

## *Appendix*

### **HIV and AIDS and Gender Study Dissemination Workshop, 11–13 March 2008**

A three-day workshop was held to share initial findings from the curriculum review, to obtain responses from stakeholders, to broaden our understanding of the issues around HIV and AIDS and gender in teacher education, and to obtain participants' recommendations on how to improve the curriculum and its implementation. Representatives from the Ministry of Education in the three countries, principals and a tutor from each of the colleges in the sample attended the workshop. Here we summarise the workshop discussion.

There are common themes threading through the teacher education practices of the three countries, and several common issues arise in regard to HIV and gender in teacher education:

- Teacher educators, teachers and the community have rigid attitudes
- Media: how can education influence the media?
- Cultural context: beliefs and biases negatively contribute to the spread of HIV
- Dissemination of contradictory information by different bodies (the media, churches, schools)
- HIV is impacting negatively on education, because the teachers who are seen as key persons in disseminating information are most affected by HIV and AIDS
- Gaps in ministry of education policies and PTCs
- Mismatch in primary and PTC curricula

Gender and HIV are interlinked. HIV and AIDS prevalence is higher in women of productive age groups; so we need to empower women/girls to

value themselves – women can play an important role in the reduction of HIV infection if they understand their worth. At the same time, education is expected to address the HIV and AIDS epidemic; so we need to find workable solutions to change the mindset of our society, using friendly means.

The education sectors in all three countries have yet to make satisfactory interventions regarding HIV in teacher education. The issue of HIV has not been mainstreamed in the various curricula of teacher education across the three countries: HIV is taught as a topic in science in some institutions, but in most teacher education institutions it is only infused. Such integration is not carried out clearly; most curricula have no content on HIV and AIDS.

Teaching HIV education is theoretical and generally haphazard (informal); hence youths and many other people have reasonable knowledge about HIV and AIDS, but lack the skills and attitudes to apply that knowledge. To create any impact, the curricula must target attitudinal change. Nor is assessment performed effectively, as it involves a lot of ‘knowledge questions’.

NGOs have spearheaded sensitisation on HIV and AIDS in primary schools, but content has not been reflected in the formal curricula. Once projects close, then the initiative dies. Teacher educators admitted that they are not competent in dealing with HIV and gender education. They need training in methodology to be able to teach HIV and AIDS with expertise.

In terms of differences, Tanzania has a policy, but implementation needs improvement. Uganda, meanwhile, has made many interventions, but these have been through NGOs and sustainability is a big issue.

## **Way forward**

Participants engaged in constructive and open discussions around several questions. Key ideas generated from the discussion were:

- What kind of teachers do we want?  
Gender and HIV conscious and competent; diversified and comprehensive enough to integrate cultural and religious values with scientific knowledge
- What type of syllabus/curriculum (content) do we need to bring about positive change?  
Holistic, dynamic and gender responsive and HIV alert

- What methods will be most effective?  
(Experiential and participatory)
- What outcomes do we expect?  
Individuals all round being endowed with the necessary life skills to live and survive in the era of HIV and AIDS  
Participants noted that:
- There is a great challenge ahead of us, to effectively package the content of HIV and AIDS and gender if it is to be acceptable to the different stakeholders in education.
- The type of content for teacher educators and how it should be delivered need to be well thought out to make lessons practical and meaningful for attitudinal change
- We need to concert efforts as East Africans, share information and develop teaching materials that will be user-friendly, but also provide an effective means of creating impact. Students need vibrant approaches, because they are bored of the same threats that accompany lessons on HIV and AIDS.
- Students prefer videos about HIV and AIDS affected/infected persons to give real experiences.
- Life skills education is crucial in the fight against HIV, as it will empower children, youths and adults to make informed choices.
- Above all, we need to handle all current issues and challenges with sensitivity to multiple cultural biases.
- Training teachers is essential to enable them to develop confidence – to create a learner-friendly environment, and to deliver content on HIV through participatory methods, which tend to be more popular.
- Key challenges: teacher institutions are ill-resourced, time is scarce due to the competing programmes hosted in training institutions, and curricula of both schools and training institutions are already fatigued.

**Notes**

- 1 HIV: Human immunodeficiency virus, a retro-virus which causes AIDS. AIDS: Acquired immune deficiency syndrome.
- 2 Some countries, such as Tanzania, have introduced one year at teacher training college followed by a year of deployment in schools so as to learn 'in the field'.
- 3 The gross enrolment rate is the number of students enrolled at a certain level of education regardless of age as a percentage of the population of official school age.
- 4 Teacher Training College.
- 5 National Training College.
- 6 This is probably a reference to female genital mutilation.
- 7 Each school subject area has an academic and a pedagogy syllabus. So, for example, biology has a biology academic syllabus and biology pedagogy syllabus.