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Preventing HIV/AIDS in schools

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EDUCATIONAL PRACTICES SERIES-9

The International Academy of Education

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Preface

This publication follows logically from the last booklet 'Preventing behaviour problems: what works'. The previous booklet explained principles for preventing a variety of youth problems ranging from discourtesy to life threatening behaviours, such as smoking, alcohol abuse and violence, but perhaps none of these is as worrisome a threat to young people as diseases that may be transmitted among children, youth and adults. Most threatening among these is HIV/AIDS, which has reached epidemic levels in some parts of the world. Since an efficient, efficacious remedy awaits discovery, prevention seems the best means of combating further spread. The purpose of this booklet is to help educators do precisely that, by explaining the most effective prevention principles

As Editor of the Educational Practices Series, I welcome this contribution from the booklet authors. Dr Inon Schenker is a Senior HIV/AIDS Prevention Specialist and a health promotion scientist, with extensive experience in cross-cultural prevention and school-based education for HIV/AIDS prevention. Dr Schenker has worked for the last fifteen years with UN agencies, national AIDS programmes and AIDS service organizations in diverse communities ranging from Israel, Germany, the United States of America and other developed countries to Brazil, Thailand, the Philippines, Nepal, Argentina, Peru, as well as Eastern European, Central American and Middle Eastern developing countries. Jenny Meya Nyirenda was born at Gomeka Village in Chama District, in the Eastern Province of Zambia. With extensive practical experience, she has both a bachelor's degree in nursing and a Master of Public Health degree. She now serves as Child Health Specialist at the National Board of Health in Zambia

This booklet has been prepared for inclusion in the Educational Practices Series developed by the International Academy of Education and distributed by the International Bureau of Education and the Academy. As part of its mission, the Academy provides timely syntheses of research on educational topics of international importance. This booklet is the ninth in the series on educational practices that improve learning, including learning of prevention principles that protect health and well-being.

The officers of the International Academy of Education are aware that this booklet is based on research carried out prima-

rily in economically advanced countries. The booklet, however, focuses on aspects of learning and behaviour that may be found in most cultures in varying degrees. Therefore, the practices presented here are likely to be generally applicable throughout the world, and we hope the practices as they are explained will prove generally useful. Even so, the principles should be assessed with reference to local conditions and adapted accordingly. In any educational setting or cultural context, suggestions or guidelines for practice require sensitive and sensible application, and continuing evaluation.

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Introduction

The human immunodeficiency virus (HIV) is the virus that causes the acquired immune deficiency syndrome (AIDS), a pandemic that is spreading around the world, infecting to date (June 2002) more than 14,000 individuals every day.

Schools are key settings for educating children about HIV/AIDS and for halting the further spread of the HIV infection. Success in carrying out this function depends upon reaching children and young adults in time to reinforce positive health behaviours and alter the behaviours that place young people at risk. Schools reach children and adolescents between the ages of 5 and 18, and have excellent resources for delivering effective education: skilled teachers; an interactive educational process that occurs over time; a variety of learning opportunities; materials and methods; and the ability to involve parents in their children's learning.

In combating HIV infection, the crucial responsibility of schools is to teach young people how to avoid either contracting the infection or transmitting it to others and to serve as a catalyst for the development of HIV-related policies that are based on the most current scientific knowledge about HIV and AIDS. In doing so, schools have the opportunity to make important improvements in the quality of health education provided to young people worldwide as a step towards improving global health.

A new initiative, Focusing Resources on Effective School Health (FRESH), launched at the World Education Forum in Dakar, Senegal (April 2000), and sponsored by the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the World Bank, signals the commitment of these agencies to assist national governments to implement school-based health programmes in efficient, realistic and results-oriented ways. The FRESH framework is based on agreement among the four collaborating agencies. Their belief is that there is a core group of cost-effective activities which, when implemented together, provide a sound basis and point of departure for intensified and joint action to make schools more healthy for children, children more able to learn, and Education for All more likely to be achieved. The Education for All initiative was launched in Jomtien, Thailand, in March

1990. With respect to the growing HIV/AIDS epidemic, the four pillars of the FRESH approach are:

- Clear school health policies on HIV/AIDS discrimination;
- A healthy environment;
- Skills-based education for the prevention of HIV/AIDS;
- School-based counselling and student clubs for HIV/AIDS prevention.

This booklet is aimed at providing teachers and other possible 'HIV/AIDS educators' with guidance on how to develop and implement an effective school-based programme for education on HIV/AIDS prevention. It focuses on different methods of teaching HIV/AIDS curricula within the classroom.

