

**Section One:**

# **Assessment of Materials**



## HIV/AIDS and Young People

Despite its relatively recent origin, HIV/AIDS has become a major development challenge in Africa. Since the first cases of HIV/AIDS were reported in the mid-1980s, it has continued to decimate the populations of many African countries. Africa today accounts for over 70 percent of new HIV infections and four fifths of AIDS-related deaths globally (Bunyi 1999). Reports indicate that there are around 40 million people infected in sub-Saharan Africa alone. Botswana, Zimbabwe, Swaziland and Lesotho in that order, have the highest rates of adult (15-49 years) HIV prevalence in the world at over 30 percent. (UNAIDS Epidemiological Facts Sheets – [www.unaids.org](http://www.unaids.org))

Even more alarming is the fact that more than half of the newly HIV infected is young people between 15 and 24 years of age. In Swaziland, estimates show that some 20 percent of the population aged 15-49 are HIV positive, and that the rates of infection are expected to reduce the growth of the Swazi population by 42 percent by the year 2016 (Nagawa 1999). Furthermore, Swaziland estimates that by 2016, there will be a 30 percent decrease in primary school enrolment due to the AIDS epidemic.

The practice of unprotected and early sex by young people is largely responsible for this situation. Recent surveys indicate that many young people have sex before they turn fifteen years. In Kenya over 30 percent of the boys and 15 percent of the girls reportedly have sex before their fifteenth birthday. (Young People and HIV/AIDS Opportunity in Crisis, UNICEF, UNADS, WHO, 2001)

Globally, the risk of HIV infection for women is increasing, particularly for young women. The situation is worse in Africa with close to four-fifths of all infected women in the world living in the continent. Statistics show that out of the 8,600,000 young people living with HIV/AIDS in sub-Saharan Africa, 67 percent are young women and 33 percent are young men (Young People and HIV/AIDS Opportunity in Crisis, UNICEF, UNAIDS, WHO, 2001). In Malawi, for example, girls are five times more likely to be infected than boys, and 70 percent of women with HIV are estimated to be between 15 and 24 years old.

Misconceptions about HIV/AIDS are widespread among young people. In Swaziland, Kenya, Zambia, Botswana, Burundi, Tanzania, Lesotho, Comoros and Somalia between 57 and 99 percent of the girls aged 15-19 has at least one major misconception about HIV/AIDS or has never heard about it. In Botswana in the last year of primary school, two thirds thought they could tell if someone was infected with HIV by looking at them. In a country where one in three individuals are infected, this kind of ignorance is alarming indeed.

Children and young people between 5 and 14 years of age, both in-school and out-of-school, though largely uninfected by the virus, are affected<sup>1</sup>. As Urban Jonsson, the Regional Director UNICEF ESARO observes: "*Young people are currently at the centre of the HIV/AIDS pandemic, they can at the same time play a critical role in reversing the trends*".<sup>2</sup> (Young People and HIV/AIDS Opportunity in Crisis, UNICEF, UNAIDS, WHO, 2001).

Young people thus offer a window of hope in trying to find solutions to the problem.

<sup>1</sup> The average age when the status of a child born HIV positive changes is five. Before then the likelihood of the child dying of maternal infection is high.

<sup>2</sup> In a statement made at the "Big 7" Meeting held in Nairobi, Kenya in August 2002.

## Life Skills and HIV/AIDS Education

But if the young people are to be part of the solution to the HIV/AIDS pandemic, they must urgently be exposed to HIV/AIDS messages and prevention skills. Not only do they need knowledge about HIV/AIDS they need to be equipped with skills to put that knowledge into practice. Because a fairly high percentage of the youth in the region are still in school, particularly in the countries of Southern Africa, education systems have an essential role to play in providing them with the knowledge and skills needed to reverse the trends. For those outside the formal education system, measures must be put in place to reach them through non-formal and informal educational channels.

Life skills refer to a large group of psycho-social and interpersonal skills which can assist people make informed decisions, communicate effectively, and develop coping and self-management strategies that may help them lead a healthy and productive life. They may be directed toward personal actions and actions towards others, as well as actions to change the surrounding environment to make it conducive to quality life. By promoting positive behaviour, many health and social problems may be averted.

The importance of Life Skills' Education (LSE) in the prevention and management of HIV/AIDS cannot be overstated. It helps to develop a variety of skills including those of decision making, communication, negotiation, critical thinking, stress management and conflict resolution. It helps in building self-esteem and confidence in the learner and helps boys and girls to learn how to relate to each other.

However, that does not mean that life skills are just about prevention and management of HIV/AIDS; it is much more than that. In fact, focusing on HIV/AIDS alone tends to ultimately devalue the usefulness of life skills. Thus when this bibliography is updated in 2005 as planned, its scope will be broadened. In addition to its present focus, it will look at how LSE materials have dealt with other critical issues such as substance abuse, entrepreneurship, skills, water and sanitation, the environment, peace education, combating stigma, and violence and abuse.

The formal curriculum is a vital element of any educational enterprise, and for many teachers, students and parents, teacher-training materials, teacher's books and student's books are equivalent to the curriculum. These materials include the knowledge, skills and attitudes that are to be taught to students and the approaches to be taken. Due to the fact that many teachers are overburdened with work and often do not have the required teacher training, or are not comfortable with teaching HIV/AIDS and related issues, they become very dependent on the teaching and learning materials. The books and materials used in HIV/AIDS life skills' education are therefore extremely important.

Life Skills' Education in the formal sense is a fairly new academic discipline in the ESAR. It is not just the content that is new, but the teaching methodologies - participatory in nature<sup>3</sup> - that differ from those methods normally used in classroom teaching. This is consistent with the desired outcomes of the subject area, that is, behavioural change to facilitate informed decision making in the hope that it will lead to a healthy life style for the learners. It is therefore essential that LSE resources provide sufficient information to the teachers as well as expose them to a variety of teaching-learning methodologies to enable them to comfortably impart this "new" subject in interesting and creative ways.

