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Unsafe Schools: A Literature Review of School-Related Gender-Based Violence in Developing Countries

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ACRONYMS AND ABBREVIATIONS

ACORD	Agency for Cooperation and Research in Development
AIDS	Acquired Immune Deficiency Syndrome
BEMFAM	An NGO working in the reproductive health area
BLP	Better Life Options Program
CAMFED	Campaign for Female Education
CCR	Center for Conflict Resolution
CDC	Centers for Disease Control
CEDPA	Centre for Development and Population Activities
CERSA	Centre for Epidemiological Research in South Africa
CIDA	Canadian International Development Agency
CIE	Centre for International Education
CIET	Community Information Empowerment and Transparency Foundation, South Africa
CIINSTRID	Calabar International Institute for Research, Information and Development
CMA	Conscientizing Male Adolescents, Nigeria
COLTS	Culture of Learning, Teaching and Service
CSAEMP	Canada South Africa Education Management Programme
CSVR	Center for the Study of Violence and Reconciliation
DFID	Department for International Development, UK
DTS	Development & Training Services, Inc.
EDC	Education Development Center, Inc.
E-E	Entertainment-Education
EFA	Education for All
EGAT	Bureau for Economic Growth, Agriculture and Trade
EI	Education International
ESAR	Eastern and Southern Africa Region
FAWE	Forum for African Women Educationalists
FAWESA	Forum for African Women Educationalists South Africa
GAAP	Gendering Adolescent AIDS Prevention Project
GAIA	Global AIDS Interfaith Alliance
GBV	Gender-based violence
GETT	Gender Equity Task Team
GPI	Girls' Power Initiative, Nigeria
GWE	Girls' and Women's Education program
GWE-PRA	Girls' and Women's Education Policy Research Activity
HHD	Health and Human Development
HIV	Human Immunodeficiency Virus
IDB	Inter-American Development Bank
ICRW	International Center for Research on Women
IMMS	Mexican Social Planning Institute
IPPF	International Planned Parenthood Federation
IQC	Indefinite Quantity Contract
IRC	International Rescue Committee
JSS	Junior secondary schools
MAP	Men As Partners
MEXFAM	Mexican Family Planning Association (Fundación Mexicana para la Planeación Familiar, A.C.)
MOEC	Ministry of Education and Culture, Zimbabwe

ACRONYMS AND ABBREVIATIONS continued

MYSA	Mathare Youth Sports Association, Kenya
NAPWA	National Association of People Living with HIV/AIDS, South Africa
NDoE	National Department of Education, South Africa
NGO	Non-governmental organization
NNVAW	National Network on Violence Against Women
OCLC	Online Computer Library Center, Inc.
PAIS	Public Affairs Information Service
PAHO	Pan-American Health Organization
PATH	Program for Appropriate Technology in Health
PCI	Periodical Contents Index
RAAPP	Rapid Assessment and Action Planning Process
RAIN	Regional Advisory Information and Network System
RH	Reproductive health
SABC	South African Broadcasting Commission
SADC	Southern Africa Development Community
SAT	Southern African AIDS Training Programme
SHAPE	Strengthening HIV/AIDS Partnerships in Education (Ghana)
SHEP	Sexual Harassment Education Project
SHREWS	Sexual Harassment Resisters Everywhere
SIECUS	Sexual Information and Education Council of the U.S.
SKWASH	Support Kenyan Women Against Sexual Harassment
SRGBV	School-related gender-based violence
SSS	Senior secondary schools
STDs	Sexually transmitted diseases
STIs	Sexually transmitted infections
TANESA	Tanzania-Netherlands Project to Support AIDS Control in Mwanza Region
TB	Tuberculosis
TRSC	Training and Research Support Centre
UCT	University of Cape Town
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNIFEM	United Nations Development Fund for Women
USAID	U.S. Agency for International Development
VAW	Violence against women
WANN	Women Alive National Network, South Africa
WCEFA	World Conference on Education for All
WE	World Education
Wellesley/WCW	Centers for Research on Women at Wellesley College
WHO	World Health Organization
WID	Women in Development
ZWRCN	Zimbabwe Women's Resource Centre and Network

FOREWORD

Girls continue to face many obstacles to learning. Safety within the school is an oft-cited, but perhaps less well understood, determinant of children's, especially girls', participation in basic education. As this report shows, violence toward girls in schools is pervasive and worldwide. An unsafe learning environment is among the reasons that girls discontinue their studies or parents refuse to enroll and keep their daughters in school.

Addressing school-related gender-based violence, however, cannot be limited to only girls. Boys are victims as well as perpetrators of violence. Gender roles imposed by society on boys can limit their ability to express their masculinity in positive ways. A safe school is not only girl friendly, but also allows boys to discard negative gender roles to practice healthier, gender-equitable behaviors with their classmates in a supportive and reinforcing environment. Male teachers have a responsibility to protect rather than prey upon young girls. This can be achieved in part by ensuring that power relations between girls and boys and students and teachers are based on respect for the dignity and rights of all.

Unsafe Schools: A Literature Review of School-Related Gender-Based Violence in Developing Countries provides a wealth of information and should prove to be a valuable resource for researchers and practitioners alike. Although this report is by no means exhaustive, it is indeed our hope that it will stimulate discussion and challenge policymakers and educators to view school safety through a gender lens.

Making schools safe will contribute to enhanced educational outcomes for both girls and boys. Achieving that goal, however, requires systemic reform and active involvement by all stakeholders. Parents, PTA members, teachers, union officials, teacher trainers, administrators, policymakers, and the media all working together can create a supportive learning environment for all children.

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EXECUTIVE SUMMARY

The recognition of violence against women as a significant barrier to social and economic development in all parts of the world has also fostered a clearer understanding of its early antecedents, and the ways in which young people's behavior both mirrors, and sets the stage for, adult interactions. There have been increasing reports of gender-based violence in educational settings from around the world. In the developing world, where economic imbalances are extreme, literacy rates low, basic universal education a goal rather than a reality, and the HIV pandemic often devastating, the question of gender violence and its impact on education and health is particularly critical. However, little work has been done to systematically document and review information on the prevalence and consequences of this violence in formal education settings, nor to look carefully at intervention strategies that are or could be in place to address the problem.

This review has been commissioned by USAID's Office of Women in Development to identify, annotate, and synthesize research studies and projects/interventions addressing primary and secondary school-related gender-based violence (SRGBV). The review of the literature looks first at evidence of the prevalence of school-related gender-based violence in developing countries. The second section of the report provides a context for the subsequent discussion of the consequences of school-related gender-based violence for the health and educational outcomes for students. Specifically, it discusses patterns of economic inequality, cultural beliefs about sex and sexuality, and data on adolescent sexual activity in developing countries. The third section focuses on what is being done to address SRGBV. Both programmatic and policy responses are reviewed and discussed. The report concludes with the authors' recommendations for further work.

The Problem and Its Context

School-related gender-based violence in developing countries takes place in a context of gender inequality and specific cultural beliefs and attitudes about gender roles, especially those concerning male and female sexuality, a pattern of economic inequality, and in some instances significant political unrest and violent conflict. This context is critical to a fuller understanding of the health and educational implications and consequences of gender violence in schools.

Many studies we reviewed have documented that SRGBV is perpetrated on female students by their male peers and teachers in school. Outside of school, girls can fall prey to "sugar daddies," older men who can provide favors and financial assistance with school fees. Several studies point out that the consequences of SRGBV adversely affect girls' educational attainment. Girls report losing their concentration in class, feeling bad about themselves, missing school, and even dropping out. The health consequences in terms of increased exposure to sexually transmitted infections (STIs), including HIV/AIDS, and unwanted pregnancies are also devastating. Schools in many countries turn a deaf ear to the female student's complaints and many girls do not even complain because of a fear of reprisals, especially from teachers, but also because they believe that nothing will be done. In many countries SRGBV goes unchecked in the face of indifference from school administrators, the larger community, and the ministries of education.

What Can Be Done to Address School-Related Gender-Based Violence?

School-related gender-based violence has not been systematically confronted in the developing world, but a number of initiatives have been undertaken. These initiatives reflect a variety of approaches, including curriculum development, youth leadership, teacher training, advocacy and community involvement, and policy development.

One way to develop a gender-sensitive and gender-safe school environment is to provide students with learning materials and experiences that reflect equity and equality between men and women. Ideally, such materials and activities would be developed in all academic areas. The most pressing need in light of the high incidence of gender-based violence and the implications for health and education is for materials that educate both girls and boys about sexual health and the male/female power dynamics underlying gender violence. Life skills curricula both in and out of school can help students examine attitudes and social norms such as discrimination and peer pressure. In addition to sexuality education, curricular materials and plans that are designed to educate about and prevent sexual violence are an important part of addressing SRGBV. These programs also provide an opportunity to address the rights of girls to live free of gender violence by using human rights education perspectives to help students respect the rights of girls as well as boys.

Youth leadership can play a very effective role in diminishing violence in schools by shaping students' beliefs, attitudes, and behaviors before violence becomes an automatic manifestation of anger. Many programs, whether focused on curriculum development, community involvement, or advocacy, focus on involving young people. This not only reaches youth, who may ignore adults they perceive as "out of touch" with youth culture, it also provides a potential cadre of future adult leaders. Several of the programs reviewed include youth activities that could be integrated into in-school programs.

Even the very best curricular materials are ineffective if the teachers using the materials are not comfortable with or competent in the subject matter. Teachers are part of the society and usually carry on the traditional constructions of gender roles. Without adequate teacher training the success of school-based projects is severely constrained.

Schools are part of society and reflect traditions and values at the same time that they play a crucial role in social change. In order for major social change to be effectively embedded in schooling, the larger community must understand and support these changes. More specifically, without a clear policy framework that defines, prohibits, and carries penalties for acts of school-related gender-based violence, all other efforts will be less than optimally effective. Such policies signal that gender violence is a serious issue, one that cannot be ignored. Several reports emphasize that regulations on gender-based violence and sexual harassment need to be developed, enforced, and widely disseminated in order to be effective and accessible. This includes schools having in place a means of reporting and recording incidences of violent behavior in schools and of hiring counselors to respond to reports of violence. Schools also need to work with the ministries of education to develop policies on teacher misconduct, and the ministries need to establish a special unit dealing with cases of abuse. Furthermore, sexual relations between students and teachers should be prohibited, the reporting of such instances should be obligatory, and access to avenues of redress for abuse and exploitation must be improved. Policy implementation must follow policy development, and this may be the greatest challenge of all. As difficult as curricular materials, training manuals, and school and national policies are to develop, the will to enforce these policies requires the kind of

sustained attention and commitment that is hard to maintain as leaders change and circumstances shift.

Our review also revealed that while there is increasing recognition of the prevalence of gender-based violence and negative health and educational outcomes, only a limited number of analyses on the linkage between this violence and the implications for health and education were available, particularly within school-based settings in developing countries. The majority of studies come from African nations and cite data on the prevalence of gender-based violence, but only one study provided quantitative data on educational outcomes for girls.

More studies that document unsafe, hostile school environments for girls and analyze their impact on the education and health of girls in different locales are needed. Other gaps in the existing research include an absence of research on gender-based violence affecting boys in school, including homophobia as a source of this violence. There are also few studies that consider the broader issues of gender inequality, limited economic opportunities, and the dynamics of the local contexts in their analysis of the issue of girls' education.

Conclusion

School-related gender-based violence is a widespread barrier to girls' attaining educational equity, which also brings with it many health risks. Addressing power imbalances between men and women is central to preventing gender violence, and this process must be deeply rooted in schools. Successful efforts must include both boys and girls. The lives of girls/women and boys/men are intimately interwoven, and working only with girls is, at best, only half a solution. Framing the issue in the polarizing language of girls versus boys, victims versus perpetrators, only exacerbates an already difficult situation and masks the complexity of the dynamics of gender and power. Education is not a zero sum game. Working with girls *and* boys—sometimes together and sometimes separately depending on the social context—is the only way to implement approaches that can truly reshape the construction of gender roles. This transformative approach is key to long-term success.

I. INTRODUCTION AND OVERVIEW

A. Framing the Issues

(a) Why a Report on School-Related Gender-Based Violence Focused on Developing Countries?

Violence and efforts to prevent and mitigate it have a long history. The recognition of gender-based violence is a more recent phenomenon. There has been a growing understanding in recent decades that violence against women in the home is as much a barrier to women's advancement as is violence in the public sphere. The line between the private and the public, the personal and the political has blurred and what were once considered inappropriate topics for public discussion and action have now emerged as serious international public policy issues.

This recognition of violence against women as a significant barrier to social and economic development in all parts of the world has also fostered a clearer recognition of the early antecedents, and the ways in which young people's behavior both mirrors, and sets the stage for, adult interactions. There have been increasing reports of gender-based violence in educational settings from around the world. In the developing world, where economic imbalances are extreme, literacy rates low, basic universal education a goal rather than a reality, and the HIV pandemic often devastating, the question of gender violence and its impact on education is particularly critical. However, little work has been done to systematically document and review information on the prevalence and the consequences of this violence in formal education settings, nor to look carefully at intervention strategies that are or could be in place to address the problem.

This review has been commissioned by USAID's Office of Women in Development (the Office) to identify, annotate, and synthesize research studies and projects/interventions addressing primary and secondary school-related gender-based violence committed against both boys and girls. The report will provide information and resources for further planning by the EGAT/WID Office on activities that can improve educational outcomes for girls and boys in developing countries.

EGAT/WID's interest in this area is based on the premise that an unsafe school setting combined with gender-stereotyped and inequitable teacher attitudes and behaviors can produce an environment hostile to the needs of young people, putting both boys and girls at risk. Making schools safe and equitable for both girls and boys is critical to achieving both education for all and HIV/AIDS prevention.

> *"For many young women, the most common place where sexual coercion and harassment are experienced is in school."* WHO 2002 cited in Panos 2003:15.

The goal must be what researchers at the Wellesley Centers for Research on Women (Stein et al. 2002) have defined as gender-safe schools. "Gender-safety" is based on the premise that many aspects of traditional gender roles have a negative effect on learning, participation, and mobility within the school. Therefore, when a school is "gender-safe," both boys and girls have equal opportunity to learn, gain skills through classroom and extracurricular activities, and be psychologically, socially, and physically safe from threats, harassment, sexual coercion, or harm in all parts of the school, such as classrooms, latrines, and school grounds.

(b) Notes on Terminology

The concept of "gender-based violence" is not limited to sexual and physical violence, but includes all forms of violence when victims are targeted on the basis of gender roles traditionally assigned to their sex. This may vary from requiring only girls to clean classrooms and school grounds, to exposing students to demeaning sexually laden language that undermines their self-esteem (e.g., whore, homo, gayboy, or slut).

This review uses the United Nations definition of "violence against women," i.e., "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life" (Economic and Social Council, UN 1992). This includes physical, sexual, and psychological violence such as wife beating, burning and acid throwing, sexual abuse including rape and incest by family members, female genital cutting, female feticide and infanticide, and emotional abuse such as coercion and abusive language.

The term "sexual violence," which is used in the report as well, refers to a World Health Organization (WHO) definition as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (WHO no date).

"School-related" rather than "school-based" is used since not all violence against students is limited to the school itself. Even going to and from school or living in a dormitory setting away from home can place students at risk for rape and other sexual violence. The acronym SRGBV is used throughout the report for the term "school-related gender-based violence." For stylistic reasons, the terms "school violence" and "gender violence" will also be used as shorthand for school-related gender-based violence.

(c) School-Related Gender-Based Violence as It Relates to Education and Health

Girls' Education: A Global Priority. In 1990, nations came together with intergovernmental bodies and non-governmental agencies at the United Nations World Conference on Education for All (WCEFA) in Jomtien, Thailand to identify the trends, lessons learned, emerging concerns, and priorities in the education of their children. Jomtien participants made a commitment to ensure Education for All, with a particular dedication to girls. Ensuring access and quality education for girls became a global priority.

UNESCO's "Education For All Thematic Studies on school health and nutrition," published to document progress in the decade since Jomtien, reviewed the most central conceptual frameworks that emerged to shape school health programs, which emphasized access for girls and gender equity. Such concepts as the World Health Organization's "Health Promoting School" argue that schools must combine policy, skills-based instruction, health services, and a safe and healthy school environment to ensure the health, safety, and learning potential of all students (Vince-Whitman 2001).

During those 10 years great strides were made as awareness of the value of girls' education grew and gains in girls' enrollment and retention were achieved. The World Bank (2002) has noted that education for girls is one of the best development investments a country can make. While many countries have made progress toward achieving gender equality in education (Hyde 2001), girls continue to face many obstacles that impede their path to learning. Factors including discrimination on the basis of sex, unequal rates of investment by governments, political conflicts, inadequate national infrastructure (e.g., roads and transportation), familial/social traditions, and economic hardship are all recognized barriers to girls' educational attainment. In the least-developed countries, such as those in southern Asia and sub-Saharan Africa, 45 percent of girls are not enrolled in classes, and of those who are, nearly 40 percent will drop out before completing fifth grade (UNICEF 2001).

Access alone is only a first step. If educational experiences are not gender equitable, girls' academic learning is compromised and the psychological empowerment that education can confer is greatly reduced. Ensuring that girls stay in school and eventually complete the basic education cycle requires that educators look beyond enrollment and address the impact that gender violence has in fostering inequitable classroom processes and unsafe learning environments. (See Box 1 for a review of SRGBV and boys.)

HIV/AIDS and Adolescents. The problem of school-related gender violence is even more urgent in the age of the AIDS epidemic because adolescents are more vulnerable to the infection, particularly adolescent girls (Kiragu 2001; PATH 1998; Simmons et al. 1996; UNAIDS 1999). Data around the world show that many adolescents are sexually active, which makes them vulnerable to various reproductive health risks such as unintended pregnancy, unsafe abortion, and STIs (sexually transmitted infections),[1] including HIV (PATH 1998). According to UNAIDS and UNICEF (2001), nearly 12 million young people are living with HIV/AIDS, 7.3 million of whom are female. Young women are biologically, physiologically, socially, culturally, and economically more vulnerable to HIV infection than their male counterparts (Kumar et al. 2001). Of the over 60 million people who have been infected with HIV in the past 20 years, about half became infected between the ages of 15 and 24 (Kiragu 2001).

> *Young women are biologically, physiologically, socially, culturally and economically more vulnerable to HIV infection than their male counterparts.*
> Kumar et al. 2001.

In response to this reality, researchers and practitioners have emphasized the importance of education, including sexuality education, as a "vaccine" to HIV/AIDS infection to give young people better skills to care for their health and the health of their families (PATH 1998).

However, in schools where gender-based violence and coercion are the norm, the education system itself may increase a girl's chances of dropping out, interrupting her studies, experiencing an unintended pregnancy, or becoming infected with an STI, including HIV. A recent report from Human Rights Watch (2001) notes that:

Left unchecked, sexual violence in schools has a negative impact on the educational and emotional needs of girls and acts as a barrier to attaining education… Rape and other forms of sexual violence place girls at risk of contracting the

[1] In this report we use STIs instead of STDs, (sexually transmitted diseases). However, when sources using the term "STDs" are quoted, we preserve the original terminology.

HIV/AIDS virus [which has in turn] taken its toll on the educational system and disrupted education …especially for girls (2001:5).

Box 1. School-Related Gender-Based Violence and Boys

Boys are usually thought of as the perpetrators rather than the victims of SRGBV. This review of the literature found very little documented evidence of boys as victims of gender violence in developing countries.[1] However, school-related gender violence is a worldwide problem and is not limited to developing countries. There is extensive evidence from the United States, Canada, Australia, Western Europe, and Japan of both student-to-student and teacher-to-student sexual harassment and sexual violence.[2] Studies in some of these countries also report incidents in which boys are subjected to gender violence in school settings, including religious educational institutions. Thus, while girls are subjected to gender violence more frequently, often in more severe forms and with more severe consequences, boys are also vulnerable.

Boys who are victimized experience the same range of psychological consequences as do girls. Studies of adolescent males have also found an association between suffering rape and a variety of negative behaviors including absenteeism from school (WHO 2002:154). Moreover, there is growing evidence in the West concerning sexual orientation as a major source of gender-based victimization in schools, primarily but not exclusively affecting boys (e.g., Garofalo et al. 1998).

Even boys who are perpetrators of gender violence can be viewed as victims—victims of a narrowly constructed male gender role that provides boys limited opportunities for expressing their masculinity and condones and even encourages displays of power over girls as appropriate behavior. Clearly, girls *and* boys must be considered in all efforts to understand and address school-related gender-based violence.

[1] The exceptions are Afenyadu and Goparju's (2003) study in Dodowa, Ghana, in which they report that both female and male adolescents reported having been forced to have sex, but that in-school female adolescents were more susceptible to forced sex, and Nhundu and Shumba's (2001) study in Zimbabwe in which the researchers found a much lower percentage of male victims reporting sexual abuse in schools. Nhundu and Shumba speculate that this may reflect cultural dimensions of a highly patriarchal African society, where masculinity is associated with dominance, assertiveness, and aggressiveness, which in turn may have prevented many boys from disclosing their abuse as a means of protecting their masculinity (2001:1528).

[2] Stein et al. 1993; Hendrie 2003; Duncan 1999; Fineran and Bennett 1999; Schmidt and Peter 1996; Rosenfeld 1998; Peterson 1998.

B. How the Research was Conducted

(a) Process

The first step in the research process was a systematic literature search of databases including ERIC, SocioFile, MedLine, GenderWatch, and AIDSLine (see Annex Two for an annotated list of all databases searched). Second, unpublished papers were identified and reviewed through an ongoing search of organizational and consortium Internet sites of national and international research, human rights, and development agencies including the International Center for Research on Women (ICRW); World Health Organization (WHO); United Nations Educational, Scientific and Cultural Organization (UNESCO); United Nations Children's Fund (UNICEF); U. S. Agency for International Development (USAID); African Rights; Human Rights Watch; and Oxfam (see Annex Four for a list of implementing organizations). Third, numerous researchers, educators, and

international experts in the area of gender violence in schools and its impact on education and health were contacted to learn about their work in the field and to receive further guidance in the identification of key issues and literature. Telephone interviews and e-mail served as the main avenues of contact with these experts (see Annex Three for a complete list of organizations and individuals contacted).

Once collected, the information and literature was reviewed by Wellesley Centers for Research on Women team members and organized into several broad themes to provide the reader with a deeper understanding of the complex reality of gender violence in schools and its consequences for health and educational outcomes.

(b) Parameters

By design the report focuses on primary and secondary school-related gender-based violence in developing countries. It does not include developed countries, tertiary education, reviews of demographic health surveys, or the vast body of work related to adolescent pregnancy and health risk. Nor was the extensive research on the numerous barriers to girls' education reviewed. Although this body of literature is relevant to the topic, time and financial constraints did not allow for a wider review. Rather, the search focused exclusively on school-related gender-based violence. Again due to time and financial constraints, only literature in English was reviewed. The topics searched were "gender violence" and "sexual violence" within developing countries. The searches were not specific to girls, but the search produced no material primarily focused on boys as victims of gender violence. Another search, which specifically targeted boys, did reveal a few references, all in Western Europe, Japan, the United States, or other developed countries—well outside the parameters of this report. It is noteworthy that the preponderance of material located concerns sub-Saharan Africa, although this should not be interpreted to mean that the problem is confined to that region.

C. How the Report is Organized

This review of the literature looks first at evidence of the prevalence of school-related gender-based violence in developing countries. The second section of the report provides a context for the subsequent discussion of the consequences of school-related gender-based violence for the health and educational outcomes for school students by discussing patterns of economic inequality and cultural beliefs about sex and sexuality in developing countries. The third section focuses on what is being done to address SRGBV. Both programmatic and policy responses are reviewed and discussed. The report concludes with the authors' recommendations for further work.

II. SCHOOL-RELATED GENDER-BASED VIOLENCE AND ITS IMPACT

While violence against women has become an international public health and human rights issue over the past decades, it is only in recent years that the incidence of such violence in formal schooling has been explored. This section reviews studies that specifically examine SRGBV among primary and secondary school students in developing countries.

