

Module

E. Miedema

13

A curriculum response to HIV/AIDS



Educational planning and management in a world with AIDS

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Module 13

..... A CURRICULUM RESPONSE TO HIV/AIDS

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Aims

The aims of this module are to:

- provide an overview of current concepts relating to quality, curriculum-based sexual and reproductive health (SRH), HIV and AIDS education;
- provide an overview of the necessary steps in integrating HIV and AIDS-related education into a school curriculum, as well as the implications thereof for, among others, teacher training, community involvement, time allocation and assessment.



Objectives

At the end of the module you should be able to:

- explain the need for integration of comprehensive SRH, HIV and AIDS education into the curriculum;
- describe some of the main ‘characteristics’ of quality SRH, HIV and AIDS education and some of the main shortcomings of current (SRH) HIV and AIDS teaching and learning and teacher training;
- identify some of the main planning implications of including SRH, HIV and AIDS education in the curriculum;
- describe what is meant by life skills and give examples of life skills that young people need to protect themselves from and cope with the impact of HIV and AIDS;
- list and provide a brief clarification of the broad planning steps involved in integrating HIV and AIDS education into the curriculum.



Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
EFA	Education for All
EMIS	Education management information system
FRESH	Focusing Resources on Effective School Health
HAART	Highly active antiretroviral therapy
HIV	Human Immuno Deficiency Virus

IBE	International Bureau of Education
IIEP	International Institute for Educational Planning
MDG	Millennium Development Goals
NFE	Non-formal education
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Before you begin...



Questions for reflection

Take a few minutes to think about the questions below. You may find it helpful to make a note of your ideas in the spaces provided. As you work through the module, see how your ideas and observations compare with those of the author.

1. What are the most important, core topics young people need to learn about in order to become competent in dealing with issues relating to sexual and reproductive health (SRH), HIV and AIDS?
2. Is SRH, HIV and AIDS education currently taught in primary and secondary schools in your country? If so, how has it been integrated into the curriculum?
3. Has teacher shortage and mortality (due to HIV and AIDS) affected the quality of teaching and learning, including teaching/learning about SRH, HIV and AIDS in your country? If so, how?
4. What steps need to be taken to ensure that all learners in both rural and urban areas have access to youth-friendly health services and information?
5. What steps need to be taken to involve community members in the development, design and monitoring of SRH, HIV and AIDS education?

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Introductory remarks

Every day thousands of children and young people all over the world are infected with HIV, the majority of whom are in sub-Saharan Africa. Over 14 million children have lost one or both of their parents to the disease. Hard won developmental gains and life expectancy are eroded and progress toward achieving Education for All (EFA) and the Millennium Development Goals (MDGs) is severely hampered. Ministries of education are becoming increasingly aware that, with no vaccine or cure for HIV and AIDS in sight, education can be an effective way to protect young people.

This module will look at **SRH, HIV and AIDS education** and how this can best be integrated in the formal school curriculum. The module concentrates on issues relating to teaching and learning about SRH, HIV and AIDS, the main question for educational policy-makers and planners always being what are the implications for policy and planning? And which resources are required to ensure that quality (SRH, HIV and AIDS) education is provided to all learners?

To start off with, the module will provide an overview of current findings regarding HIV/AIDS teaching and learning in schools; examples of good practices as well as some of the common shortcomings. The remainder of the module will build on the lessons learned described in this first section.

The first section will also focus on the core HIV and AIDS-related themes that should be addressed in an education programme. The core themes suggested in this module build on the four pillars of education (see UNESCO, 1996), i.e. learning to know, learning to do, learning to be and learning to live together. These four pillars provide a sound basis for developing the main themes of HIV and AIDS education. The issue of age and 'appropriate' learning on SRH, HIV and AIDS will also be discussed in this section, as well as possible opposition to SRH, HIV and AIDS education.

In the second part a description will be given of the different curricular approaches to integrating HIV/AIDS education in the regular curriculum. The different curricular approaches have different implications for planning and the user will be encouraged to consider some of the possible steps that need to be taken to ensure full integration of SRH, HIV and AIDS education according to a particular curricular approach.

Finally, the module will explore some of the implications for educational planners of integrating education on HIV and AIDS into the regular curriculum, such as the implications for teacher training and support (including peer education), time allocation, creation of child-friendly environments, learners' access to youth-friendly (health) services, and community involvement. Attached to the module is a tool developed by IBE-UNESCO that can be used to guide the 'diagnosis' of the current status of HIV/AIDS education. References of other relevant publications and tools are given in Appendix I.

It is important to note that although out-of-school youth are an extremely important target group, this module will not explicitly deal with non-formal SRH, HIV and AIDS education. Having said that, much of what applies to teaching-learning about SRH, HIV and AIDS within the formal curriculum can also be relevant to the (development of) the non-formal education (NFE) curriculum.

It is recommended that this module be studied in combination with the following modules: Module 14 - *Teacher formation and development in the context of HIV/AIDS*; Module 15 - *An education policy framework for orphans and vulnerable children*; and Module 16 - *HIV/AIDS care, support and treatment for education staff*.

1. HIV/AIDS education

Current findings relating to HIV/AIDS teaching and learning; good practices and shortcomings

Various studies into the quality of HIV/AIDS education programmes have been carried out in recent years¹. These studies look into how ministries of education, schools and teachers in a range of countries and continents address HIV/AIDS education. They describe the progress made, but also identify a range of common shortcomings related to the delivery of HIV and AIDS education. The *Deadly inertia* report provides an overview of the quality of delivery and content of HIV and AIDS education within the framework of the quality of education in general (Global Campaign for Education, 2004). The report makes a very important point, stating that “in practice [it] is impossible to teach children about HIV in classrooms that lack the essential ingredients for successful teaching and learning about any subject” (Global Campaign for Education, 2004: 5). In most of the 18 countries studied, it was found that classrooms were overcrowded and management systems under-resourced.

Box 1 below summarizes a number of shortcomings in the delivery of HIV and AIDS education as outlined in the above-mentioned reports.

Box 1 Examples of common shortcomings in the delivery of HIV/AIDS education

- HIV/AIDS education has been added to an already overcrowded curriculum.
- HIV/AIDS education is often added to the existing syllabus of a particular mandatory subject, but no provisions are made to make sure that HIV/AIDS education is taught or that learning outcomes are assessed in meaningful way.
- No specific time or far too little time is allocated to the teaching of the subject.
- Teachers are not adequately trained or supported to apply the necessary interactive pedagogical methods.
- Teaching and learning materials often are not available.

Source: IBE-UNESCO, 2006: tool 4.

Different studies, including those mentioned above, have also identified shortcomings relating to the contents of HIV and AIDS education.

¹ Examples include: Global Campaign on Education (2004), *Deadly inertia, a cross-country study of educational responses to HIV/AIDS*; IBE-UNESCO (2005), *The Quality Imperative, an assessment of the curricular response to HIV/AIDS in 35 countries*; and Action Aid (2003), *The sound of silence; difficulties in communicating on HIV/AIDS in schools*.

Box 2 Some common shortcomings relating to the content of HIV/AIDS education

- Teaching of HIV and AIDS is often selective; it does not address sexual and reproductive development or health, nor (sexual) relationships, negative or conflicting messages on condoms and practicing of safer sex.
- Education does not adequately challenge stigma and discrimination surrounding HIV and AIDS, which in turn strengthens the silence surrounding HIV/AIDS.
- Education on HIV and AIDS is often still too knowledge-based. Little attention is paid to the development of learners' abilities to deal with daily problems.
- Teaching-learning of life skills needs to be better understood in order to be better implemented.

Source: IBE-UNESCO, 2006: tool 4.

Although the work of educational planners has less to do with content and pedagogy *per se*, these educational aspects will have implications for planning. For example, SRH, HIV and AIDS education should be less knowledge-based than it currently is, and be taught using more interactive teaching-learning methods than are currently used. This has implications for teacher training and support/supervision – both in terms of content and time.

Where possible, ministries of education should aim to continue to improve the delivery and content of HIV/AIDS teaching and learning. Other than reviewing the delivery and content of HIV/AIDS-related education and comparing these to the 'attention points' highlighted above, ministries of education can also build on the increasing body of knowledge on what does work, i.e. what are the main characteristics of effective HIV and AIDS education. Some of these characteristics are listed in Box 3 below.