## Assessing the Materials: The Quality Checklist

In order to assess whether the existing LSE materials in ESAR are catering to the needs of the teachers and the learners that a Quality Checklist was developed. The Checklist provides guidance on the strengths and weaknesses of the materials reviewed in terms of six main components:

- **Knowledge:** This component drew attention to the content, addressing questions such as: How pertinent is the HIV/AIDS-related information? How current is it? What is its relevance and usability?

<sup>3</sup> Using participatory methodologies means child-centred teaching-learning processes which may include the following techniques- games, posters, role play and drama, case studies, brainstorming, debates, panel discussions, group discussions, story telling, songs, field trips, research and interviews etc.

- **Gender Sensitivity:** This helped to highlight the existence of gender disparities in the LSE materials under review, and the role that they play in the spread of HIV/AIDS, especially with young girls and women being the most vulnerable group. How do the resources under review respond to these gaps? The kinds of issues under scrutiny included gender sensitivity in the illustrations – the photos, drawings and examples, language and methodologies. In other words, can gender gaps be identified in the materials reviewed?
- **Methodology:** Under methodology the approaches that the different authors recommended for the teaching of HIV/AIDS information were examined. How learner-friendly and appropriate are these? What are the instructional styles and strategies? How may the resource be utilised to teach about HIV/AIDS? Do the approaches advocate for active participation on the part of the learners?
- **Behaviour Change:** For purposes of the review, the cognitive component of behaviour change was looked at on the assumption that understanding an issue increases the likelihood of the performance of certain behaviour. In other words, do the life skills' resources give sufficient information to influence a person into changing their behaviour? The interconnectedness of issues in behaviour change with attitude and skill development has to be mentioned from the onset.
- **Attitudes:** Attitudes are mental postures that guide conduct. Each new experience is referred to these mental postures before a response is made. Before an activity (behaviour change) is undertaken, they have to be guided by the evaluative feelings or attitude.
- **Skills:** This refers to the ability to put into action what has been learnt. In the case of the LSE for the prevention and management of HIV/AIDS, such information includes putting into practice such skills as assertiveness and being able to make and stand by one's decisions. Skills are closely related to attitude as the latter affects the motivation driving an activity. Eventually a skill could take on the attribute of behaviour.

Though the latter three components of the Checklist, that is, attitudes, behaviour and skills, are closely interrelated, for clarity and order in the analysis, each component was considered separately. Since certain issues tended to overlap, they were discussed wherever they appeared strongest.

It should be noted that it was not possible to analyse the South African materials using the six components since they were found to be primarily informative, being reading materials for pupils in the lower grades.

A total of sixty LSE and HIV/AIDS materials were collected and reviewed from the twelve countries as shown in Table 1. It is important to point out that the review is not exhaustive. Rather, it only included relevant materials that were readily available in the various UNICEF country offices and forwarded to ESARO.



**Table 1: Number of Materials Reviewed by Country and Type**

No. of life skills resources	Countries	Types of materials reviewed
1	Botswana, Lesotho.	Magazine (out-of-school), Learning material (in-school),
2	Tanzania	Magazine (out-of-school), Peer learning book (in-school)
3	Ethiopia, Malawi, Zambia	Teaching material, manual and learning text (in-school), Peer learning and training, Informative manual (out-of-school),
5	Uganda	Learning & teaching material, training manual (in-school), Peer learning and learning materials for parents (out-of-school).
8	South Africa	Teaching & learning materials (in- and out-of- school).
9	Swaziland, Kenya	Teaching & learning materials, training manual, curriculum text (in-school), magazine (out-of-school) and book ( in- and out -of- school)
10	Namibia	Learning materials, Training manual, curriculum text (in-school), Peer learning material (out-of-school)
17	Zimbabwe	Learning & teaching material, Training manual (in-school), Informative comic & Peer learning materials (out-of-school).

The type of analysis done involved a comparison of the strengths and weaknesses of the materials. Numerical values from 1-5 were assigned where 1 denotes the complete absence of the relevant component and 5 indicates that there is a very high quotient present.

## Quality Check: The Analysis

### Gender, LSE and HIV/AIDS

As mentioned earlier, gender sensitivity was one of the six components of the Quality Checklist. UNICEF ESARO (2001) refers to gender as the characteristics associated in specific cultures with masculinity and femininity, and recognises that not all societies and cultures share the same idea of what it means to be “male or female”. Though initially linked to (biological) sex, gender is socially constructed and learned through processes of socialisation. It is composed of a set of socially defined character traits based upon division of roles. These are not only learnt; boys/men and girls/women are encouraged to identify with what are considered respectively to be masculine and feminine characteristics and forms of behaviour as defined by their society and culture (UNICEF ESARO 2001 & Oxfam 1994). As such gender roles vary from culture to culture (Ruth, 1980). “Children learn gender from birth” (Oxfam 1994), and throughout their lives gender roles and identities are reinforced by parents, teachers, peers, their culture and society. Life skills resources therefore have to be sensitive to and consider gender issues as integral to life skills development both in terms of how HIV/AIDS affects girls, boys, women and men differently, and how gendered identities are constructed. The various teaching-learning approaches also need to be gender sensitive to ensure that both girls and boys participate actively in class. In some cases this may require single sex discussions forums around HIV/AIDS and life skills' activities.

