

Chapter 1

Introduction

'Among health concerns, infectious diseases are having a devastating impact on school systems worldwide. ...The situation is particularly critical in sub-Saharan Africa, which accounts for 63 per cent of the global HIV-infected population, 89 per cent of malaria-related deaths, and 12 of the 15 countries with the highest tuberculosis incidence rate worldwide ...). Women increasingly carry the burden of HIV and AIDS, either through infection or as caretakers' (UNESCO, 2007b).

The school systems in sub-Saharan Africa have been severely affected by HIV and AIDS.¹ The effects include:

- very high rates of infection and death among teachers, thus reducing the available workforce;
- high absenteeism among teachers, who are themselves infected or who have to take care of infected others;
- an increase in the number of orphan children;
- an increase in absenteeism among students, who have to become caretakers of ill parents or siblings due to loss of parents; and to
- HIV and social and emotional problems among such children.

Education, especially girls' education, is seen as the most effective protection against the HIV epidemic, and as a way of raising awareness about health, sanitation and nutrition. Hargreaves and Boler (2006) reviewed findings from research carried out between 1990 and 2006 and concluded that education enables girls to have better control over their sexual behaviour, and that girls with secondary education have a lower risk of HIV as compared with those who have no or only primary school education. Other studies suggest that providing HIV prevention programmes at primary

school are more successful in positively influencing sexual behaviour (Gallant and Maticka-Tyndale, 2003; cited in Clarke, 2005).

While there is plenty of evidence to support the very significant role of education on reducing the risk of being infected and on a person's ability to cope with the disease, there is also evidence that the education systems in general have not been very successful in fulfilling this role. Based on research with young people in Tanzania, Vavrus (2003) argues that general education per se cannot always protect against HIV. Targeted and specific information about HIV and AIDS, as part of a robust curriculum, is needed for any significant impact from the years of education. Other research studies also suggest that 'effective' HIV education in schools can have a positive impact on the sexual behaviour of young people (James-Traore, Finger, Ruland and Savariaud, 2004).

Gender is a cross-cutting issue in education. Gender equality in education in a broad sense means creating equal opportunities for both boys and girls, so that in all respects they can access education, participate and learn equally. We also know that girls in most societies continue to be disadvantaged and still constitute about two-thirds of all the world's out-of-school children in the primary school age group. A majority of the young people estimated to be infected and affected by HIV and AIDS in sub-Saharan Africa are female. In 2004, among the age group 15–24, the overall ratio of infection female to male was 2:1. This ratio for sub-Saharan Africa was 3:1 (UNICEF, 2004).

Girls and women are more likely to be infected and affected because of the cultural and socio-economic contexts in which they live. Women have limited power to negotiate safe sex and often suffer from male violence. Poverty among women is high and they have limited access to paid jobs outside the home. This poverty may lead them to engage in sex for money or material goods. Girls' participation in school is adversely affected by their own and their families' poor health status. They are expected to take on the role as caregivers, which can keep them from attending school. Girls' experience of schooling is also negatively affected by sexual harassment in schools and teenage pregnancy.

Education processes in schools are not necessarily gender responsive and the role of teachers in addressing gender issues and HIV remains minimal. Clarke (2005) shows that gender analysis and gender issues are often

missing in HIV education policy and programmes, and argues that an effective education response to HIV requires both mainstreaming of gender and HIV into policy, curriculum and practice. Schools and teachers are currently unprepared to respond to the gendered needs of their pupils in the context of HIV. For example, a study conducted in Uganda (Kakuru, 2007, shows that female students and teachers are more affected by HIV and AIDS, yet ... *'teachers are required to treat boys and girls equally. They cannot take into account the impact of HIV and AIDS on pupils in their classroom management strategies. They expect all children to turn up on time for example, with all necessary supplies, regardless of their circumstances'*.

According to UNESCO (2006), the ultimate goal of HIV and AIDS education is to enable learners to adopt protective behaviour for their health and wellbeing, and to show respect to and concern for others. The components necessary to meet these goals would include basic knowledge on: health, sexuality and HIV; human rights and stigma; relationships and gender issues; and life skills, such as critical thinking, problem solving and decision-making, necessary for promotion of physical and mental wellbeing. It is also important that the school is gender sensitive, does not encourage gender bias and gender stereotyping and that there is a curriculum which includes content and practices to promote gender equality in and outside the class (UNESCO, 2006).