Box 3 Characteristics of effective HIV/AIDS education

- Focus on life skills aimed at reducing risk-taking behaviours, particularly by delaying first sexual intercourse and encouraging protected intercourse.
- Concentrate on personalizing risk through active participation of learners by using appropriate role-playing and interactive discussions.
- Provide clear messages on sexual activity and discuss in a straightforward manner the possible results of unprotected sex, and in equally clear terms provide comprehensive information on the ways to avoid such an outcome.
- Explain where to turn for help, support and services (such as peers, school staff and facilities, and outside facilities).
- Provide occasions to model and practice communication and refusal skills useful for self-protection and to build self-confidence.
- Address pressure from peers and society. Reinforce values, norms

and peer-group support for resisting pressure, both at school and in the community.

- Provide sufficient time for classroom work and interactive teaching methods such as role-playing and group discussions.
- Select teachers and peers who believe in the programme and provide systematic training and support.
- Start at the earliest possible age with adapted messages and teaching methods, and certainly before the onset of sexual activity.

Source: IBE-UNESCO, 2005a.

The final goal of SRH, HIV and AIDS education is to enable learners to become SRH, HIV and AIDS competent, i.e. to be able to apply relevant skills, knowledge and demonstrate 'healthy' attitudes to take positive actions to protect themselves, promote their own and other's well-being and health, and develop and maintain positive social relationships.

Activity 1

Using the examples of shortcomings and characteristics of good SRH, HIV and AIDS education listed in the boxes above, analyze 2-3 shortcomings and/or characteristics of quality education relating to the delivery of education which are most relevant to your country. List the necessary steps to respond to these shortcomings or that work towards achieving the selected characteristic of quality SRH, HIV and AIDS education.

The lessons learned regarding current shortcomings as well as the findings on characteristics of quality HIV and AIDS education form the starting point for the following sections. To begin with, we will look more closely at the contents of HIV and AIDS education. In Chapters 2 and 3 more attention will be paid to the delivery

of education on HIV and AIDS and the implications for teacher training, assessment and textbook development.

Core topics to be addressed

The four pillars of education – learning to know, to do, to be and to live together – can be seen as forming the founding blocks for education throughout life. These four pillars are also highly relevant for (developing) education on SRH, HIV and AIDS. For example, learners need to learn the correct information (*learning to know*), how to use the correct information and skills (*learning to do*), value/respect others, irrespective of their status, gender, etc. (*learning to live together*), and how to deal with and value themselves (*learning to be*).

As mentioned above, the overall aim of SRH, HIV and AIDS-related teaching and learning is to build the competencies of learners to apply relevant skills and knowledge and demonstrate ‘healthy’ attitudes to take positive actions to protect themselves and others from the spread and impact of HIV and AIDS, to promote overall health, wellbeing and positive social relationships. To help learners to become competent in coping with HIV and AIDS, teaching-learning should focus on the four core themes described below. These are the themes that are recommended for integration into the curriculum to jointly form a comprehensive SRH, HIV and AIDS education programme.

Box 4 Core HIV and AIDS teaching-learning themes

1. Basic knowledge on health, SRH, STIs, HIV and AIDS, and care and treatment.

This thematic topic is aimed at the development of basic knowledge on health, SRH, HIV and AIDS as well as important information processing skills.

2. Human rights, stigma and discrimination

Stigma and discrimination greatly increase the silence and fear surrounding HIV and AIDS as well as the suffering of people with/affected by HIV/AIDS. This core topic should focus on, among others, teaching learners about children’s and human rights – as applying to themselves and others, irrespective of their HIV/AIDS status.

3. Relationships and gender issues

Increasingly, the HIV/AIDS epidemic is feminizing, with women accounting for more than half of HIV-positive adults worldwide. Gender inequity and general power discrepancies in relationships increase the risk of HIV infection as well as the impact of HIV and AIDS. The main expected learning outcome of this third topic would be the development of a critical understanding of the different vulnerabilities and risks men and women face, the equal rights of men and women. Equal participation of boys and girls in this module is essential.

4. Life skills

Though learners are expected to learn a range of skills through the other three thematic topics described above, it is recommended to include a fourth theme in the HIV and AIDS teaching-learning programme which pays attention to a specific set of additional life skills.

Life skills are generally defined as abilities that help promote mental well-being and competence in young people as they face the realities of life. Life skills are taught with the aim to empower people to take positive actions to protect themselves and to promote health and positive social relationships. Examples of life skills are skills in problem-solving, critical thinking, decision-making, negotiation, as well as 'skills' such as self-awareness, empathy, and coping with stress and emotions.

Life skills requiring additional attention in SRH, HIV and AIDS education can be organized into three categories:

- a) Critical thinking skills, including self- and social awareness, setting goals and solving problems;
- b) Social skills, including building positive relationships, challenging gender stereotypes, stigma and (sexual) violence, coping with loss and stress; and
- c) Communication and negotiation skills, such as being able to voice one's concerns and needs, being able to say 'no' and to have that respected.

Source: IBE-UNESCO, 2006: tool 4; UNESCO Bangkok, no date.

With regard to life skills, it has to be noted that there still remains much to be clarified and defined in the area of life skills education. 'Open' questions include the kind of skills that different groups of children and young people actually need, for example besides life skills such as 'effective communication', orphans and other vulnerable children may also need to learn basic entrepreneurial and/or vocational skills. Other issues to be clarified are how young people best learn different skills, which pedagogical approaches and assessment methods are most appropriate to support learning of life skills, and what the implications are for teacher training and support. Monitoring and evaluation of (life skills) education can serve to inform future policy and programming.

Adaptation to different age groups

Existing education programmes on SRH, HIV and AIDS are often not age specific. Either the age group is not well defined or the programme and accompanying materials are designed for too large an age group despite the fact that literacy levels and learning needs differ per age group. At the same time, it has to be kept in mind that in developing countries there may be a very wide range of ages in any one class. This places additional demands on teachers – and thus on teacher training and support.

HIV/AIDS education programmes need to be developed in a spiral way; increasing the levels of complexity and detail as pupils climb up the educational ladder. It goes without saying that the information required by a young learner at primary school is different from that required by an adolescent at secondary school level.

Education on SRH, HIV and AIDS should start as early as possible, and in any case before the average age of sexual debut. SRH, HIV and AIDS teaching-learning should be provided until at least the end of compulsory schooling, but preferably longer, i.e. until the end of secondary school and during tertiary education.

Deciding at which age to start education on prevention, care, treatment and mitigation of sexually transmitted infections (STIs), HIV and AIDS can be guided by, for example, information on the average national age of onset of sexual activity.

Activity 2

Review recent research into the average age of sexual debut in your country. Compare this with the average age of school debut and school completion or drop-out. Based on these indications of the age of sexual debut, at what age should education on SRH, HIV and AIDS begin in your country?

Opposition to change

Often those responsible for providing HIV/AIDS education encounter opposition from, for example, learners' parents, other teachers, school principals and church leaders. Many people believe that teaching youngsters about sexual health and sexuality will encourage promiscuity and sexual experimentation. Studies from around the world show, however, that young people who have been provided with correct information and have learned relevant skills actually delay sexual debut. In addition, when they do start having sexual relationships they are more likely to practice safer sex. It is important to accept that adolescence is a time when many young people will experiment with sex and that equipping them with information and skills is crucial if they are to protect themselves and others.

The issue of opposition to curricular change was addressed during the UNESCO Bangkok workshop on Building Capacities of Curriculum Specialists for Educational Reform (see Lao, 2002). The participants (directors and curriculum specialists from 11 countries in East, South-East Asia and Mekong sub-regions) considered it was possible to anticipate and address some forms of resistance to curricular change and delivery. They formulated the following three key recommendations for addressing opposition.

1. Clearly define and communicate on the role of stakeholders in the process of consultation on curricular change.

It was considered impossible to consult all stakeholders on every issue. For this reason, sometimes consultations should be about informing stakeholders on what the reform will be about, without necessarily asking for their input.

Agreement on all issues by all stakeholders will also be extremely difficult. Ministries of education will have to strike a balance between teaching-learning content that is relevant to learners – i.e. enables them to deal with real life problems – and that which is supported by the community.