The vast experience gained internationally over the last decade and a half in developing and teaching diverse programmes and curricula to educate schoolchildren on HIV/AIDS prevention has yielded a well-established set of essential considerations for effective school-based HIV/AIDS prevention curricula. They are the core concepts of this booklet.

Implementing effective HIV/AIDS education can also have a dramatic impact on the incidence of sexually transmitted infections (STI).

The term 'AIDS educator' used in this book does not refer solely to schoolteachers. On the contrary, we believe the task of educating school students on HIV/AIDS prevention could be effectively performed by professionals from diverse sectors (e.g. teachers, social workers, nurses, counsellors, medical students, etc.). It is essential that they be well-trained, committed, and in possession of good communication skills and a desire to make HIV/AIDS education their primary task.

The list of suggested resources (see page 29) could assist teachers and other HIV/AIDS educators in gaining access to up-to-date data, existing policies and curricula, teaching aids and sample evaluation questionnaires.

1. Professionally trained and actively involved educators

Become an effective 'AIDS educator' by acquiring the appropriate skills and teaching methods.

Observations from research and the field

Effective teaching methods employed in educating about HIV/AIDS prevention differ from more traditional subject areas. Teachers need to learn additional skills, instructional methods and models, and perhaps change some of their old ways of teaching in order to effectively deliver school-based AIDS education using many different channels.

Implementing HIV/AIDS education programmes is similar to the introduction of any innovation within the school. Teachers may feel threatened, tested, concerned and uncomfortable in this new role. Beyond mastering new teaching techniques, they must, both as teachers and as individuals, deal with and overcome their own social feelings of discomfort, as well their biases and prejudices. For educators to be able to teach human sexuality and HIV/AIDS prevention to children and adolescents comfortably and competently, it is necessary that they be well-trained, otherwise they will be at a disadvantage in dealing with populations at risk from HIV infection.

HIV prevention and anti-discrimination are complex issues. They demand specifically experienced educators who have acquired the particular characteristics that allow them to be effective behaviour-changing agents in schools. Research has often looked only in generalized terms into the question of effective AIDS education; however, it was found that teachers who were initially reluctant to teach HIV/AIDS prevention in a way that encouraged student participation overcame this hurdle during training sessions. To further illustrate the need for training and flexibility and to offer some guidelines, several merits of effective HIV/AIDS educators were offered by students interviewed on this matter. These merits include:

- Good rapport and communication with pupils;
- Ability to conduct open, frank discussions;
- Ability to identify with students and show sensitivity;
- Having respect for students and showing confidence in them;
- Awareness of one's own sexuality and that of others;
- A wealth of knowledge on HIV/AIDS;
- Openness;
- Sincerity;
- A sense of humour.

The training of AIDS educators can begin at teacher-training institutions, then can be followed up by in-service training, and can be further focused on particular groups within the education sector (e.g. curriculum developers, senior policy makers, inspectors). Through their own efforts, teachers can also scale up their preparedness and effectiveness as HIV prevention educators.

In the school

- Acquire the most up-to-date, relevant information on HIV/AIDS, its modes of transmission and prevention, and the social consequences of the disease.
- Address the human rights dimensions of HIV/AIDS:
 - Discrimination against those who are infected or ill;
 - Creating supportive environments for affected staff and students and making them feel included;
 - The right of infected people to live, work and study.
- Practice participatory methods with a sample group of students before you use them with the whole class.
- Understand your own attitudes, values and behaviours relating to HIV/AIDS and develop confidence in the messages you wish to convey to your students.
- Work on these issues with one or more colleagues at school; a team is always better than working alone.

Suggested readings: Basch, 1989; Gingiss & Basen-Enquist, 1994; Kirby, 1995; Schenker & Greenblatt, 1993.

2. Establish partnerships

Develop partnerships within your school and with the community.

Observations from research and the field

Integrating AIDS education as part of a comprehensive health education programme is important. Success in HIV/AIDS prevention curricula is possible when it is thorough and integrated with other risk-reduction issues, such as drug and alcohol abuse, sexuality and anti-discrimination. In schools where no clear policy on prevention education exists, even motivated teachers often find it very difficult to introduce lectures on HIV/AIDS to their students. Developing partnerships with others within the school environment (e.g. other teachers, school nurses, counsellors) and setting up teams of 'AIDS Educators' facilitates better diffusion of your innovatory lessons and ensures their sustainability.

A team of people, working together in a co-ordinated manner, could develop and monitor policies and activities related to HIV/AIDS education within the school, thus lending strength and support to the individuals conducting prevention education in the classroom. This team could include diverse members of the community, such as teachers, health providers, social workers and counsellors—all. The team should also be actively interested, committed and well-trained in HIV/AIDS prevention at schools.

