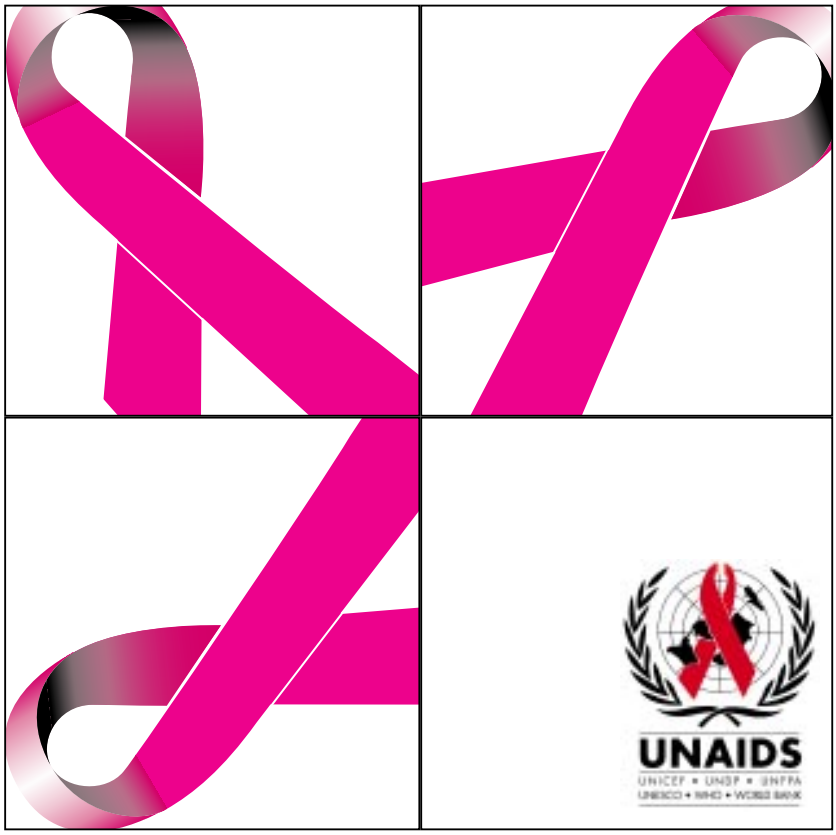
# Learning and Teaching about AIDS at School

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# At a Glance

- Young people (those aged 10-24 years) can be a great asset in helping prevent HIV and bringing the epidemic under control. As they are still developing behaviour and experimenting in sexual matters, they can adopt safer practices more easily than adults.

- At the same time, young people are particularly vulnerable to HIV and other sexually transmitted diseases (STDs). In many countries, 60% of all new HIV infections are among 15-24 year-olds.

- There are more than one billion adolescents in the world. Their number in developing countries – over 800 million – will increase by 20% in the next 15 years. Young people are very valuable to society. It is worth investing heavily in them so that they can protect their own health and stay alive, as well influence and educate their peers. This can be done by promoting effective AIDS programmes in school alongside preventive efforts in the community and the media.

- Good AIDS education covers effective prevention, care and support for people with HIV/AIDS, and non-discrimination. Education of this kind has been shown to help young people to delay sex and, when they become sexually active, to avoid risk behaviour.

- However, AIDS education in school is often denied to children and young people because:
  - the subject is considered too sensitive or controversial to be taught
  - it is difficult to find a place for AIDS education in an already overcrowded curriculum
  - there may be only partial coverage in a country
  - education may be limited to certain age groups
  - information on AIDS is taught, but not the behavioural skills needed for prevention and support
  - the curriculum is of poor quality.

- Ways to overcome these problems include:
  - creating a partnership between policy-makers, religious and community leaders, parents and teachers
  - using this partnership to set sound policies on AIDS education
  - designing a good curriculum and/or a good extracurricular programme, adapted to local culture and circumstances.

- In collaboration with the ministry of education, the national AIDS programme should:
  - aim towards 100% coverage of schoolchildren with AIDS education
  - advocate and facilitate policies and programmes towards this goal
  - monitor implementation of the programmes, and evaluate their impact on students' behaviour.

**UNAIDS *Best Practice* materials**

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is preparing materials on subjects of relevance to HIV infection and AIDS, the causes and consequences of the epidemic, and best practices in AIDS prevention, care and support. A *Best Practice* Collection on any one subject typically includes a short publication for journalists and community leaders (Point of View); a technical summary of the issues, challenges and solutions (Technical Update); case studies from around the world (*Best Practice* Case Studies); a set of presentation graphics; and a listing of key materials (reports, articles, books, audiovisuals, etc.) on the subject. These documents are updated as necessary.