II. Engage stakeholders through the curriculum development process

The most efficient consultation was found to be one that engaged stakeholders throughout the curriculum development process, and not only at the beginning.

Involving local authorities and other stakeholders in a participatory manner throughout the process was considered not to ensure continuity and transparency, but also implied that sufficient time was made available to consult all relevant stakeholders.

Involving stakeholders during the implementation of curricular change is also important, for example in the design and implementation of teacher training and monitoring of SRH, HIV and AIDS teaching and learning.

III. Communicate and market policy changes

When a public is misinformed or insufficiently informed, this can lead to a lack of understanding of the changes and eventually to resistance. It is therefore important to communicate on (plans for) curricular change through several sources and to a variety of stakeholders, including those that are sceptical of the proposed changes.

Box 5 Dealing with opposition – policy and planning recommendations

- Guidelines on the involvement of key actors and stakeholders during development, implementation, monitoring and evaluation of SRH, HIV and AIDS education are developed.
- Involvement of various actors and stakeholders and the adequacy of the guidelines are monitored.

Activity 3

Set up a tentative list of stakeholders that should be involved in the development and delivery of SRH, HIV and AIDS-related education within the regular curriculum.

2. Integrating education on HIV and AIDS in the regular curriculum

A great many countries have integrated SRH, HIV and AIDS education into the national curriculum. The lessons learned regarding HIV and AIDS teaching and learning mentioned at the beginning of this module include those related to the manner in which the topic has been integrated into the (existing) curriculum. This section will build on these lessons learned.

The section begins with a brief description of 'curricular frameworks', which ideally, provide a basis for curricular development. This is followed by a description of the possible curricular approaches to integrating SRH, HIV and AIDS education into an existing curriculum and examples of the principal factors that can affect integration, as well as educational policy-making and planning. Finally, we will look into some of the main implications of integration and the choice of curricular approach for educational policy makers and planners.

Curriculum framework

Though curriculum frameworks can vary significantly between countries, most clarify the structure of the planned curriculum, i.e. the teaching-learning aims, contents and methods. Most frameworks describe the following aspects:

- Context
- Statement of national education policies
- Overall learning objectives and/or outcomes
- Structure of the education system and learning areas
- Standards of required resources
- Teaching methodology
- Assessment of teaching-learning outcomes

A country's curriculum framework should provide the necessary background for reflection on and decisions relating to curricular innovation, such as the integration of a new subject.

A curriculum framework is not a static document, however. During the process of curricular innovation a ministry of education may find it necessary to adapt the framework to new contextual factors and teaching-learning needs.

Approaches to integrating HIV and AIDS education into the curriculum

Though different countries may use different terms to describe a particular curricular approach, it has been found that SRH, HIV and AIDS education is usually integrated using one of the five curricular approaches described in Box 6 below.

Box 6 Curricular approaches

SRH, HIV and AIDS education can be included in the curriculum:

a. as a stand-alone subject:

The topic SRH, HIV and AIDS is clearly labelled and earmarked in the school timetable. It addresses all relevant issues relating to SRH, HIV and AIDS education.

An example of a country that uses this approach: Benin.

b. integrated in one main carrier subject:

Teaching and learning of most of the relevant material is addressed in one main carrier subject, e.g. social science.

Examples of countries that use this approach: Brunei, Chile, China, Colombia, Nigeria, South Africa and Vietnam.

c. as a cross-curricular subject:

SRH, HIV and AIDS education is integrated in a limited number of subjects (in no more than 1/3 of the total number of subjects in the curriculum). These subjects bear a close affinity with the topic and teaching-learning on SRH, HIV and AIDS within these few subjects is clearly defined and divided.

Examples of countries that use this approach: Cambodia, Brazil, Malawi, Malaysia, and Mozambique.

d. infused through the curriculum:

Teaching-learning on SRH, HIV and AIDS is included across a broad range of subjects (in more than 1/3 of the total number of subjects in the curriculum). This approach has generally been found to be less effective than the other approaches.

Examples of countries that use this approach: Botswana and Kenya.

e. as an extra-curricular topic:

Extra-curricular activities are activities that schools arrange outside the regular curriculum. Extra-curricular activities often offer greater opportunity for more active interaction between learners, teachers and the community. On the downside, because extra-curricular activities are less structured, they are often irregular. In addition, because outcomes are generally not assessed or credited, teachers may be less motivated to devote time to facilitating these activities, in particular when overtime is not compensated.

Examples of countries that use this approach: Botswana, Bahamas, Indonesia.

Source: IBE-UNESCO, 2006: tool 5; IBE-UNESCO, 2005a: Appendix B.

Factors affecting the choice of curricular approach

Which curricular approach to the integration of SRH, HIV and AIDS education is most feasible and relevant in a particular context depends on a number of factors, which also have implications for planning. Main factors affecting integration include:

1. The possibilities to integrate HIV and AIDS education depend on the stage of curriculum reform or innovation in a country. For example, if a ministry of education is in the process of reviewing the overall primary education curriculum, then the inclusion of the subject SRH, HIV and AIDS will generally have fewer specific implications; teacher training, textbook development etc. are likely to be done in light of the overall reform, and development of SRH, HIV and AIDS education can therefore be carried out as part of the general process.

N.B. At any stage of curriculum reform/innovation it may be necessary to budget resources for technical assistance or gaining access to technical resources to develop the contents of SRH, HIV and AIDS education, including teacher training. Examples may include involving a teacher and/or curriculum development specialist from a neighbouring country with experience in delivering/designing SRH, HIV and AIDS education, or finding good models of SRH, HIV and AIDS teacher training and teacher/learner materials.

2. Centralized or decentralized curriculum design: at what level is curriculum designed and/or what degree of flexibility exists to adapt content to the local context? These issues will also have implications for policy-making and (financial) planning, for example deciding in which subject SRH, HIV and AIDS education will be integrated may need to be done at higher (policy-making) levels in the ministry of education. Education delivery may also be (partly) decentralized, in which case one will need to reflect on the implications for planners at different levels of the system.

Despite the general recognition of the importance of enabling young people to protect themselves from HIV and AIDS and, therefore, the importance of HIV and AIDS education, opinions vary widely about the best way of including the subject in the curriculum. Curricula are often overloaded already, which pleads against the introduction of a new subject. For this reason, and because they are less disruptive of existing arrangements, the integration approach is often advocated. Experience shows, however, that behavioural skill development and internalization of values require practice and extended open discussion. No matter what kind of curricular approach is used, dedicated and scheduled time is therefore needed. Despite the fact that the different curricular approaches all have certain advantages, it has been found that **“explicit and officially timetabled approaches of the separate subject type or modifications of it are widely recommended based on the failure of the infusion or integration approaches”** (UNESCO Bangkok and IBE, 2005).

3. Implications of integrating HIV/AIDS education into the regular curriculum

Teacher training and support

Inadequate teacher training and support is one of the primary reasons why delivery and possible impact of HIV and AIDS education has been hampered. SRH, HIV and AIDS are topics that people generally find difficult to discuss, especially with young people and children. Teachers are no exception.

Learners need to see the relevance of learning about HIV and AIDS for their own lives. This is an important reason why learning about these subjects requires active and participatory teaching-learning methods. These methods are new to a great many teachers. Many – if not most – teachers use classical, teacher driven pedagogical approaches, especially when they need to manage large and/or multi-grade classrooms.

When the curriculum is overcrowded, teachers will also be less inclined or able to take the time to facilitate active learning activities on SRH, HIV and AIDS. The subject may be skipped altogether if there is no specific time allocation and if it is not made examinable. It has been found that teachers with a solid understanding of the subject content are better able to teach in a participatory, learner-centred manner (IBE-UNESCO, 2006: tool 4).

The curricular approach chosen will affect teacher training. It will, for example, affect the number of (new and practising) teachers that will need to be trained, as well as the content of the (pre- and in-service) training. If a stand-alone subject or main carrier subject approach is used to integrate HIV and AIDS education into the curriculum, then fewer teachers will need to be trained than would be the case if a cross-curricular approach were used. If a cross-curricular approach is used, (trainee) teachers of the selected disciplines will need to learn how they can enable learners to establish linkages between the lessons learned across the selected carrier subjects.