Although this review was limited in scope to developing countries, it is important to note that school-related gender-based violence is a worldwide problem.[2]

A. Prevalence

In developing countries, the problem is particularly severe because the violence is, at times, extreme and takes place in conjunction with an increased risk of HIV infection in places where HIV rates are high. In an educational setting in Ecuador, 22 percent of the adolescent girls reported being victims of sexual abuse (World Bank 2002). A qualitative study in Addis Ababa, Ethiopia found that bullying and attempted rape were factors in low female enrollment rates in, and high dropout rates from, secondary schools (Terefe and Mengistu 1997). There was public awareness and concern about this, but many families and schools felt helpless to bring about change. Both male and female respondents in this study identified girls' "dress" and their general behavior as a cause of the bullying and sexual violence. Respondents and researchers both noted that school crowding and teacher apathy further contributed to violent behaviors in schools (Terefe and Mengistu 1997).

African Rights, a UK-based NGO, reported that sexual violence against girls in schools is "an extremely grave problem" in many African countries, including South Africa, Zambia, Sudan, Nigeria, and the Democratic Republic of Congo (Hallam 1994:1). The report discusses a series of sexual abuse incidents perpetrated by male students/teachers as well as outsiders against female students from primary schools to universities. Student clubs and organizations were one locale for sexual harassment and abuse against female students, with alcohol consumption considered to be contributing factor in many cases. The clubs or organizations themselves, and/or student governments generally neglected to address abusive behavior or provide support to victims.

Sexual abuse by teachers was also identified in the African Rights report and was believed to be "more widespread than most institutions care to admit" (Hallam 1994:2). Abusive acts ranged from sexist jokes and innuendoes to pressuring students to engage in sexual relations. The promise of good grades or the threat of failure was used by some male teachers to achieve sexual relations with students. In some instances, students engaged in sexual relations with teachers for money. School administrators often dismissed such cases by blaming the students or simply encouraging them to "stay away" from harassing teachers. In some countries, incidences of teacher sexual abuse were brought forward by male students who resented a grading system that favored teachers' "girlfriends" and included punishments for male students who approached these female students.

> *"Some teachers are known to harass girls who refuse to have sexual relationships with them in such ways as being refused exit permits, punished for petty offence or no clear reason at all, ill treated in class."* Secondary school student from Malawi (Kadzamira et al. 2001:37).

A study of the sexual and reproductive health status of 400 in-school and out-of-school adolescents in Dodowa, Ghana (Afenyadu and Goparaju 2003) found that adolescent premarital sexual activity is

[2] In U.S. schools, both student-to-student and teacher-to-student sexual harassment and teacher-to-student sexual abuse have been widely reported (e.g., Stein et al. 1993; Hendrie 2003). In the United Kingdom, research in four mixed-sex comprehensive schools with children aged 10 and 11 and 14 and 15 found that girls routinely mentioned boys calling girls sexualized names, flicking their bra straps, looking up their skirts, and grabbing or fondling, and that boys were regularly called "gay" and other sexually laden terms that the students perceived to be derogatory (Duncan 1999). While there has been little public discussion of sexual abuse in schools in Japan because the tendency has been to blame the victim rather than confront the perpetrator, and to underreport such cases, a recent report indicates that the public tolerance for rape has begun to change as a handful of victims and their families have pressed charges against classroom molesters (French 2003).

common (54 percent of the never-married male students and 32 percent of the never-married female students reported sexual experience). While both female and male adolescents reported being forced to have sex, in-school female adolescents were more susceptible to forced sex, and junior secondary school female adolescents were the most susceptible. Teachers accounted for 5 percent of those forcing female students to have sex and one-third of the 50 teachers interviewed in the study reported that they knew one or more teachers who had had sex with students. Most of these relationships were never reported to school authorities, including those involving coercive sex. Some described these relationships to be mutual ones based on sex in exchange for marks, money, or love. The authors argue that the simultaneous practice of unprotected and multiple partner sexual behavior by teachers may put their sexual and reproductive health at risk, as well as that of their partners.

In Cameroon, a study of sexual abuse in schools in the city of Yaoundé revealed that about 16 percent of the 1,688 surveyed students reported being abused (Mbassa Menick 2001). Approximately 15 percent of these attacks took place in schools. Of these, about 30 percent were perpetrated by classmates or other school friends of the victims and about 8 percent by teachers; family friends, neighbors, other acquaintances or strangers accounted for the rest. The researcher found that many students were willing to talk about these experiences.

"Shattered Hopes," a study conducted by the Metlhaetsile Women's Information Centre in Botswana, surveyed 800 students, including 422 girls aged 13 to 16, in 12 schools in the Ngamiland, Kgalagadi and Kweneng Districts and one school in Mahalapye. The study examined the prevalence of sexual abuse, including rates of sexual activity, whether respondents had been forced or coerced to have sex and, if so, who coerced them and whether or not condoms were used (*Botswana Gazette* 2000). While the study did not include a representative sample for Botswana, it included interviews with 40 teachers, parents, or community leaders. The findings indicated that 38 percent of the girls questioned reported that they had been touched in a sexual manner without their consent, while 17 percent reported having had sex, with 50 percent of them saying that it was forced. Thirty-four percent of the students said they had sex for money, gifts, or favors. Of those sexually active, 48 percent said they had never used a condom. Most of the sexual harassment, unwanted touching, and forced sex came from peers, i.e., boys of the same age as the girls surveyed.

In another study of sexual violence in Botswanan schools, 560 students were surveyed and 67 percent of the girls reported sexual harassment by teachers (Rossetti 2001). Harassment ranged from pinching and touching to pressure for sexual relations. Twenty percent of the respondents reported being asked by teachers for sexual relations, and half reported fearing repercussions of poor grades and performance records if they did not. Sixty-eight percent of sexual harassment incidences happened in junior secondary schools, 18 percent in senior secondary schools, and 14 percent in primary schools. Although 83 percent of teachers considered student–teacher relations to be a big problem in Botswanan schools, the country code of conduct for teachers remains silent on sexual harassment, and the Ministry of Education does not have a formal policy to address it (Rossetti 2001). This has translated into the absence of procedures and channels for reporting. According to one report, a plaintiff currently must travel to the regional educational office, which could be several hundred kilometers away, to lodge a complaint. In cases where teachers are reported, the accused party is usually just given a warning or transferred to another school. As a result, most students accept sexual

> *Abuse by teachers at school "is a crime that is emerging. It's not a new crime, it is just come to light and is now being reported."*
> Constance Lewanika of Women In Law and Development in Africa interviewed by Human Rights Watch (Fleischman 2003:49–50).

harassment as a part of their school life and remain silent, while some drop out. Indeed, although the Botswana government provides 10 years of free schooling, 11 percent of the girls interviewed were seriously considering dropping out due to ongoing harassment by teachers.

Despite the overall progress in South Africa, a recent study of sexual harassment and violence against girls in schools has revealed that high levels of sexual violence against female students threatens to undermine the advancement of girls' education as schools become increasingly unsafe environments (Human Rights Watch 2001). The widespread knowledge of this reality has not resulted in dramatic changes, rendering sexual violence a serious impediment to equal opportunity in education. Abuse ranged from fondling and verbal harassment to rape in washrooms and empty classrooms. Both male students and teachers were complicit in the harassment and abuse of female students. In the aftermath of such incidents girls reported being unable to concentrate, not being interested in school, transferring to a different school and, for some, leaving school altogether. The report highlights the particular risk faced by the victims given the growth of the HIV epidemic in the country.

> *"How can a parent want to educate his daughters when learning institutions have become places and sites of rape and HIV/AIDS infection?"*
> Deputy Regional Director of UNHCR, Anousviran Deneshvar, speaking at a UNHCR meeting quoted in *The East African Standard,* under the headline "Kenya, Rape, Gender Violence Victims Narrate Tales," November 23, 2001.

As in the case of Botswana, South Africa has no national policies to address sexual harassment or violence in schools. The findings of the Human Rights Watch (2001) report concur with Rossetti's (2001) conclusion on the complicity of the school administration in maintaining silence about this problem and protecting the perpetrators. The absence of appropriate reporting channels in schools to the legal and law enforcement domains has discouraged many from seeking redress. Those who did pursue charges were dissatisfied with outcomes. The report cites the difficulties in identifying and tracking abusive teachers, problems with implementing effective reporting mechanisms, the need for protection of complainants, and the lack of coordination and communication of policies as potential barriers to improving the situation.

> *"Schools find sexual abuse embarrassing and often times will attempt to sweep it under the carpet. The survivor is left to swim or sink, there're no support systems designed to assist."*
> A Kenyan retired head teacher quoted in *The East African Standard,* under the headline "Kenya, Rape, Gender Violence Victims Narrate Tales," November 23, 2001.

Building on their previous work in Zimbabwe (Leach et al. 2000), Leach and her colleagues (2003) conducted further research and attempted to bridge the gap between research and action in addressing the issue of abuse of girls in African schools. In Ghana and Malawi, they reported findings similar to those in Zimbabwe: girls were routinely subjected to aggressive sexual advances from older male students and male teachers and to potentially damaging gendered practices in schools. Sexual aggression went largely unpunished and dominant male behaviors by both students and teachers were not questioned. The Leach report discusses the impact of teacher abuse on the quality of the learning environment, the extent to which abusive behaviors feed on poverty and ignorance, and the ambivalent attitude of some parents, teachers, and the girls, themselves, toward teachers having sexual relationships with schoolgirls.

In Kenya, Omale (2000) reports that various forms of gender violence are everyday occurrences in primary, secondary, and university education. Violence in schools by male students has included not only the notorious cases reported in the media (e.g., *Africanews* 2003) but continued exploitation of

girls by male teachers. Omale (2000) discusses the risk to girls in commuting to and from school where they are vulnerable to sexual assault and harassment.

A study by World Education (2001) in Peru also found that the long distance girls must travel to and from school increased their risk of being molested. The risk of sexual abuse, rape, and unintended pregnancy kept girls at home and contributed to school absenteeism, grade repetition, and abandonment of formal schooling (World Education 2001).

Research on a sample of 10,000 girls in sub-Saharan Africa found that one-third reported being sexually active, and 40 percent of these girls said their first encounter was "forced." The majority of the perpetrators were male students (Youri 1994 cited in Mensch et al. 1999).

The studies reviewed were primarily descriptive and included both small-scale studies and larger randomized samples. The majority comes from African countries. Most cite data on the prevalence of SRGBV, but only one provides quantitative data on the effect of gender violence on school attendance and completion (Rossetti 2001). Without doubt further research is needed. But even without more extensive investigations it is clear from the studies reviewed here, combined with the larger body of work in the West, that school violence is a major barrier to gender-safe, gender-equitable education for all.

Table 1 summarizes the empirical studies on SRGBV in schools as discussed above.

Table 1. Summary of Empirical Studies on Gender-Based Violence in Schools

COUNTRY / LOCATION	SAMPLE POPULATION, METHOD, STUDY DATE[a]	STUDY CITED	STATISTICAL / MAJOR FINDINGS
Botswana/rural and urban	800 students, 422 of them girls aged 13–16, survey at 13 schools[b]	*Botswana Gazette* (2000), a study conducted by Roberta Rivers and UNICEF at Metlhaetsile Women's Information Centre	▪ 38% of girls reported that they had been touched in a sexual manner without their consent. ▪ 17% reported having had intercourse, 50% of which was forced. ▪ 34% of students reported they had sex for money, gifts, or favors. ▪ Of those who are sexually active, 48% reported never having used a condom.
Botswana	560 students surveyed[b]	Rossetti (2001)	▪ 67% of girls reported sexual harassment by teachers. ▪ Although Botswana provides 10 years of free education, nevertheless, 11% of the girls surveyed were seriously considering dropping out due to ongoing harassment by teachers. ▪ 20% reported being asked for sexual relations, half of whom complied for fear of reprisals on grades and performance records. 68% of the sexual harassment happens at the junior secondary

COUNTRY / LOCATION	SAMPLE POPULATION, METHOD, STUDY DATE[a]	STUDY CITED	STATISTICAL / MAJOR FINDINGS
			schools, 18% at the senior secondary schools; and 14% at primary schools.
Cameroon/urban	1,688 secondary school students from 10 institutions, self-administered questionnaire (98.7% return rate)	Mbassa Menick (2001)	▪ Sexual abuse reported by 16% of sample. ▪ Approximately 15% of the reported sexual abuse (involving unwanted touching and caressing and rape) occurred in a school setting. ▪ Approximately 30% of attacks were perpetrated by students (from the victim's own or other schools). ▪ 8% of attackers were teachers.
Ethiopia/urban	Small scale, descriptive study	Terefe and Mengistu (1997)	▪ Violence against girls in the form of bullying and attempted rape was a factor in low enrollment rates and an important reason for female school dropout.
Ghana/small town-rural	400 in-school and out-of-school adolescents (representing 30% of the 15–20 age group in Dodowa community), 50 teachers, 99 opinion leaders, quantitative and qualitative methods, 2001	Afenyadu and Goparaju (2003)	▪ Male and female students were equally exposed to forced sex, but the highest percentage (27%) was among girls in the junior secondary school. ▪ Teachers were 5% of those listed as people who forced girls to have sex; 3% of the in-school girls interviewed reported sex with a teacher. ▪ 29% of sexually active girls reported they had been pregnant at some time; adolescent participants of the in-school focus groups at the senior secondary school reported many of their peers engaged in sex with "sugar daddies" for meeting financial needs.

Ghana and Malawi/rural and urban	In Ghana, interviews with 48 girls and 27 boys aged 11–17.
	In Malawi, interviews with 106 female students and 65 male students aged 10–18; focus group discussions, 2001[b]
		Leach et al. (2003)	▪ Confirmed results of earlier study in Zimbabwe (see page 12).
			▪ New insights:
			  ▪ Abuse by teachers negatively affects learning environment;
			  ▪ Abusive behavior feeds on poverty and ignorance;
			  ▪ Not outright rejection, but ambivalence toward teachers having sex with female students among the girls, parents, and teachers.

COUNTRY / LOCATION	SAMPLE POPULATION, METHOD, STUDY DATE[a]	STUDY CITED	STATISTICAL / MAJOR FINDINGS
Peru/rural	Non-random sample, qualitative interviews	World Education (2001)	▪ Beliefs and taboos in poor rural communities in Ayachucho, Peru suggest women's most fertile period is during menstruation. This leads families to keep their daughters at home during their menstrual period because the long distance girls must travel to school increases their risk of molestation or rape at what is perceived to be a sexually vulnerable time. The practice contributes to absenteeism, grade repetition, and dropping out of school.
South Africa	Non-random sample, qualitative human-rights documentation of the impact of gender violence on girls' education and health	Human Rights Watch (2001)	▪ Many girls who have been victims of sexual violence at school leave school for some time, change schools, or drop out, for fear of continued abuse from those who have abused them. ▪ Other consequences of sexual violence include an inability to concentrate on schoolwork, negative and confused beliefs about self, exposure to STIs, including HIV/AIDS, and unintended pregnancy. ▪ In spite of South African Law, which prohibits the exclusion of pregnant girls from school, pregnant girls are told it is against school policy for pregnant students to attend school. This, while the perpetrators continue at the school as students or as teachers.
Tanzania/rural and urban	1,219 schoolgirls, 42 "guardians," 44 female teachers, 65 head teachers, interviews at 42 schools that had a guardian program and 22 without a guardian program, intervention research, 1996[b]	Mgalla et al. (1998)	▪ The guardian in the schools became an important confidante: 6% of all girls in the study reported sexual harassment by teachers as a common problem. Half of the girls in the schools with a guardian program reported this problem to the guardian, while none of the girls in schools without a guardian program consulted a female teacher for such problems.

COUNTRY / LOCATION	SAMPLE POPULATION, METHOD, STUDY DATE[a]	STUDY CITED	STATISTICAL / MAJOR FINDINGS
Zimbabwe/rural and urban	112 girls and 59 boys, aged 13–15, from three co-ed and one all-girls junior secondary schools, in-depth interviews [b]	Leach, Machakanja, and Mandoga (2000)	▪ In co-ed schools the abuse of girls, reported by 47%, took the form of aggressive sexual behavior, intimidation, and assault by older boys, sexual advances by teachers, and corporal punishment and verbal abuse by male and female teachers. ▪ Younger girls were especially fearful of sexual advances. ▪ In the all-girls school sexual abuse was not in but around the school. ▪ 50% of girls reported unsolicited sexual contact on the way to school by strangers. ▪ 92% of female students reported being propositioned by older men; some of these turned into "sugar daddy" relationships.
Zimbabwe/rural and urban	100 female and male secondary school students aged 14–19, focus groups	Sherman and Bassett (1999)	▪ 79% of the girls reported having a boyfriend, and 83% of the boys reported having a girlfriend. ▪ Students could list abstinence and condoms as the primary methods of avoiding HIV, but many said sex "just happens" and listed many barriers to condom use ▪ Most female secondary students' current sexual partner was 3–4 years older.

[a] Often study date is not clear from the text.
[b] Unable to discern from study text if sample is randomly drawn.

B. Context

The school-related gender-based violence reported in the preceding section takes place in a context of gender inequality and specific cultural beliefs and attitudes about gender roles, especially those concerning male and female sexuality, a pattern of economic inequality, and, in some instances, significant political unrest and violent conflict. This context is critical to a fuller understanding of the health and educational implications and consequences of gender violence in schools.

(a) Gender Inequality

Around the globe men continue to hold more power and privilege than do women. This pattern of gender inequality includes traditional constructions of femininity and masculinity, which are often deeply entrenched. Such constructions include passivity and ignorance about sex as appropriate for women and girls, and aggressive and even violent sexual behavior for men and boys. They are major contributors to gender violence throughout the world. At the same time, this pervasive gender inequality contributes to the widespread reluctance to discuss sex and sexuality more openly. This, in turn, leaves adolescents without the information and support they need to move toward more equal adult sexual relationships, where sex and sexuality are safer.

There are approximately 1 billion adolescents alive today (nearly one out of every six people on the planet), with 85 percent of them living in developing countries (PATH 1998). Adolescents are particularly vulnerable to traditional gender role patterns as they struggle to make the transition from childhood to adulthood and to "fit in" both in school and in the larger society. Many adolescents are sexually active (although not always by choice) and are at risk of reproductive health problems, including unintended pregnancy, unsafe abortions, STIs, and HIV. Adolescents often lack basic reproductive health information, skills in negotiating sexual relationships, and access to affordable, confidential reproductive health services.

Mamphela Ramphele, an executive committee member of the Forum for African Women Educationalists (FAWE) and former vice-chancellor at the University of Cape Town, South Africa, recommends that greater attention be paid to the creation and promotion of an enabling environment that promotes gender equity in African learning institutions. To reach that goal, one would have to counter, for example, the widespread view that women have no rights over their bodies.

Safer sex negotiation presents a challenge for many young women. For a young woman to insist that her male partner use a condom, or to present a male condom to her partner, is implying that she is sexually experienced and sexually assertive, and thus, promiscuous (De Oliveira 1999; Gupta 2001; Mitchell and Smith 2001).

Omale (2000) discusses the controversy around sex education in Kenya, especially between the church and the state. While research shows increased sexual activity among young people, controversy persists over the appropriate content of school curricula. Nevertheless, she emphasizes that, with the new information about levels of sexual violence against Kenyan women, it is urgent to develop new approaches to the debate about adolescent sexuality.

(b) Poverty/Economic Inequality

Poverty is often linked to the prevalence of gender-based violence (Afenyadu and Goparaju 2003; Fleischman 2003; Hallam 1994; Luke and Kurz 2002; Panos 2003), although rather than the absolute level of poverty, inequality of income or empowerment may be more relevant (Panos 2003).

Poverty can force young girls to trade sex for money to supplement family income and/or pay school fees (Panos 2003; Hallam 1994; Omale 2000). Of particular concern is the cross-generational, or "sugar daddy" phenomenon, in which older men engage in sexual relations with younger girls who are presumed to be disease free. In some countries in Africa, the popular belief that sex with a virgin cures AIDS has led many older men to seek out younger female sex partners. Several studies reviewed by Luke and Kurz (2002) pointed to an association between greater age difference between partners (i.e., older men and younger women) and increased risk of HIV infection. In one study from rural Zimbabwe (Gregson et al. 2002), researchers found "a one-year increase in age difference between partners associated with a 4 percent increase in the risk of HIV infection" (Luke and Kurz 2002:16). Other studies (Glynn et al. 2001; Luke 2002) discovered a correlation between large age gaps and unsafe sexual behavior, which include non-use of condoms and non-discussion of HIV. One study (Luke 2002) found a relationship between non-use of condoms and the increased levels of transaction, such as gifts, within the relationship. Fleischman (2003) describes this pattern as feeding "on conditions of poverty and economic dependency" where young girls enter exploitive and risky relationships to ensure food, shelter, and schooling costs. According to Hallam (1994), many of the girls in transactional sex were unaware of, and/or unable to practice safer sex. Parents who were aware of their daughters' activities often turned a blind eye because family survival or siblings' education depended on this income.

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In their review of studies, Luke and Kurz (2002) note that adolescent girls have "limited" power to resist male pressure for sex and unsafe sexual practices. According to these studies, some girls were able to negotiate the formation, dissolution, and number of relationships. They were less able, however, to influence the conditions of specific sexual activities once in the relationship (2002:27).

Noeleen Heyzer, the executive director of the United Nations Development Fund for Women, (UNIFEM), asserts that women's empowerment is one critical "vaccine" to reverse the AIDS crisis, pointing out the multiple and overlapping ways in which women's inequality fuels the transmission of the virus (Heyzer 2003). She argues that, first, women lack the power in relationships to refuse sex or negotiate protected sex in many societies, especially in child marriages and forced marriages. Her second point is that poverty and economic dependence severely compromise a woman's capacity to refuse sexual relations that she perceives as dangerous. Third, poverty facing women in Africa is all the more severe because they have assumed the burden of care for sick family members. Many have dropped out of the productive sector. Families are removing girls from school, thus depriving the girls and the national economy of their full potential.

Finally, the widespread political and social violence that continues to plague many developing nations is a daily reality for many students. Whether societal or domestic, these high levels of violence are a part of the backdrop against which school-related gender-based violence takes place.

C. Implications for Health

Numerous studies link sexual violence to higher rates of unintended pregnancy, abortion, and STI transmission (Jewkes et al. 2001; Wingood 2001; Human Rights Watch 2001; Garcia-Moren and Watts 2000).

Unintended Pregnancy. Afenyadu and Goparaju's (2003) study of adolescents in and out of school in Dodowa, Ghana indicates that while most adolescents are expected to complete junior secondary schools and progress into senior secondary schools (SSS) or other forms of secondary education, only 18 percent of the 101 out-of-school young people had completed SSS. "[D]ropping out of the formal educational tier was largely attributed to an inability to pay fees and, in the case of some girls, to pregnancy" (2003:8). Furthermore, they indicate that teenage pregnancy, its termination, and unwed motherhood, are not uncommon (29 percent of the sexually active female adolescents reported that they had been pregnant at some time).

STIs including HIV. Research indicates that young women are biologically more vulnerable to HIV infection than young men; the risk of HIV infection during unprotected vaginal intercourse is as much as two to four times higher for women (UNAIDS 1999). In southern Africa, infection rates among girls aged 15 to 19 are seven times that of boys (of a similar age group), while in the Caribbean, girls are infected at twice the rate of boys (Fleischman 2003:5). Physical violence that accompanies coerced sex or rape plays a role in the easy transmission of an HIV infection through a wound or cut, as do some STIs, which increases the efficiency of HIV transmission. Moreover, women's biological vulnerability to HIV infection is increased when overlapped with social factors that shape and constrain heterosexual practices, such as gendered norms of sexual behaviors and beliefs (Kumar et al. 2001).

