

Children in Primary School: The Window of Hope or the Window of Concern?¹

by

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Whenever society encounters a problem that embraces the young it tends to think about the schools and ask what they are doing about it. This comes out very clearly in the way people say that schools should teach more practical skills, so that young people would be more employable on completion of their school programmes. It also comes out in the way society says that schools should give more attention to the teaching of values with a view to arresting the decline in moral standards.

In the current HIV/AIDS situation, the same tendency appears, with schools being expected to communicate knowledge, instill values and promote behaviours that will enable students protect themselves against HIV infection. These expectations are legitimate in so far as in the absence of a vaccine every known prevention measure involves some learning, some relatively permanent change in behaviour arising from a communication process. What is common to messages about abstinence, safe sex, fidelity to one partner, reducing the number of sexual partners, protecting against vertical (mother to child) HIV transmission, using clean needles, is that they must be communicated to and incorporated by the person if they are to be acted upon, that is, there must be some teaching and learning.

This being so, it seems legitimate to expect that the school as the teaching-learning institution par excellence should play a very active role in the communication of messages about HIV/AIDS. But there are reasons for caution. Schools are not idyllic HIV-free institutions. They have their own problems with the disease. They have grave problems in communicating messages about it. An appreciation of these problems will make it possible to be more realistic about what schools can and cannot accomplish in the field of HIV prevention.

Age-related data regularly show AIDS cases being at their lowest for boys and girls between the ages of 5 and 14. Because of mother-to-child transmission they are higher in children below the age of 5, and after the age of 14 they increase very rapidly, especially for girls. The low occurrence of AIDS among those aged 5–14 has led to children in this age range being regarded as constituting a “window of hope”. Programmes targeted at this group are seen as providing a special opportunity to prevent infections and reduce the transmission of the disease.

The Vulnerability of School Children to HIV Infection

However, a number of circumstances relating to the way schools are organised and managed increase the risk of HIV infection for students, teachers and the community in which the school is embedded. The school also encounters major problems in teaching about HIV/AIDS. The increased risks and the teaching problems are likely to be more

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severe in countries which already experience high rates of HIV prevalence. In other words, where the challenges are greatest, school risks are highest and the capacity to deliver prevention messages is weakest.

Children aged 5–14 are likely to be either in primary school or in the lower classes of secondary school. School participation for these children is not risk free. The rise in reported AIDS and AIDS-related cases for those aged 15–19, compared with those aged 5–14, shows that in many cases HIV infection must have occurred well before the individual reached age 15. Being at school did not protect the person. Indeed, as the following considerations show, in many cases it increases the risk:

- Very many primary and junior secondary school children are already sexually active. Somewhere between ages ten and thirteen, the majority of boys and girls reach puberty, but there are indications from various parts of the world that the age of sexual awareness and experience has fallen considerably and that it continues to do so. Reports abound of pregnancies in pre-teenage girls. Almost half the primary school children in Malawi are reported to be sexually active. There is evidence from Zambia of considerable sexual activity among street children, boys and girls, aged eight or less.
- In much of the developing world (where the AIDS crisis strikes hardest), those attending primary school are of very mixed ages. Because many children begin school late, they are older than they should be for their class. This situation is compounded by the common practice of repeating one or more grades. In many countries it can be expected that at least half of those in primary school will have done so, thereby extending the within-class age range. This management and organisational feature means that the same class may contain pupils ranging from the sexually naive and innocent to the knowledgeable and experienced.
- Very few schools come to grips with issues of sexuality. As will be seen further on, they tend to displace to more superficial concerns the attention that would be more profitably devoted to this area. What this means in practice is that schools do little to help their pupils develop understandings and behaviour patterns for the responsible management of their emerging sexuality.
- Children in primary schools and adolescents receive very little help from their parents or other adults about sexual and reproductive health issues. There is almost no communication about these matters in the home. Being left to grapple with them on their own, young people turn to one another—in school and out of school—for information, standards and some modicum of guidance. This aspect of the peer culture replaces the support that otherwise responsible adults fail to provide.
- Many school children are in danger of sexual harassment from teachers, their peers, and strangers. School circumstances may aggravate such dangers. The need to pay school fees may lead young girls from poor families into the sale of sexual favours. Intense competition for academic success and progression to the next higher educational level may lead to sexual relationships (heterosexual or homosexual) with teachers or brighter fellow-students. Long walking distances to and from a school that is located far from one's home, and travelling always by the same route, contribute to the risk of sexual harassment from school-mates or from strangers.
- Reports are snowballing about the extent of sexual abuse of children, especially girls, in the 5–14 age group. In very few cases are the abusers complete strangers to the child, many being members of the child's family. In the process of the abuse, many children become infected with HIV and potential transmitters of infection to their school-mates or teachers.