It goes without saying that both pre- and in-service teacher training on SRH, HIV and AIDS education needs to be comprehensive. It is recommended that where possible educators with 'desirable' characteristics be selected for teaching SRH, HIV and AIDS, i.e. teachers who are willing and able to discuss these topics in an open manner, who are trusted by learners (in the case of in-service training), etc.

Pre- and in-service teacher training should cover the same core themes that are addressed in SRH, HIV and AIDS education and should include ample time for trainees to try out participatory teaching methods and facilitate 'active learning'. Training on relevant assessment methods is also critical, both in pre- and in-service training.

During training, (trainee) teachers will also need to become familiar with the teaching-learning materials designed for SRH, HIV and AIDS education. For example, they may need to learn how to use teaching-learning tools designed for role-plays, student fieldwork, case studies and games.

Finally, where pre-service training will need to focus on enabling trainees to teach the HIV and AIDS-related curriculum, in-service training will need to focus on enabling teachers to teach the modified curriculum, i.e. following integration of SRH, HIV and AIDS education. During in-service training, teachers will therefore need to learn, for example, which changes have been made to the old curriculum, what the

implications of these changes are for the teaching of the old curriculum, and what the implications are for assessment/examination.

The success of curricular change largely depends on teachers and the extent to which they understand and support the changes. For the reasons highlighted above, it is important that the implications of curricular change for teacher training be thought through carefully and that teachers be active partners in the consultation process on curricular change. Because teachers may encounter resistance to their teaching on SRH, HIV and AIDS from both colleagues and the community, it is important that they be supported by the school principal and key community members. These actors should therefore also take part in the consultation process as well as in (a number of) teacher training sessions.

Peer education

In addition to training and use of teachers to facilitate learning about SRH, HIV and AIDS, some countries also make use of peer educators. Peer education here refers to young people imparting information to others of a similar age group, background, culture and/or social status. Studies suggest that “people are more likely to hear and personalize messages, and thus to change their attitudes and behaviors, if they believe the messenger is similar to them and faces the same concerns and pressures. ... Peer education can support young people in developing positive group norms and in making healthy decisions about sex” (Mason, 2003: 1).

Peer education can best be used to complement rather than substitute teacher facilitated education. Peer education can be used during both intra- as well as extra-curricular activities. However, factors relating to the curriculum (does the curriculum allow for the use of peer-led education?), teaching-learning climate and available resources (e.g. to train and support peer educators) will effectively shape how peer education is used in schools.

Like teachers, successful peer educators require quality training and support!

Teacher wellbeing

As is explained in the IIEP/MTT Module 16 on *HIV/AIDS care, support and treatment for education staff*, there are many reasons why a ministry of education should establish and implement a workplace or ‘wellness’ programme. Antiretroviral therapy (ART) and highly active antiretroviral therapy (HAART) are not yet widely available, and education sector staff living with HIV will therefore experience “evermore frequent illnesses and will become progressively incapacitated” (IIEP Module 16 - *HIV/AIDS care, support and treatment for education staff*:6). HIV/AIDS has profound psychosocial implications, which, if not managed appropriately, “can be as debilitating as the physical effects of the disease”.

“HIV/AIDS has negatively affected the quality of teacher education. It has led to the absenteeism of both the students and their lecturers from colleges due to illness or funeral attendance. The death of the lectures and their students in colleges due to HIV/AIDS has led to a cumulative loss of skilled labour and potential skilled labour” (IBE-UNESCO, 2004: Zimbabwe).

The wellbeing of teachers has a profound effect on the quality of their work, i.e. teaching practice and, subsequently, the teaching-learning environment. For teachers to be effective, it is therefore critical that the impact of HIV and AIDS on teachers is prevented and mitigated as effectively as possible.

Preparation and distribution of teaching-learning materials

The choice of curricular approach and the availability of relevant teaching-learning materials, i.e. teacher training manuals, teacher handbooks, pedagogical aids and

learner materials, will determine the resources that will need to be allocated to this 'expenditure post'. It will be necessary to assess the availability and quality of existing materials and what the costs of updating these might be. Key questions include: in how many subjects will teaching about SRH, HIV and AIDS take place? Are local languages used to teach about SRH, HIV and AIDS? If so, how many different sets of the same type of material will need to be developed (e.g. in how many different languages will the material for teaching learners in grade x of primary education need to be printed)? What is the capacity of national publishers to publish good quality materials at a competitive price? How can materials best be distributed and when?

Time allocation

An important shortcoming of much of the education on SRH, HIV and AIDS is that there is not specific time allocation and that teaching-learning on the subject is fragmented and irregular. It is important when integrating SRH, HIV and AIDS education into the curriculum that a specific amount of time be allocated to the subject and that it be clearly scheduled in the school timetable.

Deciding on the time that will be allocated to HIV and AIDS education can be guided by the following considerations:

- Participatory teaching-learning methods, which are strongly recommended to teach this subject, require more time than classical teaching methods, whether peer educators are used to facilitate some of the teaching-learning on the subject or not as they may require more time as they get used to their new roles.
- Whether or not some sub-themes are covered in other school subjects, e.g. children's rights and human rights.
- The amount of time that education authorities are willing to spend on the subject, taking into account that the curriculum is often already overloaded and that, should time be taken off other subjects, subject specialists will need to be convinced of the importance of HIV and AIDS education.

The IBE-UNESCO Curriculum Manual on HIV and AIDS education provides guidelines for the minimum time required to complete the four different thematic modules during an average school year (160 days or 32 weeks). It is important to note that this minimum time should not be seen as time added to the existing curriculum and school calendar, but as part of the curriculum.

Service provision

In order for education on SRH, HIV and AIDS to be effective, it is important that learners have access to youth-friendly health services, information and counselling. Young people in both urban and rural areas should either be able to access these services in schools themselves or in a youth-friendly centre close by.

The FRESH programme provides a range of tools to support the provision of school health programmes. This set includes a tool to guide the provision of (school-based) youth-friendly services. Should these services be provided in schools, a number of issues need to be considered and planned for. Some of the main points for consideration are listed in Box 7. If these are not provided in schools, ministries of education will need to work closely with, for example, ministries of health and youth to verify whether the services learners have access to are youth-friendly.

Box 7 Characteristics of youth-friendly services

I. Provider characteristics

- *Specially trained staff*
- *Respect for young people and students*
- *Privacy and confidentiality honoured*
- *Adequate time for client and provider interaction*
- *Peer counsellors available*

II. Health facility characteristics

- *Separate space and special times set aside*
- *Convenient hours*
- *Adequate space and sufficient privacy*
- *Comfortable surroundings*

III. Programme design characteristics

- *Youth involvement in design and continuing feedback*
- *Drop-in clients welcomed, and appointments arranged rapidly*
- *No overcrowding and short waiting times*
- *Affordable fees*
- *Communication on available services by trusted adults and peers*
- *Wide range of services available*
- *Necessary referrals available*
- *Educational material available on site and to take*

Source: UNESCO, 2004b.

Community involvement

The involvement of the community in curriculum design and delivery is not only important in light of preventing opposition to HIV and AIDS education, but also as a general way of building support for education on this topic and harmonize communication taking place in schools, families and communities. If messages on HIV transmission and prevention are contradicted in the community, this can greatly undermine the effectiveness of education. As much as possible, a ministry of education will need to build partnerships with relevant actors and stakeholders so as to create and maintain broad support for its (new) education programme.

In part 1 of this module under the heading 'opposition issues', a number of recommendations are mentioned which can guide the basic planning of community involvement in HIV and AIDS education development and delivery. Planners will need to reserve resources for continued involvement of the different actors and stakeholders, e.g. through regular national, provincial and local forums.

Appendix 2 contains a tool for the planning of public participation, taken from the Education for Sustainable Development Toolkit (see McKeown, 2002, www.esdtoolkit.org). The tool can serve as a guide in determining the public participation needs of a community. The planning tool is based on five steps in which "planners determine the type of project and the reason for public participation, identify the goals of the process, answer questions about the process, select a process, and follow up with evaluation of the process" McKeown, 2002: 56 on www.esdtoolkit.org). The tool looks at three main types of projects,

namely fact finding, setting goals, and implementation, and describes the kinds of public participation that work well for each of the five steps.