School-based HIV/AIDS education should focus on the specific student population of each school, while maintaining close links with their parents and the community at large. These links allow for the strengthening of protective influences on young people from both the school and the home; they also help teachers gain support for introducing and sustaining education for HIV/AIDS prevention in school.

Community-based organizations (non-governmental organizations, hospitals, teachers' unions, religious groups, youth groups, sports clubs, etc.) could provide support, up-to-date information and practical assistance to school-based initiatives on education for HIV/AIDS prevention.

In the school

- Develop a partnership with at least one more person within your school. Teamwork is recommended.
- Find out about organizations and services involved with HIV/AIDS prevention and care in your community. Meet with their representatives and learn how they can support you with information, teaching aids and other resources.
- Suggest a policy paper on education for HIV/AIDS prevention in your school. Use the resources and references offered in this booklet to develop a clear statement and work plan to be shared and discussed with your colleagues, school supervisors and community leaders.

Suggested readings: Centers for Disease Control, 1988; Kelly, 2000; Schenker, 2001; Education International/World Health Organization, 2001.

3. Utilize non-conventional methods of teaching

Use participatory methods that encourage active learning.

Observations from research and the field

Providing school students with information on HIV/AIDS and its prevention is essential for them to develop meaningful attitudes and learn the necessary skills to help them stay uninfected. In order for HIV education to achieve its goals, teaching methods must evolve from the style in which educators lecture their students from the front of the classroom to more participatory teaching methods, wherein students play an active role in the learning process.

Education for HIV/AIDS prevention cannot be taught effectively if fear and uncertainty surround the disease. These fears, attitudes, feelings and anxieties may inhibit students' learning. To curb this problem, interactive strategies can be used to promote audience participation. These strategies have proved effective in facilitating learning in all domains, as well as in encouraging changes toward desirable behaviour. They also help students to explore their feelings and gain insight into their own attitudes, values and perceptions. Traditional classroom techniques, like lectures, memorization and textbook reading, should be used more sparingly, as they tend to restrict participatory learning.

Students need to be aware of and fully understand the fact that classes on HIV/AIDS prevention are different from all other courses in the school curricula. For behaviour change to occur and attitudes to evolve, HIV/AIDS prevention education needs to be singled out as a unique course in the school curricula. At the same time, it may serve as a catalyst to more widespread change in teaching styles at different schools.

Participatory, interactive teaching and learning methods are essential to moving from information-based educational programmes to those that are skill-based. The latter were shown to be more successful in helping students develop the abilities

for adaptive and positive behaviour that enables them to deal effectively with the demands and challenges of HIV/AIDS prevention. Participatory methods include small group work and discussions, role-playing, debates, arts and crafts, etc.

In the school

- Gain experience and knowledge in using participatory methodologies. Various manuals and other resources (such as the Internet) can be used to help you become acquainted with participatory teaching and learning.
- Avoid lecturing your students; have them play an active role in class. Help your students become your partners in seeking information, analyzing and discussing the epidemic and ways to prevent infection.
- Encourage questions, discussion and the fostering of new ideas.

Suggested readings: Education International/World Health Organization, 2001; World Health Organization, 1999.

4. Introduce open communication

Encourage discussion on controversial issues.

Observations from research and the field

Teaching HIV prevention and anti-discrimination presents several challenges for educators. A primary challenge involves the ability to openly discuss controversial issues with students in the classroom. Educators who feel comfortable with their sexuality, who adhere to human rights values, and who respect their students are more successful when discussing important controversial issues relating to HIV/AIDS, such as the disclosure of HIV status, pre-marital sex, homosexuality and drug use.

The ‘S’ factors—shame, silence and stigma—are among the basic reasons behind continued HIV/AIDS fears leading to denial, blame and discrimination, thereby delaying positive action. Teachers must recognize these factors in their community in order to address them in class. Development of an open and honest atmosphere and a caring relationship between teacher and student is critical to AIDS education.

However, openly discussing sex, drug use and HIV/AIDS in class does **not** mean being vulgar or diminishing one’s social beliefs and values. Good communication skills allow AIDS educators to examine various behavioural options in front of their students and to discuss them in a respectful and frank manner.

Recent studies have shown that sex education programmes do not lead to earlier or increased sexual activity among young people. On the contrary, school-based interventions are an effective way to reduce risk behaviours associated with HIV/AIDS and STI among children and adolescents.

Talking openly about HIV/AIDS in class also means helping children and adolescents not to feel left out or out of step with their peers if they are resisting pressure or do not engage in risky behaviour, even if some of their peers do.