Analysis of the materials under review reveals a focus on gender issues such as socialisation, division of labour and awareness raising. However, they are silent on a number of other critical, gender concerns as discussed in the following pages:

- ♦ *Gender identity and power relations* are fundamental concepts in LSE and HIV/AIDS Education. Socially derived, gender identity is interdependent on and cuts across other social characteristics such as race, social class, age, ethnicity and sexuality. Who we are, how we see ourselves and how we are treated depends very much on popular ways of classifying women and men, black and white, young and old and the importance attributed to each of these statuses. Generally speaking unequal power relations exist between the male and female genders. In constructing girls as weaker and boys as stronger, girls are sometimes seen as being in need of protection by their parents (or boys). This has the effect of restricting the movements of girls and contributing to the view that girls are timid and oppressed and boys are confident and free. Furthermore, when girls resist being positioned in this way, the boys assert themselves by sexualising girls and constructing them as objects of their free sexual desires. One of the consequences of this is unwanted and early pregnancy in girls.
- ♦ *Gender and inter-generational issues:* The problems facing young people arising from adult indifference, particularly gender discrimination towards girls, is ignored in the materials.
- ♦ *Gender, Sexuality and HIV/AIDS:* Current research is demonstrating that there are different, changing and often contradictory ways of being male and female. This is a departure from viewing and speaking about masculinity and femininity in a monolithic way. For example, one popular version of being a man is being 'macho'. This is associated with aggression, hedonism, risk-taking and constructed in opposition to versions of femininity associated with care, emotional support and responsibility. This contrasts with being a 'new man' which is another version of masculinity in which emphasis is placed upon sharing tasks and responsibilities - domestic and emotional - with women and girls and developing friendships and less gender polarised relationships with themselves.
- ♦ *Gender-based cultural practices vis-à-vis modernity:* Life Skills' Education has to address gender-based cultural practices and the contradictions between modernity and tradition. Much of what is called tradition, is not tradition at all but rather recent corruption of the traditions and it is important for young people to be able to understand that, and its dynamics because it is so often used against them – particularly in relation to gender. Sometimes practices and values are named as traditional and idealised in opposition to westernisation or modernisation, which is seen as a kind of external imposition. For example in some African countries, the AIDS crisis is sometimes blamed on young people imbibing 'western' ideas about sexuality and gender. What is particularly significant here is that it is usually, if not always black African females, and not males, who are seen as being prone to corruption by westernisation. Men often present themselves, in contrast, as upholders of 'tradition' and 'culture.' The effect of this, then, is to control female behaviour and to assert male authority. Some black African women have resisted this by reinterpreting 'tradition' and 'culture' in ways that are empowering to rather than oppressive to women.

One of the materials reviewed from Uganda entitled "Children First" tries to get the community to recognise shortcomings in the manner gender issues are approached, and in the process identify their own cultural or social shortcomings, and hopefully address them in order for life skills learning to be effective. Attempts by the author to draw attention to gender bias in the community, and the need to eliminate it is illustrated by the following quote:

"A woman is a foreigner on a piece of land. She cannot decide what to plant", while "A man is the whole parliament in the house, he knows who will go to school and who will not." That is what we are trying to break. When you marry, you are partners.  
*District Official, Mubende, Uganda.*

Despite the recognition of gender biases in some of the reviewed materials and efforts to overcome these, it could still be questioned whether they went an extra mile "beyond the second curtain" to address pertinent issues in LSE and HIV/AIDS such as sexuality vis-à-vis sex education.

**Table 2: Gender Sensitivity- Average Score by Country**

Country	Zim	Bots	Zam	Ug	Nam	Mal	Swa	Tan	Ken	Eth	Les
Av. score	13.7	13	12	10.8	10.3	9.3	9.2	5.5	4.4	4	4
No. of books	17	1	3	5	10	3	9	2	9	3	1

Total Score = 20

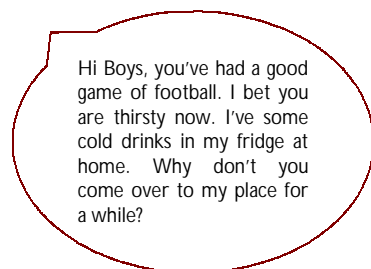
Table 2 shows that Botswana, Zimbabwe, Zambia, Uganda and Namibia head the score charts, but even though they have attained scores that are over the 50% mark, gender sensitivity of materials is quite low overall. The highest overall score attained is 13.7, while the average score of the five top scoring countries is 11.96, and the average score of the eleven countries is 8.7, which are low scores compared to a total score of 20 points.

Slightly over half of the materials reviewed got low marks on gender sensitivity (Ethiopia, Kenya, Lesotho and Tanzania) Noticeable is the fact that all or most of the materials reviewed from these countries have consistently low score on the gender component. On the other hand, countries that received higher scores on gender sensitivity had a wide range of results. For example, individual materials from Namibia had scores ranging from a low of 5, and a high of 15.

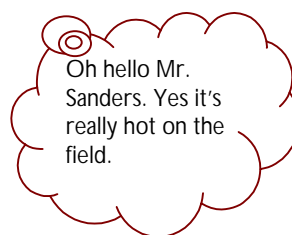
Looking at the year when the materials were developed, it is noticeable that the ones developed more recently exhibited a higher awareness of gender issues than those developed in the early nineties. In the case of Zimbabwe, for example, materials developed from 1995 onwards got consistently higher scores in the gender component, while those developed earlier showed fluctuating results. Specifically Zimbabwe's "Let's Talk" Action Programme Book for Grade 4 pupils (2000) clearly explains assaults that could be inflicted on both young boys and girls, and identifies a variety of people who can perpetuate such crimes. The materials however do not discuss why girls are often victims in sexual assaults.