Education sector responses to HIV and gender issues have varied. However, most countries in Africa have formulated HIV and gender-specific policies and strategies, and have prepared HIV strategic plans for the education sector (Rispel, Letlape and Metcalf, 2006). In several countries, HIV has been included in the primary and secondary school curricula and in prepared teaching/learning materials. However, evidence about the implementation and impact of this initiative is not unanimously positive (UNESCO, 2007a).

There is some evidence to suggest that the *'quality of the implementation [of curricula] is probably more important than the detailed design of materials or curricula'*, and that good quality teacher training and support are critical in implementing curricula for effective HIV education in schools (James-Traore, Finger, Ruland and Savariaud, 2004). There is a growing body of research that suggests teacher quality is the main determinant of students' outcomes. For example, Darling-Hammond (2000) notes that teacher quality

is one of the most important factors contributing to student achievement, more significant than class size (National Institute of Education, 2008).

The importance of teacher quality for effective HIV and AIDS education in schools is also being recognised. A review of AIDS and teacher training in ten African countries (UNESCO, 2006) underscores the importance of teachers for effective HIV education, and calls for strategies to minimise the impact of HIV on teachers and to maximise teachers' contributions to the fight against this pandemic. The Education for All (EFA) monitoring report (2008) emphasises the same point when it concludes that *'Introduction of HIV and AIDS education in the curriculum needs to be complemented by professional development of teachers'* (UNESCO, 2007a, p.132).

Thus, successful implementation of an HIV and gender education curriculum would depend the ability of the teachers interpret and implement that curriculum. It is now been widely recognised that teaching is a complex process which requires teachers to have knowledge of content, knowledge about pedagogy (how to teach the content), skills and professional attitudes and values (National Institute of Education, 2008). In this respect, an effective teacher training curriculum for HIV and AIDS should include correct and adequate knowledge about HIV and knowledge of the pedagogy of HIV education. Effective teacher training should help teachers *'examine their own attitudes and beliefs regarding sexuality and behaviours towards HIV prevention and gender equality, understand the content they are teaching, learn participatory teaching skills and develop confidence to discuss sensitive topics with young people in their classrooms'* (James-Traore, Finger, Ruland and Savariaud, 2004). Teachers also need to be trained so that they have the awareness and skills to make their classrooms gender responsive (UNESCO, 2004), and to recognise the close relationship between gender socialisation in particular societies and the vulnerability of girls and boys to HIV.

In developing countries, teacher preparation for teaching emerging curricular areas such as HIV and gender are usually carried out through short in-service programmes offered to selected teachers, normally the central department of education. Whatever is learnt through these courses is quickly forgotten and is rarely implemented. Inadequate preparation through short programmes and lack of support and understanding from colleagues,

who have not been trained, contribute to this.

Teacher training in these areas needs to be mainstreamed through inclusion in pre-service training. Pre-service courses are of longer duration, normally two years,² and accessed by a majority of potential teachers. The trainees are young, at a formative stage of the profession and hence more likely to be open to new ideas and to examining and challenging their existing beliefs. However, as we will report later, the pre-service curriculum is often packed with a lot of content within which content related to HIV and AIDS has a peripheral status.

At a workshop organised by the Commonwealth Secretariat in collaboration with the Association for the Development of Education in Africa (ADEA) in September 2006, two major issues were identified:

- ad hoc teacher training on gender and health which is not integrated into pre- and in-service teacher training systems; and
- ineffective communication of messages to students, parents and communities, especially those dealing with social/religious taboos and discrimination issues.

The workshop recommended a review of teacher development programmes in African countries, so as to incorporate life skills and HIV. We do not have enough knowledge and understanding about how HIV and gender issues are dealt with in pre-service and in-service teacher education programmes in sub-Saharan Africa, nor about how these curricula and practices in Africa can be improved to include and integrate knowledge and strategies for effective HIV, health and gender education.

The review presented in this report was carried out to find out whether and how pre-service teacher education curricula and practices address issues of HIV and gender equality in the three East African countries of Kenya, Tanzania and Uganda.