In the school

- Prepare yourself to openly discuss seven to ten issues in the classroom that you consider most 'sensitive'. Define and explain them, looking into the pros and cons, and also discuss them with colleagues.
- In dealing with sexuality and HIV prevention, you may wish to consider several options:
 - Abstinence from sexual intercourse;
 - Delaying sexual 'debut' as long as possible;
 - Monogamy with an uninfected partner;
 - Non-penetrative sex;
 - Condom use.
- In dealing with substance use and HIV prevention, you may wish to consider these options:
 - Abstinence from substance use;
 - Non-sharing of intravenous needles;
 - Thorough sterilization and one-time use of needles.

Suggested readings: Crosby, 1996; UNAIDS, 1997.

5. Innovative teaching sessions

Provide multiple sessions through multiple media.

Observations from research and the field

For school-based AIDS education to be effective, it must not be based on a one-time, quick-fix approach. Experience with successful programmes suggests that spending at least four hours in the classroom over a period of time is essential to achieve even a minimal impact on students' knowledge, attitudes and behaviour-changing intentions; subsequently, ten to fourteen sessions will provide better results.

Classes on HIV/AIDS should be recognized as different. Applying multiple media (e.g. stories, role plays, lectures, self-tests) provides an opportunity for actively engaging students in the learning process. Other useful media that may contribute to innovative teaching on this subject include video presentations, research on the Internet, visits to hospitals and health care facilities, and classroom discussions and debates.

Effective repetition of basic AIDS messages requires clarity, consistency and sufficient variety to hold learners' interest. Co-operative learning is another strategy that provides an opportunity for active learner participation, enhancement of social skills, increased retention and enjoyable learning.

HIV/AIDS education and prevention should not be the responsibility of any single sector of the community. Involving parents, community opinion, local religious leaders, teachers, school administrators, community agencies, youth agencies, health organizations and adolescents themselves will ensure that prevention education is culturally relevant and consistent with religious and social values.

Soliciting involvement in all phases of the HIV/AIDS prevention intervention promotes its marketability, enhances its credibility, and increases participant learning and behaviour change. Parents' self-sufficiency as sexuality/AIDS educators can be enhanced if schools involve parents during HIV/AIDS educa-

tion activities; teachers should also provide parents with guidelines for home discussions on health topics.

Positive, non-judgemental attitudes of school personnel, using a combination of communication strategies, are essential in promoting and maintaining parent involvement in school activities.

In the school

- Use a curriculum that offers a variety of teaching mediums. Make the classes on HIV/AIDS special, relevant and interesting for your students
- Plan for multiple sessions, at least four classes spread out over time.
- Involve the parents and, if possible, other sectors in the community. Holding separate teaching and learning activities for parents may enhance their communication with their children on HIV prevention.
- Through participatory teaching, messages on HIV/AIDS prevention can be brought to the home by students. Develop 'take home' information cards and letters, and suggest that parents talk to their children about HIV/AIDS.

Suggested readings: Ragon, 1995; Siegel, 1996

6. Gender-specific approaches

Adapt teaching methods to both male and female students.

Observations from research and the field

As a sexually transmitted disease, HIV should be taught in contexts that are gender sensitive and gender appropriate, taking into account the fact that more than 75% of infections worldwide are due to unprotected heterosexual intercourse. Often schools will provide separate sex education classes to boys and girls; however, this should not be encouraged in HIV/AIDS education. Recent studies provide little evidence to support the contention that sexual health and HIV education promote promiscuity. Of sixty-eight reviewed reports, twenty-seven reported that HIV and sex education neither increased nor decreased sexual activity, and twenty-two showed either a delay in the onset of sexual activity, or a reduced number of sexual partners or reduced STI rates. Also, teaching HIV prevention to boys and girls will encourage them to talk about HIV and sexuality among themselves and establish social norms.

There are female-managed prevention strategies that need to be mentioned as options for those who are sexually active and unable to conform to the practice of abstinence. The female condom was found to be effective in HIV/STI prevention. Women and girls who have been exposed to the virus through rape can be given post-exposure prophylaxis, but this procedure is only available in a few countries to date. When discussing prevention of HIV, ample time should be devoted to refusal skills that may protect young girls from unwanted sexual relationships. Gender-specific education can help female adolescents address structural and interpersonal inequalities.

Using a developmental framework, HIV/AIDS education curricula can be structured around ways children of different ages comprehend the definition, cause, treatment and consequences of infection. Young children (5-7 years) have a limited ability to differentiate between cause and effect, resulting in a

lack of concern about causes of AIDS or any illness. However, they have heard about AIDS and know it is a 'bad sickness'. They may also be filled with irrational fears, assuming that HIV infection is caused in some magical way. For the intermediate age group (8-10 years), HIV/AIDS education could focus on identifying and differentiating causes and non-causes of HIV/AIDS. The emphasis in older children (11 years and above) could be on strategies for HIV/AIDS prevention.