### Watch out!

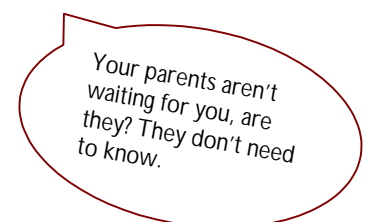
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Mr Sanders



### What makes Let's Talk Grade 4 Pupil's book different?

- Enables children to start developing individual identities as they are encouraged to talk about themselves, not just descriptive issues, but deeper issues such as strengths and weaknesses, likes and dislikes, what they are good at
- Assists children to solve problems through problem identification and exploration of solutions.
- Demystifies important issues such as friendships, disagreements and solving them, physical abuse.
- Helps students develop skills of coping with uncomfortable situations, as well as offering constructive suggestions of what to do when suffering/being assaulted.

### Knowledge

Under the knowledge parameter, issues under scrutiny included clarity, accuracy, relevance and currency of information relating to HIV prevention. The four issues arising under the knowledge parameter respond to the question: Does the information given by the materials respond to the needs identified in the three environments i.e. the school, family and community?

Table 3 below represents the total scores on knowledge in the various countries.

**Table 3. Knowledge - Average Score by Country**

Country	Zim	Zam	Bots	Ug	Mal	Nam	Swaz	Tan	Ken	Ethi	Les
Average score	17.8	14	14	13.6	13	12.3	11.3	9	8.5	7	5
No. of books	17	3	1	5	3	10	9	2	9	3	1

### Total Score- 20

Here we believe that children should not express themselves. It is upon the parent to think for the child. We have a culture that decisions must come from the adults and that if you give a child liberty to make decisions, you are spoiling the child. *District Officer, Uganda.*

The knowledge parameter acknowledges that life experiences of the student/participant are derived from the school, family and the larger community environments. Therefore any knowledge gained should enable them to cope with situations arising from these three environments.

If a visitor sees you being free with your children, he or she thinks you have taught them bad manners. *Community member, Mbale*



It was observed that most of the materials reviewed gave facts about HIV/AIDS, how it is contracted, spread, and the care required by infected people. They addressed HIV/AIDS from multiple perspectives. At one end of the spectrum were, for example, those materials from Zimbabwe and the 'My Future is My Choice' series from Namibia that recognise the vulnerability of people of all ages and sexes and address the more subtle nuances that colour and end up affecting most young people negatively. Most materials advocate condom use as a means of reducing risk of HIV infection, but rarely do they discuss how it is used, and who should take the initiative in ensuring its usage.

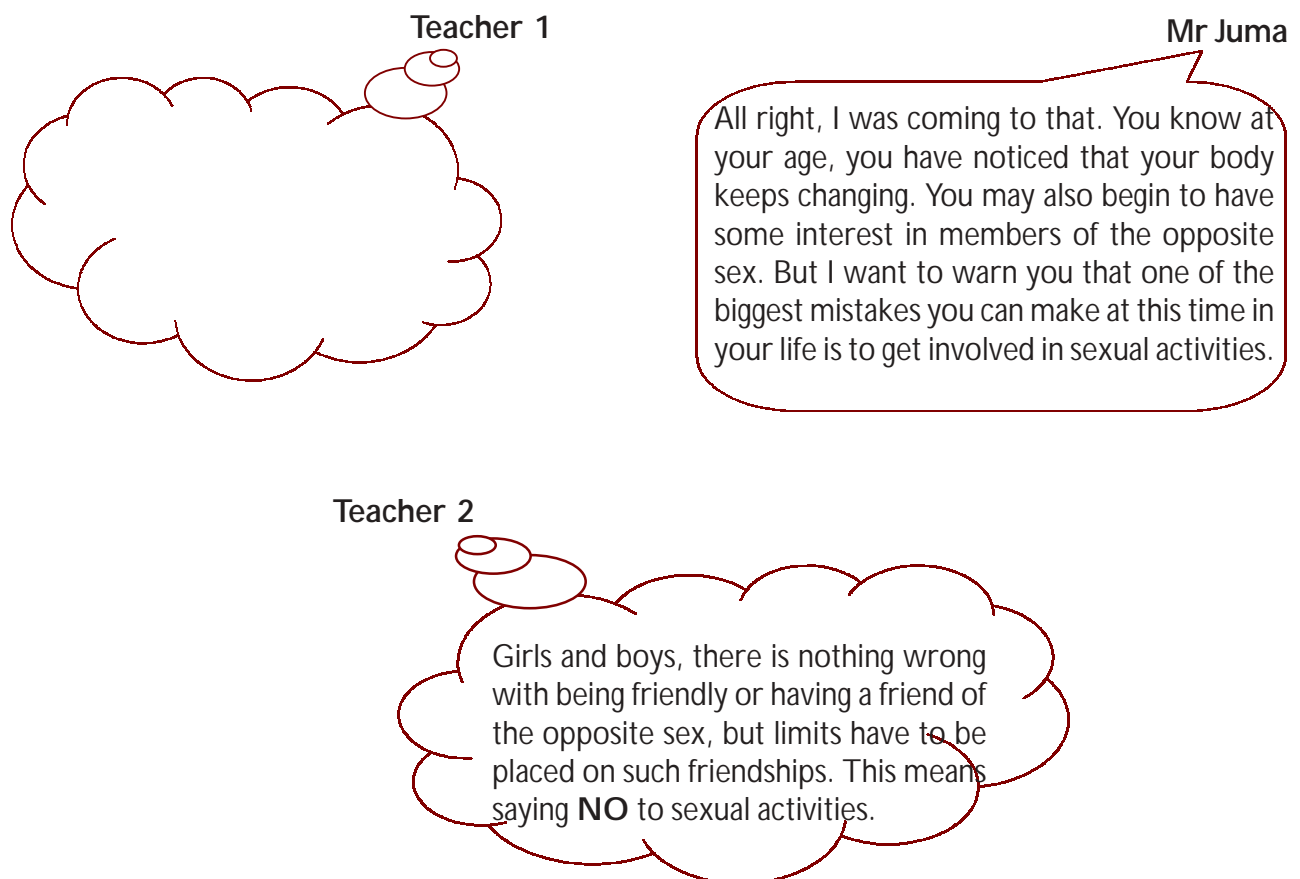
### Demystifying the condom!!!

