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**"A GENERATION FREE OF AIDS":
DEVELOPING AIDS EDUCATION MATERIALS FOR
PUBLIC AND PRIVATE SCHOOLS OF MALAWI**

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**AIDS EDUCATION IN
THE PUBLIC & PRIVATE
SCHOOLS OF
MALAWI**

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MATERIALS FOR PUBLIC AND PRIVATE SCHOOLS OF MALAWI**

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Malawi, a landlocked country of 8 million people in southeastern Africa, has a serious HIV problem in both urban and rural areas. Though officially reported cases number fewer than 3,000 as of June 1988, it is clear that the situation is worsening rapidly. Even one year ago, studies were showing 1 in 5 pregnant women and blood donors to be seropositive. That percentage is increasing at an alarmingly rapid rate.

Because it is known that some adolescents are sexually active and, therefore, at risk for contracting HIV, the National AIDS Committee called for introducing AIDS education into the schools as soon as possible. Following up on that prioritization, AIDSCOM has been working with both the public and private sectors targeting implementation in some schools by October 1990.

TIMELINE

MAR 89	National AIDS Committee Symposium
APR 89	Prelim Materials Development Wkshp
MAY 89	Prelim Curriculum Development Wkshp
JUN 89	2 Week Curriculum Development Wkshp
JUL 90	2 Week Follow-Up Wkshp
AUG 90	Pre-Testing/Materials Revision
SEP 90	Final Production of Materials
SEP 90	Regional Teacher Trainings
OCT 90	Curriculum Implementation in Pilots
BY OCT 91	Evaluation/Revision/Training/Implementation

Because HIV infection has been found in both urban and rural Malawi, it was clear that a multi-sectoral country-wide approach to this problem would be necessary. Therefore, from the outset, both public and private organizations have been as heavily involved as resources permit.

Participants in the process demonstrate the multi-sectoral nature of this activity. Public sector included Ministry of Health and its AIDS Control Programme, the Ministry of Education and the Ministry of Community Services (responsible for Adult Literacy Programme, trade schools, colleges/universities).

From the donor community, in addition to USAID and WHO/GPA, the process has also involved UNICEF, which has donated their health officer as a full-time facilitator. Also, UNICEF/Malawi has asked for \$1 million from headquarters in hopes of subsequently assuming responsibility for funding of this intervention.

The private sector was represented by Graphic Lintas and Blantyre Print, both of which donated professional artists. In addition, the Baptist, Seventh Day Adventist, Presbyterian, Catholic and Muslim faiths have been represented.

FOCUS GROUP RESEARCH

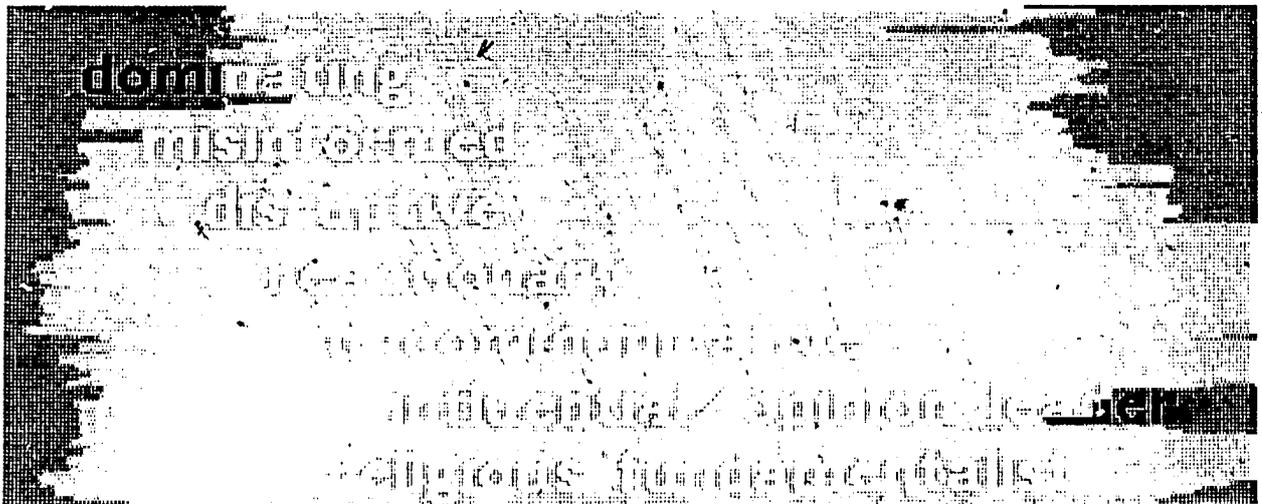
A key to the materials development process is understanding as much as possible about the target audience for our curricula and materials. So focus group research has been conducted to become better acquainted with the target audiences. We wanted to assess their awareness of AIDS, their knowledge about AIDS, their attitudes towards AIDS and People with HIV, practices that may put them at risk, and perhaps most importantly at this stage in the process, their openness to discussing the sensitive issues involved in AIDS prevention - e.g., explicit language and subjects that are considered culturally taboo.