In the school

- Address the needs of both boys and girls, and promote teaching about HIV/AIDS to gender-mixed groups.
- Also talk about the female condom; do not focus solely on condoms for males.
- Relate your teaching to the existing balance of power between boys and girls, and strengthen the girls' refusal and negotiation skills.
- Carefully present scenarios with explicit situations to enhance girls' refusal and negotiation skills.

Suggested readings: Grunseit, 1997; Wash & Bibace, 1990

7. Dealing with culturally-sensitive content

Adapt teaching methods to both male and female students.

Observations from research and the field

Educators should take community norms and values into consideration when developing prevention strategies. Working closely with both the target group of young people as well as members of the community during the development, planning, implementation, evaluation and redesigning of HIV/AIDS education curricula can give students a broader perspective. The intention is to help them assume ownership of the HIV problem and solutions to it. In addition, paying attention to the norms, values and traditions of the target population will allow for wider distribution of the messages.

For instance, in more than one African country, the notion that any 15 year old has the right to have a boyfriend or girlfriend and is free to express his or her sexual urges through intercourse if so wished is completely non-existent. It is the same for many countries in other continents. Other tensions exist between the social environment and social beliefs in which communities operate. External influences (often modern communication media, such as television, radio, and the Internet) by-pass the elders and reach masses of young people. The tasks of 'AIDS educators' is, then, even more complicated, as they need to bridge the conflicting messages children and adolescents receive. On the one hand, children hear the messages that are culturally routed in community norms and values, and, on the other hand, they hear the message derived from media exposure. It is important that students come to understand the difference between the two and why the gap in meaning exists. It is advisable to combine vernacular with formal terminology to ensure shared understanding of important terms and concepts in HIV prevention, support and counselling.

Prevention programmes developed locally are often more effective, as they incorporate local traditions, methods of teaching and jargon. If the programmes have been developed elsewhere, local experts should carefully adapt them.

In the school

- Set down the knowledge, attitudes, beliefs, values, skills and services in your own community that positively or negatively influence behaviours and conditions most relevant to HIV/AIDS/STI.
- Provide concrete examples from your own culture when discussing HIV prevention with students.

Suggested readings: Denson et al. 1993; Schenker & Sabar-Friedman, 1996.

8. The value of peer-based support

Reinforce local values and attitudes about unprotected sexual behaviour and introduce peer education.

Observations from research and the field

Local attitudes and behaviours are important influences on the development of young people. If the community emphasizes and supports healthier behaviour, then the likelihood of maintaining such behaviour increases. Community pressure can effectively guide a person's decision to act in a given way, and group support is necessary to reinforce and maintain responsible actions.

By making use of social influences, the social consensus model, peer education and small-group discussions, desirable group values and norms can be learned. Given the nature of HIV and the controversy surrounding its discussion, AIDS intervention could be helped along by reaching out to a wider audience, even those not at risk. This may lead to a healthier attitude towards HIV/AIDS and sexual behaviour in the communities where young people must live. Research taken from a survey of thirty-seven successful approaches to AIDS prevention in the United States of America shows that providing unique forums for open discussions and the exchange of health-promoting information encourages the creation of group norms that support safer sex and the prevention of drug use. Such discussions give participants increased control over the prevention of HIV and also may reduce pluralistic ignorance (the belief that one is alone in one's beliefs or experiences). It was shown that teachers are able to create a safe environment for children and adolescents to engage in candid discussions, which get children involved, instead of having them listen passively to a lecture.

Furthermore, having the students educate one another about HIV also works well. Trained peer counsellors can serve as role models in reducing misconceptions about HIV risk among their fellow students and initiating discussion about preventive

behaviour. Peer educators, therefore, can be effective messengers of HIV/AIDS education and effectively contribute to AIDS awareness in the student population, provided that they are carefully selected and properly trained.

In the school

- Develop a safe space for open discussions in class. Encourage students' to support each other in learning about HIV prevention, and talking about risk taking.
- Acknowledge the existence of group norms, and try to influence their direction in support of effective strategies for safer sex and the prevention of AIDS and drug use.
- Use your leadership to involve positive peers as AIDS educators, side by side with your teaching.

Suggested readings: Cenelli, 1994; Janz & Zimmerman, 1996.

8. Skill-based education

Teach life skills as a component of HIV prevention.

Observations from research and the field

In addition to giving accurate information and knowledge, and dispelling fears and misconceptions about AIDS, the theoretical framework developed in recent years emphasizes what several authors had already identified at the beginning of the 1990s: AIDS education curricula should provide learners with problem-solving skills, decision-making skills, communication, refusal and negotiating skills, as well as skills that help them avoid alcohol and drugs use. Specific skills, such as conflict management and the ability to successfully refuse sex, need greater attention and inclusion. Developing self-sufficiency may help individuals to become motivated to act in healthier ways.