Schools that provide a child-friendly environment

Access to quality education is essential to preventing and mitigating HIV and AIDS. For SRH, HIV and AIDS education to be effective however, is it equally important that a school environment be child-friendly, that it “models equality and fairness, and protects the rights of all children equally” (UNICEF, 2004: 10).

Box 8 Characteristics of a child-friendly school

- Gender-sensitive for both girls and boys,
- Protects children; there is no corporal punishment, no child labour and no physical, sexual or mental harassment,
- Involves all children, families and communities; it is particularly sensitive to and protective of the most vulnerable children,
- Healthy; has safe water and adequate sanitation, with separate toilet facilities for girls and boys.

Source: UNICEF, 2004.

Ensuring that schools meet these standards will require resources, not only to establish and implement, for example, teacher conduct policies and build separate toilet facilities for girls and boys, but also to monitor whether schools meet these standards. Ministries of education will need to incorporate and budget for developing child-friendly schools in strategic and (annual) work plans.

Assessment

Assessment* of teaching and learning is done for different reasons. It may be done to give feedback to learners and teachers on learners’ progress or report on learner progress to parents, caregivers and school management. It can also be done in the process of awarding national qualifications and accreditation of individuals, and/or to evaluate the education system itself. No matter what the purpose however, assessment can both positively and negatively affect learning, pedagogy and the curriculum. As was mentioned earlier, the absence of assessment of teaching and learning was considered a general shortcoming of current HIV and AIDS education; mandatory (summative) examination of teaching and learning should be done to ensure that teachers and learners take the subject SRH, HIV and AIDS seriously. Making the subject examinable can also strongly increase the likelihood that it is taught as has been mandated by the curriculum. To assess learner progress, it is best to have a balanced assessment package including both formative and summative assessment. Teacher training needs include training in conducting different types of assessment.

Besides assessing learner outcomes, ministries of education will also need to monitor the quality of delivery and coverage of HIV and AIDS education and related services (e.g. counselling, access to youth-friendly health services and information), and the quality and coverage of teacher training and support. Monitoring the quality and coverage of teachers' pre-service and in-service training and implementation of SRH, HIV and AIDS education in schools is important for planners as it will enable them to adjust resource allocation so as to enable the system to meet the targets set in the ministry's strategic/annual work plans.

The following are some examples of issues that need to be monitored annually when implementing SRH, HIV and AIDS education programmes. Some issues are not directly related to the teaching-learning process itself, such as clean and safe sanitary facilities. These matters are, however, strongly related to the success of education (on HIV and AIDS) and need to be included in the assessment process.

Issues to monitor include:

- Number of male/female trainee teachers educated in SRH, HIV and AIDS (pre- and in-service)
- Number of male/female trainee teachers trained facilitating SRH, HIV and AIDS education, i.e. active, learner-centred teaching-learning pedagogies (pre- and in-service)
- Active involvement of community members in SRH, HIV and AIDS education (e.g. involvement to be measured through parent-teacher meetings, involvement of community members in (extra-curricular) teaching)
- Frequency of supervision sessions for male/female SRH, HIV and AIDS teachers
- Frequency of refresher trainings for male/female SRH, HIV and AIDS teachers
- Number of male/female learners who received SRH, HIV and AIDS education (e.g. male/female attendance of lessons and, in case a school works in shifts, provision of SRH, HIV and AIDS education during different shifts).
- Number of hours spent teaching SRH, HIV/AIDS education per school year (does this meet the requirements as stipulated in the curriculum?)
- Number of SRH, HIV and AIDS education activities conducted in out-of-school settings
- Number of schools in rural and urban areas with a trained male/female counsellor
- Number of learners counselled per school/district, number of follow-up sessions
- Number of schools in rural and urban areas with separate, clean and safe sanitary facilities for female and male learners
- Number of vulnerable children supported who continue attending school (grants to orphans and vulnerable children (OVC), for example exemption from payment of school fees).
- Number of male/female teachers in urban/rural areas who attended an orientation session on HIV and AIDS and workplace policy and/or received reader-friendly information on work place policies.

Ideally, monitoring and evaluation of learning outcomes as well as the issues mentioned above should be linked to or integrated in the overall education management information system (EMIS) (where this has not yet been done). Please see Module 10 on *HIV/AIDS challenges for education information systems* for further information. In addition, some of the issues mentioned above may be measured through and/or complemented by qualitative research on, among others, the impact of HIV/AIDS on education (see Module 11 on *Qualitative research on education and HIV/AIDS*).

Activity 4

The ministry of education in your country is in the process of deciding which curricular approach to use to integrate SRH, HIV and AIDS education into the regular curriculum for both primary and secondary levels. Based on what you have read above and reflecting on what you know about the present curricular structure in your country, what would you consider to be the main policy-making and planning implications of the stand-alone subject and cross-curricular approach?

What are the advantages and main challenges of the two different curricular approaches with regard to policy-making and planning?



Summary remarks

The aim of this module was to provide the reader with an overview of:

- the characteristics of quality SRH, HIV and AIDS education;
- the approaches to integrating SRH, HIV and AIDS education into a school curriculum; and
- the implications of integration of SRH, HIV and AIDS education for teacher training, textbook development and assessment/examination methods.

The module was based on the lessons learned from evaluation reports on current HIV and AIDS education around the world. These evaluations identify a range of important shortcomings that have contributed to the piecemeal implementation of HIV and AIDS education. In sum, it has been found that implementation of HIV/AIDS education fails in the following key areas:

- **Content:** teaching is not comprehensive, e.g. the realities of sexual transmission are not covered and stigma and discrimination are not adequately addressed.
- **Delivery:** HIV and AIDS education is not fully integrated into curricula, and implementation therefore remains piecemeal.
- **Training:** the Global Campaign for Education found that in only three of the 18 countries “had Ministries of Education made systematic attempts to train teachers about HIV and AIDS” (Global Campaign for Education, 2004: 5).
- **Materials:** insufficient quantities of (good) materials are reaching schools.

By paying particular attention to the lessons learned from experience of HIV and AIDS education around the world in the development/revision of strategic plans and (annual) work plans, educational planners can make a critical contribution to the improvement of HIV and AIDS education.



Lessons learned

Lesson One

Education on HIV and AIDS is often still too knowledge-based (for example see IBE-UNESCO, 2005 and Global Campaign for Education, 2004). More attention needs to be paid to the development of learners' abilities to deal with daily problems and (risky) situations relating to and affecting their wellbeing and health. At the same time, more study needs to be done into the teaching-learning of life skills in order to better understand how the learning of life skills can be facilitated. Teacher training needs to be comprehensive and last sufficient time to ensure that teachers are able to facilitate the learning of skills through participatory pedagogic methods and not only facts through, for example, rote learning. Resources are also needed to monitor the teaching and learning of life skills so that teaching-learning practices can be improved.

Lesson Two

Studies have demonstrated that where SRH, HIV and AIDS education is not fully integrated into the curriculum, teaching and learning may fall short due to incomplete delivery (for example see IBE-UNESCO, 2005). To ensure effective implementation, it is recommended that:

- SRH, HIV and AIDS education be fully integrated into the national curriculum of primary and secondary level schooling, i.e. that a specific amount of time be allocated to the subject and that the teaching-learning outcomes be assessed and accredited.
- teacher training courses be designed to be in line with and meet the challenges that the chosen curricular approach can present.

Lesson Three

Community commitment to and involvement in HIV and AIDS education is of critical importance. This involvement is essential not only as a means to prevent opposition to education on SRH, HIV and AIDS, but also to work towards harmonization of messages learners hear in school and those that are disseminated in the community (for example see Kirby et al., 2005 and Global Campaign for Education, 2004).

- In order to gain and maintain understanding and support of the public and other important (education sector) actors for SRH, HIV and AIDS education, national guidelines on the involvement and informing of relevant stakeholders during the process of development, implementation and monitoring of SRH, HIV and AIDS-related education should be established and followed up on. Resources (human, financial, technical) need to be reserved to make community involvement possible.