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Examining the impact of HIV/AIDS on girls and women in Zambia, Fleischman's (2002) report indicates that it has hit them harder than boys and men. She argues that abuses of the human rights of girls, especially sexual violence and other sexual abuse, contribute directly to this disparity in infection and mortality. In Zambia, many girls orphaned by AIDS or otherwise without parental care suffer in silence because the government fails to provide basic protections from sexual assault that would lessen their vulnerability to HIV/AIDS.

In Botswana, set against the backdrop of the country's very high rates of HIV infection, particularly among young people, Rossetti (2001) speculates that sex with teachers can be a grave health risk. However, there are mixed findings and suppositions regarding this. A study from the Centre for International Education (CIE) at the University of Sussex, Bennell et al. (2002), which attempted to assess the impact of the HIV/AIDS epidemic on the education sector in Malawi, Uganda, and Botswana, found little evidence to support the hypothesis that teacher–student sexual contact results in high rates of HIV infection for students. For example, the mortality rate of teachers in Botswana was less than half of that projected overall for the adult population in the late 1990s

> - Globally, 40 percent of all new HIV infections occur among 15–24 year olds.
> - Each year, about 15 million adolescent girls, aged 15–19 years, give birth.
> - About 4 million girls from the 15–19 years age group obtain an abortion.
> - Up to 100 million of them become infected with curable STIs, but may not receive treatment (UNAIDS/UNICEF 2001).

(2002:xii). Nonetheless, CIE's assessment of the future impact of the HIV/AIDS epidemic on teaching staff in sub-Saharan Africa is that, as a whole, an average of one school in nine will lose a teacher to the epidemic each year over the next decade. In the worst affected country, Botswana, HIV/AIDS-related mortality is estimated at one teacher per school per year. Badcock-Walters (2000) reported that HIV/AIDS infection among educators is 70 percent higher than in the general population in Kwazulu Natal, South Africa.

Given the long incubation period between initial infection and the appearance of physical symptoms of AIDS, it may be difficult to accurately assess the direct effect of teacher–student sexual contact, but the danger to girls is clearly present.

Leach et al. (2003) explored some of the implications of sexual violence within schools for the teaching of HIV/AIDS. Leach observed that "teaching about safe sex and sex based on mutual consent and negotiation in a context of high-risk sexual practice (multiple partners, intimidation and sometimes coercion) is unlikely to be successful; a school culture that encourages stereotypical masculine and feminine behavior makes girls particularly vulnerable. The school as a location for high risk sexual practice militates against the school as an effective forum for teaching about and encouraging safe sex" (2003:viii).

ActionAid's recent report (Boler et al. 2003) also demonstrates that the high expectations placed on school-based HIV/AIDS education may be misplaced. Almost a quarter of the students in the Kenya study stated that teachers did not set good role models when it comes to sexual behavior. One of the main reasons respondents felt teachers were lacking as role models was the level of hypocrisy between what some teachers said and what they did. As one government teacher training representative in Kenya said, "The same teachers who are supposed to pass information to children, seduce them and therefore face the challenge of being good role models. They are not good examples, which is a greater threat for children who may take after the behaviour of the teachers" (2003:44). The findings also suggest that "selective teaching" often takes place where teachers appear to be selecting which messages to convey or choosing not to teach about HIV at all. The authors argue that the occurrence of selective teaching is alarming, stressing that discussion of HIV without direct reference to sex, or advocating abstinence without mentioning safer sex, cannot work.

Schools clearly have the potential to positively influence the health of their students. However, if schools are to fulfill that mandate, significant changes in how schools operate must take place first. For successful behavior change to occur, for example, adolescents need to observe and imitate the behaviors of others, see positive behaviors modeled and practiced, increase their own capability and confidence to implement new skills, gain positive attitudes about implementing new skills, and experience support from their environment in order to use their new skills.

D. Implications for Education

While limited in scope, there is compelling evidence of the deleterious effects of gender violence on the educational outcomes for students. The majority of this evidence relates to girls. However, it is important to remember that in the West, evidence indicates that boys also suffer negative effects.

> *"An average of 11 percent of students said they wanted to quit school because a teacher had asked for sexual favours. Among those in the first year of secondary school, 17 percent said they were ready to opt out."*
> Mukumbira, quoting Rossetti's Botswana research in *Africanews*, headlined, "Sexual Harassment Rife in Schools," February 2003.

Botswana provides ten years of free basic education and 52 percent of girls of secondary school age are enrolled. However, researchers uncovered evidence in one study that at least 11 percent of the girls surveyed were seriously considering dropping out because of ongoing harassment by teachers (Rossetti 2001). In the aftermath of sexual violence, girls in South Africa reported being unable to concentrate, not being interested in school, transferring to a different school and, for some, leaving school altogether (Human Rights Watch 2001). African Rights, a UK-based NGO, found sexual violence in school impedes girls' ability (and right) to pursue educational opportunities. Although reliable data were unavailable, the report also indicated that sexual harassment and violence were causing girls to drop out of school (Hallam 1994). A small study in Ethiopia (Terefe and Mengistu 1997) found SRGBV was a factor in both low enrollment and school dropout for girls.

> *"He told me that he loved me and I yelled at him. After that in class he tried to hit me, or send me out of class for no apparent reason. The memory makes me cry every time I think about it."*
> A student from Zimbabwe whose teacher had proposed to her when she was in grade 6 (Leach et al. 2000, Appendix:3).

The negative effects of gender violence in schools go beyond low enrollment and retention. For those girls who do stay in school, the lack of a gender-safe environment in which to learn and grow results in a less effective and empowering education. The "hidden messages" in their daily school experiences tell them that traditional constructions of gender roles remain operative and that they have little control over their bodies and their schooling. In many cases they learn to distrust their teachers and their male classmates. Meanwhile boys are also absorbing harmful messages about their own sexuality and the types of relationships possible between women and men.

III. WHAT IS BEING DONE?

> *"I did not know the consequences of intercourse with a girl…Now, I have realized the consequences of one instance of unprotected sex and how just one mistake can spoil our future and our career."*
> A participant in the Better Life Options Program for Boys in India (CEDPA 2002:20).

School-based gender violence has not been systematically addressed in the developing world, but a number of initiatives have been undertaken. For example, as part of the World Health Organization's Global School Health Initiative, launched in 1995, WHO, in partnership with UNESCO, UNICEF, and Education Development Center, Inc., developed a series of technical documents that outline strategies for schools to address violence, reproductive health, and HIV prevention and skills-based health education of life skills. These documents outline the literature, case studies from around the world, and approaches that are consistent with the concepts of the Health Promoting School, combining policy, instruction, a healthy psychosocial and physical school environment, and health services to address gender-based violence (WHO 1999; WHO Doc. 8 in press; WHO Doc. 9 in press). These and other initiatives reflect a variety of approaches, including Curricular Development, Youth Leadership Initiatives, Teacher Training Programs, Advocacy and Community Involvement, and Policy Development.

A. Curriculum Development Efforts

One way to develop a gender-sensitive and gender-safe school environment is to provide students with learning materials and experiences that reflect equity and equality between men and women.

Ideally, such materials and activities would be developed in all academic areas. The most pressing need in light of the high incidence of gender-based violence and the implications for health and education is for materials that educate both girls and boys about sexual health and the male/female power dynamics underlying gender violence. Wood et al. (1996) suggest that national and provincial departments of health and education implement and support comprehensive sexuality/sexual health education in schools and community settings and place violence against women as an integral part of the content.

Several studies observe that schools need to develop curricula to address a wider concept of sexual health, including its positive aspects. Materials are needed that break the silence and openly discuss sex and sexuality (Gupta 2001; Kumar et al. 2001; Mirembe 2001; Mitchell and Smith 2001; Morrell 2001; Omale 2000; UNESCO/Brazil 2001). Such materials need to challenge male control of sexual knowledge and female access to it by enabling adolescents to create and be aware of alternative constructions of love and sexual practice, including abstinence. These studies emphasize the importance of empowering young women with sexual information in order to demystify sexual intercourse, and the development of school curricula that can provide this information. Both girls and boys need to understand the ways in which the power conferred on men in most cultures results in men exerting power over women not only in economic and political spheres but in sexual relationships. The healthy development of young people must include separating sexuality from the exercise of male power over women. A comprehensive sexuality program addresses these issues.[3]

A life skills approach is one way to develop and deliver a sexuality education program (Moya 2002). As defined by UNICEF, the term "life skills" refers to a large group of psychosocial and interpersonal skills that can help individuals make informed decisions, communicate effectively, and develop coping and self-management skills that may help them lead a healthy and productive life. Life skills may be directed toward personal actions and actions toward others, as well as actions to change the surrounding environment to make it conducive to health. Life skills curricula both in and out of school can help students examine attitudes and social norms such as discrimination and peer pressure, which can create a more enabling environment for girls and boys to refuse unwanted sexual advances (USAID 2002).

Below are several illustrative examples of programs that are designed to provide information and to change attitudes and behaviors toward gender-based violence and interpersonal relations between boys and girls.

(a) Life-Skills-Based Sexuality Education Programs

In-School: To address both boys' and girls' vulnerability to violence, traditional constructions of gender roles, and high rates of HIV transmission, "Mobilizing Young Men To Care," a joint intervention between DramAidE (a South African NGO) and the University of Natal was recently carried out in two schools. It allowed single-sex group work and mixed-sex interactions, through which girls realized that it was not obligatory to have sex with assertive boys, while boys learned to take more responsibility for their actions, to better express their emotions, and to develop an understanding of the possibility of "doing masculinity" differently (Morrell 2001).

[3] Sexuality education is defined as a lifelong process of acquiring information and forming attitudes, beliefs, and values. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality from the cognitive domain (information); the affective domain (feelings, values, and attitudes); and the behavioral domain (communication and decision-making skills) (SIECUS 2001).

Out–of-School: Other programs designed to generate discussion and deepen understanding of gender dynamics and sexuality focus on out-of-school time. Some are connected formally or informally with schools; others appear to have limited connections. However, all are models for programs and approaches that could be adapted to in-school activities and teaching about sexuality, relationships and disease prevention.

- The Storyteller Group in South Africa uses an innovative methodology of comic stories to explore the gendered dimensions of violence within adolescent relationships (Shariff and Verlaque-Napper 2002). Developing projects around youth, sexuality, and gender violence, they publish parallel narratives by two production teams (one all male and the other all female) and an interactive story development for readers and community radio listeners. Through creative collaboration with the target audience, such as "Theatre for Development," the Group promotes the creation of stories with an educational agenda. The Group advocates that the media need to address inequitable gender practices in sexual relationships and take a proactive stance in questioning societal acceptance of sexual violence against women.

- Working with CEDPA (2002), Indian NGOs spread across 11 states implemented a Better Life Options program for boys aged 10–19 from May 2001 to June 2002 using three models—an integrated empowerment approach, a school-based approach, and an intensive camp to impart family life education, information, and linkages with services for reproductive and sexual health, counseling and guidance, career planning, and life skills. In total, over 4,000 boys participated. Post-program changes were statistically significant for reducing misconceptions about masturbation and increasing knowledge of menstruation, definition of sexual harassment, nonviolent means of conflict resolution, gender equity, smaller desired family size, family planning, condom use, HIV/AIDS transmission, and maternal health care. Boys described how the program made them more sensitive to girls and female relatives and stopped them from engaging in risky behaviors.

- Educating girls to resist stereotypes and become active, Girls' Power Initiative (GPI) of Calabar, Nigeria works against gender oppression in a multidimensional fashion (GPI no date). Founded by Bene Madunagu and Grace Osakeu, GPI also promotes healthy sexuality by providing information on reproductive health and sexuality. In addition to educating individual girls, their families and their communities, GPI promotes national policies and initiatives.

- The USAID-funded New Horizons Program in Egypt is designed to improve the status of girls and young women through a comprehensive strategy that includes life skills. Training manuals, posters, and audiotapes covering 100 sessions have been developed, all designed to communicate essential information on basic life skills and reproductive health. By demystifying these topics, local facilitators are better able to help young women make informed decisions about their lives (USAID/Egypt Website).

- *Stepping Stones* is a training package in gender, HIV, communication, and relationship skills (Welbourn 1995). It is also a life-skills training package. It was originally designed both for use in existing HIV/AIDS projects and in general community development projects that plan to introduce an ongoing HIV and sexual health component. *Stepping Stones* is listed by UNAIDS in its recommended resources for community work, and by UNIFEM in its Gender and HIV/AIDS web portal. *Stepping Stones* has been distributed to over 1,500 organizations in over

100 countries. It grew out of a need to address the vulnerability of women, men, and young people in decision-making about heterosexual behavior.

(b) Sexual Violence Prevention Programs

In addition to sexuality education, curricular materials and plans that are designed to educate about and prevent sexual violence are an important part of addressing SRGBV. These programs also provide an opportunity to address the rights of girls to live their lives free of gender violence by using human rights education perspectives to help students respect the rights of girls as well as boys.

- The Center for the Study of Violence and Reconciliation, an NGO based in Johannesburg, works to combat high levels of violence, crime, and abuse. The Center works in schools through intervention programs that aim to make schools places of safety, by providing advice, educational materials, and skills-training workshops for educators and students. Their manuals include "Peer Counseling," "Trauma Management," and "Building Safety Now." Using focus groups to better understand the incidence and consequences of rape, they have developed materials specifically focused on these traumas (Centre for the Study of Violence and Reconciliation no date).

- In Ghana, CAMA has developed a Human Rights Programme to raise awareness about legal rights and child sexual abuse. Trained CAMA members work in both school and community settings to break the silence surrounding abuse and to enlist all community members in confronting the problem (CAMFED no date).

B. Youth Leadership

Youth leadership can play a very effective role in diminishing violence in schools by shaping students' beliefs, attitudes, and behaviors before violence becomes an automatic manifestation of anger (Mlamleli et al. 2000). In their studies, Moser and van Bronkhorst (1999) found that promoting positive behaviors and building positive relationships through youth participation and leadership was effective in promoting desired changes. Many programs, whether focused on curriculum development, community involvement, or advocacy, focus on involving young people. This not only reaches youth who may ignore adults they perceive as "out of touch" with youth culture, it also provides a potential cadre of future adult leaders. Several of the programs reviewed include youth activities that could be integrated into in-school programs.

- One example is Sexual Harassment Resisters Everywhere (SHREWS) in South Africa, which seeks to help students recognize sexual harassment and understand what they can do to stop it. Students participate in school drama festivals, which illustrate the detrimental effects of violence, and encourage other young people to be part of the solution (Mlamleli et al. 2000).

- Moser and van Bronkhorst (1999) cite two effective youth leadership programs: a Brazilian theater group that provides an alternative to gang involvement where youth participate in drama groups and learn new ways of behaving and viewing gender roles; and discussion groups with young men in Trinidad that involve them in discussions of what policies need to be developed to reduce violence in their communities.

- The Mexican Social Planning Institute (IMMS) and the Mexican Family Planning Association (MEXFAM) train gang members to reach other out-of-school adolescents in Mexico. After

attending educational sessions, interested members are invited to join a theater group to perform in public spaces and schools in order to provide information on sexuality and negotiating sexual relationships to their peers (PATH 1998).

- The Gendering Adolescent AIDS Prevention project (GAAP), a newly formed group of Canadian and South African researchers, works in the area of gender, youth, and HIV/AIDS. Their projects include "Soft Cover," which is a youth-based participatory approach to AIDS prevention. It focuses on how young township authors, both male and female (aged 14–18) can become involved in a hands-on literacy project that provides a youth-to-youth vehicle for addressing issues of sexuality and AIDS. It includes a symposium, a bookmaking project, and training for educators and community-based youth workers (Mitchell and Smith 2001).

- In Kenya, the Mathare Youth Sports Association (MYSA) began in 1987 as a self-help project to involve boys and girls in community development activities while providing sports opportunities (Population Council 2002). MYSA now provides HIV-awareness training and has started a gender-equality project. By challenging traditional concepts of gender-appropriate behavior while teaching girls to play soccer, it is changing how girls think about themselves and how their communities perceive them.[4]

C. Teacher Training

Even the very best curricular materials are ineffective if the teachers using the materials are not comfortable with or competent in the subject matter. Teachers are part of the society and usually carry on the traditional constructions of gender roles. Thus, Mlamleli et al. (2000) stress that it is important for men to learn how women feel when they are harassed and for teachers to help raise the awareness of others about what is meant by sexual violence. Without adequate teacher training the success of school-based projects is severely constrained. Mirembe (2001) emphasizes that teacher training colleges need to include courses that explore ways in which gender discrimination can be challenged within schools. She notes that, while it is important for district employees to attend seminars on sexual harassment, they need first to familiarize themselves with basic theoretical and practical assumptions regarding gender.

Three examples of programs that focus on teacher training are discussed below.

- *Opening Our Eyes: Addressing Gender-Based Violence in South African Schools* (Mlamleli et al. 2001) was designed for use at the school or district level with teachers, school management, and school governing boards. The materials developed with educators in South Africa include different interactive workshops to heighten awareness of gender-based violence (GBV) and harassment, and the link between GBV and HIV/AIDS. Mitchell (2001), however, stresses that its successful

[4] In the U.S., the Women's Sports Foundation has reported that, in a nationally representative sample of 11,000 students in grades 9 through 12 who completed the 1995 Youth Risk Behavior Survey, female athletes were half as likely to get pregnant, more likely to report that they had never had sexual intercourse, and more likely to have had their first sexual intercourse at a later age than female nonathletes (Sabo et al. 1998). Given this evidence, schools should consider expanding sports opportunities for girls. Such programs may enhance self-esteem, provide a positive peer group, and be, in effect, a positive prevention tool.

implementation rests on the commitment of national and provincial governments to take seriously the magnitude of the problem.

- In an attempt to combat the impact of HIV/AIDS on Ghana's education sector,[5] World Education's Strengthening HIV/AIDS Partnerships in Education (SHAPE) has designed a project to strengthen the capacity of Ghanaian organizations to more effectively plan and implement innovative activities that prevent the spread and lessen the epidemic's impact on Ghanaian schools. It focuses on educating teacher trainees about HIV/AIDS and encouraging teachers to view themselves as the protectors, rather than the abusers, of children. The materials are designed to sensitize teachers to the negative effect that school-based sexual abuse has on girls. Project activities include tailored training and small grant assistance for local partners. These activities are carried out in close collaboration with the Ghanaian Ministry of Education and other stakeholders. The project provides support to participating Ghanaian organizations to improve the effectiveness of their work. The organizations target students, teachers, and parents with interventions ranging from youth drama clubs and puppet shows to teacher support groups and peer education programs (World Education no date).

- Since 1997, UNESCO has developed and piloted a teacher-training manual on teaching about HIV/AIDS in 12 countries in the Asia-Pacific region. While it was found to be effective in disseminating important information, lack of funding has limited its outreach. The plan is to integrate elements of the training manual into teacher college curricula, and to develop teaching and learning materials for classroom use (UNESCO no date).

Furthermore, parents and other concerned community members can play a direct role in schools. An example of one such initiative is:

- Tanzanian Female Guardian Program: A primary-school-based initiative involving parents and communities, which includes guardians or "melzi." Melzi are teachers chosen by their colleagues and trained to give advice in cases of sexual violence or harassment and other matters related to sexual and reproductive health. It aims to reduce sexual harassment, forced sexual relationships, and rape, and to reduce schoolgirl pregnancy while also preventing the blaming and expulsion of young girls who become pregnant (Mgalla et al. 1998).

D. Advocacy and Community Outreach

Schools are part of society and reflect traditions and values at the same time that they play a crucial role in social change. In order for major social change to be effectively embedded in schooling, the larger community must understand and support these changes.

Leach et al. (2003) recommend that national media campaigns be conducted by ministries of education to raise public awareness of sexual and physical abuse in schools and the negative consequences for students, especially girls. They argue that the public needs to know what the correct procedures are to follow in reporting a case and what the rights of parents and students are in this situation. Similarly, Mitchell and Smith (2001) argue that in the case of AIDS in South Africa, there is a need for health workers, educators, and those working in media through Entertainment-

[5] While Ghana, at the national level, has experienced a relatively low impact of the HIV/AIDS epidemic (about 4 percent of adults are living with HIV), Ghana's education sector suffers from at least double the national rate, "a critical blow to the capacity of teachers, student and parents to ensure quality education" (World Education no date).

Education (E-E) programs to ensure that images of AIDS prevention take into account the particular vulnerability of girls and young women to HIV infection.

Efforts in this direction include:

- The Culture of Learning, Teaching and Service (COLTS) Directorates in conjunction with the South African Broadcasting Commission (SABC) initiated a project called *Yizo-Yizo*, which televised a 13-part drama series aimed at creating awareness of social and personal issues that affected learning and teaching, developing positive role models, and modeling the process of restoration in a typical secondary school. It was modeled on the genre of a popular soap opera (Mitchell 2000).

- The Gender Adolescent AIDS Prevention Project (GAAP) mentioned earlier is also involved with "Sick of AIDS: South African Youth Cultures, Communication and Sexuality." This study examines the interplay, real and potential, of three distinct youth-focused communication communities in South Africa that each, in different ways, address youth sexuality. The three areas are: those working in the area of Entertainment- Education as an approach to marketing health through the popular media; those involved in studying mainstream popular/youth culture (ranging from Diesel ads to Kwaito music); and those practitioners and academics involved with youth literature such as novels and plays written specifically for adolescents (Mitchell and Smith 2001).

- "Let's Talk Men," the South Asian Masculinities Film Project set up by Save the Children and UNICEF, uses film to challenge gender stereotypes in South Asia (Seshadri 2002). It has produced a set of four films aimed at raising awareness of HIV/AIDS among adolescents and violence against girls in the region. The films seek to initiate discussions between boys and girls, help them understand how knowledge and femininity/masculinity are constructed, and challenge traditional images of women and men and the power relations between them. They present alternative male role models, which provide a starting point for discussion among the viewers.

E. Policy Considerations

Without a clear policy framework that defines, prohibits, and carries penalties for acts of school-related gender-based violence, all other efforts will be less than optimally effective. Such policies signal that gender violence is a serious issue, one that cannot be ignored.

Omale (2000) points out that in developing countries, sexual harassment guidelines do not exist in school settings as they sometimes do in the workplace. She emphasizes that while sexual harassment is receiving some official recognition in the workplace, this is not the case for schools; there remains a "policy vacuum" in education. The Support Kenyan Women Against Sexual Harassment (SKWASH) forum has been active in raising awareness among managers, trade unions, and working-women's associations. Accordingly, several organizations are now working on developing sexual harassment policy documents for the workplace, but nothing similar is happening in schools.

Abigail Kidero of the Canadian International Development Agency (CIDA) and coordinator for SKWASH suggested that the focus must be on working with the Ministry of Education and on

policy interventions that will improve the management of schools and colleges under its jurisdiction (Omale 2000).

Several other reports emphasize that regulations on gender-based violence and sexual harassment need to be developed, enforced, and widely disseminated in order to be effective and accessible (Fleischman 2003; Human Rights Watch 2001; Leach et al. 2002; Mlamleli et al. 2000; Omale 2000). Leach et al. (2003) conclude that schools need to have in place a means of reporting and recording incidences of violent behavior in schools and to hire counselors to respond to reports of violence. Schools also need to work with the Ministry of Education to develop policies on teacher misconduct, and the Ministry needs to establish a special unit dealing with cases of abuse. Furthermore, sexual relations between students and teachers should be prohibited, the reporting of such instances should be obligatory (HRW 2001), and access to avenues of redress for abuse and exploitation must be improved (Fleischman 2003).