Educational and behavioural research has shown that having the students participate in role-playing that demonstrates healthy ways of living will help them to sustain these behaviours throughout their lives, and that often our behaviours are reinforced by observing the positive and negative consequences of others' actions. Co-operative group work in class adds to the students' understanding of the norms and values of others. Peers have the power to influence and help maintain positive behaviour. When students work with their peers in appropriate settings, they can often guide one another toward healthier, more positive behaviours, such as abstaining from or delaying sexual intercourse, using condoms, and saying no to alcohol and drugs.

The effectiveness of skill-based education for HIV/AIDS prevention is tied to three factors:

- Addressing the developmental (physical, emotional and cognitive) stages that young people pass through and the skills they need as they move toward adulthood;
- Participatory and interactive academic methods;
- Use of culturally relevant and gender-sensitive learning activities within a safe and open environment.

For changes in behaviour to occur, students first need to have sufficient knowledge, and develop attitudes derived from that knowledge, so that they can move in a direction that leads them to positive and healthy decisions throughout their lives.

In the school

- Promote skills-based education targeting:
 - Life skills (negotiation, assertiveness, refusal, communication);
 - Cognitive skills (problem solving, critical thinking, decision making);
 - Coping skills (stress management, increasing internal locus of control);
 - Practical skills (using a condom).

Suggested readings: Ashworth et al., 1992; Ogletree et al., 1995; Whitman, 2001.

10. Monitoring and evaluation

Evaluate and monitor your own progress and that of your students.

Observations from research and the field

Questions dealing with the evaluation of school-based HIV/AIDS prevention programmes have only recently been taken into serious consideration. In past years, these questions were either not asked or were considered less important in the mission to tackle a dramatic world pandemic. Today we better understand the need to include monitoring and evaluation as an integral part of the planning of any educational HIV/AIDS intervention.

The individual teacher providing education about HIV/AIDS prevention in his or her school could perform monitoring and evaluating tasks that will enable them to measure the success of HIV/AIDS instruction in the classroom. He or she can also monitor progress either in individual classes or in the entire school. This information is valuable in determining the effectiveness of the current curriculum and in planning for better methods of action for the future.

Summary or outcome evaluation is difficult in any programme aimed at behavioural changes. It takes many years to determine the success of health education programmes; furthermore, it is almost impossible to control the variables in the situation that may make it difficult to evaluate the level of success. Current research, however, indicates that not only are evaluation and monitoring achievable goals, but that they should also be a regular part of the development of any intervention aimed at protecting students from contracting HIV.

Schoolteachers can estimate their success rate with HIV/AIDS education in the classroom by developing and administering pre-tests and post-tests that compare the behaviours, skills, attitudes and knowledge of the same student before and after the programme. Documenting the changes that occurred in these areas within the classes that received instruction on HIV/AIDS prevention can help to determine which programmes are more effective and should be used in the future. This kind of apprai-

sal helps to ensure that teachers and schools know that the curricula they offer to students are delivered in the most effective, appropriate, up-to-date and politically correct manner possible, while, at the same time, respecting community values in the educational contents. This appraisal process could check the following points about a given curriculum:

- The effectiveness of the curriculum in addressing the specific needs of the students;
- The comprehensiveness and quality of the curriculum's components (instructional principles, functional knowledge, societal attitudes, involvement of parents and guardians, skills and duration);
- The degree of reliability between the curriculum and its application in the classroom;
- The impact of the curriculum on student's knowledge, attitudes and behaviour.

In the school

- Plan to include monitoring and evaluation components as an integral part of your intervention programme. Write notes on how you plan to teach, on comments and questions you receive from colleagues and students, on special events that happen in the classroom, on the number of classes on HIV/AIDS you taught, etc.
- Develop and administer pre-test and post-test questionnaires on HIV/AIDS. Then determine the success of your teaching by comparing the pre-test and post-test of each student. Questions should evaluate the students' understanding of the material that was covered. Good questions could be about things like HIV transmission, testing, risk behaviours, attitudes towards people living with HIV/AIDS (PLWHA), self-susceptibility to HIV infection, using condoms and the negotiation/refusal of sexual intercourse.
- Appraise and review curricula. Use information offered by experts to determine the appropriateness and effectiveness of the curricula that are offered.
- Report your findings to colleagues and administrators. Data obtained by evaluating educational programmes on HIV/AIDS prevention is important for the further development of existing or future activities and for advocacy. Use verbal and written reports.