Technical Updates and Points of View are being published in English, French, Russian and Spanish. Single copies of Best Practice materials are available free from UNAIDS Information Centres. To find the closest one, visit UNAIDS on the Internet (http://www.unaids.org), contact UNAIDS by email (unaids@unaids.org) or telephone (+41 22 791 4651), or write to the UNAIDS Information Centre, 20 Avenue Appia, 1211 Geneva 27, Switzerland.

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1. Acquired immunodeficiency syndrome – prevention and control
2. Health promotion
3. Health education
4. Schools

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# Background

***Young people are especially vulnerable to HIV and other sexually transmitted diseases (STDs). They are also vulnerable as regards drug use (and not just injected drugs). Even if they are not engaging in risk behaviours today, they may soon be exposed to situations that put them at risk. Very often they cannot talk easily or at all about AIDS, or about the risk behaviours that can lead to HIV infection, at home or in their community. However, most of them do attend school at some point, and school is an entry point where these topics – often difficult to discuss elsewhere – can be addressed.***

The potential strengths of a school setting are that children there have a curriculum, teachers, and a peer group. And school teaches them not only information, but also skills and attitudes.

Young people who are sexually active are generally not in a stable sexual relationship and may have frequent changes of partner. They are often ignorant of the health risks of sexual behaviour, and they may have poor access to health care services. In addition, they are sensitive to peer pressures and messages from the media, and some are sexually exploited by adults. Those who engage in drug use (including alcohol) may become more vulnerable to sexual or injection-related HIV transmission. These facts help explain why in many countries 60% of all new HIV infections are among 15-24 year-olds. The highest rates of STDs are usually found in the age range of 20-24 years, followed by 15-19 years.

Young people generally find it difficult to reach services where they can discuss questions related to sexual health or sexuality. Counselling is rarely available, and family planning clinics are mostly restricted to married women and couples. Young people are usually reluctant to talk to doctors or nurses about sex, either out of embarrassment or because they consider that confidentiality will not be respected. They may feel equally uncomfortable talking to their parents about sexual matters, and the parents in turn may also be embarrassed or lack the confidence to discuss the subject with their children.

At the same time, young people can be a positive asset in helping prevent HIV and STDs. As they are still developing behaviour and experimenting in sexual matters, they can adopt safer practices from the outset – or switch to them – more easily than adults. Their attitudes are also usually less rigid, and they have less entrenched taboos (see Baggaley R, "Young people talk about HIV: summary of findings from 45 focus group discussions", UNICEF, Lusaka, 1996).

Young people can exert a strong influence on one another. This can be negative, with young people encouraging each other to engage in risk behaviours, but equally it can be channelled positively in AIDS education programmes, to spread messages on what is safe and what is not as regards AIDS. Young people have great energy and commitment. Since they have had less time to develop prejudices, young people can also learn to adopt non-discriminatory behaviour and attitudes towards people with HIV/AIDS far more easily than adults can.

Given the vulnerability of young people to STDs and HIV, society needs to do more to help children protect themselves, primarily by educating them – in schools, at home and through the mass media. Leaving education on matters relating to sexuality to parents alone is a haphazard policy. For the growing number of children attending school, school teachers can take on this task.

A study across a range of cultures has shown that good AIDS education among adolescents does not lead to increased sexual activity, but on the contrary delays the age of first sexual intercourse. The study has also confirmed that when the same adolescents become sexually active, they tend to avoid sexual risk behaviour (see *Impact of HIV and sexual health education on the sexual behaviour of young people*, 1997).

# The Challenges

Despite the evident desirability of providing AIDS education to students, there are various obstacles standing in the way, including the following.

### The subject is considered too controversial

In many societies, the adults responsible for children or their school education are often uneasy about teaching children about AIDS and sexual risk behaviour. They may feel that this encourages young people to experiment prematurely – even though several studies have shown that sex and HIV/AIDS education do not lead to increased sexual activity (see *Impact of HIV and sexual health education on the sexual behaviour of young people*, 1997). Policy-makers, teachers and parents with such views can object to the introduction of school HIV-prevention programmes, on the grounds that the topic is too sensitive for children or controversial for society.

### Overcrowded curriculum

It is often difficult to find a slot for AIDS education in an already full and overcrowded school curriculum, especially when there are many issues competing for space. In theory, health education, which could embrace AIDS education, is supposed to be taught in schools, but in practice it is often neglected.