Addressing the issue of abuse as a major barrier to the attainment of girls' education in Zimbabwe, CAMA, the CAMFED-supported school-leavers' association (an organization comprised of young women activists in rural areas of Zimbabwe) has worked with communities and young women to develop a policy on abuse in Zimbabwe. As a part of its campaign strategy, CAMA lobbied the Ministry of Education through the Public Service Commission, the body responsible for reviewing the Ministry's policies and regulations. It advocates for a clearly articulated and enforced policy on the issue of abuse that recognizes reports from the community via the traditional leadership. They advocate a multisectoral approach to the issue, rather than the approach used in the past, when the issue was addressed solely by the school and in many cases resulted in inaction and the shuffling around of victims. The Public Service Commission has since responded to CAMA's request, and CAMA has been invited by the Ministry itself to conduct consultative research on the issue of abuse (CAMFED 2002).

One example of a national policy is the Sex Discrimination Act 2002 in Mauritius (UNFPA 2003). Based on the UN Convention on the Elimination of All Forms of Discrimination against Women, the Act prohibits: "1) discrimination against persons on the grounds of sex, marital status and pregnancy, including potential pregnancy, in employment, profession, education, the provision of goods, services and facilities, accommodation, disposal of property, sport, associations and clubs; 2) discrimination resulting in the dismissal of employees on the ground of family responsibilities; 3) all forms of sexual harassment in the workplace, educational institutions and in other areas of public activity; 4) the expulsion of pregnant students from school; 5) discrimination in advertising; and 6) the victimization of persons who make complaints of discrimination."

Policy implementation must follow policy development, and this may be the greatest challenge of all. As difficult as curricular materials, training manuals, and school and national policies are to develop, the will to enforce these policies requires the kind of sustained attention and commitment that is hard to maintain as leaders shift and circumstances change. For example, factors such as the impact of AIDS on the education sector in Africa, which is reducing the number of trained teachers, may contribute to the reluctance of administrators to fire abusive teachers.

F. Summary

The research and literature reviewed in this report clearly indicate that addressing school-related gender-based violence requires a holistic, multifaceted approach. Efforts must involve all levels of schooling, teacher training programs, community efforts, and ministerial policy and practice.

Leadership at the national level and the development of strong policies at every level are crucial. Leach et al. (2003) underline the need to engage all stakeholders, i.e., teachers, parents, students, government officials in education, health and social welfare, the police and child protection agencies, and NGOs working with women and children to promote an overall enabling environment rather than ineffective one-off interventions.

Table 2 summarizes the key recommendations contained in the literature review for action at each level, from school-based initiatives to nationwide efforts. It should be noted that the recommendations do not include ongoing efforts to both raise the status of girls by making schools more girl friendly (i.e., ensuring that girls have equal access to education, school calendars and schedules accommodate girls' household responsibilities, teaching materials promote gender equity, etc.) or decreasing women's economic vulnerability through income-generating activities. The suggestions, which are drawn primarily from the work of Leach et al. (2002) and Human Rights Watch (2001) would, therefore, complement current efforts to empower girls and women and further reduce the incidence of SRGBV.

Table 2. Summary of Key Recommendations Contained in the Literature Review

AGENTS	RECOMMENDATIONS
Schools need to:	▪ Develop a clear strategy that tackles gender inequalities in school. It is important to have a whole school approach that allows teachers, pupils, and administrative staff to work together on common goals for making schools safe; ▪ Promote a more supportive culture by facilitating and enforcing the reporting of abuse, reducing bullying and corporal punishment, providing effective counseling, and encouraging constructive and equal relationships between students via positive role-modeling and explicit curricula and teaching/learning materials (i.e., life-skills-based sexuality education programs with a gender and human rights perspective or peace education); ▪ Become less authoritarian and more supportive of pupils' personal development. The introduction of student councils and democratic management and the promotion of student participation in the design and implementation of certain school activities could facilitate this; ▪ Foster collaboration with relevant NGOs working on rape, sexual assault, child abuse, domestic violence issues, or HIV/AIDS and sexuality education for the purposes of providing training, counseling, and advocacy services within the school; ▪ Consider engaging peer educators (adolescents or young adults who can visit schools to talk to pupils about sexual violence and other issues that concern them), as is currently being done in some instances with HIV/AIDS education. This is an effective way of encouraging more positive and consensual relationships between male and female pupils; and ▪ Ensure that safe and secure toilet facilities are available to both boys and girls.
Teacher training programs need to:	▪ Increase instruction of future teachers on gender equity, including understanding the negative impact SRGBV has on the ability of girls and boys to succeed in school, and provide them with strategies to challenge gender discrimination and to stop sexual harassment before it escalates to violence; ▪ Develop in-service training programs for experienced teachers on the prevention of, and response to, gender-based violence in their schools. Offer these workshops throughout the country. Appoint a faculty member within each teacher training college to coordinate training and research efforts;

AGENTS	RECOMMENDATIONS
	▪ Help teachers explore their own attitudes and personal experiences regarding gender-based violence, sexuality, and HIV/AIDS so they can be more effective in working with their students and colleagues; ▪ Encourage teachers to view themselves as the protectors of children rather than people taking advantage of them by placing greater emphasis on ethical standards of behavior so that they understand the seriousness of abusing the trust that has been placed in them; and ▪ Educate teachers on their responsibilities under any code of conduct that is developed.
Education ministries need to:	▪ Adopt a national plan of action for gender-based violence in schools; ▪ Provide guidelines to schools detailing the appropriate response to allegations by students of rape, sexual assault, or harassment, whether by teachers or fellow students, including sections relating to: 1) the creation of accessible school procedures by which students can make confidential complaints; 2) the prompt and effective investigation of such complaints; 3) prompt and appropriate disciplinary action including due process protections for the persons alleged to have perpetrated the offense; 4) referral to the criminal justice system; and 5) support services; ▪ Develop a code of conduct for teachers and students that expressly prohibits gender violence in schools. The code of conduct should be distributed to all schools and its contents widely publicized among those in the education system. Teachers should be obliged to follow the code of conduct as part of their employment contract; ▪ Recruit and deploy female teachers; ▪ Implement and support comprehensive sexuality/sexual health education in schools, placing violence against women as an integral part of the content; ▪ Collaborate with other ministries and civil society (including the private sector) in national campaigns on the radio and TV, and in print media on the negative effects of SRGBV, including how to prevent it and where teachers, students, and parents can turn for help; and ▪ Create an enabling policy environment so that local schools, communities, and NGOs can adapt both formal and nonformal education models to make the commute to and from school safe and secure for children.
Communities and parents need to:	▪ Raise community awareness and promote community support for educating girls and work closely with schools, ministries, and NGOs to tackle violence in the home, within communities, and in schools; ▪ Incorporate traditional leadership to advocate for a clearly articulated and enforced policy on the issue of abuse; ▪ Hold teachers and administrative personnel accountable for their conduct with students. School committees and PTAs need training and support so that teacher performance and conduct can be monitored and the whole schooling process be more transparent and accountable. Some international agencies such as USAID already have training programs to strengthen school committees and PTAs. Tackling the issue of abusive behavior by teachers and pupils should be an explicit component of such training programs; and ▪ Expand services for victims of sexual violence.

IV. THE CHALLENGE: RESEARCH AND ACTION NEEDED FOR CHANGE

Although several studies have documented the prevalence of SRGBV, only one (Rossetti 2001) included quantitative data that demonstrated the direct impact school violence has on educational

outcomes. Our review also revealed that while there is increasing recognition of the prevalence of gender-based violence and negative health outcomes, such as unintended pregnancy and STIs, including HIV/AIDS, only a limited number of analyses were available, especially within school-based settings in developing countries. More studies are needed that document unsafe, hostile school environments for girls and that analyze their impact on the education of girls in different locales. Other gaps in the research include an absence of research on gender-based violence affecting boys in school, including homophobia as a source of this violence. There are also few studies that consider broader issues of gender inequality, limited economic opportunities, and the dynamics of the local contexts in their analysis of the issue of girls' education.

It is also important to note that much of what is currently available in terms of research and programmatic intervention in relation to gender-based violence in schools is in Africa, especially in South Africa. While some studies and programs exist in other regions, extensive global searches resulted in very little rigorous information available for other parts of the developing world. More important, the problem of gender violence, and specifically school-related gender-based violence, is not a "developing country" issue but rather a worldwide problem, as demonstrated in several studies in Western nations. Hence, more grounded research in different geographic locations is necessary in order to understand in a context-specific sense the complex nature of the problem. A better understanding of the contexts of various settings would lead to developing more effective programmatic intervention and policy changes. In order to gain this fuller understanding, it will be necessary to examine and evaluate existing programs and compile the findings and recommendations so that they can be disseminated widely. A successful program in one region can serve as a basis for efforts in other places, even if modifications for local contexts are needed.

Addressing power imbalances between men and women is central to preventing gender violence, and this process must begin in schools. Successful efforts must include both boys and girls. The lives of girls/women and boys/men are intimately interwoven, and working only with girls is, at best, only half a solution. Framing the issue in the polarizing language of girls versus boys, victims versus perpetrators, only exacerbates an already difficult situation and masks the complexity of the dynamics of gender and power. Education is not a zero sum game. Working with girls *and* boys—sometimes together and sometimes separately depending on the social context—is the only way to implement approaches that can truly reshape the construction of gender roles. This transformative approach (Gupta 2001) is key to long-term success.

Finally, there is much to be gained from increased dialogue among academic researchers and practitioners. Practitioners know the strengths and weaknesses of their programs, but they rarely have time to document these insights. They also usually lack the opportunity for a broader perspective that extends beyond the specific communities within which they work. The role of academic researchers is to study, document, and set findings within their larger contexts. They, in turn, frequently lack the depth of experience in particular contexts that is so crucial to a full and nuanced understanding. A small but influential group of researcher-advocates are facilitating studies and programs, but incorporating global perspectives and local experiences, and the expertise of academics/practitioners from a variety of fields, can help to generate more successful policies and practices.

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Annex One
Annotated Bibliography*

A. Gender-Based Violence in Schools

Abrahams, Naeema. 2003. "School Violence: Another Burden Facing the Girl Child." A paper presented at the Second South African Gender Based Violence and Health Conference, Johannesburg, South Africa.

This presentation describes the findings of a study initiated by the Gender and Sanitation Programme of the Water and Sanitation Regional office of the World Bank. The study aimed to explore school-going girls' experiences of sexual violence in school toilets and to facilitate local solutions through the research process. It employed participatory action research methods, including focus group discussions, mapping, photography, and in-depth interviews, in three public schools focusing on girls 16 years and older. Eighty-one girls participated in focus groups. Six in-depth interviews were conducted with girls, some of whom had experienced sexual violence, and additional interviews were conducted with educators, security personnel, and caretakers.

The study reports that sexual harassment in schools is common and the perpetrators are both male educators and male students. Harassment by male students occurs in all areas of the school environment, including congested and quiet areas. Boys use any opportunity to touch and grab girls (breasts and genitalia) and often take the girls' money or food, using bullying tactics. Some types of attention from boys are considered acceptable and they were referred to as "immature," sexual playing, "adolescent behavior," as "showing interest in girls." Girls tend to respond by "fighting, hitting, swearing and being tough" and "learning to be rude in order to survive." These incidents were so common that they did not bother to report them. During one break period, a group of girls identified four incidences of harassment by boys within one area of the school.

Harassment by male teachers was reported in all three schools with various degrees of impact (from male teachers strategizing together to gain access to the girls to male teachers using sexual examples and jokes during lessons). Girls reported fearing any attention from a male teacher. A group of four girls said that they failed two years previously because they reported a teacher. Consequently, the fear of victimization prevented girls from identifying the teachers after the research. The study showed that, in order to avoid these incidences, girls never walked around the school alone or near the male staff room. They preferred not to take classes in certain subjects because those teachers were known to harass.

The report states that the sexual harassment by boys had less impact on the girls than the sexual harassment by teachers, as girls were reported being severely traumatized by the teachers' harassment. The author emphasizes that school can be safe for girls only if: we deal with attitudes and beliefs about sexual abuse and gender relations with both men and women; policies are implemented with support and guidance; and, there is a school climate of core social values and educator professionalism.

* Items with bracketed titles followed by an asterisk ([ ]*) indicate that these items have been previously published by outside sources and so attributed. All other entries have been reviewed and annotated by the DTS Consortium.

Afenyadu, Dela, and Lakshmi Goparaju. 2003. "Adolescent Sexual and Reproductive Health Behaviour in Dodowa, Ghana." Washington, DC: CEDPA. Retrieved April 2003 from http://www.cedpa.org/publications/pdf/ghana_arhbehavior.pdf.

From the findings of a study of the sexual and reproductive health status of in-school and out-of-school adolescents in Dodowa, Ghana, conducted in 2001, this report indicates that:

- Adolescent premarital sexual activity is common (54 percent of the never-married male students; and 32 percent of the never-married female students reported sexual experience);
- Adolescents' sexual partners include their peers, teachers, and "sugar daddies";
- Both female and male adolescents reported being forced to have sex;
- Condom use is selective and inconsistent (three in five adolescents, both female and male, reported using condoms); and
- Some teachers use their position to force female students to have sex with them.

The study employed both qualitative and quantitative research methods. The qualitative method included focus group discussions with community opinion leaders, teachers, national service personnel, and in- and out-of-school adolescents. The quantitative method included questionnaires responded to by adolescents (N=400, which is reported to represent 30 percent of adolescents of the age group 15–20 in the Dodowa community); teachers (N=50, 29 female and 21 male); and parents and opinion leaders including district assembly personnel, chiefs, heads of institutions, and religious leaders (N=99).

Poverty was noted to be of particular significance to the study, as it was "very frequently cited as a major driving force in the social, sexual and reproductive health behaviors of adolescents in the project area" (p. 8).

The authors note that while by the age of 15 years, most adolescents are expected to have completed junior secondary schools (JSS), progressed into senior secondary schools (SSS) or other forms of secondary education, or gone into apprenticeship to learn employable or marketable skills, 18 percent of the 101 out-of-school adolescents interviewed in Dodowa indicated that they had completed SSS. "Dropping out of the formal educational tier was largely attributed to an inability to pay fees and, in the case of the some girls, to pregnancy" (p. 8).

Participants in a focus group with in-school adolescent girls at SSS reported that many of their peers engaged in sexual relations with "sugar daddies" to obtain money to meet their needs, such as buying food in school and paying school fees. Because some parents were not able to give money to their adolescent girls, another focus group member said that many of the girls gave in to sex with a boy of their peers, teachers, or businessmen, including strangers, for money; there were also reports of some heads of institutions who had sex with students with a promise to pay their school fees.

Some of the reasons for sex among adolescents are reported as: sex for academic favors, sex for pleasure, and sex due to peer pressure. Casual sex, i.e., sex with strangers, was mostly for financial reasons, especially for females. Both male and female adolescents were equally exposed to forced sex, with the highest percentage among JSS females (27 percent). It is reported that in-school female adolescents were more susceptible to forced sex, and JSS female adolescents were the most

susceptible. Across the different categories, female adolescents were most likely to be forced to have sex by their male peers; beyond their peers, the female students were most likely to be forced into sex by strangers and "sugar daddies"; others mentioned in connection with forced sex were teachers, church fellowship members, cousins, and uncles. (Teachers accounted for only 5 percent of those forcing female students for sex.)

However, the study found that 5 of 145 (3 percent) of the in-school female adolescents interviewed reported that they had sex with a teacher. One-third of the 50 teachers interviewed (6 males and 11 females) reported that they knew one or more teachers who had had sex with students. Most of these relationships, including coercive sex, were never reported to school authorities. Some described these relationships between students and teachers to be mutual in return for marks, money, or love. The authors argue that the simultaneous practice of unprotected and multiple partner sexual behavior by teachers may put their sexual and reproductive health at risk, as well as that of their partners.

The report also indicates that teenage pregnancy, its termination, and unwed motherhood are not uncommon (29 percent of the sexually active female adolescents reported that they have been pregnant at some time; they use harmful, inexpensive methods for terminating their unwanted pregnancies). It also shows that both male and female adolescents are at risk of STIs and HIV/AIDS due to unprotected sex.

The authors report that the larger context of poverty, lack of opportunities for education, and unemployment are major concerns for the adolescents and their parents. They indicated five key unmet needs of adolescents:

- Sexual and reproductive health information, education, and communication;
- Family life, and reproductive health counseling services for adolescents and parents;
- Support for sustainable livelihoods for adolescents;
- A more enabling and supportive community environment; and
- Improved access to quality reproductive health services by adolescents.

Furthermore, they report that the economic, social, and cultural environment seemed to very much account for the high-risk sexual behavior of adolescents. The main issues raised were:

- Poverty;
- Lack of educational and training opportunities beyond JSS;
- Unemployment;
- Perversion of the *dipo*, i.e., puberty rites;
- High costs of marriage;
- Negative role models/lack of positive role models;
- Lack of mentoring and counseling;
- Lack of open communication about HIV/AIDS;
- Inadequacies of school regulatory environment; and
- Difficulties of parenting in a rapidly changing social, economic, and cultural environment.

Bensalah, Kacem, Margaret Sinclair, Fatma Hadj Nacer, Angela Commisso, and Saba Bokhari. 2001. "Education in Situations of Emergency and Crisis: Challenges for the New Century." Education for All 2000 Assessment: Thematic Studies. Paris: Swedish International Development Agency and UNESCO. Retrieved April 2003 from http://unesdoc.unesco.org/images/0012/001234/123484e.pdf.

This document summarizes recommendations and findings of a task force to investigate the impact of man-made (e.g., war) and natural disasters on education and includes information on 52 programs for refugee students (the information is in summary form throughout the document). While the main focus is on refugee students and finding ways to quickly reconnect them with educational programs, there are a number of places where the discussion seems relevant to the topic of gender-based violence. It highlights the fact that 70 to 80 percent of displaced persons are women and children.

At several places in the document, the authors acknowledge that women and girls may have an additional trauma of gender-based violence in the context of war and conflict. The document then gives recommendations for addressing gender equity issues in educational settings, as well as violence and HIV/AIDS. On page 29 the authors make links between HIV/AIDS and violence, stating that rape is a common part of war and conflict, so that meeting the educational needs of refugee populations must include a component of HIV/AIDS education. They state that a "best practice" in this regard is the International Rescue Committee's (IRC's) program for refugees in Guinea. IRC has a health education program along with nurse counselors. The "Young Women's Social Club" teaches about reproductive health and HIV/AIDS, and about gender equity and sexual violence while providing peer support for young women (pp. 24–25, 29).

The document also includes the following recommendations with regard to refugee students that they link to promoting gender equity and involvement of girls in programs, and to issues of violence:

- Generate revisions of educational materials to better represent girls' experiences;
- Provide gender sensitivity and antiharassment training for teachers and staff (e.g., a Mozambique returnee area program where actions are taken against teachers who sexually harass their students);
- Raise community awareness and promote community support for educating girls;
- Make sure that schools are close by, since distance can be a risk for harassment, and also time spent traveling can be hard for girls who also have many duties at home (e.g., home schools developed in Afghanistan and Pakistan; a refugee camp program in Djibouti where girls are given preferential admission to afternoon school sessions recognizing that many have family duties during the morning hours);
- Recruit and train female teachers;
- Provide resources for families to support education (school supplies, clothing, meals at school);
- Develop programs to support healing from violence (e.g., p. 28, NGO program in Guatemala);
- Include peace education materials and programs;
- Evaluate constraints on participation in programs by girls and women and how to overcome them; make this part of needs assessment and evaluation of programs; and
- Make equal participation by females "a precondition for assistance."

Botswana Gazette. 2000. "Sexual Abuse of Schoolgirls Widespread in Botswana." November 15. Retrieved April 2003 from http://www.afrol.com/News/bot005_girls_abused.htm.

This article reports on "Shattered Hopes," a study on the sexual abuse of girls, set up by the Metlhaetsile Women's Information Centre in Botswana. Surveying 800 students, including 422 girls aged 13 to 16, the study examines the prevalence of sexual abuse among them, their rate of sexual activity, whether or not they have ever been forced or coerced to have sex and, if so, who is doing the coercion, and whether or not they use condoms. Conducted by UNICEF and Roberta Rivers of RCR and Associates, the surveys looked at 12 schools in the Ngamiland, Kgalagadi, and Kweneng Districts, and one school in Mahalapye.

The findings:

- 38 percent of the girls questioned reported that they had been touched in a sexual manner without their consent;
- 17 percent reported having had sex, with 50 percent of them saying that it was forced;
- 34 percent of the students said they had sex for money, gifts, or favors; and
- Of those sexually active, 48 percent said they had never used a condom.

While the study does not include a representative sample for Botswana, it includes interviews with 40 individuals who are teachers, *dikgosi* (guardians), parents, and community leaders. Problems with data include students' limited understanding of the questions posed in English (even though junior or senior secondary schools conduct instructions in English), and their hesitance to disclose information about their sexual activity, as seen in their contradictory responses.

Metlhaetsile launched the report from this study in their campaign against sexual abuse of children, which uses billboards, brochures, and informational workshops that accompany their drama piece, "Real Men Don't Abuse." It is pointed out that there is a need for a similar study among 17 to 19 year olds, for whom sexual activity is far more prevalent, especially with grown men. For the age group focused on in "Shattered Hopes," the researchers found that most of the sexual harassment, unwanted touching, and forced sex came from peers, i.e., boys of the same age as the girls surveyed.

CAMFED Association. 2002. "CAMA Human Rights Programme Report 2002."

Addressing the issue of abuse as a major barrier to the attainment of girls' education, CAMA, the Campaign for Female Education (CAMFED) school-leavers' association, has worked with communities and young women to develop a policy on abuse in Zimbabwe. This report describes some of their efforts and strategies on developing policy.

As part of its campaign strategy, CAMA lobbied the Ministry of Education through the Public Service Commission, the body responsible for reviewing the Ministry's policies and regulations. It advocates for a clearly articulated and enforced policy on the issue of abuse that recognizes reports from the community via the traditional leadership so that there is a multisectoral approach to the issue, unlike in the past, when the issue was addressed by the school and the police only (many cases suffered inaction and victims got shuffled around). The Public Service Commission has since

responded to CAMA's request, and CAMA has even been invited by the Ministry itself in its consultative research on the issue of abuse.

CAMA's strategies include:

- Working with peer health trainers to increase the number of young women disseminating information in rural communities;
- Networking with international organizations, such as CAMFED, which facilitates the access of the rights to education by girls through paying fees and providing any material needs for the girl to remain in school;
- Collaborating with external partners, such as the police, the Department of Social Welfare, health practitioners, teachers, school heads, and chiefs;
- Supporting the development of CAMA internationally; and
- Gathering information of relevance to programs of both CAMFED and CAMA.

By taking up preventive measures such as human rights education programs within schools, advocating for clearly articulated and enforced policies, and better coordination between the education and justice systems, CAMA seeks to combat child sexual abuse and create an educational environment that respects the rights of girls and enables them to reach their fullest potential.

Debarbieux, Éric. No date. "Violence in Schools: A Worldwide Affair." Retrieved April 2003 from http://www.unesco.org/courier/2001_04/uk/education.htm.

This paper addresses the worldwide problem of violence in schools, with no mention of gender-based violence. It does, however, point out that violence in schools is a "male phenomenon," hitting a peak when boys turn 16 years old in some countries and 13 in others. It also indicates that this violence cannot be pinned to a single cause; rather, there are complex patterns linked to family situations, socioeconomic conditions, and teaching methods. The author argues that the school itself can be an aggravating factor, through high staff turnover or "ghetto classes" to which poorly performing students are relegated. Nevertheless, he highlights that projects in the Netherlands, Brazil, and the United States have shown that schools can be vibrant places that provide social, medical, and cultural services to a neighborhood. One project mentioned is a vocational school in the Brazilian state of Minas Gerais where elderly craftsmen teach their skills to teenagers.