- Providing term-time boarding or hostel accommodation for young, sexually active students who receive almost no guidance or support in a form that speaks to them, increases the risk that they will engage in sexual activity with one another or with individuals from the surrounding community.
- In a number of developing countries, the practice of ‘weekly boarding’ aggravates the boarding risk. Weekly boarders arrive at a school on a Sunday evening or Monday morning, bringing with them food supplies for the following five days. They make their own accommodation arrangements, do their own cooking, and supervise themselves. On a Friday evening they return to their homes to replenish their food supplies. The need for food, accommodation, security, pleasure and exploration/experimentation makes the weekly boarders susceptible to sexual activities with members of the local community or with one another.

The Vulnerability of Teachers to HIV Infection

If schools expose children to the possibility of increased sexual activity, and in consequence of HIV infection, they can be so organised that they also expose teachers to similar risks.

It is well known that those who are highly mobile, such as truck-drivers, or are part of a migratory labour force, such as farm, plantation and mine workers in many parts of the world, are more vulnerable than others to HIV infection. Although those who work in education are not usually regarded as being mobile or migratory, teachers and other education personnel may share some of the HIV infection risks of more mobile workers. Two factors accentuate the risk of casual sexual encounters and hence of HIV infection: being away from home and family, and having some money readily available. Thus, in each of the following situations, teachers or education officials may be particularly vulnerable to HIV infection:

- Trainee teachers who are posted to a school for practice teaching usually have to make their own temporary accommodation arrangements.
- Many teachers, finding themselves posted to schools which have little by way of institutional accommodation must hunt around for suitable housing. Until they have found some, they cannot bring their families with them. It is much the same with education officials who are transferred from one location to another, but without adequate provision being made for their families to accompany them from the outset (this is not unique to education but happens in all areas of public sector employment).
- Teachers in rural schools (in developing countries) often have to travel long distances, and be away from home for a considerable length of time, to pick up their monthly pay-cheque.
- Education personnel are frequently sent on training courses that last from a few weeks to a few years. In the majority of cases, spouses can accompany them on a programme that lasts for more than one year. But generally they are separated from their spouses and families if the programme lasts for less than a year. The absence of family, loneliness, and the availability of some money combine to make them vulnerable to casual sex (or quasi-steady temporary relationships) and HIV infection.

Schools' Problems with HIV/AIDS Education

Several countries among those hardest hit by the AIDS pandemic have adapted their school curriculum to include HIV/AIDS education, or are in the process of doing so, in the expectation that this will help to stem the tide of HIV transmission. In some cases, family life or sex education programmes have brought significant and positive adolescent reproductive health benefits and behaviours (Gachuhi, 1999, p. 12), with the information

and skills acquired by young people helping them to delay the initiation of sexual activity. But at their present level of development, programmes such as life skills, family life, reproductive health, sexual, or HIV/AIDS education, encounter a number of problems and raise certain questions:

- The majority of the programmes target older children, those aged 9 and upwards. In the light of what was brought out above, this is too late. Programmes should target children at an early age, from the day they enter school.
- Programmes appear to have been developed from the top, with minimal participation of classroom teachers, parents, and young people themselves. In addition, programme delivery is almost exclusively in the hands of teachers, again with minimal involvement of parents and young people. This approach has the effect of assimilating the life skills programmes to other curriculum areas which, too often, are seen as having little relevance or reality outside the classroom. Indications of this are that the programmes seem to result in young people having better factual information but this is not leading to the desirable changes in behaviour. Also both teachers and students express a strong desire to have life skills and HIV/AIDS education as examinable subjects. These two facts suggest that much may be going into the head, but little into the heart. At first sight, programmes appear to be successful. But where they should really count, they are less effectual.
- For the greater part, bio-medical topics and barrier methods of HIV prevention appear to be presented in their own right, without a corresponding effort being made to promote an understanding of relationships, respect for the other, and rights. This has led to a tendency to equate prevention with the proper use of condoms. Presentation of the bio-medical and mechanistic aspects outside the context of the learner's developing sexuality runs the risk of focusing attention on these aspects, and the factual knowledge involved, as if these provided the complete answer to HIV prevention.
- Many programmes seem to downplay the potential of abstinence as a means for preventing HIV transmission. By doing so, they fail to challenge their students, but adopt a defeatist attitude towards what they regard as the inevitability of sexual activity among young people.
- There is a widespread problem of teacher knowledge, understanding and commitment. This is further complicated by the lengthy cascade model for training serving teachers, by legitimate concerns about the dilution and even misrepresentation of content, and by the teacher's dubious status as a role model when she or he may be known to be HIV infected.
- Teachers question their role in this form of education. They have anxiety concerns and resistance concerns. Anxiety concerns refer to fears of violating taboos, giving offence to parents, being accused of leading the young to promiscuity and loose moral practices, or being regarded as using their teaching in this area as a form of personal sexual outlet. Resistance concerns relate to doubts whether sex education, the formation of appropriate sexual attitudes, and the transmission of very specific behavioural guidelines really belong to their work as teachers when their whole training and orientation were directed towards what are essentially academic areas.
- In many countries, responsibility for the programme and its components appears to rest with the education ministry alone. There is very little evidence of collaboration with other partners (except in some cases with ministries of health), with NGOs or CBOs, or with the private sector. The much-vaunted multisectoral approach is conspicuous by its absence.
- While there is some evidence that programmes may lead to delays in the onset of sexual activities, the extent to which they lead to a reduction in HIV transmission, STDs, rape or coerced sex has not been evaluated. Very few programmes go so far as

to include a reduction in HIV/AIDS incidence among learners as one of their performance indicators. In the current AIDS crisis, this is the bottom line.