Lesson Four

The lack of (adequately) trained teachers has severely hampered the implementation of quality HIV and AIDS education (for example Global

Campaign for Education (2004). Training of and support for teachers are essential building blocks in the MoE's response to the HIV/AIDS epidemic. Therefore, it is recommended that sufficient resources be allocated to ensure that:

- all trainee teachers receive comprehensive training on SRH, HIV and AIDS. Also in the case of teacher training, outcomes should be made examinable and accredited;
- guidelines are designed for selection of SRH, HIV and AIDS teachers and, where relevant peer educators (including those that will facilitate extra-curricular activities);
- courses on participatory teaching methodologies and relevant (formative and summative*) assessment methods are incorporated into pre- and in-service teacher training programmes.

Lesson Five

Monitoring and evaluation of the delivery and impact of HIV and AIDS education is critical to its success (see IBE-UNESCO, 2005). The absence of assessment of teaching and learning is considered a general shortcoming of current HIV and AIDS education. Pre- and in-service teacher training should include training on assessment methods.

The success of HIV and AIDS education also largely depends on assessment of, among others:

- the involvement of relevant actors during the process of development, implementation and evaluation of SRH, HIV and AIDS education;
- coverage and quality of teacher training and support;
- access to youth-friendly (health) services and information in and/or close to the school.

The guidelines should specify, among others, the frequency of monitoring and evaluation, reporting and use of monitoring and evaluation findings for the adjustment of programmes/approaches. Monitoring and evaluation of HIV and AIDS teaching-learning indicators should be done within the framework of the overall ministry of education data collection system (EMIS). Guidelines on use of relevant, complimentary data from, for example, the ministry of health, universities and non-governmental organizations should be included.



Answers to questions and activities

Answers to questions

Question 1

Please refer to subheading 2 in section 1 *Core topics*. If there are additional topics that are particularly important in your country, i.e. relating to sexual and reproductive health, HIV and AIDS, please add these or make special mention of them under the heading of one of the core themes. For example, if female genital cutting and/or male circumcision is a relevant topic in your country this topic should be addressed (e.g. under the core theme ‘relationships and gender issues’), not only – in case of female genital cutting – as a human rights topic, but also from a health perspective.

Question 2

Please refer to box 6 to assess what are the main curricular approaches that are used to integrate (new) subject matter into a curriculum to verify which approach best matches the one used in your country (refer also to the curriculum framework and/or HIV and AIDS Education strategy).

Question 3

Impacts of teacher absenteeism and mortality on the quality of teaching/learning (on SRH, HIV and AIDS) can differ per country, but some common impacts are:

- HIV and AIDS lead to absenteeism of teachers due to illness, caring for sick relatives or funeral attendance;
- less experienced younger teachers, volunteers and untrained teachers are recruited in response to the teacher shortage;
- the psychosocial impact of HIV and AIDS on teachers as a result of (repeated) periods of grief and mourning, the loss of friends and family, and the mental and financial burden that is forced upon them can lead to poorer teaching performance.

Question 4

Short-term solutions can include the use of retired teachers, volunteers from the community, grade 12 (i.e. final year of secondary school) school-leavers as relief teachers. The number of shifts per school day can be increased or multi-grade classes can be created. Finally, having substitutes on stand-by and giving extra lessons on Saturdays can serve as short-term stop-gap measures².

It is important to note that these measures could be implemented to respond to a crisis situation as bringing in under/unqualified teachers can contribute to a loss of quality of teaching/learning. More long-term solutions therefore need to be found.

² The short-term and long-term solutions are mainly based on the findings of the IBE-UNESCO Capacity-Building Seminar ‘HIV/AIDS, Teacher Shortage and Curriculum Renewal in the Southern Africa Region’ (November 2003, Swaziland).

Examples of more long-term solutions are:

Teacher training

Re-organization of teacher training in order to have teachers in the field after a shorter training period, either by shortening altogether pre-service training or by reorganizing pre-service training to have trainees teaching sooner (for example in Malawi: 16 weeks training, 10 weeks in the field, 16 weeks training). The use of information technologies to complement teacher instruction is another solution that has been mentioned in Namibia. In Swaziland, a part-time diploma programme may be introduced for unqualified personnel who are already in the classroom.

Provision of Anti-retroviral therapy (ART)

Provision of antiretroviral treatment to teachers could also greatly reduce the rise in death rates and cumulative loss of teachers. A projection presented by Namibia shows that providing ART to HIV-positive teachers will keep many of them from falling sick, and ultimately reduce significantly mortality related to AIDS.

Data collection, stigmatization and review of sick-leave plans

Better data on teacher attrition and absenteeism is critical to planning. However, it has to be taken into account that teachers who are sick are often reluctant to declare it officially. Important reasons why teachers can be averse to taking official sick leave are stigmatization, existing sick-leave schemes and the fear of losing one's salary once the permitted sick-leave (usually six months) period is over. Stigma and discrimination in the workplace and sick leave schemes for (HIV-positive) teachers are, therefore, two critical issues that need to be tackled.

Question 5

I. Provider characteristics

- *Specially trained staff:*
 - Training of selected staff, e.g. by ministry of health trainers and/or NGO staff
 - Recruitment of trained staff
 - Definition of tasks and responsibilities of staff, clarification of functions and services versus other school functions.
- *Privacy and confidentiality respected:*
 - Elaboration of school and youth services policy on confidentiality of learners and teachers.
- *Respect for young people and students and adequate time for client and provider interaction:*

Question 6

As is described in the section on opposition on pages 10–11, there are three basic 'steps' that need to be taken to involve community members and other relevant actors in the process of curricular design and delivery. These can be further broken down into activities, for example:

- I. Clearly define and communicate on the role of stakeholders in the process of consultation on curricular change.**

- Develop guidelines on the involvement of key actors and stakeholders during development, implementation, monitoring and evaluation of SRH, HIV and AIDS education (these guidelines should be linked to or integrated in the overall documentation of the implementation strategy for the curricular innovation that is planned).
- Carry out a stakeholder analysis to explore who is affected by and/or can influence the process and outcome of curricular change/SRH, HIV and AIDS education to determine which actors or representatives thereof need to be involved in the curricular change process.
- Ensure that all relevant stakeholders (within and outside the ministry of education) are informed of the intention of integrating SRH, HIV and AIDS education into the curriculum and that involvement of community members and other important actors is considered key to the process.

II. Engage stakeholders throughout the curriculum development process

- To sustain the involvement of stakeholders, ask them to volunteer for different aspects of the project through task forces, committees, etc.
- Ensure that volunteers maintain communication with other actors (e.g. by circulating committee schedules and reports).

III. Communicate policy changes

- Disseminate regular progress reports, which, because they contain stakeholder input and opinions, acknowledge that they were heard.
- Make these reports widely available to the public through newspapers, popular local publications, and Internet to further validate the opinions, as well as the time and energy that stakeholders have spent in the process.
- Monitor the process and outcomes of the stakeholder involvement. Have the goals of the involvement been achieved?

Question 7

Box 8 mentions a number of characteristics of child friendly schools. To answer this question one can look into the possible policy-making and planning measures to take in order to 'realize' these characteristics. For example:

- School is gender-sensitive for both girls and boys:
 - Develop policies to promote inclusion and equity in the school environment by guaranteeing the continuing education of pregnant or parenting girls, and address issues such as abuse, discrimination and harassment by staff and among learners.
 - Policies aimed at getting and keeping girls in school should be developed and implemented in co-operation with children, families and communities.
 - Separate and clean sanitary facilities in all schools can help towards ensuring that girls keep going to school when they are menstruating,

Question 8

Please refer to the text box on page 18 for examples of factors relating to quality of education which need to be monitored and which should ideally be linked to the EMIS.

Answers to activities

Activity 1

Example:

Delivery: characteristic of quality education (see Box 3):

"Provide [learners] occasions to model, practice communication and refusal skills useful for self-protection and to build self-confidence."

This characteristic of quality education has implications for teacher training and classroom delivery. Leading questions may be: to what extent does current pre- and in-service teacher training cover the teaching-learning of various communication skills? Do trainee teachers get sufficient time and support to practise the necessary teaching skills? Are trainee teachers assessed and credited in these areas? There are also important implications relating to classroom delivery, e.g. what is the current learner-teacher ratio? How does this compare with international benchmarks relating to acceptable and optimal pupil-teacher ratios, in particular when applying active and participatory teaching-learning methods (40:1 is considered the minimal acceptable norm for pupil:trained teacher ratio and 1:20 as the best acceptable [Education International, 2002])?