[Dryer, Abigail, Julia Kim, and Nikki Schaay. 2003. "Violence Against Women: What Do We Want to Teach Our Teachers?" id21 Education. Retrieved July 2003 from http://www.id21.org/education/EgveDreyer.html.]*

This article reports on the results of a pilot study undertaken to incorporate gender-based violence into the curriculum. The pilot was prompted by the findings from a survey of 30,000 young people conducted by Johannesburg Metropolitan Local Council and a local NGO, the Community Information Empowerment and Transparency Foundation (CIET). One in four of the men interviewed claimed to have had sex without the girl's consent before the age of 18. At least half of those interviewed—male and female—believe that forcing sex on someone you know is not sexual violence, but that it is just "rough sex." Over half the girls said they believe that they were

responsible for sexual abuse. To address this challenge the School of Public Health at the University of the Western Cape developed a model to incorporate the issue of gender-based violence into the primary school curriculum.

The project aimed to:

- Enable educators to incorporate the issue of violence against females into the primary school curriculum;
- Identify the capacity and support required within the Provincial Education Department to ensure the model had a fair chance of being implemented within provincial primary schools; and
- Determine how the outcome of the pilot could contribute to the development of similar programs that address HIV/AIDS, "life skills," and safety within schools.

Findings from the pilot highlighted various avenues that require further exploration:

- Prior to the training, 30 percent of teachers felt that schools could play a meaningful role in addressing GBV. After the training, 70 percent of teachers felt schools could play a meaningful role;
- 85 percent of teachers felt that GBV was a significant problem in their schools;
- 90 percent of teachers felt the school curriculum should include content on GBV. After the training, this figure increased to 100 percent;
- 95 percent of teachers (pre-training), and 100 percent (post-training) felt that Grade 5 (9 and 10 years old) is an appropriate stage to begin addressing the issue of GBV;
- 26 teachers (17 women, 9 men) responded to a separate and optional confidential questionnaire about their own experiences of GBV;
- Prior to the training, none of the teachers felt that the sexual harassment of teachers was a problem, and this did not change following the training. However, 12 percent of women also said they had experienced harassment from a colleague;
- 47 percent of female teachers reported experiencing physical abuse at the hands of an intimate partner, 31 percent reported experiencing sexual abuse, and 69 percent reported experiencing psychological abuse; and
- 25 percent of male teachers admitted that they had been physically abusive, 12 percent sexually abusive, and 33 percent psychologically abusive to an intimate partner.

The authors conclude that to play an effective role in addressing gender-based violence in schools, teachers need to understand and confront their own attitudes and experiences regarding gender and gender-based violence. The role of teachers as perpetrators of abuse is highlighted in the most recent Human Rights Watch Report on sexual violence in South African schools. Strategies addressing GBV in schools need to begin by acknowledging and addressing the attitudes and experiences of the teachers themselves.

Foster, Sharon L., Patricia Brennan, Anthony Biglan, Linna Wang, and Saud al-Ghaith. 2002. "Preventing Behaviour Problems: What Works." Educational Practices Series–8. Geneva, Switzerland: IBE/UNESCO. Retrieved April 2003 from http://unesdoc.unesco.org/images/0012/001254/125457e.pdf#xml=http://unesdoc.unesco.org/ulis/cgi-in/ulis.pl?database=ged&set=3E5FB1F4_3_169&hits_rec=20&hits_lng=eng.

This document focuses on the United States and summarizes research on principles of effective early intervention to prevent behavior problems including violence and substance abuse. Gender-based violence is not specifically addressed. Examples focus mainly on what schools can do with young children. Specific prevalence rates and intervention programs are not described in any detail. This document is mostly an overview or summary of main components of practice (e.g., early intervention in a child's life).

French, Howard W. 2003. "Victims Say Japan Ignores Sex Crimes Committed by Teachers." *The New York Times*, June 29.

The article reports that molestation and statutory rape are commonplace in schools across Japan, and that victims rarely come forward because of the "rape myth" in Japan, which says that the victim of a rape is always to blame. As one national expert in classroom sexual abuse says, "women are told that if you suffer molestation or groping, you have to be ashamed. If you talk about it to anyone else, you are going to be tainted for the rest of your life." Moreover, molesters are rarely punished even when they are identified and caught.

However, recently, the public tolerance for rape has begun to change as a handful of victims or their families have pressed charges against classroom molesters. Yet there are mixed feelings about taking actions, as shown in the case of a 13-year-old girl who brought charges against her 51-year-old teacher in spite of her parents' advice against it. In February 2003, the teacher was fired and given a two-year prison sentence for fondling the girl in a school office, though more than 40 teachers, friends, and colleagues signed a petition for leniency.

The article indicates that there are no generally accepted statistics on classroom sexual abuse in Japan. According to figures compiled by the Education Ministry, which is said to reflect vast underreporting, in 1992 there were 27 reported cases of molestation by teachers, including cases in which teachers themselves were victims. The number of reported cases had risen to 122 by 2001.

Hallam, R. 1994. *Crimes Without Punishment: Sexual Harassment and Violence against Female Students in Schools and Universities in Africa*. London: African Rights.

In this report, African Rights (a UK-based NGO) specifically explores sexual violence against girls in schools in Africa and finds it to be an "an extremely grave problem," impeding girls' ability (and right) to pursue educational opportunities. Although no reliable data are available—according to the report—sexual harassment and violence are seen as important reasons in girls' dropout. The report acknowledges the existence of many economic and social barriers to girls' education, yet highlights the absence of serious attention by researchers, practitioners, and policymakers to the area of sexual violence and harassment in schools.

Crimes Without Punishment includes documentation of a series of sexual abuse incidents perpetrated by male students and teachers, as well as outsiders, against female students ranging from the primary school level through university. Student clubs and organizations are seen as one source of sexual harassment and abuse against female students. In many club- and organization-related cases, consumption of alcohol was considered a factor. Clubs, organizations, and student governments

generally fail to address the prevalence of abusive behavior and neglect to provide support to victims.

Sexual abuse by teachers is also identified in the report and is believed to be "more widespread than most institutions care to admit." Abusive acts range from sexist jokes and innuendo to pressuring students to engage in sexual relations. The promise of good grades or the threat of failure is used by some male teachers to achieve the latter.

Drawing on cases from South Africa, Zambia, Sudan, Nigeria, and the Democratic Republic of Congo the report demonstrates this seemingly widespread reality. In other instances, students engage in sexual relations with teachers for money. School administrators often dismiss such cases by blaming the students or simply encouraging them to "stay away" from harassing teachers. In some countries, Africa Rights found the issue of teacher sexual abuse brought forward by male students who recognized an unfair grading system favoring teachers' "girlfriends" and the punishment of male students who approach these female students.

According to the author, economic devastation across the continent has also led to the prostitution of/by young girls to supplement family income and to pay school fees. Many of these girls are unaware of and/or unable to practice safe sex. Parents who are aware of their daughters' activities may turn a blind eye because family survival or siblings' education may depend on this income. In many cases young girls engage in sexual interaction with older men, increasing the risk of HIV transmission. Popular belief that sex with a virgin cures AIDS or that younger girls and women are not infected has led many older men to seek out younger female prostitutes or mistresses.

With regard to avenues of prevention and response, the report finds that most schools lack appropriate channels for reporting abuse and obtaining redress, especially when committed by teachers. When "channels" are present, the administrators are complicit or dismissive of teachers' behavior, thereby condoning (if not encouraging) such behavior. Meanwhile, female students are often afraid to report the abuse for fear of further violence.

Human Rights Watch. 2001. *Scared at School: Sexual Violence Against Girls in South African Schools.* New York: Human Rights Watch.

Human Rights Watch explores the reality of sexual harassment and violence against girls in South African schools. Despite advancements in girls' education in this sub-Saharan nation, growing levels of sexual violence against female students threaten to undermine this progress as schools become increasingly unsafe environments. The widespread knowledge of this reality has not resulted in dramatic changes, rendering sexual violence a serious impediment to equal opportunity in education. The report finds both male students and teachers complicit in the harassment and abuse of female students. Abuse ranged from fondling and verbal harassment to rape in washrooms and empty classrooms. In the aftermath of such incidents girls reported being unable to concentrate, not being interested in school, or transferring schools, while some left school altogether. The health consequences of this violence are also severe, with high rates of unwanted pregnancy and STD transmission. Authors highlight the particular risk faced by the victims given the rampant growth of the HIV epidemic in the country. Sexual violence becomes a potential death sentence.

South Africa has no national policy to address sexual harassment or violence in schools. Human Rights Watch found complicity of school administration in maintaining silence around this problem and protecting perpetrators. The absence of appropriate reporting channels in the school and in the legal and law enforcement domains has discouraged many from seeking retribution. The authors found that those who did pursue charges were greatly dissatisfied with the outcomes.

Couched in the human rights framework, the report concludes with an extensive discussion of the responsibilities and obligations of the South African government in response to the problem of sexual violence in schools. This includes the involvement of professional associations, such as teachers unions, as well as non-governmental organizations active in the area of gender violence and HIV prevention and response. Authors promote the implementation of strict guidelines, which outlaw sexual relations between students and teachers, and obligate the reporting of such instances. Educators are meanwhile encouraged to incorporate HIV/AIDS prevention into their curricula.

The improvement of safety conditions in schools is not without challenges. The document concludes with a description of potential barriers including the identification and tracking of abusive teachers, the implementation of effective reporting mechanisms, the protection of complainants, and the coordination and communication of policies.

id21. 2001. August 2001 Insights Gender Violence Special Issue. Retrieved April 2003 from http://www.id21.org/insights/insights-gv-special/.

This is a collection of articles on sexual harassment in sub-Saharan African schools. Fiona Leach writes in the lead editorial that while sexual abuse in schools is neither a new phenomenon nor an exclusively African problem, what is new is that it is finally being researched in Africa. This id21 initiative is linked to a Department for International Development-funded study on the abuse of girls in schools in Zimbabwe, Malawi, and Ghana, which investigated the extent and nature of abuse and disseminated key findings and recommendations. The articles in the issue cover Botswana, Ghana, Kenya, Malawi, South Africa, Zimbabwe, and Uganda.

The contents are as follows:

- "Criminal Justice? Tackling Sexual Abuse in Schools," by Erika George, on enforcing laws against gender violence in South Africa;
- "The Sugar Daddy Trap. Peer Pressure Pushes Girls into Sex," by Fiona Leach and Pamela Machakanja, on the peer culture's acceptance of transactional sex in Zimbabwe;
- "Dangerous Game of Love? Challenging Male Machismo," by Katharine Wood and Rachel Jewkes, on challenging the idea that gender violence is a "normal" part of being male in South Africa;
- "Mixed Messages," by Robina Mirembe, on the impact of gender inequality on the Ugandan government's use of the national curriculum to promote sexual health;
- "Child Abuse by Teachers in Zimbabwe," by Almon Shumba, on the analysis of 246 reported cases of abuse by teachers in Zimbabwean secondary schools;
- "Safe Haven for Girls: Can Teachers Challenge Gender Violence?" on the need for teachers to confront rape, sexual harassment, abuse, assault, and homophobia in South Africa;

- "Risky Behavior: Can Education Help?" by Esme Kadzamira and Nicola Swainson, on transactional sex between young girls and older men in Malawi; and
- "Sites for Sore Eyes," by Caroline Nicolson, on the emergence of excellent educational materials pertaining to gender violence in schools.

["Kishori Abhijan Project, Bangladesh." December 2000–May 2004. Retrieved April 2003 from http://www.unescobkk.org/ips/arh-web/projects/details.cfm?id=99.]*

The objective of this project is to empower adolescent girls. The focus areas of activities of the project include the following:

- Research (baseline and endline surveys, FGDs (focus group discussions), in-depth interviews);
- Supporting adolescent groups or networks in rural areas;
- Supporting adolescent girls in developing self-esteem and leadership skills – in so doing they would learn gender and gender discrimination, health and nutrition (including hygiene, reproductive health and HIV/AIDS), and legislation and legal rights;
- Supporting adolescent girls in acquiring livelihood skills and linking existing facilities for establishing savings accounts and obtaining credit; and
- Sensitization and training activities with the gatekeepers and adolescent boys to help create a more supportive environment for adolescent girls.

Leach, Fiona, Vivian Fiscian, Esme Kadzamira, Eve Lemani, and Pamela Machakanja. 2002. *An Investigative Study of the Abuse of Girls in African Schools*. Draft submitted to the Education Department. London: DFID.

As an extension to a Zimbabwe study (Leach, Machakanja, and Mandoga 2000), Leach and her colleagues not only take the Zimbabwe research further, but also attempt to bridge the gap between research and action in addressing the issue of abuse of girls in African schools. They do this by: gathering and disseminating the information and the studies on the abuse of girls and related topics through print and electronic modes; examining school-based violence in Ghana and Malawi; and implementing a range of small-scale strategic interventions based on their research.

For the dissemination component, the group worked in collaboration with id21, the DFID-funded development research reporting service. This process allowed them to highlight the limited research on abuse and violence in school settings, the lack of school-based initiatives to counter the problem, and the need for creative and participatory methods to tackle it. In terms of their research in Ghana and Malawi, they indicate that the findings are remarkably similar to the ones in Zimbabwe: Girls are subjected on a routine basis to aggressive sexual advances from older male students and male teachers within the school; and to potentially damaging gendered practices in schools, where sexual aggression goes largely unpunished, and where dominant male behaviors by both students and teachers are not questioned. Nevertheless, there are some new insights: the impact of teacher abuse on the quality of the learning environment; the extent to which abusive behavior feeds on poverty and ignorance; and the ambivalent attitude of some parents, teachers, and girls themselves toward teachers having sexual relationships with schoolgirls.

Leach and her colleagues explore some of the implications of the existence of sexual violence within schools for the teaching of HIV/AIDS: "teaching about safe sex and sex based on mutual consent and negotiation in a context of high-risk sexual practice (multiple partners, intimidation and sometimes coercion) is unlikely to be successful; a school culture which encourages stereotypical masculine and feminine behavior makes girls particularly vulnerable. The school as a location for high-risk sexual practice militates against the school as an effective forum for teaching about and encouraging safe sex" (2002:viii).

As the third component of their study, the researchers engaged in some small-scale strategic interventions to address the problems of abusive behaviors toward girls informed by the study in all three countries. Based on their insights in research and from the field, they recommend a "holistic" approach that involves all stakeholders: teachers, parents, students, government officials, etc.

Leach, Fiona, Pamela Machakanja, and Jennifer Mandoga. 2000. *Preliminary Investigation of the Abuse of Girls in Zimbabwean Junior Secondary Schools.* Education Research Paper. London: Knowledge & Research, Department for International Development.

The research was carried out in three coeducational junior secondary schools and one all-girls secondary school in one region of Zimbabwe. Two schools were located in an urban setting, one in a peri-urban area, and the fourth in an urban center. In-depth interviews were held with 112 girls and 59 boys, ages 13–15. This study found that the abuse of girls in the coeducational schools where the research took place was widespread and took the form of aggressive sexual behavior, intimidation, and physical assault by older boys, reported by 47 percent of the girls, sexual advances by male teachers (19 percent), and corporal punishment and verbal abuse by both female and male teachers (on boys, 97 percent, and on girls, 76 percent). Girls in the single-sex school were not protected from sexual advances outside the school. Younger girls in particular were fearful of male sexual advances or intimidation. The authors conclude that an unsettling and sometimes violent environment is neither conducive to girls' learning nor to their forming mature relations with boys (with implications for the spread of HIV/AIDS among adolescents).

Male sexual aggression in schools appears to be institutionalized and considered normal. Girls respond on the whole with resignation and passivity. Schools are themselves complicit in the abuse in that they fail to discipline perpetrators (whether students or teachers), deny that abuse exists, and foster an authoritarian culture where the behavior of teachers cannot be questioned.

School-based abuse is a reflection of abuse found elsewhere—in the home and community. "Sugar daddies" in particular seek to lure girls into sexual relations with gifts and money—92 percent of girls responded being propositioned by adult men. About half of the girls reported experiencing unsolicited physical contact on the way to and from school by men unknown to them.

This widespread abuse goes unchecked because of the low status accorded to women by society, where men invade women's private space with impunity and girls are socialized to expect subordination to men in adult life. Indeed, few if any girls, boys, teachers, and parents said they would hold the boy responsible for getting a girl pregnant. Lack of will to address the issue by government bodies helps to perpetuate and condone it. Eliminating abuse will require a significant change in school culture, and in the attitudes and behavior of teachers, school heads, officials, parents, and students, both boys and girls. Appended are: Numbers Interviewed; Tables (6); Extracts

from the Interviews from Boys and Girls; Teachers' Definition of Abuse; and Pupils' Workshops and Teachers' Workshops.

Mbassa Menick, Daniel. 2001. "Les Abus Sexuels en Milieu Scolaire au Cameroun." Presented at the Committee on the Rights of the Child Day of General Discussion, "Violence Against Children within the Family and in Schools," Sept. 28, Geneva, Switzerland.

The hypothesis for this study was that students in Cameroon are increasingly falling victim to sexual harassment in the school setting, harassment perpetrated by both teachers and classmates. The study sought to (1) estimate the statistical prevalence of sexual abuse in schools; (2) specify actual involvement of teachers in such activity so as to initiate prevention measures and better care for the victims; and (3) provide victims, as well as those who might be victimized in the future, with opportunities to discuss the reality and impact of their experience.

This was an "action-research" study undertaken over a period of six months during the 1998–1999 school year, in public and private secondary schools in the city of Yaoundé. Participation on the part of the schools was voluntary. Ten institutions, five public "lycées," and five private schools, took part. Of 1,710 questionnaires distributed, 1,688 were completed and returned, for a response rate of 98.7 percent.

The study determined that:

- The prevalence of sexual abuse in the population studied was approximately 16 percent;
- Approximately 15 percent of the sexual attacks reported took place in a school setting, with unwanted touching and caressing being the most common and actual sexual violation a close second;
- Approximately 30 percent of the attacks were perpetrated by students (classmates or other school friends of the victims) and about 8 percent by teachers (with family friends, neighbors, etc. making up the balance of attackers); and
- Many students were willing to talk about their experiences.

Beyond the figures, the study illustrates the profound impact of sexual victimization on students, whether from incidents of harassment in or outside of school. These young people (presumably usually young women), need to talk about their often sad and painful life experiences. Herein lies an opportunity that must be seized to create safe listening spaces for them. The author suggests that school nurses would be a logical first focal point in this direction.

The school is, in effect, a privileged crossroads, a place where adolescent victims should be able and encouraged to meet and talk, despite their understandable hesitancy. The authors urge efforts toward sensitization in detection of mistreatment and of its warning signs. Students must be made fully aware of the possibilities and dangers of sexual abuse, and of the availability and whereabouts of counselors and other trusted persons who can help them. Indeed, a specialized center for this purpose is being considered as a logical outcome of this research.

[Mensch, Barbara, Wesley H. Clark, Cynthia B. Lloyd, and Annabel S. Erulkar. 1999. "Premarital Sex and School Dropout in Kenya: Can Schools Make a Difference?" Retrieved April 2003 from http://www.popcouncil.org/pdfs/wp/124.pdf.]*

Although an overall decline has occurred in adolescent fertility in Kenya, the proportion of births to teenagers that occur prior to marriage is rising. At the same time that premarital sex and childbearing have increased, educational participation has expanded considerably, especially for girls. Using data from nearly 600 adolescents aged 12–19 in combination with data collected from 33 primary schools that the adolescents attended, this paper explores whether certain aspects of the school environment affect the likelihood of early and unprotected sex among adolescent girls and boys in three districts of Kenya. Because of the concern with "schoolgirl pregnancy" in Kenya, the paper also explores the sequential relationship between premarital sex and pregnancy on the one hand, and school dropout on the other.

The results suggest that although neither the school nor the home influences whether boys engage in premarital sex, for girls a school characterized by girl-friendly teachers and a gender-neutral atmosphere, and a home containing female role models and the support of two parents, reduce the risk of premarital sex. On the other hand, girls are more likely to engage in premarital sex if they attend schools where considerable pressure to have sex is reported. The school environment also appears to have an impact on whether or not sexually active boys chose to use contraceptives. A gender-neutral environment leads to greater contraceptive use among boys, as do schools where students have greater knowledge of reproduction. Finally, even if certain school characteristics significantly affect the risk of premarital sex for girls, the data indicate that pregnancy is not the primary reason that girls leave school early.

Mgalla, Zaida, J. Ties Boerma, and Dick Schapink. 1998. "Protecting School Girls Against Sexual Exploitation: A Guardian Program in Mwanza, Tanzania." ***Reproductive Health Matters*** **7(12):19.**

While it is believed that sexual exploitation of young girls is common within educational institutions in much of Africa, data are scarce and interventions to address the issue still very few. Since 1994 the Tanzania-Netherlands Project to Support AIDS Control in Mwanza Region (TANESA) has worked on the development of school interventions in collaboration with the Ministry of Education. This includes the establishment of school AIDS committees (including parents and teachers), a peer educator and, since 1996, a guardian program. A female teacher is selected by her colleagues to be a guardian and trained to raise the exploitation issue with them and to identify the counseling role of a guardian. A baseline assessment was conducted in late 1996 when 185 primary schools in two districts had a guardian, and it included 42 of these schools and 22 with no such program. Interviews were held with 1,219 schoolgirls, 42 guardians, 44 female teachers, and 64 head teachers.

Sexual exploitation of girls was common, and included cases of rape, forced and unequal sexual relationships, and sexual harassment. More than 1 percent of the 1,219 respondents (mean age 15) in the three highest classes were expelled from school because of advanced pregnancy. Schoolgirls had the most problems with schoolboys, but also frequently with men from the village and teachers. The guardian became an important confidant in the school. For example, 6 percent of all the girls in the study cited sexual harassment by teachers as a common problem and half of the girls in the schools under the program reported this problem to the guardian. Conversely, none of the girls in schools

without a guardian had consulted a female teacher about such problems. The program had mobilized the educational structure, and in addition the guardians had formed committees at the district level and ward level to support each other in performing their tasks. Guardians were very protective toward girls, but also had a restrictive attitude toward sexual activity of youth. Parents and school committees appreciated the role of the guardian and also consulted them.

Sexual exploitation of girls is a strong and appropriate entry issue for a reproductive health program in schools. Further training to develop the reproductive health-counseling skills of the guardians is needed and should address the needs of both boys and girls. The guardians' own support system could integrate a low-cost trainer of trainers approach that could ensure full coverage of a district. Advocacy within the educational and political system is needed for a more appropriate response to cases of sexual abuse.

[Mills, Martin. 2000. "Issues in Implementing Boys' Programmes in Schools: Male Teachers and Empowerment." *Gender and Education* 12(2):221–238.]*

This article explores issues involved in the implementation of programs designed for boys on the issues of gender and violence through interview data from teachers and male students from two Australian high schools. The findings support a belief that male teachers should work with boys on gender issues because men have a responsibility to challenge the existing gender order.

[Mills, Martin. 2001. *Challenging Violence in Schools: An Issue of Masculinities*. Australia: Open University Press. A book review by Carole Jean in *Family Matters*, Autumn 2002, 83(1).]*

This study explores the relationship between violence and masculinities in Australian secondary schools. The author attempts to give guidance on how schools can develop strategies and programs to combat gender-based violence in schools. Chapter one examines the theoretical underpinnings of working with men and boys with relation to violence, while chapter two looks specifically at this work in the school environment. Subsequent chapters look at the effectiveness of running special programs within schools for boys, and whether programs should be run by existing school staff or people external to the school. The concluding chapter looks at how to tailor programs and strategies to meet the needs of individual schools and individual circumstances. Throughout the text examples are used from two programs the author was involved in running in Queensland High Schools.

Mlamleli, Olly, Pontsho Mabelane, Vernet Napo, Ntombi Sibiya, and Valerie Free. 2000. "Creating Programs for Safe Schools: Opportunities and Challenges in Relation to Gender-Based Violence in South Africa." *McGill Journal of Education* 35(3):261–277.

This article focuses on the problem of gender-based violence and sexual harassment in South African schools, and presents different perspectives of educational administrators from the national and provincial departments of education. It describes South African provincial departments of education strategies and initiatives used to change attitudes and behaviors; and explores the role of the National Department of Education, teachers, students, and school policy. The authors indicate

that the Ministry of Education has acknowledged the seriousness of the HIV/AIDS epidemic and its impact on schools.