### Incomplete coverage

Many schools do not have AIDS education. The reasons vary. The country may have no policies on AIDS education, or a particular policy specifically against AIDS education – or policies in favour of AIDS education that are vague or not properly enforced. In some cases policy-making on education is decentralized, so that education authorities in some districts include AIDS education in their curricula while others do not.

AIDS education – where it exists at all – is usually taught only in secondary schools. However, with high drop-out rates in many schools, children – and particularly girls – frequently have left school before secondary school age, with the result that they do not get school AIDS education.

### Information is taught, but not skills

HIV education may be provided in schools, but it may deal only with medical and biological facts, and not with the real-life situations that young people find themselves in. Only if life skills are taught, and matters such as relationships, sexuality and the risks of drug use discussed, will young people be able to handle situations where they might be at risk of HIV infection.

### Poor quality of curriculum

This could be for several reasons, including:

- important areas of AIDS education, such as non-discrimination and support, are omitted
- learning materials may be inadequate – for example, they stress biomedical information instead of social skills and means of prevention, or they are not age-specific, or else bear little resemblance to everyday life
- materials for teachers may not exist
- teachers may not be properly trained to organize classroom activities on sensitive issues
- only one option in terms of sexual behaviour (for example, that of abstinence) is offered, regardless of the age of the students
- the objectives of the course are not clearly identified, or refer only to knowledge, attitudes and values – not to behaviour
- there is no provision for assessing how well students have learnt
- AIDS education is not meaningfully integrated into the curriculum and its links with other health and social issues are not brought out
- no education is provided on referral services, such as further information and skills training, counselling, and youth-friendly STD services.

# The Responses

Young people are a huge asset to society, and it is worth investing in them to help bring the *overall* HIV epidemic under control. This can be done by promoting effective school programmes, complemented by preventive interventions in the community and through the media.

## A partnership to reach a satisfactory consensus

Various "gatekeepers" normally determine whether and what kind of AIDS education is taught in schools, including policy-makers, religious leaders, parents, teachers and teachers' associations. Although they may consider some aspects of AIDS education controversial or unacceptable, there is likely to be some consensus among them on certain issues – for instance, that students need protection from sexual abuse, that they should be able to refuse drugs, and that educational equality between boys and girls should be increased. It is wise to build on this existing consensus to create a partnership.

One then gradually extends the consensus to other matters – such as the premises that adolescents can learn how to make sound decisions, including about avoiding risk behaviour, and that society should help rather than hinder them in such matters. One can promote agreement that some social norms are harmful because they encourage inequalities between girls and boys, or otherwise increase the vulnerability of young people – and that these norms should be challenged – while other norms that help protect them (such as school education for girls) should be defended.

It is encouraging to note in this context that wherever parents' views have been examined, studies show that parents always tend to support AIDS education in schools. Among these studies are one conducted by WHO in 1994 in Ethiopia and an evaluation in five Middle East countries in 1996 (see *Report on evaluation of pilot project on HIV/AIDS education in UNRWA school and other institutions*, UNRWA, Health Department, Amman, 1996).

In parallel, the partnership can be strengthened by involving the "gatekeepers", together with nongovernmental organizations and young people, in conducting a situation analysis (see below), in disseminating the results of a pilot project or other piece of research on AIDS education, or in the launch of a school-based initiative.

## Sound policies on AIDS education

Once a consensus is reached on basic assumptions among those responsible for the education of young people, then a set of national policies on AIDS education can be formulated. Even a one- or two-page policy document can suffice for effective programmes. The policies should cover the following areas:

- complete coverage of AIDS education in schools, in terms of geographic location and class level (age group)
- pre-service and in-service training for teachers
- collaboration between parents, education authorities and community leaders in formulating curricula (see *Pilot projects on school-based AIDS education: a summary*, Geneva, WHO/UNESCO, 1994)
- definition of objectives and contents of the curriculum, as well as extracurricular activities, and integration of HIV/AIDS and STDs into selected subjects
- links with local health services capable of providing friendly and welcoming STD and reproductive health services, including counselling, contraceptives and condoms, to young people.

An important principle when devising policy relating to AIDS and schools is that of human rights. Students and school staff living with HIV or AIDS have the right to education, to freedom from discrimination, to confidentiality, privacy, autonomy and security of the person, and access to information and education.