UNDERSTANDING OUR TARGET AUDIENCE

- * Awareness of AIDS**
- * Knowledge about AIDS**
- * Attitudes toward AIDS and People with HIV**
- * Practices that may put them at risk**
- * Openness to discussing AIDS prevention - language and cultural issues**

DEMONSTRATION FOCUS GROUP

Facilitators agree in advance to
role play character types.



moderator
recorder
observer

COMPOSITION OF 8 FOCUS GROUPS

1 and 2

Early Primary School Boys and Girls

2 and 3

Late Primary School Boys and Girls

3 and 4

Secondary School Boys and Girls

4 and 5

Secondary School Teachers

5 and 6

Parents of Primary School Pupils

We conducted groups in a fairly rural setting, with separate groups for boys and girls, early and late primary, and secondary, plus parents of school pupils, and teachers. These gave us some valuable insights into what needed to be discussed in the curriculum and graphic materials.

PRELIMINARY
FOCUS GROUP
FINDINGS

PRIMARY SCHOOL PUPILS

- * High awareness of AIDS
- * Misinformed on prioritization of risk (e.g. toothbrushes vs. sex)
- * Misinformed on modes of transmission (e.g. toilet seats, sharing cup, bathing together, coughing, sneezing)

Primary School Children

Though primary school children generally had awareness of AIDS, the prioritization of risk behaviors was frequently out of order, usually based on misinformation. For instance, toothbrushes and razor blades were mentioned more frequently than what they termed "sexual misbehavior". In the misinformation category was sharing the same toilet, coughing, sneezing, sharing the same cup, eating or bathing together.

SECONDARY SCHOOL PUPILS

- High Awareness of AIDS
 - * Cited blood transfusions, sexual contact, razor blades, toothbrushes and "injections that haven't been burnt"
 - * Misinformed on modes of transmission (e.g. sex with "town boys or town girls", sharing soap, mosquitos and bed bugs or "touching a person")
- Misinformed on treatment (e.g. "HIV-infected individuals should be removed from school by the headmistress").

Secondary School Children

Similarly, secondary school students were aware of AIDS and accurately cited blood transfusions, sexual contact, razor blades, toothbrushes, and "injections that haven't been burnt" as possible modes of transmission. Inaccuracies included sharing soap, mosquitos, bed bugs and "touching a person". Misinformation on treatment included the opinion that HIV-infected individuals "should be removed from school by the headmistress".

PARENTS

- *High awareness of AIDS
- *Cited "promiscuity", needles, razors, toothbrushes and wounds
- *Misinformed on modes of transmission (e.g. insects, mangoes, sweat & "sharing pants")
- *Suggested treatment of a seropositive spouse included abstinence, castration, quarantine, condoms and injections to curb sexual desire
- *When abstinence not possible, "chiswahili" (anal sex) mentioned as stronger possibility than condoms

Parents

Parents had as much misinformation about AIDS as the students. Though they correctly identified what they termed "promiscuity," needles, razors, toothbrushes and wounds as possible modes of transmission, they also cited insects, mangos, sweat and "sharing pants". Suggested modes of dealing with a spouse found to be seropositive included abstinence, castration, quarantine, condoms and injections to curb sexual desire. When asked if it is possible to abstain, only one of the 12 felt it was possible. When asked about ways to have sex when it's not possible to abstain, alarmingly, "chiswahili" (anal sex) was mentioned as a stronger possibility than condoms. Each of these findings demonstrates the challenge faced by AIDS educators.

PRIMARY SCHOOL TEACHERS

- * High awareness of AIDS
- * Accurately cited modes of transmission
- * Advocated sex education by ages 8-11, but felt that :
 - biblical verses should be used
 - condoms should not be discussed
 - particulars of sexual intercourse in transmitting HIV too difficult to explain to this age group

Primary School Teachers

The primary school teachers acknowledged that some students were sexually active by age 8 or 9. They felt that sex education should begin between ages 8-11, but that biblical verses should be used, condoms should not be discussed, and the particulars of sexual intercourse as a mode of HIV transmission would be very difficult to explain.

They said they would not be willing to teach AIDS education themselves, since there is no ministerial approval for it, there are no teacher's guides or pupils' materials available to them.

SECONDARY SCHOOL TEACHERS

- * High awareness of AIDS
- * Accurately cited modes of transmission, but expressed doubts about insect vectors
- * One teacher has avoided barber since 1986
- * Group divided about HIV-infected student or teacher remaining in school
- * Group agreed infected student/teacher would not want to stay in school
- * Willing to teach about AIDS, but felt unprepared to do so without further training and materials
- * One woman's teacher initially opposed to discussing condoms in the classroom, changed her opinion during the course of the focus group

Secondary School Teachers

Though secondary school teachers were fairly well-informed about modes of transmission, they also expressed doubts about insect vectors and one of the teachers noted that he has not been to a barber since 1986 for fear of being infected. The group was divided about whether an HIV-infected student should be permitted to stay in school and only one of the teachers volunteered that he would be comfortable bending over an HIV-infected student to "mark his paper". The group agreed, however, that any students or teachers who knew they were infected would never want to return to school - they would just be prepared to die.