The authors point out that there is no shortage of reports, personal anecdotes, newspaper accounts, and the like indicating that sexual harassment is a key barrier to equality in schooling in South Africa. For instance, from the findings of their study of 1,500 students of both sexes from grade eight to graduation at schools in different parts of South Africa, Community Information Empowerment and Transparency (CIET), an international NGO, reported that almost half of the boys said they had friends who were sexually violent, and 3 in every 10 males said they could be violent toward a girl. In other places, there are personal accounts of gender-based violence, such as "jackrolling," a "ritualistic display of male power through the forceful abduction and gang rape of young women" (p. 262) in schools, as well as gay bashing.

The key document that helped to publicize the issue, according to the authors, was the Gender Equity Task Team (GETT) Report published by the National Department of Education in 1997. The GETT Report effectively made a point that the impact of gender-based violence and harassment on education was not seriously considered in educational policy or planning. It also described strategies and initiatives to create an environment free from gender-based violence and harassment in connection with engendering opportunities for increasing access to and improving outcomes for all students.

The authors describe some of the programs sponsored by the National Department of Education through the establishment of the COLTS (Culture of Learning, Teaching and Service) Initiative, which supports the Creating Safe Schools initiative to develop crime- and violence-free learning sites. Furthermore, the Commission on Gender Equity and other NGOs, such as the National Network on Violence Against Women (NNVAW), the Sexual Harassment Education Project (SHEP), and the Forum for African Women Educationalists South Africa (FAWESA), have made connections with the national and provincial departments of education.

They emphasize that it is important for teachers to help raise awareness of what is meant by sexual harassment and for males in particular to have opportunities to learn how it makes females feel to be harassed. They cite research that suggests that the lack of strong collective action is partly accounted for by the teachers' own perceptions of sexual harassment, which is regarded as simply the way that men naturally behave. Furthermore, teachers lack understanding of gender and sexual harassment issues and are ill equipped to educate children about these issues. They require training about gender issues before they approach students about gender and sexual harassment. Without adequate teacher training the success of school-based projects is severely constrained. The authors argue that while it is important for district employees to attend seminars on sexual harassment, they need first to familiarize themselves with basic theoretical and practical assumptions regarding gender.

Furthermore, the authors point out the importance of youth leadership in curbing violence in school, by shaping students' beliefs, attitudes, and behaviors before violence becomes an automatic manifestation of anger. One example is Sexual Harassment Resisters Everywhere (SHREWS), which seeks to enlighten students about what sexual harassment entails and what a student can do to stop a perpetrator; students could also participate in school drama festivals and debates that illustrate the detrimental effects of violence and how to stop them.

While there are numerous South African policies and acts that can form the basis of formulating a school-based Safe Schools policy, the authors indicate that clear definitions and examples of education-specific, direct, and indirect forms of discrimination still need to be developed. In considering relevant policies in the development of school policy on sexual harassment, they highlight that sexual harassment is complex and difficult to define, and varying by context. Finally, they emphasize that the key is to know which types of programs should be offered to whom and by whom.

Moser, Caroline, and Bernice van Bronkhorst. 1999. "Youth Violence in Latin America and the Caribbean: Costs, Causes, and Interventions." LCR Sustainable Development Working Paper No. 3, Urban Peace Program Series. Washington, DC: World Bank. Retrieved April 2003 from http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/1999/11/19/000094946_99110405534915/Rendered/PDF/multi_page.pdf.

This document outlines the scope of the problem of youth violence in Latin America and the Caribbean including recognition of the gendered nature of violence. No specific prevalence rates are given. It provides an overall framework for a model of comprehensive intervention including programs at primary, secondary, and tertiary levels. It has only a few examples of actual programs: a Brazil theater group, an alternative to gang involvement where youth participate in a drama group where they learn new ways of behaving, such as new ways to look at gender roles; and discussion groups with young men in Trinidad, involving them in discussion of what policies need to be developed to reduce violence in their communities. The document also lists critical components of successful youth violence programs culled from a review of international literature:

- Start early and have ongoing programs that may go on for years;
- Look at the whole ecology of the problem and design solutions that address all ecological factors;
- Promote positive behavior;
- Provide a chance to build positive relationships;
- Base program goals on local community needs assessment;
- Provide case management for individual care;
- Build collaborations across agencies and involve the private sector;
- Ensure youth participation and empowerment, giving them voice in design and implementation of programs; and
- Find ways to make programs sustainable through advocacy to generate broad support for the programs.

Nhundu, Tichatonga J., and Almon Shumba. 2001. "The Nature and Frequency of Reported Cases of Teacher Perpetrated Child Sexual Abuse in Rural Primary Schools in Zimbabwe." *Child Abuse and Neglect* 25:1517-1534.

The article reports findings from a study conducted to investigate the nature and magnitude of teacher-perpetrated child sexual abuse among rural primary school pupils in Zimbabwe using case files from six administrative jurisdictions. The study examined the nature of the abuse, legal and

disciplinary action take, characteristics of victims and perpetrators, and the distribution of child sexual abuse cases reported over an eight-year period (1990–1997).

It is indicated that as many as 110 cases were reported during the study period—50 percent of them by school authorities who initiated investigations into suspected cases of child sexual abuse following tips from teachers and other pupils, and 50 percent reported by pupil victims. The authors speculate that the fact that as many half of the cases were reported by pupils may reflect greater awareness of child sexual abuse by primary pupils as a result of sex education programs that are now incorporated in the curriculum of senior primary school classes. In addition, the introduction of specially trained "victim-friendly" police officers and the establishment of victim-friendly clinics and courts may have contributed to greater willingness to disclose the offense.

The study found that 108 (98 percent) of the victims were girls, while all perpetrators were male teachers. Penetrative sex was the most prevalent (70 percent) type of sexual abuse. The modal age for sexual abuse in the sample was 12 years, which represents 46 percent of reported cases, while the most vulnerable age group comprised pubertal (11–13 years) children, who accounted for 69 percent of all sexual abuse cases. It shows that teachers with least experience (0–5 years), who comprised 63 percent of the study sample, were most likely to sexually abuse school children. Seventy-eight percent of 32 cases handled by the courts resulted in convictions, and 83 percent of all teacher perpetrators were dismissed from the teaching service.

Nevertheless, the authors point out that the actual number of teacher-perpetuated child sexual abuse cases could still be substantially higher than the official figures because of underreporting, which characterizes the prepubertal age group. Furthermore, while the current findings that show that females are more at risk of being sexually abused is consistent with a preponderance of the literature, the ratio of female to male victims of 54:1 is much higher than ratios reported elsewhere. The authors speculate that the lower percentage of male victims reported in this study may reflect cultural dimensions of a highly patriarchal African society, where masculinity is associated with dominance, assertiveness, and aggressiveness, which in turn may have prevented many boys from disclosing their abuse as a means of protecting their masculinity (p. 1528).

Ohsako, Toshio (Ed). 1997. "Violence at School: Global Issues and Interventions." Studies in Comparative Education. Paris: UNESCO International Bureau of Education. Retrieved April 2003 from http://unesdoc.unesco.org/images/0011/001106/110657eo.pdf.

This is a series of review papers and studies about school violence and violence toward children more generally. For example, the papers on Jordan, Israel, Malaysia, and Slovakia talk mostly about perpetration and causes and consequences of school violence, with little attention to gender as a dimension of discussion or analysis.

A paper on Jordan reports that 1 percent of violence reported fell into the sexual harassment category, but it was not possible to determine gender statistics in other categories. The paper on Malaysia indicates that sexual harassment constituted 11 percent of discipline reports in schools, an act committed by less than 1 percent of both primary and secondary school students. The study in Israel reported that the amount of aggression was similar for males and females, but specific gender-based violence is not discussed. The report on Slovakia reviewed a Czech Republic study that found a higher percentage of bullying reported by girls, but to what extent perpetrators were male versus

female could not be determined. The chapter about Colombia, El Salvador, etc. reviewed causes and consequences of all forms of violence and mostly talked about gender differences in terms of girls being more frequently the victims of child sexual abuse and pornography. The chapter on Ethiopia, by contrast did report findings for female victims. It reported the results of a study of several schools—the researchers gave a survey to teachers, conducted focus groups with students, and made observations of the school. In terms of the views of teachers/administrators, 72 percent said the main victims of school violence were girls. Of all of the violence reported, these respondents said about 23 percent were physical acts, 20 percent attempted rape, 29 percent intimidation, and 29 percent stealing.

All of the papers reviewed important next steps and interventions that have been tried. None of these discussed any specific program in any great detail, but all chapters gave the impression that the countries they were describing were taking important steps to try to address the problem both at the level of legal policies and through education and tertiary intervention. The chapter on Jordan cites a study by Jaradat (1996) that demonstrated efficacy of a counseling program to decrease aggressive behavior among students, and trained students in problem solving, negotiation, and good listening. A study also cited by Obeidat discussed the efficacy of a peer mediation program. A study reported by Salen asked students for their feedback on the interventions. Students said there was a need for greater positive activities for youth outside of school, teacher training around these issues, and school security departments that included social workers. Across the chapters there were recommendations for increased counseling resources, educational programs for both students and teachers, and clear school regulations around violence. Several chapters also discussed links between school violence and the need for broader educational programs around sex education and substance abuse. A number of chapters also discussed the need for interventions to address broader community issues including broader children's rights, positive community activities for youth, and better school–parent–community relationships.

Omale, Juliana. 2000. "Tested to Their Limit: Sexual Harassment in Schools and Educational Institutions in Kenya." In Judith Mirsky and Marty Radlett, editors, *No Paradise Yet: The Worlds' Women Face the New Century*, pp. 19–38. London: Zed Press. Retrieved April 2003 from http://www.panos.org.uk/wm_health/Kenya_txt.htm.

This chapter conveys the level of awareness and documentation of the problem of sexual harassment in schools in Kenya. It describes the everyday practice of sexual harassment at the level of university, as well as secondary and even primary school. Omale argues that there are no sexual harassment guidelines that exist in school settings, as they do in the workplace. She discusses safety issues for female students on university campuses and constant harassment by their male peers. She also indicates that poverty leads some women students into prostitution.

The article further describes the various forms of violence against girls by their male peers and their male teachers. It illustrates girls' dangerous commutes to and from school, which put their safety in jeopardy; violence in schools by the male peers, including some notorious cases captured by the media; and male teachers' exploitation of girls.

The author emphasizes that while sexual harassment is receiving official recognition in the workplace to some degree, it is not the case for schools and educational institutions. There remains a "policy vacuum" within the context of schools. The Support Kenyan Women Against Sexual

Harassment (SKWASH) forum has been active in raising awareness among managers, trade unions, and working-women's associations. Several organizations are now working on developing sexual harassment policy documents.

In order to achieve similar results for learning institutions, Abigail Kidero of the Canadian International Development Agency and coordinator for SKWASH suggests that the focus must be on working with the Ministry of Education and on policy interventions that will improve the management of schools and colleges under its jurisdiction. Similarly, Mamphela Ramphele, an executive committee member of the Forum for African Women Educationalists (FAWE), and then-vice-chancellor at the University of Cape Town, South Africa, recommends that greater attention be paid to the creation and promotion of an enabling environment that promotes gender equity in African learning institutions, such as overcoming the widespread lack of any sense that women have rights over their bodies. FAWE is focused on getting girls into school and keeping them there, and is also planning to address boys so that they can provide peer support to girls in and out of school.

One of the barriers to change mentioned is the controversy around sex education, especially between the church and the state. While research shows changes in sexual behavior among young people, indicating increased activity, controversy persists over the appropriate content of school curricula. Nevertheless, the author emphasizes that, with the new information about levels of sexual violence against Kenyan women, it is urgent to develop new approaches to the debate about adolescent sexuality.

The Panos Institute. 2003. *Beyond Victims and Villains. Addressing Sexual Violence in the Education Sector.* London: The Panos Institute.

Addressing sexual violence and harassment in the education sector as issues of human rights, public health, and education agendas, this report emphasizes the need to address the problem vigorously where it happens, and to ensure that curricular and extracurricular opportunities allow young people to explore their sexual lives without violence. The authors point out that sexual violence and harassment not only violate women's and girls' human rights and damages their physical and psychological health, but also undermines the internal efforts to inform adolescents about safer sex practices and to reduce unintended pregnancies and STIs, including HIV infection. For girls and young women, they argue, it severely limits their ability to achieve their educational potential while for society it undercuts the "transformatory power of education" (p. 1).

With most studies focusing on domestic or intimate partner violence, attention to violence in institutions, education institutions in particular, has tended to fall outside the spotlight, the report indicates. It highlights that levels of violence reported can vary by different definitions of violence and methodologies used by researchers. Furthermore, the authors argue that violence is nearly always underreported by women because they believe it is "normal." Hence, levels of violence reported are often minimum levels of actual violence.

The report cites Heise and colleagues (1994) who argue that evidence is fast accumulating "that physical and sexual abuse lie behind some of the most intractable reproductive health issues of our times—unwanted pregnancies, HIV and other sexually transmitted infections, and complications of pregnancy" (cited in Panos 2003:6). Abuse is further linked to high-risk sexual behavior, such as multiple sexual partners and prostitution, and a wide range of other health problems.

The report shows that there is increasing evidence of the extent to which young women's first sexual experience is unwanted or forced, as when young women have sex at an early age it is more likely to be coerced. For instance, in New Zealand, a study of 458 women aged 21 and 22 found that a quarter of those who had first intercourse before age 13 reported that it was forced, while in a study of 1,193 students aged 13 to 17 in Geneva, Switzerland, 20 percent of girls and 3 percent of boys reported experiencing at least one incident of sexual abuse involving physical contact. Moreover, in a study of nine countries in the Caribbean, 47.6 percent of females aged 10 to 18 and 31.9 percent of males the same age reported that their first sexual intercourse was forced or "somewhat" forced. The report indicates that, although physical force is used in some sexual encounters, pressure that is not physically violent is more common, as found in some studies of rural Tanzania where adolescents were coerced into sex under pressure from intermediaries or relatives with the promise of marriages or because of threats.

In understanding the cause of gender violence, the report incorporates an "ecological" model of gender violence used by many researchers and activists. It describes the different levels, from individual to societal, which influence violence and inequity within relationships. The authors indicate that while violence against women increases during war or conflict, in general, structural factors such as laws governing marital rape influence society's attitudes toward violence and women's options for dealing with it. Furthermore, even when laws do not so explicitly discriminate against women, an imbalance in power can be firmly embedded in social norms. They argue that while some studies in a number of countries have shown that poverty is linked to male intimate partner violence against women, inequality of income or empowerment in a relationship may be more relevant than absolute levels of poverty.

Turning to the educational sector, the report describes: "Attendance at school is usually seen as protective because of its empowering effects. However, evidence is also accumulating that educational institutions—the engine of women's empowerment—too often permit sexual violence against students to go unchallenged, directly damaging students, mainly girls and young women, and teaching many boys and girls that violence is acceptable" (pp. 9–10). The authors argue that while more severe forms of sexual violence or coercive behavior against students "may be prosecuted under a range of legislation dealing with indecent assault, child abuse and rape," the creation of an intimidating, hostile, or offensive environment, which would be considered sexual harassment in the workplace, has been slow in being addressed. Nevertheless, sexually violent and harassing behaviors by both students and staff in schools and universities have been widely recognized, as the recent WHO (2002) report indicates: "For many young women, the most common place where sexual coercion and harassment are experienced is in school" (cited in Panos 2003:15).

The report discusses a number of studies that assess the extent of sexual violence in educational settings (including schools and universities) in different countries, including the United States, the United Kingdom, India, Sri Lanka, Hong Kong, Ethiopia, Tanzania, Zimbabwe, and South Africa. It indicates that much research on sexual violence in developing countries has usually been initiated by universities, with the battle against HIV/AIDS providing additional opportunities to address the problem. More recently, however, sexual violence has also been researched in schools, driven by efforts to promote gender equity in education, and by concerns about the impact of gender violence such as health consequences including HIV infection.

Studies worldwide reveal gendered norms about sexual behaviors for men and women, which, the authors argue, can lead to acceptance of some degree of force on the part of men and requires women to be passive rather than assertive. A key barrier to change in the education sector is the personal experiences and attitudes of staff themselves. The authors highlight that it is crucial to recognize teachers' own experiences and attitudes in order to enable them to address these issues in their work environment.

Along with physical safety and psychological welfare, experiences of sexual violence can lead to underachievement at school and university, institutional demoralization, and underperformance. The authors indicate that, "gender inequalities in sexual relationships are a significant determinant of unintended pregnancy, unsafe abortion, and the spread of HIV and other sexually transmitted infections which can cause cervical cancer and infertility" (p. 27). They stress that sexual violence is known to be linked to higher rates of unintended pregnancy and abortion. Furthermore, while poverty and gender expectations put young women at greater risk for HIV infection, coercion and violence are found to further increase risk. The authors argue that, "when sexual harassment or violence is ignored in an educational setting, or where young people are not taught how to recognize and avoid this kind of behavior in their relationships, they are at greater risk of sexual and reproductive ill health and HIV infection" (p. 29).

To promote equitable gender norms, reduce violence, including sexual violence, and promote healthy behaviors, the report describes some strategies that can be addressed at different levels of the education system, including:

- Use of the curriculum and extracurricular activities;
- Links with external resource people and organizations;
- Institutional policies and support strategies;
- Staff development and initial teacher training; and
- Government directives and national legislation affecting the education sector.

The report emphasizes the importance of peer group work, innovative teaching methods, life skills, and sexuality education. It also highlights anti-bullying strategies as a useful approach, as experienced in the West.

Some of the effective programs mentioned in the report are:

- The Tanzanian female guardian program in primary schools. This is a school-based initiative involving parents and communities, which includes guardians or "melzi" (teachers chosen by their colleagues and trained to give advice in cases of sexual violence or harassment and other matters related to sexual and reproductive health). It aims to reduce the exploitation of schoolgirls by sexual harassment, forced sexual relationships, and rape; it also aims to reduce schoolgirl pregnancy and prevent the blame and expulsion of young girls who become pregnant;
- The Musasa Project in Zambia, which deals with domestic violence has also worked in schools;
- The Legal Resources Foundation in Zambia, a nonprofit organization, that provides materials to schools to inform students about human rights and the law;
- A series of videos for schools developed by a group of male filmmakers in South Asia to promote discussion on what it means to be masculine and how being male does not necessarily mean being violent;

- A UNICEF project in Bangladesh that collected profiles of men active in campaigns against violence against women and girls to orient discussion with youth; and
- The Guy to Guy project in Brazil, which developed an award-winning play based in schools to help young men change attitudes and behaviors and develop healthy relationships with women.

Rossetti, S. 2001. *Children in School: A Safe Place?* Botswana: UNESCO.

In a country-specific study of sexual violence in Botswana schools, Rossetti surveyed 560 students and found 67 percent of girls reporting sexual harassment by teachers. Harassment ranged from pinching and touching to pressure for sexual relations. Although Botswana provides 10 years of free basic education with a 52 percent enrollment among secondary-school-age girls, researchers uncovered that at least 11 percent of girls are seriously considering dropping out because of ongoing harassment by teachers.

Among those surveyed, 20 percent reported being asked for sexual relations, half of whom complied, fearing repercussions on grades and performance records if they did not. Sixty-eight percent of sexual harassment happens in junior secondary schools, 18 percent in senior secondary schools, and 14 percent in primary schools. Most students believed sex with teachers is wrong and fear pregnancy and HIV infection. Set against the backdrop of Botswana's status of having the highest HIV/AIDS infection rate in the world, particularly among young people, sex with teachers becomes a potential death sentence.

Gender policies in Botswana, such as the 1995 Policy on Women in Development, are yet to have an impact on sexual harassment in schools. Although 83 percent of teachers consider student–teacher relations to be a big problem, the country code for teacher conduct remains silent on sexual harassment. Likewise, the Ministry of Education has no policy. This has translated into the absence of procedures and channels for reporting. According to one report, a plaintiff currently must travel to the regional educational office to lodge a complaint, which could be several hundred kilometers away. In cases where teachers are reported, the guilty party is merely given a warning or transferred to another school. As a result, students accept sexual harassment as a part of their school life and remain silent.

Shepard, Bonnie L. 2000. "Youth Programmes in the SADC Countries: Sexual and Reproductive Health and Rights." Technical Paper Presented at the 1st Youth Conference of the Southern Africa Development Community Region, June 13–16, Maputo, Mozambique.

This technical paper was written for the 1st Youth Conference of the Southern Africa Development Community Region, held in Maputo, Mozambique in June 2000. In it the author explores the political controversies and cultural barriers to youth attaining full rights to a state of well-being in reproduction and sexuality.

The author elaborates on political and logistical challenges concerning youth's right to sexual and reproductive health, and describes the differing political, economic, educational, and cultural contexts of the Southern Africa Development Community (SADC) region countries. She enumerates the influences on reproductive health and common adolescent health problems

(including unwanted pregnancies, STIs and HIV/AIDS, female genital cutting, and male circumcision) in SADC countries. The topics are followed by recommendations for addressing the issues.

Under the topic, "Other sexual and reproductive health problems related to gender," the author discusses violence against women and children; sexual violence, coercion, and incentives; and health risks associated with masculine gender roles. She refers to the Centre for Law and Reproductive Policy website to report that globally, 40–47 percent of all sexual assaults are against adolescents aged 15 and younger. She refers to *InFocus* (September 1998) to inform the readers that in Zimbabwe, 30 percent of 548 secondary school students reported they had been sexually abused; half of them were boys abused by older females. She refers to the *Population Council Programme Briefs: Adolescence: Studies in Ghana, Zimbabwe, and Kenya*, to report that in Zimbabwe, 18 percent of girls were forced into their first intercourse and 73 percent of the girls and 15 percent of the boys felt sad after their first sexual intercourse. In Kenya, 22 percent of girls had been subjected to rape or attempted rape during their most recent sexual encounter, and 34 percent of boys' and 49 percent of girls' most recent sexual encounter was unwanted.

The author summarizes other research to point out that sex in exchange for money is common among adolescents and that school costs are instrumental in the "sugar daddy" and "sugar mommy" phenomena. She refers to a study by Shah (1999) in Zambia in which one frequently mentioned sexual partner for schoolgirls is their teacher, in exchange for receiving advance copies of tests.

She points out that there is strong social disapproval of girls' sexual activity but not of boys' sexual activity, which is attributable to the cultural belief that boys have a "right" to be sexual. She argues that this double standard leads to extremely confusing communication problems in dating situations. For example, the cultural "script" mandates that a girl should resist boys' advances even if she feels desire, and that this confusion is one of the main causes of "date rape."

The author elaborates on the implications of masculine gender roles for gender violence:

- Cultural expectations that men should start having sexual intercourse early and have multiple partners heighten sexual health risks both for them and for their partners;
- Furthermore, cultural norms of masculinity encourage risk-taking, making men less open to safer sex practices. This aspect of masculinity is often accentuated in adolescence, also leading to high rates of fatalities from accidents for young men;
- In many cultures, sexual coercion or violence by men is excused, ignored, or seen as normal. Usually, the victims have been women, who are generally blamed for provoking the attack. Evidence is increasing that male street children are also at risk; and
- Masculine roles promote violence among men, leading to high rates of injuries and deaths caused by fights and attacks. According to the WHO website "Report on Violence," typically these rates are highest among young men in their teens and twenties.

Shumba, Almon. 2001. "Who Guards the Guards? A Study of Reported Cases of Child Abuse by Teachers in Zimbabwean Secondary Schools." *Sex Education* 1:77-86.