- The five "W's"-how, why, what, when, where and who?
- Dealing with the myths surrounding use of condoms.
- "Condom use is about caring for one another".
- Both sexes are familiarised with condoms.

*Adapted from My Future is My Choice*

In addition, it was noted that the above-mentioned materials are written in such a manner that invites ideas from readers on situations that may put them at risk of HIV infection.

On the other end of the spectrum were materials such as those from Ethiopia, Kenya and Lesotho, that ignore the perspectives of the users. Instead they tend to be prescriptive in approach as may be inferred from the dialogue quoted below. They do not offer opportunity for the readers to relate the knowledge to their situations.



This example shows classroom environments are characterised by teacher-centred, talk-and-chalk methodologies that are hardly conducive to the acquisition of life skills. Curriculum that is information-heavy and theoretical cannot transmit desired skills, values, behaviour and attitudes to learners effectively.

It is not proper to recommend or simply tell people what is right or not. Aspects of values come into play. Values are not found in books or documents, but learnt through social interactions in day-to-day life hence we should practice them. *Dr. Grace Bunyi at Life Skills and HIV/AIDS Workshop, Nairobi 2000*

Information contained in materials such as the Zambian “Happy, Healthy and Safe” and the South African Series are presented with great clarity leaving no room for ambiguity. The content was accurate and current. The issues addressed were those identified by the stakeholders as pressing and relevant to their well being and environment.

The same could be said for Zimbabwean, Ugandan, Malawian and Namibian materials that generally got high scores in the evaluation, with an average of 14 points. They exhibit the requisite qualities of clarity, high level of accuracy and up-to-date information. An in-built feedback loop helps the users every step of the way to acquire life skills.

The Namibian and Zimbabwean series entitled “My Future is My Choice” and the “Think About It” respectively build upon themes introduced in previous classes as illustrated in the box below.

The degree of progression is evident in these topics covered in *Form 3 Think About It*:

- |                         |                           |
|-------------------------|---------------------------|
| 1. Who am I?            | 2. Body-speak!            |
| 3. I'm glad I'm me!     | 4. Your view of yourself. |
| 5. Anything you can do. | 6. Make up your mind.     |
| 7. Me and my 'gang'.    | 8. Your culture and you   |

As reflected in Table 3, the Zimbabwean materials attained the highest average marks meaning that the knowledge component as is laid out in the checklist was strong. Seven countries or 63.6 percent got average scores of over 10. It may be observed that the distribution of high scores is not dependent upon high numbers of materials reviewed; even those countries that sent in the least number of resources had mixed results. For example, Botswana, with only one entry got a relatively high score of 14 whereas Lesotho got the minimum score of 5. There is also no discernible variation in the regional spread of results. Uganda got a high mean score of 13.6, while neighbouring Ethiopia got a low mean score of 7. Kenya got an average score of 11 because of the recently published book “The Dignity of Human Sexuality and the AIDS challenge” by Henry Tabifor. The book is both gender sensitive and an invaluable reference material for learners and parents. In the southern front, all the countries covered with the sole exception of Lesotho attained relatively high scores.

On the whole, the knowledge component was well tackled. However, countries should not become complacent but continue to improve the quality of the materials. The information contained in the materials could be life changing, therefore has to be of the highest standard possible.

## Skills

Skills are the competencies or expertise acquired through training of the person concerned in the desired activity (Bennet 1993). Repetition of a desired activity has been identified as the “mother of skill” (Robbins 1992). It is the basis of learning and retention of information.

**Table 4. Skills - Average Scores by Country**

Country	Zim	Zam	Ug	Mal	Bots	Nam	Swaz	Tan	Ken	Eth	Les
Average Score	19.4	17.6	16.6	16	14	11.3	8.7	8	11	5	5
No. of books	17	3	5	3	1	10	9	2	10	3	1

Total score = 25

### Action Box

Please note the progression of skill development as a result of repetition.

Activity:

Assertiveness: Am I strong?

Who is weak, who is strong, who is fierce?

- Step one: Three different scenarios that introduce the different strengths/weaknesses for clarification. Between each presentation is a session where “guiding” questions are used to clarify points/issues.
- Step two: In pairs, participants discuss situations where they might have portrayed each of the behavioural characteristics.
- Step three: Plenary session where participants give examples to reinforce their understanding.

Build-up session:

- Step one: Introducing four steps to being strong using given role-play with step-by-step explanations for clarification.
- Step two: Story given with a scenario demanding participants to utilise their newly learnt skills.
- Step three: Progressive build up of scenarios using more “sensitive” but realistic examples

Progression:

- What to do when someone disagrees.

*(Adapted from Happy, Healthy and Safe, A Peer Learning Resource from Zambia)*

The action box above shows how a skill is introduced and developed progressively step-by-step through repetition.