Activity 2

Answers to this activity depend on average age of sexual debut for females and males. It is important to remember that education on SRH, HIV and AIDS should start before the onset of sexual debut.

Activity 3

The involvement of educational and non-educational stakeholders during the different stages of curriculum design and delivery varies from country to country. During the process of consultation the following groups of people can be involved: curriculum specialists, area experts, teachers, learners, school principals, textbook producers, teacher unions, academics, as well as representatives of parents, business, trade and industry, religious groups, and local government units.

For more detailed information on the different stages of curricular design and which stakeholders can be involved, please refer to the UNESCO Bangkok and IBE-UNESCO publication *Leading and Facilitating Change, A resource pack for capacity building* (2005).

Activity 4

The answers given below are general implications, advantages and challenges, i.e. they may vary from country to country.

Stand-alone subject:

Teacher training: A stand-alone subject can basically be taught by one teacher per school. However, if the school is very large (e.g. has multiple grades and shifts), it may be necessary to train (and recruit) more than one teacher per school. It will have to be decided whether a new teacher will be appointed to teach this subject or whether suitable teachers can be identified at the school level (preferably by learners). If the latter is done, the workload of the selected teachers will need to be reviewed and it is likely that in most cases these teachers will need to be relieved of their other (teaching) tasks.

Material development and distribution: Specific materials will need to be developed for the stand-alone subject, i.e. teacher training materials; teacher handbooks, teaching aids (including, for example, making condoms available to teachers and (older) learners), and learner materials for different grades. HIV and AIDS strategic plans and (workplace) policies should be distributed to all teachers.

Cross-curricular approach:

Teacher training: If SRH, HIV and AIDS education is integrated into, for example, social science and biology, in-service training will need to be geared toward teachers currently teaching these two topics. Pre-service training on SRH, HIV and AIDS education will need to be given to all trainee biology and social science teachers.

Material development and distribution: Additional materials will need to be developed to guide teaching and learning on SRH, HIV and AIDS within biology and social science. As with a stand-alone subject, teacher handbooks, learner books etc. will need to be developed. Syllabi for biology and social science will need to be reviewed; integrating the teaching on SRH, HIV and AIDS will require making space for the new teaching-learning contents (by removing certain other less urgent lessons/sub-topics).

Examples of the general advantages and challenges of the two different curricular approaches are given below.

Box 9 Examples of the advantages and main challenges of SRH, HIV and AIDS being taught as a stand-alone and cross-curricular subject

Curricular approach	Advantages	Challenges
Stand-alone subject	<ul style="list-style-type: none"> * It is possible to recruit and train suitable teachers. * It can be cost-effective as there are a limited number of teachers to train and support, and a limited number of textbooks to develop and distribute. * Monitoring of the quality of education is simplified. 	<ul style="list-style-type: none"> * It is critical that the subject be made mandatory otherwise there may be a risk that teachers will not take the time to teach it. * The <u>start up</u> costs can be quite high due to the need for training of specialized teachers.
Cross-curricular subject	<ul style="list-style-type: none"> * In principle this approach allows for a sharing of responsibility between teachers for delivering the various aspects relating to 	<ul style="list-style-type: none"> * The cross-curricular approach involves training larger number of teachers as well as development and distribution of a large number

	the topic.	of textbooks. * Monitoring of the quality of education is more complicated.
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Source: IBE-UNESCO, 2006: tool 5.

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Links to other useful websites:

Assessment:

www.unicef.org/lifeskills/AssessmentFinal2003.doc

Counselling protocol:

Ministry of Health of Jamaica Voluntary Testing and Counselling (VCT) Programme Youth.now: *Adolescent Sexual Decision Making Counselling Protocol (2004)*
http://pdf.dec.org/pdf_docs/PNADC076.pdf

Curriculum:

IBE-UNESCO Programme for HIV & AIDS education:
www.ibe.unesco.org/HIVAids.htm

IBE-UNESCO; Asia Pacific Network of Curriculum Developers, *Leading and Facilitating Change; A resource pack for capacity building (2005)*

www.ibe.unesco.org/curriculum/asiaPacific_resource.htm

Life skills:


UNICEF www.unicef.org/lifeskills

Peer education:

Family Health International
www.fhi.org/en/Youth/YouthNet/ProgramsAreas/Peer+Education.htm

School Health:

www.schoolsandhealth.org/HIV-AIDS&Education.htm



Appendix 1

Impact of sex and HIV education programs on sexual behaviors of youth in developing and developed countries.

By: Kirby, D. Laris, B.A. and Rolleri, L. (2005), Family Health International

The above mentioned publication summarizes a review of 83 evaluations of sex and HIV education programmes that are based on a written curriculum and are implemented among groups of youth in school, clinic, or community settings in developing and developed countries. The review analysed the impact programmes had on sexual risk-taking behaviours among young people. It addressed two central research questions:

- 1) What are the effects, if any, of curriculum-based sex and HIV education programmes on young people's sexual risk behaviours, STI and pregnancy rates, and mediating factors such as knowledge and attitudes that affect those behaviours?
- 2) What are common characteristics of the curricula-based programs that were effective in changing sexual risk behaviours?

Analysis of curricula that were found to be effective led to the identification of 17 common characteristics of the curricula and their implementation. Five of the 17 characteristics relate to the development of the curriculum; eight involve the curriculum itself; and four describe the implementation of the curriculum. The common characteristics are summarised in the box below.

Curriculum development process
1. Involved multiple people with different backgrounds in theory, research and sex/HIV education to develop the curriculum
2. Used a logic model to develop the curriculum that specified the health goals, the behaviours affecting those health goals, the risk and protective factors affecting those behaviours, and the activities addressing those risk and protective factors
3. Assessed relevant needs and assets of the target group
4. Designed activities consistent with community values and available resources (e.g. staff time, staff skills, facility space and supplies)
5. Pilot-tested the program
Curriculum content
6. Created a safe social space for youth to participate
7. Focused on clear health goals – the prevention of HIV/STIs and/or pregnancy
8. Focused narrowly on specific behaviours leading to these health goals (e.g. abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviours, and addressed situations that might lead to them and how to avoid them
9. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviours (e.g. knowledge, perceived risks, values, attitudes, perceived norms and self-efficacy)
10. Included multiple activities to change each of the targeted risk and protective factors
11. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors
12. Employed activities, instructional methods and behavioural messages that were appropriate to the youth’s culture, developmental age and sexual experience
13. Covered topics in a logical sequence
Curriculum implementation
14. Whenever possible, selected educators with desired characteristics and then trained them
15. Secured at least minimal support from appropriate authorities such as ministries of health, school districts or community organizations
16. If needed, implemented activities to recruit youth and overcome barriers to their involvement (e.g. publicized the program, offered food or obtained consent)
17. Implemented virtually all activities with reasonable fidelity

Appendix 2

Planning public participation

Type of Project	Step 1: Reason for public participation	Step 2: Identify goals of the process	Step 3: Answer questions about the process				Step 4: Public participation processes	Step 5: Evaluate the process
			Q1: Who are participant ?	Q2: What type of interaction is appropriate?	Q3: Amount of public influence?	Q4: What is government agency's role?		
Fact Finding - To gather the best information and ideas from many sources.	The public shares local knowledge and creative thinking with government agency.	Increase information and creativity related to a specific project.	Everyone. Take steps to ensure wide representation of socio-economic groups.	Information sharing. Emphasize two-way exchange: citizens hear what agencies are doing; agencies hear what citizens think of their plans, and listen to alternative plans.	Depends on quality of contributions.	High control. Agency defines what information is needed and how it will be used.	<ul style="list-style-type: none"> • Public comments. • Surveys • Public meetings. • Informal consultations. • Public notice and comment procedures. • Public hearings. 	<ul style="list-style-type: none"> • Did better information contribute to better decisions? • Did participation processes increase information and ideas on the issue?
Setting goals - People reflect on what they want for the community	The public represents a broad range of values.	Identify and incorporate public values into decisions	Interested citizens.	Deliberation. Emphasize more intensive exchange, using well-reasoned arguments and group problem-solving.	Discuss and debate competing values; form collective vision; make recommendations to agency.	Moderate control. Agency allows deliberations to evolve without overt control.	<ul style="list-style-type: none"> • Small-group discussions. • Series of workshops. • Citizen advisory committees. • Citizen juries. • Mediations. • Negotiations. 	<ul style="list-style-type: none"> • Were goals created? • If there was conflict, was it resolved? • If there was a need for more trust, was trust increased?
Implementation - Implement the project and reduce conflict and mistrust that could impede implementation	Groups are directly affected by the project; groups will play strong role in implementation.	Reduce conflict; build trust; implement decisions	Interest groups.	Deliberation. Emphasize creative problem-solving; participants have access to the best information and analysis.	High influence; forge agreements among themselves about implementation responsibilities.	Low control. Agency provides technical resources and assurance to back the participants' agreement.	<ul style="list-style-type: none"> • Small-group discussions. • Series of workshops. • Citizen advisory committees. • Citizen juries. • Mediations. • Negotiations. 	<ul style="list-style-type: none"> • Were decisions implemented? • If there was conflict, was it resolved? • If there was a need for more trust, was trust increased?