This article reports from a study that examined abuses perpetuated by some teachers in Zimbabwe secondary schools, using content analysis on the files of reported perpetrators of child abuse. The findings include 212 cases of sexual abuse, 33 cases of physical abuse, and one case of emotional abuse of secondary school pupils by their teachers as reported to the Ministry of Education, Sport and Culture in Zimbabwe between 1990 and 1997. The majority of the perpetrators of sexual abuse were male and the abuse took forms of sexual intercourse, "having a love affair," fondling breasts, buttocks, or thighs, kissing, hugging or caressing, rape and attempted rape, and showing pornographic materials. The majority of physical abuse perpetrators were male and the abuse took forms of beating, caning, whipping or hitting, slapping or clapping, punching with fists, and kicking. Only one case of emotional abuse was reported.

Recommendations from the study include:

- Sex education should be made part of the school and teacher education curricula and should be compulsory in both primary and secondary schools;
- The Ministry of Education, Sport and Culture should conduct workshops, seminars, and conferences to make teachers, pupils, and parents aware of what is and is not child abuse within the school curriculum;
- Pupils need to be made aware of the effects of HIV/AIDS when forced into a sexual relationship and how they can protect themselves against such perpetrators; and
- Schools should provide support services to abused students to help them cope with the problem.

Sidey, Maree, and Theresa Lynch. 2001. "Creating New Choices: A Violence Prevention Project for Schools in Australia." In *Innodata Monographs*, Vol. 9. Geneva, Switzerland: UNESCO International Bureau of Education. Retrieved April 2003 from http://unesdoc.unesco.org/images/0012/001247/124761e.pdf.

This document provides an overview of an Australian program to prevent school violence called "Creating New Choices." Data on prevalence are not included. The authors focus on describing the evaluation of a comprehensive community approach to violence prevention in the schools. It involves schools in the process of tailoring the intervention that aims to involve students, teachers, parents, and the whole community. They note specifically that they include an appreciation of the gendered nature of violence as a key component of their program, though this document does not include the specifics on how that was done. They summarize evaluation research on the program that highlights strengths (including helping school and community focus on the problem of violence) and challenges.

Terefe, Dereje, and Desere Mengistu. 1997. "Violence in Ethiopian Schools: A Study of Some Schools in Addis Ababa." In *Violence at Schools: Global Issues and Interventions*, edited by T. Ohsako. Paris: UNESCO International Bureau of Education.

In a small-scale descriptive study in Addis Ababa (Ethiopia), Terefe and Mengistu found violence against girls in the form of bullying and attempted rape to be a factor in low female enrollment rates and an important reason for female-student drop out, particularly at the secondary level. Although

there is public awareness and concern regarding this reality, many families and schools feel helpless to bring about change. Both male and female respondents in this study identified girls' "dress" and their general behavior as a cause of the bullying and sexual violence. The researchers supplement this finding with their own knowledge, citing wider social beliefs and gender roles as factors that need exploration toward creating an understanding of the pattern of sexual violence against female students. Respondents and researchers also noted that school crowding and teacher apathy further contributed to violent behaviors in schools. Proposed remedies include the introduction of sex education and a revisiting of school expulsion policies. This latter recommendation stems from a belief by the authors that school expulsion aggravated tensions between in-school and out-of-school youth and merely shifted violence from inside the school building to the surrounding perimeter.

UNESCO/Brazil. 2001. "Tackling Violence in Schools: The role of UNESCO/Brazil." Retrieved August 2003 from http://www.unesco.org.br/noticias/discurso/Qu%E9becPapers2.pdf.

This paper describes a large research study and an evaluation of the intervention, which the study inspired, all of which were funded by UNESCO. The study was carried out by Miriam Abramovay and Maria das Graças Rua and published in 2002 by UNESCO/Brazil in a book entitled *Violências nas Escolas*. Although sexual aggression was included in the definition of serious violence, the study focused primarily on physical violence in schools (e.g., fights, theft, robbery, vandalism) and other risky behaviors (e.g., carrying firearms, gangs, drug or alcohol use, drug trafficking). A gender-based violence perspective is missing from this study of school-based violence

The researchers carried out a survey in 2000 in 14 Brazilian capitals to assess violence in the schools. Questionnaires were administered to 33,655 students, 10,225 parents, and 3,099 teachers, administrators, and school staff at 239 public and 101 private schools. In addition, a total of 2,155 principals, discipline coordinators, supervisors, security guards, and police officers were interviewed and some students and parents participated in focus group discussions. The study examined perceptions of the impact of serious violence on educational outcomes. Principals, teachers, and school staff reported that serious violence makes it hard for students to concentrate (45 percent), students feel nervous and fed up (32 percent), and students lose interest in school (31 percent). Students reported that serious violence diminishes the school atmosphere (39 percent) and lowers the quality of the classes (31 percent).

Motivated by the study outcomes, UNESCO/Brazil spearheaded the implementation of the "Making Room" initiative, a supervised activity program for youth that uses the school facilities but operates on weekends. (The program is called "Schools of Peace" in Rio de Janeiro, "Open School" in Pernambuco, and "Making Room" in Bahia.) It is described as "an alternative for youths to use their free time and have contact with leisure. The objective of the program is to contribute to reducing high levels of violence that are registered on weekends" (2001:20) because weekend violence, which is 75 percent higher than weekday violence, has an impact on the violent atmosphere that permeates the school during the week.

The first year of the program was evaluated with input from 11,560 students, 70 percent of whom reported that the program helped diminish violence in their school, compared to only 5 percent who reported no improvement. In the states of Rio de Janeiro and Pernambuco, the researchers compared improvement in the schools relative to the previous year. (The improvement scores were

based on a comparison of current levels with the previous year's levels: better = 100, the same = 0, and worse = -100.) The improvement scores were provided by principals of the schools that participated in the Making Room program and those that did not. In both states there was substantial improvement on such aspects of education as fights in the school, relationship among students and, more important, student learning. For example, the improvement scores in student learning in schools with Making Room programs were 62 and 53 in Rio de Janeiro and Pernambuco, respectively, while in nonparticipating schools it was 38 in both states. Sexual aggression showed less improvement. The improvement scores in sexual aggression in schools with Making Room programs were 4 and 20 in Rio de Janeiro and Pernambuco, respectively, while in nonparticipating schools it was 2 and 20, respectively.

United Nations Population Fund (UNFPA). 2003. "Global Population Policy Update." Issue 5, June 23.

This newsletter includes laws and policies recently enacted by Benin, India, Mauritius, Peru, and South Africa, which relate to various sexual and reproductive health/rights and gender issues. The most relevant is the Sex Discrimination Act 2002, enacted by Mauritius on December 10, 2002. Its primary objective is to give effect to provisions of the UN Convention on the Elimination of All Forms of Discrimination Against Women. The Act prohibits: "1) discrimination against person on the grounds of sex, marital status and pregnancy, including potential pregnancy, in employment, profession, education, the provision of goods, services and facilities, accommodation, disposal of property, sport, associations and clubs; 2) discrimination resulting in the dismissal of employees on the ground of family responsibilities; 3) all forms of sexual harassment in the workplace, educational institutions and in other areas of public activity; 4) the expulsion of pregnant students from school; 5) discrimination in advertising; and 6) the victimization of persons who make complaints of discrimination." For more, see http://mauritiusassembly.gov.mu/bills/2002/bill39.doc.

Velzeboer, Marijke, Mary Ellsberg, Carmen Clavel Arcas, and Claudia García-Moreno. 2003. *Violence against Women: The Health Sector Responds*. Occasional Publication No. 12. Washington, DC: Pan-American Health Organization, WHO.

While focused on health and human rights, this report, produced by the Pan-American Health Organization, describes the multisectoral cooperation necessary to confront gender-based violence and the lead role the health sector can play in this endeavor. The report provides a strategy for addressing the complex problem of gender-based violence and concrete approaches for carrying it out, not only for those on the front lines attending to the women and girls who live with violence, but also for decision-makers who may incorporate the lessons into development policies and resources. The education sector is identified as one of the important sectoral locations for addressing gender-based violence alongside national, regional, and community level efforts.

Wood, Katharine, Fidelia Maforah, and Rachel Jewkes. 1996. *Sex, Violence, and Constructions of Love Among Xhosa Adolescents: Putting Violence on the Sexuality Education Agenda*. Tygerberg, South Africa: CERSA-Women's Health, Medical Research Council.

Arguing that violence against women within sexual relationships is a neglected area in health research and intervention, the authors present the findings from their qualitative study of Xhosa-speaking adolescent women. They indicate pervasive male control over almost every aspect of the women's early sexual experiences, and the male enactment of it through violence and coercive practices during sexual encounters. The findings reveal that the young women's construction of love was equated with having penetrative intercourse and being available sexually, an equation derived from their male partners. The women indicated pressure from their peers to have a boyfriend and engage in sexual activities. Furthermore, there was lack of input by sexually experienced female peers, which the authors point out reinforces the male definitions of love and sex. The majority of the women said that intercourse continued to be coercive, with violent practices as a consistent feature of their sexual lives.

The authors highlight that it is necessary to challenge male control of sexual knowledge and female access to it, by enabling adolescents to create and be aware of alternative constructions of love and sexual practice. They emphasize the importance of empowering young women with sexual information in order to demystify sexual intercourse, and school curricula must be developed to address this. Schools must take a lead in educating adolescents of both sexes about sexual health and resistance to violence, they argue. They make policy recommendations to its national and provincial departments of health and education that comprehensive sexuality/sexual health education be implemented and supported in schools and community settings, placing violence against women as an integral part of the content.

World Education. March 2001. "Menarche and Its Implications for Educational Policy in Peru." Girls' and Women's Education Policy Research Activity (GWE-PRA) Policy Brief. Retrieved April 2003 from http://www.worlded.org/docs/Policy_brief.pdf.

The findings of a USAID-funded study on the impact of puberty on girls' primary school attendance and completion in extremely poor rural communities in Ayacucho, Peru are described in this report. While the sample in the study was not randomly selected and, therefore, the findings cannot be generalized to the larger population outside Ayacucho, some of the findings that are highlighted are well worth attention as they may have significant implications for other related sites.

The study finds that, in rural Peru, the beliefs and taboos associated with menstruation encourage girls to remain at home during their menstrual periods. Also, the long distances girls must travel to and from school increases their risk of being molested and contributes to their dropping out of school. The possibility of being sexually abused or getting pregnant, in light of the persistent belief that women's fertile period is during menstruation, keeps girls at home, which then contributes to school absenteeism, grade repetition, and abandonment, the report highlights.

The report points out that schools do not have adequate facilities to support girls during menstruation. School rules and regulations also make it difficult for girls to attend and participate in school activities during this time. Parents are also pointed out as giving conflicting messages to girls: On the one hand, they believe girls should take on gender-specific roles and begin to focus more attention on domestic tasks, while on the other hand, they also express their desire for girls to obtain an education, to find a job, and to improve the family's standard of living. In the context of extreme poverty, however, the desire for their children's education gets lost in the reality of meeting the needs of the household.

In response to this evidence, the Girls' and Women's Education program (GWE) has developed education activities that encourage democratic behaviors, tolerance, and gender awareness. Other initiatives include a community network to protect girls' safety. The GWE has also supported the National Network for Girls' Education to include the issue of gender-based mistreatment in schools in legislation for rural girls' education.

Some of the policy recommendations described in the report are as follows.

At the school level:

- Provide girls with access to adequate sanitary facilities and products;
- Ensure girls' safety and adapt school activities to accommodate girls' needs and domestic responsibilities;
- Train teachers and implement health and sex education programs; and
- Provide adequate nutrition.

At the community level:

- Involve the community in protecting girls against violence; and
- Reduce girls' workload and reexamine gender role expectations.

At the national level:

- Reinforce existing relationships between public and private sectors to promote actions in favor of girls' education.

B. Gender-Based Violence, Reproductive Health, and HIV/AIDS

[Baffour-Awuah, M E S. 2002. "The Holey Bullet Proof Vest: How the Shortfalls in the Law in Botswana Relating to Protection of Females from Sexual Abuse and Violence Contribute to Their High Rate of HIV/AIDS Infection." Presented at the 14th International AIDS Conference, July 7–12, Barcelona, Spain. Retrieved April 2003 from http://www.medadvocates.org/disenfranchised/battered/violencestudiesnational.htm.]*

Violence against women is an area in the law of Botswana, which is not adequately addressed. This involves not just traditional types of violence but also economic and social violence. This paper addresses the various forms of violence, the laws dealing with those forms of violence and the obvious shortfall in those laws to be wholly effective in addressing the issue. Close attention is paid to how this shortfall puts females at all stages in life at higher risk than their male counterparts of falling prey to HIV/AIDS infection. Botswana has one of the highest rates of HIV infection in the world, and as such has come under fire that the behavioral norms of its peoples are what contribute to this high rate of infection. This paper describes clearly how much of the HIV/AIDS infection in females is a result of violence against women, and how some of the laws in the country and the way those laws are applied by law enforcement officers such as the police and the courts, do not do an effective job of protecting females from HIV/AIDS infection. The lessons learned are simple and

frightening. The actual system of law through its inadequacy is contributing to the spread of this killer epidemic. The question remains, what is to be done about it? Various reviews have been done on the laws in Botswana affecting women, and unfortunately, none of them have been followed up with any concrete action on how to amend or replace or supplement these laws so they provide effective protection from violence for the women at risk. This paper reveals recommended specific actions to be taken by NGOs, civil society, Government, and the women themselves in order to address these concerns.

Coomaraswamy, Radhika. 2001. "Report of the Special Rapporteur on Violence Against Women, Its Causes and Consequences." Report for the UN Commission on Human Rights. Retrieved April 2003 from http://www.unhchr.ch/Huridocda/Huridoca.nsf/0/644460b7ef7d41c9c1256aa9003453c5/$FILE/G0114744.pdf.

This is a report on race, gender, and violence against women (VAW) prepared by the Special Rapporteur for the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance (2001). The author discusses links between VAW and health issues, although there is no specific discussion of youth or school-based violence. However, the document provides a broad framework based on the UN recommendations that these issues be taken seriously by governments around the world.

[Costa, Ney Francisco Pinto, P. Castro, P. Simoes, and Monica Gomes de Almeida. 2002. "HIV/AIDS, Gender-Based Violence and Reproductive Health: Integrating Prevention and Assistance for Adolescents." Presented at the 14th International AIDS Conference, July 7–12, Barcelona, Spain. Abstract retrieved from XIV International AIDS Conference Database CD-ROM, Produced by Marathon Multimedia. Retrieved April 2003 from http://www.aids2002.com/Program/ViewAbstract.asp?id=/T-CMS_Content/Abstract/20020629075108 3682.xml.]*

Adolescent victims of gender-based violence form a high vulnerability group to HIV/AIDS. BEMFAM, an NGO acting in the reproductive health area has integrated HIV/AIDS prevention and assistance to violence victims in its reproductive health services. In the 1990s, BEMFAM developed a wide sexually transmitted infections and HIV prevention program and integrated it into its reproductive health services, through professional training, adequacy of structure, educational actions and access to condoms. In 2000, it implemented a similar process to integrate assistance to victims of gender-based violence, with screening of reproductive health clients to identify violence cases. In 2001, at Rio de Janeiro Clinic, with Ministry of Health support, 120 adolescent victims of violence were identified; 34 percent of them had a sexually transmitted infection. They received treatment, access to condoms and counseling prior to HIV testing. Moreover, educational activities for HIV/AIDS prevention and gender equity promotion for 150 adolescents were carried out.

The high prevalence of sexually transmitted infections among the adolescents point to the need to identify and treat the cases; it is feasible, starting from providers training and adequate facilities, to reduce the consequences of gender-based violence, specially reducing HIV/AIDS vulnerability. The authors recommend efforts to sensitize health, education, social and legal assistance providers to the

importance of the correlation between gender-based violence and the vulnerability to HIV/AIDS and to replicate the model developed by BEMFAM to other primary care services.

[Finney, Kathryn, and M. Njoko. 2002. "Women, Violence, and HIV in South Africa: A Rapid Qualitative Study." Presented at the 13th International AIDS Conference, July 9–14, Durban, South Africa. Retrieved April 2003 from http://www.iac2000.org/abdetail.asp?ID=ThPeD5513.]*

HIV positive women experience a multitude of violent acts resulting from their gender and their HIV status. A rapid qualitative study was conducted in order to examine the intersection of HIV, women and violence. Eleven HIV positive women and seven HIV positive and negative men living in the Durban metropolitan area were interviewed using a semi-structured interview format. The participants were recruited through the National Association of People Living with HIV/AIDS in South Africa (NAPWA), Women Alive National Network (WANN)-South Africa, and the Young Positive Living Ambassadors-South Africa. Interviews were also conducted with members of community-based organizations that deal directly with abused women such as the South African Police force, crisis hotlines and the South African AIDS Legal Network. Interviews were analyzed using grounded theory. Results show that gender-based violence is both a cause and consequence of HIV in South Africa. All women interviewed experienced either physical abuse (hitting, punching, slapping, etc.) and/or psychological abuse (social stigma, name calling, discrimination) related to disclosure of their HIV status. The role of violence in the lives of HIV positive women must be recognized when developing programs to address their needs. Furthermore, the results highlight a need for continued research on the link among HIV, violence and women.

[Fisher, Sally. 2002. "The Intersect HIV/Violence Against Women and Girls Project." Presented at the 14th International AIDS Conference, July 7–12, Barcelona, Spain. Abstract retrieved from XIV International AIDS Conference Database CD-ROM, Produced by Marathon Multimedia. Retrieved April 2003 from http://www.aids2002.com/Program/ViewAbstract.asp?id=/T-CMS_Content/Abstract/200206290751023105.xml.]*

The co-epidemics of HIV and violence against women and girls are raging out of control. Women, girls, and even female infants face unimaginable risk for HIV through violent means. Rape, domestic violence and sex trafficking have become vectors of HIV and are a pivotal part of the transmission cycle. With limited human and financial resources, new, innovative and collaborative approaches on a massive scale are called for. This paper shows how to build on the powerful work being done in HIV, Violence Against Women and Girls, and related fields such as human rights, public health, prostitution, trafficking, reproductive rights, economic parity, etc., to develop multidisciplinary nationwide coalitions on a scale never before attempted, "Intersect Coalitions." Participants were asked to come together where their common goals and issues of common concern intersect. Representing vast numbers of constituents, Intersect Coalitions engage in cooperative action, raise awareness, innovate approaches to education, law, and public policy and marshal a highly visible and vocal force to affect significant change in the lives of those impacted by violence and HIV.

This paper covers pilot projects in South Africa, the state of New Mexico (as a US model), and India. HIV and violence against women and girls are intrinsically linked, as are the many related

fields that contribute to and are contributed to by both. By building on the work already being done by its members and focusing on common interests while setting aside divisive issues, Intersect Coalitions can create broad-based collaborations able to accomplish what can only be dreamed about by individual organizations struggling to shoulder this immense responsibility on their own. It is recommended that Intersect Coalitions be modified to meet the needs of various countries and implemented broadly.

Fleischman, Janet. 2002. "Suffering in Silence. The Links between Human Rights Abuses and HIV Transmission to Girls in Zambia." New York: Human Rights Watch.

This report looks at the impact of HIV/AIDS on girls and women in Zambia, because it has hit them harder than boys and men. Fleischman argues that abuses of human rights of girls, especially sexual violence and other sexual abuse, contribute directly to this disparity in infection and mortality. In Zambia, many girls orphaned by AIDS or otherwise without parental care, suffer in silence as the government fails to provide basic protections from sexual assault that would lessen their vulnerability to HIV/AIDS.

The report documents different categories of abuse that heighten girls' risk of HIV infection: 1) sexual assault by family members; 2) abuse of girls, often orphans, who are heads of household or otherwise, who trade sex for survival; and 3) abuse of girls who live on the streets. The author argues that all of these situations of abuse must be addressed as part of combating the HIV/AIDS epidemic in Zambia. Additionally, sexual violence and coercion of girls are fueled by men's targeting for sex younger and younger girls who are assumed to be HIV-negative or seeking them out based on the myth that sex with virgins will cure AIDS.

Many girls interviewed in the study were unable to continue school either because their income or labor or capacity for caring for a sick person was needed in an AIDS-affected family while most boys in the family stayed in school, or due to other exclusionary barriers faced more by girls than by boys. The AIDS epidemic itself perpetuated situations of particular vulnerability for girls as orphans and household heads.

Gordon, Peter, and Kate Crehan. 1995. "Dying of Sadness: Gender, Sexual Violence and the HIV Epidemic." Conference Paper Series from the 4th World Conference on Women, Beijing. Retrieved April 2003 from http://www.undp.org/seped/publications/dyingofsadness.pdf.

This paper is a summary of international VAW issues with focus on links between gender violence and HIV/AIDS. General recommendations for needs for future work are given along with a few examples of programs already addressing VAW in various countries.

[Hazizaj, A. H. 2002. "Education Versus HIV/AIDS and Gender-Based Violence in Post Communist Albania." Presented at the 14th International AIDS Conference, July 7–12, Barcelona, Spain. Abstract retrieved from XIV International AIDS Conference Database CD-ROM, Produced by Marathon Multimedia. Retrieved April 2003 from http://www.aids2002.com/Program/ViewAbstract.asp?id=/T-

CMS_Content/Abstract/200206290751174615.xml]*

Albania remains one of the poorest countries in the region of South Eastern Europe. Females compose less than 50 percent of the society, but their role and participation in governance and society is far lower than expected. The 2000 data show that the number of people infected with HIV/AIDS increased 100 percent, most of those females trafficked for prostitution abroad. Trafficking of females for commercial sexual exploitation in Western countries is the main reason behind such an increase. Almost 30,000 women and young girls have been trafficked and work as prostitutes in Italy and other Western countries.

There are several reasons why gender-based violence occurs widely in Albania and is related to HIV/AIDS. Even though there is a lack of data and research related to the topic, media articles published and broadcast by national newspapers and TV show that the Albanian society remains violent and patriarchal. Also, trafficked women do not use condoms or other preventative measures against HIV/AIDS or other STDs, and few of them undergo medical checks.

The issue of gender-based violence and HIV/AIDS needs a participatory approach. By using this approach the HIV/AIDS issue related to the trafficking of Albanian women abroad or illegal prostitution in Albania can be tackled. Not only women need to be sensitized about their rights and methods of protection. Education of children and young people is another tool that can be used against HIV/AIDS and gender-based violence and to achieve long-term results. Changes of formal curricula in several subjects are needed that stress equality between men and women, routes of transmissions of HIV/AIDS. Also, there is a need for educational programs in national TV, print media, etc.

Heise, Lori L., Jacqueline Pitanguy, and Adrienne Germain. 1994. "Violence Against Women: the Hidden Health Burden." World Bank Discussion Paper Series No. 255. Washington, DC: World Bank. Retrieved April 2003 from http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/1999/04/28/000009265_3970716144635/Rendered/PDF/multi0page.pdf.

This is a useful overall summary of issues of VAW around the world. Of particular value is a section on p. 27 about how male violence can put women at risk for HIV/AIDS and make prevention difficult for them. For example, the paper discusses how the prevention strategy of using condoms and negotiating with a partner to use condoms presumes an equal power relationship between partners. It reviews studies from around the world showing that women often have little power in sexual relationships. The report includes a number of tables summarizing the prevalence of VAW in different countries. It mostly focuses on VAW more broadly rather than specifically to the school-aged population. It has a large section devoted to reviewing forms of intervention, including judicial and government initiatives (and has a section on recommendations to governments and NGOs); training health care providers; public awareness/education; victim assistance programs; and treatment for perpetrators. Although this review does not focus on school-aged population, an awareness initiative is mentioned, in which Jamaican youth use drama to highlight issues of gender violence. Finally, it highlights the need for more research.

Heyzer, Noeleen. 2003. "Enlisting African Women to Fight AIDS." *The Washington Post*, July 8.

In light of President Bush's recent visits to countries of sub-Saharan Africa, Heyzer, who is the executive director of the United Nations Development Fund for Women (UNIFEM), discusses the importance of women's empowerment as one "vaccine" to reverse the AIDS crisis, and the multiple and overlapping ways in which women's inequality fuels the transmission of the virus.