Secondary school teachers were willing to teach AIDS education, but felt unprepared to do that without further training and materials. One interesting aside is that one woman teacher who was adamantly opposed to AIDS education in the schools at the beginning of the focus group had reversed her position by the end.

MATERIALS DEVELOPMENT PROCESS

(Based on focus group data)

- * Develop concept and message
- * Review existing materials
- * Prepare layouts and other visuals
- * Pretest messages and visuals during "micro teaches"
- * Revise materials as necessary
- * Write text
- * Train teachers and introduce in schools
- * Evaluate and train trainers
- * Revise curriculum and materials, as indicated.

MATERIALS DEVELOPMENT PROCESS

Armed with baseline information from focus groups on modes of transmission, preventative measures, and treatment of seropositives, the four teams went to work developing curriculum and graphic materials. This process was done first in small groups and then discussed in plenary.

In developing concepts and messages, both curriculum and visual components were considered. The process culminated in "micro-teaches" done in front of the whole group (with video camera for later feedback) and followed up by returning to the school-based focus groups for "micro-teaches," feedback from the students, teachers and parents, followed by further revision.

**"We must give them the information--
there are sexually active 12-year-olds!"**

Examples of Materials

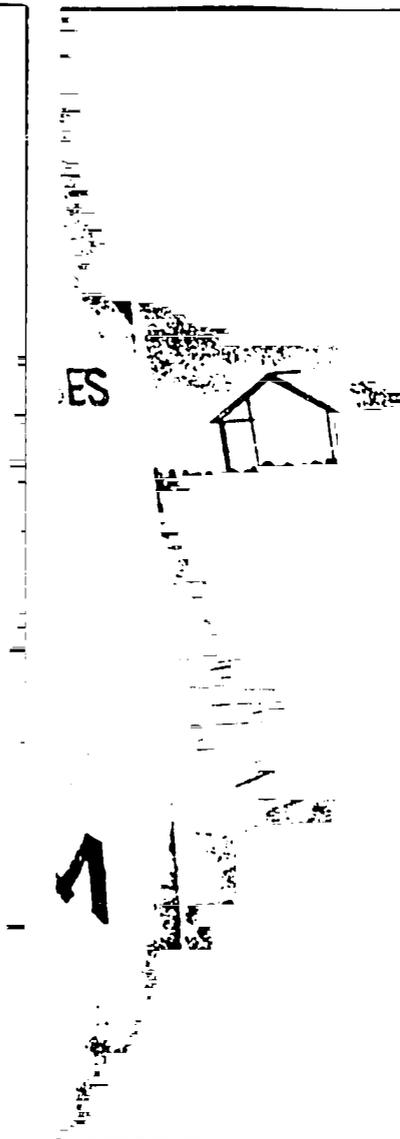
Boys and girls during focus groups stated that AIDS could only be acquired from having sex with town boys or town girls, never from having sex in the village or the bush. The group put their heads together and developed a "bush sex can spread AIDS" poster, which has gone through a couple of pre-tests and revisions. Though the tagline still needs work, the basic message is still a potentially important one.



The differences between these two versions are graphically subtle but culturally quite significant.



Primary and secondary girls frequently reported that men have approached them with money for sex. As the AIDS epidemic proceeds, it appears that men are seeking younger and younger women in hopes of finding an AIDS-free partner. Based on that information, the group developed this poster, which has survived pre-testing intact.



It was discovered from the teachers focus group that many of the male students and some of the female students have to be treated for STDs each year, particularly on return from holidays. This poster was the original produced - revised once to include rest houses - considered by many to be the place where students become infected - later it had to be revised to exclude the rest houses since these were considered too controversial.

Videos, drama, etc., are being explored by some of the more progressive participants, but traditional educators seemed to be leery of such ideas, fearing that such innovations will be rejected by the Ministry of Education.

The project results so far have included development of draft "Teacher's Guide" and "Student Handbook" for the curriculum. The next steps begin with placement of a long-term AIDSCOM resident advisor who will help pre-test the materials in more classrooms, make the appropriate revisions, print the final draft materials, train 30 teachers in each of the three regions, and implement materials in those first 90 schools.

Subsequently, after evaluations of the first phase and potential revision of materials, these teachers will be training other teachers to use the materials. Eventually, all 3,000+ teachers in the public and private schools of Malawi will be able to either teach the subject or certainly answer questions and refer students to others so that the goal of a "Generation Free of AIDS" might be achieved.