These observations point to the need for considerable re-thinking of education's curriculum response to the epidemic. Weak links in the current response are at programme design and delivery stages. Neither draws sufficiently on parents, significant community members, or community youth members. Both rely too heavily on a centralised approach and on the teacher as the provider of information and developer of attitudes. But because of lack of expertise and training, because of personal sensitivities, and because of remoteness in age and mind-set from younger people, the teacher may not be the appropriate person for this role.

In the light of this, the way forward would seem to require close attention to

- involving young people in programme design and delivery, with a firm focus on promoting peer education;
- involving community members, especially local and religious leaders, parents, and youths with standing among their peers, in content specification and delivery;
- using participatory methods and experiential learning techniques;
- providing more of a challenge to the idealism of young people (including “making abstinence cool”²);
- developing a learning climate that firmly and frequently re-affirms the principles of respect, responsibility and rights.

Many of these features have been incorporated in programmes targeted at out-of-school youth. These programmes tend to be characterised by the prominent role they accord to young people as peer educators. Because the education is not coming from an outside body, but from contemporaries or the peers themselves, it is more readily assimilated into the peer culture and norms. In other words, the approach recognises the powerful socialising influence that the youth have over each other and seeks to win over to its side the potency of peer pressure. Learning and putting into practice the positive lessons learned from these out-of-school HIV prevention projects should make in-school programmes more effective in equipping young people to defend themselves.

HIV/AIDS and Sexuality

All this being said, it remains that one of the most critical problems that HIV/AIDS education poses for schools is that educators, in common with the education systems to which they belong, tend to shy away all too easily from dealing in an existential manner with the basic issues of child and adolescent sexuality. In so far as they broach this subject at all, they remain content for the greater part with an abstract presentation of themes and principles, with a rigid presentation of coldly true propositions, with an enumeration of biological and physiological facts. The perspective is that of genitality, but not of a sexuality that involves the human being as a whole. In this process, the educators remain unaware that there is an enormous communications gap, that they and the young people they are dealing with are not on the same wavelength. The educator can present much information on dangers and high risk situations. Some may provide an authoritarian list of ‘do's and don'ts’. Some may even try to use fear to motivate the young person to adopt sexually safe behaviour.

² Dan Richey, Louisiana State Coordinator for Governor's Program on Abstinence, New Orleans Times-Picayune, 31st August 2000.

But these approaches fail to speak to young people where they are. They do not enter into dialogue with the underlying cultural expressions which motivate young people from within more powerfully than anything the educator may propose from without.

Crucial aspects of these underlying cultural expressions include:

- the power of peer pressure and the group;
- the message implicitly learned from parental failure to discuss sex with their children, that sex is something which should not be discussed between adults and the young, but only between the young themselves, as equals;
- the socialisation process which teaches boys that they must be “physically strong, emotionally robust, daring and virile.” and that they should not depend on others, worry about their health, or seek help when they face problems (UNAIDS, March 2000);
- the widespread disbelief in the possibility of total sexual abstinence, particularly on the part of boys (and even some suspicion and concern when there are signs of such abstinence);
- the veneration of ‘respectable’, approved sexual behaviour encountered in society, while it is common knowledge that large numbers of adults are following a different sexual code;
- social expectations that condone in men and boys what they condemn in women and girls;
- the widespread and more-or-less accepted violence against women and girls;
- the way in which society condones or overlooks forced sex, at least so long as it does not extend beyond certain legally defined limits;
- the enormous mix of cultural values and counter-values coming from the weakening and progressive demise of traditional cultural systems, the importation of systems in which immediate pleasurable gratification assumes a dominant role, and the presentation by the entertainment industry of situations and role models which give prominence to temporary relationships and casual sex;
- the failure to appreciate—because society has failed to inculcate—the real value of human sexuality as contact with and surrender to the personality of the partner and not merely to his or her body;
- the inadequate inculturation and socialisation into respect for the other as a person towards whom responsibility must be manifested and whose rights must be respected.

Education programmes which seek to respond to these powerful underlying forces and concerns stand a good chance of being successful in enabling young people maintain or adopt behaviour which will protect them against HIV infection. These are areas about which school programmes are too often silent, but about which they must communicate. It is to these areas that HIV/AIDS education programmes, broadly understood, must address themselves if they are to help reduce the risk situation inherent in educational institutions and equip their students to protect themselves against HIV infection when they leave school.

References

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