based violence and the response of the legal system to domestic and sexual violence and how this is linked to women's greater HIV/AIDS risk.
- The effectiveness of current education programmes oriented towards building gender equality and empowering women/girls, and programmes aimed at improving male participation and responsibility in sexual and reproductive health.

Transform the data into teaching and learning materials for educational institutions and programmes and into popular formats for the wider community. Use it to re-focus HIV messages that address the daily realities of women and girls. For example, married women are being infected by their husbands yet prevention messages may only be emphasising sex *before* marriage; women and girls need to be empowered to negotiate protected sex, yet information about accessing the female condom may not be available.

STEP TWO: Reach out.

Establish working relations with diverse organisations and institutions in the community.

- Women's groups, NGOs and youth groups—particularly those committed to women's sexual and reproductive health rights—constitute an important knowledge base. These groups will assure inclusion of the rights and needs of women and adolescents in design, implementation and assessment and facilitate participation of women and young people.
- Adolescents will help to ensure that needs assessments are based on the reality of young peoples' experiences and the skills they need to develop. Encourage them to develop peer networks and support groups of young women and men and girls and

boys committed to protecting themselves and others from risky sexual behaviour. Pre-test materials among young people, especially girls.

- Parent/teacher associations, teachers' and family welfare organisations, community institutions, and religious and traditional leaders, once sensitised to the issues can help to counter tolerance to gender-based discrimination and promote change.
- Government and private sector organisations provide a range of organised settings for young people—from recreational activities to programmes for those in difficult situations such as pregnancy, homelessness and drug abuse. Work with them to engender these established programmes.
- The media are potentially powerful vehicles for disseminating HIV/AIDS prevention information and knowledge. Work with media managers to overcome institutionalised gender biases and to develop gender sensitive messages.
- Contact United Nations agencies and country offices for technical and economic support.

STEP THREE: Develop a gender sensitive environment for teaching and learning

Educational Goals

- Educate girls and boys for satisfying and productive living in the home and in the community.
- Provide a challenging learning environment that is socially and culturally supportive and physically and emotionally comfortable for teachers and students.
- Value boys and girls equally in all aspects of educational experience but also recognise that many girls will initially require more support and resources to level the playing field.
- Examine the behaviours and attitudes of teachers in their relationships with students, especially girls. Since girls are often less valued, teachers may inadvertently pay more attention to boys' interests. Girls may also feel ignored and intimidated by teachers and peers due to their socialisation.
- Address existing barriers to girls' full involvement in the school environment, from sexual harassment, sexual abuse and rape by both students and teachers to restrictive policies, such as uniforms that inhibit physical activity, or the type and quality of subjects and spaces they are offered. Evaluate routine practices, such as lining students up by gender or seating girls and boys separately, to avoid reinforcing gender bias.

The Curriculum

- In content, language and methodology, the curriculum must meet the educational needs and entitlements of girls and recognise women's contribution to society. But too often, gender stereotypes are part of faculty and student perceptions of femininity and masculinity. A development team that includes experts in women's sexual and reproductive rights, gender and HIV/AIDS, life skills teaching, and gender and education can help to avoid such biases being translated to the curriculum.
- Develop quantitative as well as qualitative indicators to measure progress in reducing gender inequalities and accountability mechanisms to measure programme efficiency

and effectiveness. Evaluation and monitoring processes are useful in assessing the quality of educational materials, teaching/learning methodologies, the school environment and performance of teachers and other educators.

- Ensure a solid base of HIV/AIDS prevention programming and reinforce this by integrating HIV/AIDS prevention education in all subject areas and activities.
- Base activities on the experiences of learners and teachers, people they know in the community and role models from the broader society, to engage and retain their interest. Base reproductive health education on the real choices and pressures in relationships between girls and boys. Incorporate methodologies that are interactive and participatory—role-playing, group discussions, and games.
- Increase the complexity of the HIV life skills curriculum content and exploration of the social, political and economic dimensions in age appropriate ways, from kindergarten through high school.

STEP FOUR: Institute training on life skills-based education for teachers and trainers

Life-skills education that addresses HIV/ AIDS is about changing attitudes and behaviour so training of teachers and trainers must ensure competence *and* challenge patriarchal attitudes and behaviours. Some tips:

- Include accurate and appropriate information on HIV/AIDS, risks and vulnerability and gender in all teacher training programmes, from in-house workshops through university courses.
- Provide all the information teachers require, in durable packaging, especially in rural areas where recommended texts may be difficult to access due to availability and cost.
- Establish face-to-face, in-service life skills-based training programmes for teachers but provide a back-up of substantial content and methodological guidance in training materials, including guidelines on how to conduct participatory lessons and activities.
- Provide research information to help address personal, religious or cultural resistance of teachers and trainers, and the wider community to sensitive content of HIV/AIDS education. For example, information from studies that show sex education reduces risks by contributing to increased condom use, delaying sex and other safer behaviours.
- Make a plan with concrete and realistic benchmarks and monitor implementation.

¹ Adapted from: UNICEF, 2002. *HIV/AIDS Education: A Gender Perspective, Tips and Tools*. New York: UNICEF.