Though development of life skills do not always require the cognitive component, in the case of life skills for the prevention and control of HIV/AIDS, it is necessary. The competencies to be acquired in this case include communication, negotiation, decision-making and critical thinking, assertiveness and stress management. The acquisition of these competencies demands a radical change in the thinking of both genders and different generations. They require women and girls to break with tradition and take up stances that are culturally proscribed. As observed earlier, traditional mindsets relegate women and girls to inferior social status resulting in social structures characterised by unequal gender power relationships. Under the circumstances, girls, further disadvantaged by their age, find it difficult to “transgress gender boundaries” or engage in behaviour culturally associated with the opposite sex (UNICEF ESARO 2001). The voice of the woman local council leader from Uganda quoted below demonstrates the difficulties of developing and using life skills in hostile socio-cultural environments

We women grow beans. But men do not allow us to use them without their permission. Men are the ones making the children suffer malnutrition. *A Woman LC3 Representative in Kamuli, Uganda*

As Table 4 shows, the southern countries — apart from Swaziland, Namibia and Lesotho — attained high scores under the skill component. In the northern part of ESAR, all the countries with the exception of Uganda scored poorly.

There is considerable variation in the quality of materials produced in some countries such as Namibia, as reflected in the scores attained in the skills’ component by individual materials reviewed. Whereas some of the reviewed items received high scores others got very low marks, noticeably the formal school textbooks that have incorporated a life skill component in other subjects such as in Biology and Science. This suggests that the infusion method may not be effective way of teaching LSE. Consistent with this finding, a UNICEF ESARO workshop<sup>4</sup> report documents that life skills programmes that are taught separately are far more effective than those infused into other subject areas.

### Reasons for the Failure of Infusion Method in Uganda.

1. Many teachers find it easier to follow and work with written materials than think of and create working materials from a guideline.
  2. The education system has been exam-driven and hence a culture strongly attached to examinations and its syllabus.
  3. Life skills’ component is not adequately highlighted even within health topics.
  4. Pupils believed strongly in “what is the correct answer?” and not “what do you think?”
  5. Most teachers have hardly used participatory methodologies: It takes time to prepare them.
- (Adapted from Wamahiu 2000)*

Materials that were developed specifically for life skills such as the “My Future is My Choice” series received consistently high scores for the skill component as users are given the opportunity to practise the requisite skills.

Examples of materials that got high marks are the school plays from Zimbabwe and Uganda; “Education for Life, a Behaviour Process for Groups”, a book from Uganda; “Life Skills for You and Me” from Malawi; and the “My Future is My Choice” series from Namibia. All these materials promote

<sup>4</sup> UNICEF ESARO Workshop on Education, Life Skills and HIV/AIDS held in Nairobi in August 2000.

participatory methods to reinforce skills acquisition and give room to teachers and students alike to build on previous knowledge. Formal school texts that have incorporated life skills components in other subjects such as Biology and Science attained noticeably low scores.

Noteworthy is the “Let’s Talk” Series from Zimbabwe that encourage students of both sexes to acknowledge and actively develop their strengths. It gives examples of risky situations, and instructs students on appreciating their self-worth, a value essential for the development of certain skills such as assertiveness and decision-making.

## Behavior Change and Attitude

Behaviour is the manner in which a person conducts herself or himself. This tends to vary from place to place depending upon whether the environment is enabling.<sup>5</sup> Behaviour is habitual in that a person responds in a similar manner when prevailing conditions are the same.

Though behaviour change was put down as one of the components in the Quality Checklist, the difficulty inherent in assessing it must be noted and appreciated. One cannot assume that behaviour change has taken place just by reading about changing risky behaviour. The jump from theoretical knowledge to action cannot be determined through the review of materials alone, however relevant.

McGovern (2000), a comparative educator observes that in order for people to use certain information, they have to “accept and own” the information and that it would help more if it drew from cultural perspectives of the readers. Supporting this view, Abdullah and Stringer (1999) observe that educational programmes and policies aimed at helping indigenous peoples attain higher education “still operate in ways that are alien to or disempowering to them, since they focus solely on course content and educational processes related to cultural perspectives of non-indigenous educators”. They recommend that all life skill interventions take into consideration the cultural perspectives of the participants. In the case of most countries in ESAR, the life skills materials have to surmount the cultural barriers that exacerbate the spread of the HIV.

Fishbein (1991) identifies variables underlying behavioural performance such as:

1. Environmental constraints that would make it impossible to perform a behaviour;
2. Cultural constraints to behaviour change;
3. Skills necessary to perform that behaviour;
4. Presence or absence of legal restrictions such as availability of condoms as well as on the financial constraints because the condoms might be available but out of reach because of lack of money;
5. Perceived social pressure to perform the behaviour; and
6. Perception by the person that he/she is able to perform the behaviour under a number of different circumstances.

The role of attitude in behaviour change and skill formation is a grey area, as behaviour change and skill development tends to have overlapping features. Bem (1970) puts forward a view on behaviour that regards it a “goal-oriented activity or striving” meaning that it consists of motor responses. If attitude, behaviour and skills were observed as a continuum, skills could be found at one end with behaviour change on the other, and attitude being the overall determining factor. While skill development does not necessarily have to have a cognitive component (it can be a motor reaction such as walking), behaviour change and change in attitude requires more than motor skills.

<sup>5</sup> Six features of the enabling environment include the social, cultural, ethical and spiritual features, legal, political and resource features, Adapted from AFAO 1996.



Keeping the above in mind, the following formed the basis for giving a numerical value to behaviour change:

1. Does the culture of the area support certain behavioural practices?
2. Do participatory activities exist, and if they do, does sufficient repetition occur to facilitate skill development?
3. Is the participant exposed to attitude-changing information and situations?
4. Does the resource encourage the discovery approach to fact-finding, which would lead to better understanding, and hence higher acceptance of the desired behaviour?
5. Is there an application component to skill development apart from cognitive assessment?