## Make a situation assessment and design a good curriculum

Several steps are recommended in designing a good curriculum for AIDS education, the first of which is to make a proper situation assessment. This involves studying students' patterns of behaviour relating to risk of HIV – and finding out, for instance, at what median

age they first have intercourse, what are their most common forms of sexual behaviour and of drug consumption (including alcohol), and when they tend to leave school. Such an assessment should start by asking young people's views: what they think their emotional needs are, or what they want to happen when they have a boyfriend or girlfriend. Asking young people is essential for evaluation, as they are the users of the service. It is necessary, too, given that young people do not necessarily share adults' attitudes on sexual and drug behaviour. The students must be assured of confidentiality so that they give honest responses.

The results of this situation assessment have a direct bearing on the rest of the curriculum design. The steps to be taken here include the following (each step is described in *School health education to prevent AIDS and STD*, vol. 1, pp. 11-30):

- defining the type of programme (including the age at which it is to be introduced)
- selecting objectives for the programme
- making a curriculum plan
- planning specifically for the production of learning materials, and for activities of the students
- developing teachers' guides (many good guides exist, or can be adapted; see, for example, *School health education to prevent AIDS and STD*) and planning teachers' training
- planning orientation sessions for school administrators to gain their continuing support.

**Ensure an effective AIDS education programme**

Effective programmes are those that have had a positive influence on behaviour as regards sex, drug use and non-discrimination – and not simply increased knowledge and changed the attitudes of students. It has been shown that effective programmes do all the following things:

- focus on life skills – particularly relating to decision-making, negotiation and communication – with the double aim of delaying first sexual intercourse and encouraging protected intercourse
- concentrate on personalizing risk through appropriate role playing and discussions
- discuss clearly the possible result of unprotected sex – and in equally clear terms the ways to avoid such an outcome
- explain where to turn for help and support among peers, school staff and outside facilities
- stress that skills useful for self-protection from HIV also help build self-confidence and avoid unwanted pregnancy, sexual abuse, and the abuse of drugs (including tobacco and alcohol)
- reinforce values, norms and peer group support for practising and sustaining safe behaviour and resisting unsafe behaviour, both at school and in the community
- provide sufficient time for classroom work and interactive teaching methods such as role play and group discussions.

The most important HIV-related skills young people can learn are:

- how to make sound decisions about relationships and sexual intercourse, and stand up for those decisions
- how to identify one's own personal reasons for resisting pressures for unwanted sex or drugs
- how to recognize and avoid or leave a situation that might turn risky or violent
- how and where to ask for support and to have access to youth-friendly health services
- when ready for sexual relationships, how to negotiate protected sex or other forms of safer sex
- how to show compassion and support for people with HIV and AIDS
- how to care for people with AIDS in the family and community.

Three other elements have been shown to be important for effective AIDS education in schools. One is teaching primary and secondary students to analyse and respond to social norms. Social norms are formed by the media, by young people's peers, and by society at large. These norms in turn influence behaviour. Students should learn to

decode and analyse these norms and understand which ones act in a potentially harmful direction and which ones protect their health and well-being.

Sexual abuse can occur inside schools. It is thus necessary to ensure a healthy school environment and combat factors such as discrimination against female students, bullying, and physical and sexual abuse – by both school personnel and students.

A second necessary element is good training, both for the teachers themselves and for peer educators – young people from the same age group, specifically selected to educate their friends about AIDS.

A third, vital factor is that of age. All experience to date has proved that HIV prevention and health promotion programmes for children should begin at the earliest possible age, and certainly before the onset of sexual activity. Effectively, this means that age-appropriate programmes should start at primary school level. This has two important benefits. First, education starts before sexual activity does, thus preparing the students to cope with future risk activities. Second, the education reaches children before many of them have left or dropped out, and this is particularly so – in many countries – for girls, who tend to leave at a younger age. Examples of countries that start AIDS education programmes at primary school level include Malawi, Thailand, Uganda and Zimbabwe.

In Zimbabwe, for instance, all schools since 1993 have had compulsory weekly lessons on life skills and AIDS for all students from grade 4 (9-10 year olds) upwards. Booklets for students and teachers are designed for each grade, and address four main themes: relationships, growing up, life skills and health. Topics range from discussions on gender roles and rape to coping with emotions and stressful expectations. In the classroom, self-esteem and assertiveness are encouraged, and role playing suggests ways to respond to peer pressures. Apart from using booklets in the classroom, students also do projects in the community. All materials are reviewed and approved by a committee including the national AIDS programme, the Ministry of Education, and representatives from the major religious denominations. A large teacher training programme helps prepare serving teachers, as well as students in teacher training colleges (see O'Donoghue J. *Zimbabwe's AIDS action programme for schools: flashback and hindsight*. Harare: UNICEF, 1995).