Source: McKeown, 2002. (Adapted from Beierle and Cayford, 2002. *Democracy in Practice: Public Participation in Environmental Decisions*. Resources for the Future).

Appendix 3

IBE-UNESCO

Diagnosis tool of current curriculum situation

Level of schooling: Primary level/specify age-groups: _____

Dimensions of HIV and AIDS education	Current situation		Diagnosis – What could / should be changed? What is good?
HIV and AIDS education included in the curriculum	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Curricular approach	<input type="checkbox"/> Stand alone <input type="checkbox"/> One carrier subject <input type="checkbox"/> Cross-curricular <input type="checkbox"/> Infused <input type="checkbox"/> Extra-curricular <i>Comments:</i>		
Goals	<i>Quote curriculum :</i>		
Total time per school year specifically allocated to HIV/AIDS in each related disciplines	<i>Disciplines</i> D1: D2: D3: D4: D5.	<i>hours/year</i>	
Learning material available	<i>Provide list :</i>		
Teaching material available	<i>Provide list :</i>		
Teachers/staff in charge of HIV and AIDS education	<i>List:</i>		
Teacher/staff training	<input type="checkbox"/> In-service <i>Describe :</i> <input type="checkbox"/> Pre-service <i>Describe :</i>		
Status of HIV and AIDS education	<input type="checkbox"/> Compulsory <input type="checkbox"/> Assessed <input type="checkbox"/> Examinable <i>Comments :</i>		

IBE-UNESCO

Diagnosis tool of current curriculum situation

Level of schooling: Secondary level/*specify age-groups:* _____

Dimensions of HIV and AIDS education	Current situation		Diagnosis – What could / should be changed? What is good?
HIV and AIDS education included in the curriculum	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Curricular approach	<input type="checkbox"/> Stand alone <input type="checkbox"/> One carrier subject <input type="checkbox"/> Cross-curricular <input type="checkbox"/> Infused <input type="checkbox"/> Extra-curricular <i>Comments:</i>		
Goals	<i>Quote curriculum :</i>		
Total time per school year specifically allocated to HIV/AIDS in each related disciplines	<i>Disciplines</i> D1: D2: D3: D4: D5.	<i>hours/year</i>	
Learning material available	<i>Provide list :</i>		
Teaching material available	<i>Provide list :</i>		
Teachers/staff in charge of HIV and AIDS education	<i>List:</i>		
Teacher/staff training	<input type="checkbox"/> In-service <i>Describe :</i> <input type="checkbox"/> Pre-service <i>Describe :</i>		
Status of HIV and AIDS education	<input type="checkbox"/> Compulsory <input type="checkbox"/> Assessed <input type="checkbox"/> Examinable <i>Comments :</i>		



Appendix 4

Glossary

Assessment

Formative assessment is generally defined as a means to provide feedback to the teacher and learners regarding present understanding and skill development of learners. Formative assessment is considered an integral part of classroom teaching, which provides necessary inputs for both the teacher and learner to modify and enhance the teaching-learning process.

Formative assessment can make use of both formal and informal assessment procedures.

Summative assessment is used to evaluate learning achieved at different times during the school year(s) for the purposes of reporting to parents, other teachers, learners themselves, and other interested parties, including school boards or accreditors of national qualifications.

Source: IBE-UNESCO, 2006.

List of modules in the series

Wide-ranging professional competence is needed for responding to HIV and AIDS in the education sector. Hence this is an evolving series that will be complemented by additional modules. Below is the list of modules already published or forthcoming.

Best use can be had from these modules by first visiting those that “set the scene”. These include the Learner's Guide and Modules 1 to 5. The remaining modules deal with policy, impact, response, resources and management issues.

Learner's Guide

Forthcoming

Setting the Scene

1. The impacts of HIV/AIDS on development
M. J. Kelly, C. Desmond, D. Cohen
2. The HIV/AIDS challenge to education
M. J. Kelly
3. Education for All in the context of HIV/AIDS
F. Caillods, T. Bukow
4. HIV/AIDS-related stigma and discrimination
R. Smart
5. Leadership against HIV/AIDS in education

Forthcoming

Facilitating Policy

6. Developing and implementing HIV/AIDS policy in education
P. Badcock-Walters
7. HIV/AIDS management structures in education
R. Smart
8. HIV/AIDS in the educational workplace

Forthcoming

Understanding Impact

9. Analyzing the impact of HIV/AIDS in the education sector
10. HIV/AIDS challenges for education information systems
W. Heard, P. Badcock-Walters.
11. Qualitative research on education and HIV/AIDS
O. Akpaka
12. Projecting education supply and demand in an HIV/AIDS context
P. Dias Da Graça

Forthcoming

Responding to the Epidemic

13. A curriculum response to HIV/AIDS
E. Miedema
14. Teacher formation and development in the context of HIV/AIDS
M. J. Kelly

15. An education policy framework for orphans and vulnerable children
R. Smart, W. Heard, M. J. Kelly
16. HIV/AIDS care, support and treatment for education staff
R. Smart
17. School level response to HIV/AIDS
S. Johnson
18. The higher education response to HIV/AIDS *Forthcoming*

Costing, Resourcing and Monitoring

19. Costing the implications of HIV/AIDS in education
M. Gorgens
20. Funding the response to HIV/AIDS in education *Forthcoming*
21. Project design and monitoring
P. Mukwashi

Management Checklist

22. Mitigating the HIV/AIDS impact on education: a management checklist
P. Badcock-Walters

For additional information on the modules, please contact the
HIV/AIDS Impact on Education Clearinghouse.
E-mail: hiv-aids-clearinghouse@iiep.unesco.org

The present series was jointly developed by UNESCO's International Institute for Educational Planning (IIEP) and the Mobile Task Team on the impact of HIV/AIDS on education (MTT) to alert educational planners, managers and personnel to the challenges that HIV and AIDS represent for the education sector, and to equip them with the skills necessary to address these challenges.

By pooling together the unique expertise of both organizations, the series provides a comprehensive guide to developing effective responses to HIV and AIDS in the education sector. The extensive range of topics covered, from impact analysis to policy formulation, articulation of a response, fund mobilization and management checklist, constitute an invaluable resource for all those interested in understanding the processes of managing and implementing strategies to combat HIV and AIDS.

Accessible to all, the modules are designed to be used in various learning situations, from independent study to face-to-face training. They can be accessed on two Internet web sites: <http://www.unesco.org/iiep/> and <http://www.mtt aids.com/>. Developed as living documents, they will be revisited and revised as needed. Users are encouraged to send their comments and suggestions (to hiv-aids-clearinghouse@iiep.unesco.org).

The contributors

The International Institute for Educational Planning is a specialised organ of UNESCO created to help build the capacity of countries to design educational policies and implement coherent plans for their education systems, and to establish the institutional framework by which education is managed and progress monitored.

The Mobile Task Team on the impact of HIV/AIDS on education is a Pan-African technical support network, based at HEARD, University of KwaZulu-Natal, designed to help empower African ministries of education and their development partners to develop sector-wide HIV/AIDS policy and prioritized implementation plans to systemically manage and mitigate impact.

About the author

Esther Miedema is a former UNESCO Associate Expert of Education (Indonesia, the Philippines and Mozambique). Her main expertise is in education and social development, integration of sexual and reproductive health, and HIV/AIDS into basic education and teacher training curricula, and non-formal education.