**Table 5. Behaviour Change - Average Scores by Country**

Country	Ug	Zim	Zam	Nam	Tan	Mal	Swaz	Ken	Eth	Bots	Les
Average score	6.8	6.8	6	4.5	4	4	4	2	5	2	2
No. of books	5	17	3	10	2	3	9	9	10	1	1

Total score- 10

**Table 6. Attitude - Average Scores by Country**

Country	Zim	Ug	Zam	Mal	Tan	Nam	Bots	Swaz	Ken	Eth	Les
Average score	7.8	7.2	6.3	5	4.5	4.3	4	3.8	5.5	3	2
No. of books	17	5	3	3	2	10	1	9	9	3	1

Total score- 10

Tables 5 and 6 above give results of the mean scores in behaviour change and attitude categories. The scores were given independently because when the quality checklist was made the overlapping aspects of skills, attitudes and behaviour change had not been conceived by the reviewer.

A comparison of the two tables shows slightly different results in scores attained by country with regard to attitude and for behaviour change. For example, Uganda scores the highest in attitude component, while it is third in behaviour change. On the other hand, Zimbabwe and Zambia attained second and third positions respectively in attitude, while the same attained first and second positions respectively for behaviour change.

## Attitude

Materials from Uganda scored fairly high marks on the attitude component as they strongly questioned the underlying beliefs that determine the prevailing attitudes. Despite scoring low marks on the attitude scale, some countries like Swaziland had specific materials that met the quality test. A case in point is the "*Youth Sexual Reproductive Health and Counselling Manual*" that actively questions existing beliefs thereby provoking debates on the existence of certain stereotypes, norms and myths. Similarly, "*Talking Together, A Handbook for Parents and Their Teens*" also addresses 'taboo' subjects and is an aid to advocating for culture of "openness". These books adopt a strikingly similar approach as the Ugandan materials that attained high scores. It should be noted that the resulting low scores from Swaziland were due to the other materials such as the science texts. These completely lack an attitude component given the superimposition of LSE and HIV/AIDS information into the existing curriculum. Malawi's "*Life Skills for You and Me*" is also another book that was highly rated in the midst of low scoring materials reviewed from that country. An interesting observation is that materials produced in the late 1990s appear to be stronger in the attitude component. A good example is Kenya's "*The*

*Dignity of Human Sexuality and the AIDS challenge* published in 2002. The book appears impressively strong in the area of attitude.

Materials from countries such as Ethiopia, Lesotho and Kenya that attained low scores had a fixed and prescriptive approach. This meant that they were not open to discussions about the existing stereotypes, norms and myths regarding sexuality, relating to the spread of HIV virus.

### Behaviour Change

Clearly, life skills' materials from Uganda and Zimbabwe attained the highest average marks (6.8 out of a total score of 10). Together with the Zambian, the Ugandan and Zimbabwean materials actively and explicitly make provision for behaviour change. The materials show progression in development in response to changing needs. Ugandan materials, for example, concentrate on behaviour change at all levels of society. In addition, resources that were developed by the stakeholders, or using concerns expressed by them had high scores such as the Zambian "Happy, Healthy and Safe".

Generally, it was noted that when life skills were incorporated in subjects such as science e.g., "Science Teachers' Guide" from Swaziland, Biology Grade 10 from Namibia and the "Let's Talk" series from Kenya, such books tended to concentrate on the factual aspects of HIV/AIDS information, with very little participatory activities included. Emphasis on facts meant that the overall aim of the resource was information, which per se does not encourage skill development, let alone behaviour change, and such materials therefore received low scores.

Looking at the year the resources were developed it is apparent that there is no particular bias either for or against materials developed earlier or later. For example, Namibia's "Discovering Science" and "Modern Guide to Living" were written after 1998, but do not have a high score on the behaviour change component. On the same note, Ethiopia's Handbook on POP/FLE, though produced in 1998 got a low score on behaviour change due to its emphasis on factual information.

### Teaching/Learning Methodology

Teaching of LSE with its focus on HIV/AIDS requires a departure from the traditional teacher-centred approach that does not invite student participation. The very nature of the subject demands the use of active teaching-learning methodologies. It is necessary, therefore, for instructors to change their teaching approaches. Interactive and participatory communication and activities offer the only means for any real possibility of accomplishing behavioural change (UNICEF 1990). This is a departure from the norm as pointed out by a student at a Life Skills and Education forum.

#### The Youth Perspective

Teachers are a big hindrance; participatory methods are lacking. Teachers are only humans and some of them may not be able to use these methods. We need creative teachers who have the ability to teach LS. For example in Social Education and Ethics, if you express your view it is put down by the teacher. We need somewhere where we can express our opinion. The common approach that teachers use is boring-traditional teaching- they only write notes and that's it. We also have ideas that are burning in our heads. *Naim Seif in Wamahiu 2000*

However, it should be noted that the information and examination-orientation of the African education systems discourage even the more adventurous teachers from experimenting with learner-friendly pedagogy (Wamahiu 2000).

**Table 7. Methodology - Average Scores by Country**

Country	Zim	Mal	Zam	Ug	Swaz	Nam	Bots	Ken	Tan	Eth	Les
Average score	9.4	8.7	8.3	8	6.5	6.2	6	3.9	3.5	2.7	2
No. of books	17	3	3	5	9	10	1	9	2	3	1

As Table 7 reveals, 63.6 percent or 7 countries received a score of over 50 percent whereas 36.3 percent or 4 countries received scores below the 50 percent mark. Most of the materials listed participatory methodologies to be used in teaching LSE for the prevention and management of HIV/AIDS but the presentation of information discouraged all but the top-down approach to learning.

Malawi received the highest score (averaging 8.7). Two of the materials that received very high scores advocate for use of participatory teaching-learning methods such as role-playing and drama. They also involve learners by inviting them to give examples of risky behaviour, thereby ensuring relevance of content.