Suggested readings: Israel, 1995; Kirby et al., 1994; Popham, 1992.

Conclusions

Skills-based education for HIV/AIDS prevention does not hasten the onset of intercourse, does not increase the frequency of intercourse, and does not increase a participant's number of sexual partners. Rather, education can help young people stay abstinent for as long as possible, reduce the frequency of intercourse, reduce the number of sexual partners and acquire some life skills. It can also increase condom and/or contraceptive use.

For effective use of such curricula in schools around the world, teachers need to be well equipped, motivated and skilled, and they must act upon a number of specific principles outlined in this booklet.

Several international movements and agencies, such as those promoting education for all and a culture of peace, can provide strategic frameworks and partnerships with which local, national and international commitment can be transformed into effective action to improve the capacity of schools to provide education for HIV/AIDS prevention

Reversing the course of the HIV/AIDS epidemic is a goal for the education sector, acting in partnership with other sectors (e.g. health). For the individual teachers engaged in teaching about HIV/AIDS prevention, this is a long-term, Sisyphean task in which the reward for success is saving lives.

WANTED!

Current curricula, formal education policy, research, web links, teaching aids, case studies on:

**EDUCATION FOR HIV/AIDS PREVENTION
to be included in the newly established**

**Global Content Bank on Education for HIV/AIDS Prevention (GCBEH)
of the International Bureau of Education (UNESCO/IBE)**

Materials received will be analysed by experts and specialists, catalogued and presented in various formats, primarily on the Internet.

Use this opportunity to have your materials reach new, wide and diverse populations who are also working on schools, AIDS and education.

The IBE Cross-cutting HIV/AIDS Project is accepting materials from: international agencies, governmental bodies (e.g. ministries of education, national AIDS programmes), NGOs, research institutes, private publishers.

Please contact: GCBEH, C.P. 199, 1211 Geneva 20, Switzerland

Tel: +41 22.917.78.48. Fax: +41.22.917.78.01

E-mail: ibeaid@ibe.unesco.org

WEB resources on AIDS

- Academy for Educational Development, independent non-profit service organization committed to addressing human development needs in the United States and throughout the world: **www.aed.org**
- Education International: **www.ei-ie.org**
- ERIC database. The ERIC database is the world's largest source of educational information. The database contains more than 850,000 abstracts of documents and journal articles on education research and practice: **ericae.net/**
- International Bureau of Education: **www.ibe.unesco.org**
- International Institute for Educational Planning: **www.unesco.org/iiep**
- International Labour Organization: **www.ilo.org**
- MEDLINE—The world's largest source of medical references, abstracts and journal articles on medicine research and practice: **www.nlm.nih.gov/**
- UNAIDS, Secretariat: **www.UNAIDS.org**
- United Nations Children's Fund: **unicef.org/**
- United Nations Development Programme: **www.undp.org**
- United Nations Educational, Scientific and Cultural Organization: **www.unesco.org**
- United Nations High Commissioner for Human Rights: **www.unhchr.ch**
- United Nations High Commissioner for Refugees: **www.unhcr.ch/cgi-bin/texis/vtx/home**
- United Nations International Drug Control Programme: **www.undcp.org**
- United Nations Organization: **www.un.org/**
- United Nations Population Fund: **www.unfpa.org**
- World Bank: **www.worldbank.org**
- World Education Forum (WEF), Dakar, Senegal, 26-28 April 2000: **www.unesco.org/education/efa/index.shtml**
- World Health Organization: **www.who.int**

References and further reading

- Ashworth, C.S., et al. 1992. An evaluation of a school-based AIDS/HIV education programme for high school students. *Journal of adolescent health* (Palo Alto, CA), vol. 13, no. 7, p. 582–88.
- Basch, C. 1989. Preventing AIDS through education: concepts, strategies, and research priorities. *Journal of school health* (Kent, OH), vol. 59, no. 7, p. 296–300
- Cenelli, B., et al. 1994. Applying co-operative learning in health education. *Journal of school health* (Kent, OH), vol. 64, no. 3, p. 99–102.
- Centers for Disease Control. 1988. Guidelines for effective school health education to prevent the spread of AIDS. *Morbidity and mortality weekly report* (Atlanta, GA), vol. 37, no. S-2, p. 1–13.
- Crosby, R. 1996. Combating the illusion of adolescent invincibility to HIV/AIDS. *Journal of school health* (Kent, OH), vol. 66, no. 5, p. 186–90.
- Denson, D.R., et al. 1993. Factors that influence HIV/AIDS instruction in schools. *Adolescence* (San Diego, CA), vol. 28, no. 110, p. 309–14.
- Education International; World Health Organization. 2001. *Training and resource manual on school health and HIV/AIDS prevention*. Geneva, Switzerland, WHO.
- Gingiss, P.; Basen-Engquist, K. 1994. HIV education practices and training needs of middle school and high school teachers. *Journal of school health* (Kent, OH), vol. 64, no. 7, p. 290–95.
- Grunseit, A., et al. 1997. Sexuality education and young people's sexual behaviour: a review of studies. *Journal of adolescent research* (London), vol. 12, no. 4, p. 421–53.
- Israel, B., et al. 1995. Evaluation of health education programs: current assessment and future directions. *Health education quarterly* (Thousand Oaks, CA), vol. 22, no. 3, p. 364–89.
- Janz, N., et al 1996. Evaluation of thirty-seven AIDS prevention projects: successful approaches and barriers to programme effectiveness. *Health education quarterly* (Thousand Oaks, CA), vol. 23, no. 1, p. 80–97.
- Kelly, M.J. 2000. *The encounter between HIV/AIDS and education*. Harare, UNESCO Sub-Regional Office for Southern Africa.