**Taking media messages into account**

Young people are frequently exposed to and influenced by the media. While schools are teaching one set of messages, the media may be providing other, conflicting messages. School-based programmes should take these into account. Young people also need to be equipped with the skills to "decode" media messages.

**Evaluation**

It is important to evaluate the impact of school AIDS education on students' behaviour – not only their acquisition of knowledge or adoption of desired attitudes. Because skills are the best predictor of behaviour, impact evaluation usually involves measuring to what degree skills have been learnt and practised, and safe behaviour sustained (see box on page 6). Specific evaluation tools have been developed for this purpose. (See *School health education to prevent AIDS and STD*, vol. 1, pp. 43-88.)

It is equally important to monitor the response of the education system to check: that the quality of teaching is satisfactory; that learning and teaching materials are used correctly; that the local community supports the programme; and that increasing numbers of students feel that they have benefited from it.

# Key Materials

*Integrating HIV/STD prevention in the school setting: a position paper*. Geneva: UNAIDS, 1997. (E/A/R/C/F/S). A two-page document with programming principles, best practice to date, and goals in school AIDS education, from a life skills perspective.

*School health education to prevent AIDS and STD: a resource package for curriculum planners*. Geneva and Paris: WHO and UNESCO, 1994. (E/S/F/R/P). Three volumes: (a) handbook for planners including examples of curriculum plans and 13 evaluation instruments; (b) 53 cartoon-illustrated student' activities for the classroom; (c) teachers' manual with background information and tips for teaching each activity for children aged 12-16.

*Consensus statement on AIDS and schools*. Paris: International Federation of Free Teachers' Unions, The World Confederation of Organizations of the Teaching Profession, The World Confederation of Teachers, La Fédération International Syndicale de l'Enseignement, in association with WHO, UNESCO and ILO. 1990. (E/F/S). A 4-page document with policy principles and components to ensure the non-discrimination, protection and education of students, teachers and school personnel.

*Impact of HIV and sexual health education on the sexual behaviour of young people: a review update*. Geneva: UNAIDS, 1997. (E/A/F/R/S). From a comprehensive literature review of evaluated interventions, 46 are presented that had an impact on behaviour. Effects on age at first intercourse, sexual activity and protected sex, as well as gender and media issues in the context of education programmes, are discussed. Features of successful programmes are listed. (This is an update of GPA's 1993 Grunseit and Kippax review.)

*Handbook for evaluating HIV education*. Division of Adolescent and School Health. Atlanta: CDC, 1995. (E). A file with several booklets on different aspects of evaluation of school HIV/AIDS programmes: policies, curricula, training, administration, community participation; and evaluation instruments.

*A school policy on AIDS/STD education and sexual health: an exemplary brochure*. European Information Centre "AIDS and Youth", Netherlands Institute for Health Promotion and Disease Prevention, Woerden, Netherlands, 1996. Explains policy relating to AIDS and schools, and the consensus-building process needed to develop it, as well as the use of research to help form policy content and implement policies.

Schaalma HP. *Planned development and evaluation of school-based AIDS/STD education*. Maastricht: Rijksuniversiteit, 1995. (E). A collection of studies on sexual behaviour of young people leading to a discussion of the methodology used in the planning and evaluation of the Dutch school programme for children aged 12-19, based on skills and self-efficacy theory, and with important links to media.

Aggleton P. *Sexual practices, sexually transmitted diseases and AIDS amongst young people*. Paper presented at the Seminario Internacional sobre Avances en Salud Reproductiva y Sexualidad, Mexico City, November 1996. (E). A ten-page paper on health promotion dealing with the diverse needs of young people, a critique of the concept of adolescence, and a summary of effective approaches, with bibliography.

*Education Sector*, by S. Shaeffer. Geneva: WHO/GPA (no date). (E). A 4-page brief for sectoral planners and managers on the impact of AIDS on educational supply and demand, and its consequences for the education sector, with bibliography.

*The sexfile: HIV and AIDS*. Maylands, Australia: Healthvision Technologies, 1996. (E) An educational package for adolescent students consisting of a multimedia CD-ROM and a hard-copy teacher manual that includes activity sheets for students and test answers. It is an interactive tool that allows for group discussion and individual learning.