In addition the materials went as far as developing lessons for the teachers that allow them to utilise participatory skills in a progressive manner. The teaching plans detail how to use participatory methodology in the learning-teaching process.

As a deviation from its high performance in other components, the Botswana material received a low score in methodology. This is because it was not strictly a teaching resource but a magazine intended to introduce older youth to positive living in a general manner using lessons learnt from lives of local celebrities as examples. Kenya, Tanzania, Ethiopia and Lesotho also received low scores on methodology due to their concentration on the factual component of the topics covered. Kenyan materials tend to present information in ways that are not congruent with the proposed methods.

Peer-learning materials are scarce. Out of the sixty materials reviewed, only ten target peer educators. Out of the ten, two sets of materials- "*My Future is My Choice*" series from Namibia and *Happy, Healthy and Safe* from Zambia are outstanding in that they are designed by peer educators themselves. They include in-depth instruction on how to go about being a peer educator.

## Summary and Conclusions

Materials that were reviewed show that countries are aware of the role of education in promoting life skills, and more so, life skills that can help in a reduction of HIV infection rates. The review also highlights gaps that exist between countries such as Uganda, which have dealt with the HIV/AIDS issue using all sectors of society, and are now experiencing a reduction in HIV infection rates. It also highlights countries that despite high HIV prevalence rates are still burying their heads in the sand.

An interesting observation is the similarity in distribution of scores across the board. For example, countries that attained high scores on gender sensitivity got correspondingly high scores on other parameters. The converse is also true (see Tables 8 and 9).

**Table 8. Materials that Attained High Scores**

Name of material and country of origin	Life Skills for Young Ugandans - Ug	Let's Talk, Grade 4 Pupil's Book - Zim	Happy, Healthy and Safe - Zam	My Future is My Choice - Nam	The Dignity of Human Sexuality and the AIDS Challenge-Ken
Total score					
Behaviour change - 5	5	4	5	4	4
Knowledge - 20	18	18	19	15	19
Attitudes - 10	10	8	10	9	8
Skills - 25	22	18	24	20	20
Gender sensitivity - 20	18	16	20	16	19
Methodology - 10	10	10	10	10	5
Total score - 90	83	74	88	74	75

**Table 9. Materials that Attained Low Scores**

Name of material and country of origin	Talking with your children about sex - Ug	Guide to peer education - Tan	Life skills for Namibia - Grade 7 - Nam	Secondary POP/FLE Pupil's Book - Ken	Handbook for Sec. School Teachers - Eth
Total score					
Behaviour-5	2	2	2	1	1
Knowledge- 20	7	7	5	6	9
Attitudes- 10	3	3	2	2	4
Skills- 25	8	5	5	5	5
Gender sensitivity- 20	5	4	5	4	4
Methodology- 10	5	3	4	2	3
Total score- 90	30	24	23	20	26

Other key findings of the review may be summarised as follows:

- In cases where life skills information for the prevention and management of HIV/AIDS was incorporated into academic subjects such as Science and Biology, the participatory learning methodology was diluted, as emphasis was placed on students' acquisition of factual information.
- Materials from Zimbabwe, Zambia and Uganda received on average the highest scores in every parameter tested.
- Life skills materials developed for Zimbabwe owe a lot to lessons learnt from Uganda, and so scored fairly high marks in just about every parameter tested<sup>6</sup>.
- Overall, scores for the gender parameter were the lowest therefore it is possible that it was not considered in the policy formulation stages (that has been previously mentioned) of life skill resources development.
- Gender awareness seemed to increase by the years when the materials were developed.
- When gender was considered, it tended to be treated in a superficial way. For example, materials do not breach the "second curtain" and for example look at sex education without mention of the more vital aspect of sexuality. The exception to this is Henry Tabifor's *"The Dignity of Human Sexuality and the AIDS Challenge"* which confronts and tackles critical aspects of gender and sexuality.

<sup>6</sup> On further reading of the evaluation reports and the baseline surveys done by Zimbabwe, it was evident that life skills development in Zimbabwe owed a lot to the lessons learnt from Uganda.

- Materials with a high score on gender seemed to generally receive high scores in the other components.
- Though behaviour change is given as a quantifiable parameter, it is difficult to make a comprehensive conclusion as it is affected by extenuating factors not taken into consideration in this paper.
- The year that a book was developed could have influenced its content, presentation and level of gender sensitivity. For example, the materials developed before 1996 do not always have the same features that are present in those developed later.
- Though such issues as gender, behaviour and attitude change, and skills development are addressed to a certain extent, for behaviour change to be achieved, for example, issues such as gender must be de-mystified and then re-addressed from a cultural perspective so that they form the basis for understanding the changes required. This might go a step further in getting through the barrier of the "second curtain".
- Of the sixty materials reviewed, ten were designed for use as peer learning materials. The peer learning materials came from five countries with Namibia having the majority in their "My Future is My Choice" series.
- A glaring gap that emerged from the review is the absence of LSE materials for teachers and facilitators. But as we know, they are also infected and affected in large numbers and therefore priority must be given to develop LSE materials for them.
- What we have learned from this exercise is that it would have been good to have incorporated a criteria related to environments (family, school and community) within the Quality Checklist. We talk about behaviour change but how many choices do young people have, realistically speaking? Socialisation, coupled with the lack of employment, limits the choices Behaviour change materials should explicitly recognise the social aspect that makes behaviour change extremely difficult. Otherwise we can stigmatise those who fail to change behaviour through little or no fault of their own.
- Finally, issues such as gender, behaviour and attitude change and skill's development are addressed in reviewed materials to a certain extent. However, for behaviour change to be achieved, these issues must be demystified and then re-addressed from a cultural perspective so that they form the basis for understanding the changes required. This might go a step further in getting through the barrier of the "second curtain."



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