- Kirby, D. 1995. Sexual and HIV/AIDS education in schools. *British medical journal* (London), no. 311, p. 403.
- Kirby, D., et al. 1994. School-based programs to reduce sexual risk behaviors: a review of effectiveness. *Public health reports* (Hyattsville, MD), vol. 10, p. 339-60.
- Ogletree, R., et al. 1995. An assessment of twenty-three selected school-based sexuality education curricula. *Journal of school health* (Kent, OH), vol. 65, no. 5, p. 186-91.
- Popham, W.J. 1992. *Evaluating HIV education programs*. Atlanta, GA, Centers for Disease Control.
- Ragon, B., et al. 1995. The effect of a single affective HIV/AIDS educational programme on college students' knowledge and attitudes. *AIDS education and prevention* (New York, NY), vol. 7, no. 3, p. 221-31.
- Schenker, I. 2001. New challenges for school AIDS education within an evolving HIV pandemic. *Prospects* (Paris), vol. 30, no. 3, p. 415-34.
- Schenker, I.; Greenblatt, C. 1993. Israeli youth and AIDS: knowledge and attitude changes among high school students following an AIDS education program. *Israel journal of medical sciences* (Jerusalem), vol. 29, no. 10, p. 41-47.
- Schenker, I.; Sabar-Friedman, G., Sy. F. 1996. *AIDS education: interventions in multi-cultural societies*. New York, NY, Plenum.
- Siegel, D., et al. 1996. Change in junior high school students' AIDS-related knowledge, misconceptions, attitudes, and HIV-preventive behaviours: effects of a school-based intervention. *Journal of community health* (New York, NY), vol. 21, no. 1, p. 23-35.
- UNAIDS. 1997. *Learning and teaching about AIDS at school*. Geneva, Switzerland, UNAIDS.
- Wash, M.E.; Bibace, R. 1990. Developmentally-based HIV/AIDS education. *Journal of school health* (Kent, OH), vol. 60, no. 6, p. 256-61.
- Whitman, C.V., et al. 2001. *Skill-based health education and life skills*. Washington, DC, Pan-American Health Organization.
- World Health Organization. 1999. *Preventing HIV/AIDS/STI and related discrimination: an important responsibility of health-promoting schools*. Geneva, Switzerland, WHO. (Information series on school health, Document 6.)

The International Bureau of Education—IBE

An international centre for the content of education, the IBE was founded in Geneva in 1925 as a private institution. In 1929, it became the first intergovernmental organization in the field of education. In 1969, the IBE joined UNESCO as an integral, yet autonomous, institution.

It has three main lines of action: (a) organizing the sessions of the International Conference on Education; (b) collecting, analysing and disseminating educational documentation and information, in particular on innovations concerning curricula and teaching methods; and (c) undertaking surveys and studies in the field of comparative education. At the present time, the IBE: (a) manages *World data on education*, a databank presenting on a comparative basis the profiles of national education systems; (b) organizes regional courses on curriculum development; (c) collects and disseminates through its databank INNODATA notable innovations on education; (d) co-ordinates preparation of national reports on the development of education; (e) administers the Comenius Medal awarded to outstanding teachers and educational researchers; and (f) publishes a quarterly review of education—*Prospects*, a newsletter—*Educational innovation and information*, as well as other publications.

In the context of its training courses on curriculum development, the Bureau is establishing regional and sub-regional networks on the management of curriculum change and developing a new information service—a platform for the exchange of information on content.

The IBE is governed by a Council composed of representatives of twenty-eight Member States elected by the General Conference of UNESCO. The IBE is proud to be associated with the work of the International Academy of Education and publishes this material in its capacity as a clearinghouse promoting the exchange of information on educational practices.