She argues that, first, women lack the power in relationships to refuse sex or negotiate protected sex in many societies, especially in child marriages, forced marriages, and through the threat of violence. Second, she writes that poverty and economic dependence severely compromise a woman's capacity to refuse sexual relations that she perceives are dangerous. Third, poverty facing women in Africa is all the more severe because as they assume the burden of care, women have dropped out of the productive sector, and they are "pulling their daughters out of schools, leading to further intergenerational poverty and lost potential."

Heyzer highlights a promising program called the Positive Women's Network throughout sub-Saharan Africa. Their strategies include:

- An end to the stigma and discrimination women face in their communities;
- Clear opportunities to participate in AIDS decision-making and resource allocation at a higher policy level;
- Resources to develop prevention, care, and treatment programs focused on women, including access to genuinely affordable drugs;
- Opportunities for training and education for infected women and their children;
- Resources for implementing grass-roots education programs on women's empowerment and equal access to education and employment; and
- National policies and laws that will support women's human rights.

Inter-American Development Bank (IDB). March 1999. "Combating Violence in the Americas: IDB Projects and Initiatives." Fact Sheet. Washington, DC: IDB. Retrieved April 2003 from http://www.iadb.org/sds/soc/publication/gen_912_562_e.htm.

This fact sheet reviews the expenditures devoted to combating violence in six Latin American countries and concludes that violence, including domestic violence, is a serious barrier to social and economic development in the Latin American region. It lists a variety of violence prevention efforts funded by the Inter-American Development Bank. While there is little specific reference to school-based gender violence, the fact sheet does present a clear picture of a context in which violence of all types is increasing.

[Kim, Julia C., Paul M. Pronyk, and Harry P. Hausler. 2002. "Gender Violence and HIV: Addressing the Links between Dual Epidemics through the Health Sector in South Africa." Presented at the 13th International AIDS Conference, July 9–14, Durban, South Africa. Retrieved April 2003 from http://www.wits.ac.za/radar/Publications.htm.]*

It is widely recognized that violence against women is a problem of extraordinary magnitude in South Africa. In 1993, the UN Special Rapporteur on Violence Against Women noted that South Africa has the highest rape statistics in the world, and South African women's organizations estimate that as many as one in six women is in an abusive domestic relationship (Human Rights Watch Report, 1995). Yet the relationship between gender violence and HIV/AIDS has only recently been acknowledged at policy levels. It is precisely those young women who, in the context of their relationships, are unable to exert any meaningful control over sexual and other life choices, who are at the highest risk of infection, and who now comprise the majority of all new cases of AIDS in Africa. Conversely, a woman's discovery of her HIV status can have profound repercussions ranging from economic and social abandonment to physical violence and even death.

This paper describes an innovative, participatory, HIV training curriculum for health workers, which was developed, implemented, and evaluated within a National Department of Health HIV/TB pilot initiative in rural South Africa. It deliberately expands the current emphasis on biomedical understandings and clinical competencies, to incorporate a gendered understanding of the AIDS epidemic, including the links between gender violence and HIV. For HIV counseling and prevention to be effective, training approaches must go beyond traditional "safer sex" messages to acknowledge the lived reality of women's lives—a reality often constrained by unequal gender relations and the threat of violence. Drawing on healthcare workers' own experiences as men and women, and raising awareness about the links between gender violence and HIV, should both be seen as critical steps in generating realistic and compassionate approaches to HIV counseling and care.

Levers, Lisa Lopez. 2002. "Examining Northern Namibian Teachers' Impressions of the Effects of Violence, Gender, Disability, and Poverty on Young Children's Development: School-Based Countermeasures." ***Journal of Children & Poverty*** **8(2):101–140.**

A donor-funded basic education support project in Namibia equipped teachers in the northern district, mostly Owambo- and Kavango-populated and widely affected by relatively recent warfare in the region, with teachers' guides, posters, and materials for lessons, while also training teachers and introducing them to basic practices of continuous assessment. Evaluative research assessed the efficacy of training and surveyed teachers' experiences with using continuous assessment by means of classroom observations, teacher interviews, and focus groups. As an extension of the construct of continuous assessment of cognitive ability, preliminary qualitative interview probes inquired about teachers' awareness of and ability to assess the potential impact of gender and disability on classroom performance and also their ability to assess the psychosocial problems of learners whose classroom behaviors may be affected by exposure to trauma in the home, village, and/or extended environment. The findings of this educational anthropology study mainly reflected the teachers' descriptions of the educational effects of trauma-related psychosocial factors on children; their perceptions of the effects of gender, disability, and the region's poverty; and the ameliorative effects of school-based countermeasures. Cross-cultural and policy implications are explored and discussed.

Luke, Nancy. 2003. "Age and Economic Asymmetries in the Sexual Relationships of Adolescent Girls in Sub-Saharan Africa." ***Studies in Family Planning*** **34:67–86.**

This is a review article based on an examination of more than 45 quantitative and qualitative studies to describe the extent of age mixing and economic transactions in the sexual relationships of

adolescent girls in sub-Saharan Africa. It also examines the behavioral dynamics between the girls and men involved in these partnerships. The review suggests that relationships with older partners and those that involve economic transactions are common in this region. Although the reasons that adolescent girls engage in sexual relationships with older men are varied, receiving financial benefits is a major motivation. These age and material wealth asymmetries between the girl and her partner are associated with unsafe sexual behaviors and increased risk of HIV infection. The literature shows evidence that girls have considerable negotiating power over certain aspects of the sexual relationships with older men, including the formation and continuation of the partnership. However, they appear to have little control over sexual practices within the partnership, including condom use and violence. The review discusses directions for further research and the implications of current knowledge for future interventions.

[Maman, Suzanne, Jacqueline Campbell, Michael D. Sweat, and Andrea C. Gielen. 2000. "The Intersections of HIV and Violence: Directions for Future Research and Interventions. *Social Science & Medicine* 50:459–478.]*

This article reviews 28 studies from the United States and sub-Saharan Africa on the links between HIV and gender-based violence. These include 13 studies on whether forced or coercive sexual intercourse is a risk factor for HIV, four studies on whether violence limits women's ability to negotiate use of condoms, eight studies on whether childhood sexual abuse leads to a pattern of HIV risk-taking behaviors in adulthood, and six studies on whether women living with HIV infections are at increased risk for violence. The authors conclude that further research is needed to overcome the methodological limitations of existing studies and decide these questions. They call for prospective studies, standardized definitions and measurement tools, the inclusion of men's perspectives, qualitative research, and cross-cultural studies. However, the authors conclude that health services should take advantage of the overlap between HIV and violence, for example, by having HIV counseling and testing programs also identify and assist women at risk for violence or by having violence prevention programs also offer counseling for STIs, including HIV.

Panos. March 1998. "The Intimate Enemy: Gender Violence and Reproductive Health." Panos Briefing No. 27. Retrieved April 2003 from http://www.panos.org.uk/resources/reportsection.asp?ID=1005.

This briefing includes statistics on the prevalence of gender violence broadly (although not specific to the school-aged population). Indirect costs of this problem are summarized. It makes specific links between gender violence and HIV (e.g., "In U.S. surveys, 4 to 30 percent of women who have been raped acquire STD in process"). It has a specific section under consequences of gender violence on HIV/AIDS (e.g., women fear abuse by their partners if they ask them to wear a condom). In terms of interventions, it describes international initiatives and counseling and community action projects related to gender violence more broadly.

Plan International. 2003. *Children of the Americas Call for an End to Domestic Violence.* Panama City: Regional Offices of the Americas.

Nationwide research on domestic violence in El Salvador shows that violence against women and children is a "normal" part of the culture. A study by the Olof Palme Foundation found that 87 percent of children reported having been physically abused; 81 percent reported ongoing emotional abuse; and 21 percent fully admitted they had been sexually abused. These findings are confirmed by two separate UNICEF studies on violence in the home and at school. UNICEF found that cases of domestic violence had increased by 37 percent between 1996 and 1997. Along with these findings, Plan's community interviews reveal high levels of mental and physical child abuse in Brazil, Haiti, and Honduras.

Plan promotes giving children a voice and giving adults a forum where they can truly listen to the pleas of their sons and daughters.

Interviews with children have uncovered many who show evidence of physical or sexual abuse, especially among girls. In addition, there are many cases of students who have been physically and verbally abused by teachers while in school [there is no mention of sexual abuse by teachers in this report]. The report points out that such abuse is magnified by the societal acceptance thereof and the lack of support centers where children can report intrafamily violence and receive counseling.

There are ongoing Plan programs in El Salvador and the Dominican Republic that have been effective in showing parents that children can be raised with respect through dialogue, persuasion, and nonviolent forms of discipline. In disseminating this program, Plan also has regional links with the Latin American and Caribbean NGO Network for the Defense of Children's Rights, the Inter-American Institute of the Child, and the Latin American Regional Office of UNICEF.

Plan aims to help parents change and break the cycle of violence that is passed down from one generation to the next, and to contribute to broader acknowledgement of the trauma caused by domestic violence against children.

Some of the program components include:

- Developing studies on domestic violence in Brazil and Haiti;
- Implementing awareness-raising campaigns among parents, teachers, and community leaders about child rights and alternate approaches to child-raising;
- Developing workshops on domestic abuse for relevant government personnel for better reporting;
- Training teachers with teaching styles that allow for participatory, self-paced learning and for a more democratic administration of the school;
- Raising awareness among parents using a technique known as "School for Parents;" and
- Facilitating referral of victims of abuse to psychological counseling and appropriate government agencies.

Seshadri, Shekhar. 2002. "Candid Camera: Putting Men in the Picture?" Retrieved April 2003 from http://www.id21.org/education/EgveSeshadri.html.

"Let's Talk Men," the South Asian Masculinities Film Project set up by Save the Children and UNICEF, uses film to challenge gender stereotypes in South Asia. It has produced a set of four

films aimed at raising awareness of HIV/AIDS among adolescents and violence against girls in the region.

The films seek to initiate discussions between boys and girls, help them understand how knowledge and femininity/masculinity are constructed, and challenge traditional images of women and men and the power relations between them. Moreover, they present alternative male role models and a forum for discussion.

In Bangalore, India, with an alliance with Community Health Cell, an NGO, the films are now an integral part of ongoing staff training for professionals in 20 child-focused development agencies.

The policy recommendations derived from the project include:

- Establishing a culture of discourse with children;
- Integrating gender, patriarchy, sexuality, masculinity, inequity, power, domination, abuse and violence within mainstream discourse of all sectors serving children;
- Creating experiential approaches to inform and sensitize children and locating them in ongoing, process-focused programs; and
- Incorporating life skills education (i.e., health education), building self-awareness and self-esteem, and building decision-making skills into the school curriculum.

Vince-Whitman, C., Aldinger, C., Levinger, B., and Birdthistle, I. 2001. *Thematic Studies: School Health and Nutrition*. Paris: UNESCO.

This thematic study on School Health and Nutrition reviews what has happened in the field of school health and nutrition since the World Conference on Education for All (Jomtien, Thailand, 1990), identifies strategies and interventions that have proven effective, and suggests actions for the decade to come. This study also explores conceptual frameworks in school health and nutrition that developed during the 1990s and reviews regional trends, activities, and barriers for school health. The information presented in this study is essential to policy- and decision-makers who are committed to achieving EFA because the link between learning and health clearly shows that it is unlikely that EFA can achieve its goals without significant improvements in the health of students and teachers.

Findings include the importance of education to reduce social and gender inequities and the effectiveness of multiple, coordinated strategies such as a curriculum combined with community service to reduce risk behaviors such as fighting, early sexual behavior, and substance use.

World Bank. 2000. "Ecuador Gender Review: Issues and Recommendations." A World Bank Country Study. Washington, DC: International Bank for Reconstruction and Development/World Bank. Retrieved April 2003 from http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2000/10/27/000094946_00082605593466/Rendered/PDF/multi_page.pdf.

This paper presents findings of a review of gender trends and issues in Ecuador in demographics, health, violence, education, labor markets, and social protection. It also briefly describes the current macroeconomic context and poverty situation and recent gender-related institutional and legal advances, and includes a more comprehensive section on gender issues in rural development. The report finds that as a long-term strategy, gender policies and programs should address socialization processes that reinforce traditional gender roles. Short-term measures, however, need to focus on the acute and immediate needs of the population. Gender work should also focus on boys and men. The report identifies six priority action areas. First, consider both female and male gender issues when designing and implementing social safety nets and emergency assistance programs. Second, strengthen indigenous people's initiatives so that they address gender differences and disparities. Third, address issues such as maternal mortality, AIDS and STIs, teen-age pregnancy, and family planning in an integrated fashion under the rubric of reproductive and sexual health. Fourth, develop initiatives to address at-risk youth. Fifth, define and strengthen the institutional framework on gender at the national level. And sixth, evaluate ongoing work on gender to examine lessons from past gender interventions.

The report states that 42–60 percent of women are victims of family violence, and 22 percent of adolescent girls said they were victims of sexual abuse in educational settings. In terms of reproductive health issues, it reports that reproductive health programs often exclude men. Only 3 percent of men use condoms and 80 percent of youth say they have access to family planning information, mostly through schools and friends. It includes reviews of studies on partner violence in Chile (11 percent), Colombia (20 percent), Costa Rica (10 percent), and Paraguay (9 percent).

While it does not describe particular interventions, the report notes the 1995 Congressional passage of the Law on Violence Against Women and Family Violence and establishment of "women's police stations" to assist victims. The document highlights a number of needs for further work including: training for teachers, and revising textbooks to better represent women; programs to teach children nonviolent conflict resolution skills; educational programs in the media (e.g., using soap operas to model nonviolent conflict resolution); prevention programs for young men; improving sensitivity of judges, police, etc.; increasing community awareness of laws and services; and working to change cultural attitudes.

World Health Organization. 1999. *WHO Information Series on School Health, Document Three. Violence Prevention: An Important Element of a Health-Promoting School.* Geneva: WHO & UNESCO. http://www.who.int/school_youth_health/media/en/93.pdf.

This document introduces health-promotion strategies to improve the health, education, and development of children, families, and community members through a Health-Promoting School. It provides arguments that can be used to convince policymakers of the importance of reducing and preventing violence through schools. It also presents reasons why communities and schools both need and will benefit from violence prevention and health promotion.

The document describes steps for planning violence prevention through schools in a participatory way and introduces how violence prevention can be integrated into different components of a school such as school health education, school health services, a healthy school environment, supportive school policies and practices, school/community projects and outreach.

World Health Organization. In press. *The World Health Organization's Information Series on School Health, Document 8. Family Life, Reproductive Health, and Population Education: Key Elements of a Health-Promoting School*. Geneva: WHO, UNESCO, UNICEF, EDC, World Bank, PCD, EI.

WHO has prepared this document to help people make a case for school-based efforts to address and improve family life, reproductive health, and population education, and to plan, implement, and evaluate school-based efforts as part of the development of a Health-Promoting School.

The document presents arguments that family life, reproductive health, and population education through schools are important and effective for public health and personal development. It addresses issues of sexual exploitation and sexual harassment, the impact of early pregnancies, especially for girls, and the potential of education to support the concepts of human rights and gender equity. The document outlines how efforts to address these issues can be planned in a participatory way through schools, and gives examples of integrating family life, reproductive health, and population education into various components of a Health-Promoting School such as supportive school policies; skills-based health education; healthy school environment; school health services; cooperation with communities and families; mental health promotion, counseling, and social support.

World Health Organization. In press. *The World Health Organization's Information Series on School Health, Document 9. Skills for Health: Skills-Based Health Education Including Life Skills: An Important Component of a Child-Friendly/Health-Promoting School*. Geneva: UNICEF, WHO, EDC, EI, UNESCO, UNFPA, World Bank, PCD.

This document is focused on skills-based health education for teaching children and adolescents how to adopt or strengthen healthy lifestyles. It is concerned with the knowledge, attitudes, skills, and support that they need to act in healthy ways, develop healthy relationships, seek services, and create healthy environments. The document introduces life skills, including those for violence prevention and peace education. It also includes theories and principles supporting skills-based health education, evaluation evidence and lessons learned, critical success factors for school-based approaches, and priority actions to improve the quality and scale of skills-based health education programs.

C. HIV/AIDS, Sexuality, and Youth

Amazigo, Uche, Nancy Silva, Joan Kaufman, and Daniel S. Obikeze. 1997. "Sexual Activity and Contraceptive Knowledge and Use Among In-School Adolescents in Nigeria." *International Family Planning Perspectives* 23:28–33.

This is a multi-method and multi-sample study of the relationship between adolescents' contraception knowledge and their sexual behavior carried out in two southeastern states in Nigeria, inhabited by people mainly of Ibo ancestry. Students (N=2,460) were selected from 22 high schools (10 all male, 11 all female, and one coeducational), roughly half in rural and half in urban areas.

Students were in senior secondary school classes one and two, which are indicated to be equivalent to US high-school grades 10 and 11, respectively.

Male interviewers administered the questionnaire to students in the all male schools and female interviewers in the all female schools, while a team of one male and one female interviewer went to the coed school. In addition to the survey with students, 18 in-depth interviews were conducted with community members (midwives, doctors, and patent dealers who are unlicensed and untrained medicine providers). Thirteen focus groups were held—three with female students, four with male students, four with patent dealers, and one each with midwives and doctors. Older students were asked to participate in an essay-writing contest on the topic of major causes and consequences of teenage pregnancy and abortion for Nigerian students.

Among 2,460 students surveyed only 36 percent could correctly identify the most likely time for conception to occur. More female than male students (46 percent vs. 25 percent), more urban than rural students (38 percent vs. 33 percent), and more older than younger students knew the most likely time for conception to occur. Among students who reported (67 percent of the sample) their sexual activity, 40 percent said they had had intercourse. Older students were more likely to be sexually experienced than younger students. While 36 percent of the young women had had sexual partners who were roughly their age, 25 percent reported having been involved with older businessmen. The latter group reported that they had intercourse more frequently and were less likely to restrict intercourse to the safe period. Only 17 percent of the sexually active students reported ever using a method of birth control other than abstinence. Students revealed many misconceptions about contraceptive methods.

In focus groups and in-depth discussions, students expressed a strong desire for better education about contraception and the consequences of sexual intercourse.

Barker, Gary, and Françoise Girard. 2003. "'My Father Didn't Think This Way': Nigerian Boys Contemplate Gender Equality." Quality/Calidad/Qualité #14. New York: Population Council.

Highlighting the critical role of working with boys in achieving gender equality and ensuring sexual and reproductive health and rights, this issue profiles Conscientizing Male Adolescents (CMA), a program that teaches adolescent boys and young men to think critically about oppression, human rights, and sexism, including traditional Nigerian practices and their own beliefs. Founded in 1995 by Eddie Madunagu, a nationally known Nigerian journalist, scholar, and political activist, CMA promotes the idea that "educating men on issues of specific concern and interest to women is an important, even critical, contribution to the universal struggle against the discrimination and injustices suffered by women and perpetrated mainly by men (or in the interest of men) both in private and in public life" (p. 7). It focuses on boys aged 14 to 20, based on the belief that boys in this age group are impressionable and typically "absorb the most backward social prejudices against women."

The principal objective of the CMA program is to engage adolescent males in ongoing discussion groups to increase their awareness of gender-based oppression, to foster participants' skills in critical thinking and analysis, and to provide counseling services and carry out community advocacy work.

The Calabar International Institute for Research, Information and Development (CIINSTRID) was established in 1996 to provide an institutional home for CMA and house the library and documentation center.

CMA has run sessions at local schools, and with additional funding expanded to towns in neighboring states. Madungau also began to recruit and train teachers to lead the groups. This issue also includes a detailed description of the curriculums used in the program.

Some of the lessons learned from the program include: boys crave knowledge; many boys in this age group learn gender oppression through analogy rather than from experiences; not all boys fully grasp the idea of gender equality but will adjust their behavior to the social norms; programs must guard against promoting another form of patriarchy by which boys "protect" girls and women; and effective evaluation methods must be developed to assess changes in social norms and power dynamics at the community level.

In concludes that helping boys think critically and expanding their knowledge about power and sexism may be more effective than focusing on health in bringing about behavioral change, including those behaviors affecting health.

Bennell, Paul, Karin Hyde, and Nicola Swainson. 2002. "The Impact of the HIV/AIDS Epidemic on the Education Sector in Sub-Saharan Africa: A Synthesis of the Findings and Recommendations of Three Country Studies. Botswana, Malawi and Uganda." Retrieved April 2003 from http://www.sussex.ac.uk/usie/cie/aidssynpublished.pdf.

This report presents findings and recommendations from a study of the impact of the HIV/AIDS epidemic on primary and secondary schools in three countries, Botswana, Malawi, and Uganda. While it is widely accepted that the HIV/AIDS epidemic will seriously affect the education sector in sub-Saharan Africa, little systematic empirical research has been undertaken, particularly in the high-prevalence countries. Furthermore, despite the mounting concern about the vulnerability of young people in Sub-Saharan Africa, there is still not sufficient information available to be able to make a comprehensive and robust assessment of the extent to which adolescents have changed their sexual behavior in response to the AIDS threat.

Moreover, while it is widely assumed that teachers are a high-risk behavior group and that, therefore, HIV prevalence among the teaching profession is higher than among the adult population, no supporting evidence for this assertion was found in the three countries or any other country in sub-Saharan Africa. For example, teacher mortality in Botswana was less than half of what had been projected for the overall adult population in the late 1990s. Mortality rates are generally much higher among primary school teachers and male teachers. They are found to vary widely according to type of school (primary and secondary), sex, location, and marital status. The authors stress that more research is urgently needed to establish the key factors underlying what appear to be very large mortality rate differentials among different groups of teachers. It is quite incorrect, therefore, to treat teachers as though they are a homogeneous group with respect to the impact of the epidemic. More generally, there exists a strong negative relationship between mortality rates and socioeconomic status.

A range of qualitative and quantitative methods was employed. Forty-one schools in these countries were surveyed and extensive interviews were conducted with education managers and teachers, as well as other key stakeholders, including other ministries, NGOs, and donor organizations. Each country study adopted a three-pronged approach: First, a school survey was conducted in 10 to 20 schools in two districts in each country; second, key informants were interviewed in the education, health, social work, financial, and population sectors; and third, secondary data were collected on the education system and on HIV prevalence and mortality.

The major finding of the study is that there is little hard evidence to show that school-based HIV/AIDS education and, more generally, sexual reproductive health and life skills education, has had a major impact on sexual behavior. The authors indicate that students at the surveyed schools were well informed about the causes and consequences of HIV/AIDS. They argue, however, that translating this knowledge into behavioral change remains the major challenge. Furthermore, economic and social/cultural pressures that fuel unsafe sexual behavior among adolescents remain as high as ever, and in the poorest communities, are probably increasing. More students thought that sex between students and teachers was a problem.

Teacher mortality rates do appear to be positively correlated with the overall levels of HIV prevalence in the areas in which teachers work. In Botswana it is significant that interregional mortality rate differentials are much lower among female primary school teachers.

Estimates have been made for six countries of teachers (the three country studies and also Kenya, Zambia, and Zimbabwe). In all six countries, the reduced demand for teachers outweighs the increase in AIDS-related mortality over the next decade. Somewhat perversely, therefore, the AIDS epidemic will make it easier to reduce student–teacher ratios and meet Education for All targets. As Goliber points out “the epidemic seems to influence the demand for educational services moderately more than the supply” (World Bank 2000:45 cited in Bennell et al. 2002). However, additional teachers will still be needed in order to cover for teachers who have clinical AIDS.

Birdthistle, Isolde and Cheryl Vince Whitman. June 1997. "Reproductive Health Programs For Young Adults: School-based Programs." Research Series. Washington, DC: FOCUS on Young Adults.

The report makes a case for the promotion of reproductive health through a coordinated school-based approach, which is described as desirable for financial, developmental, and practical reasons. The major types of educational efforts that address the health effect of sexuality and reproduction described here are family life education, sexuality education, population education, and HIV/AIDS education programs. Many of these programs involve youth as trained sexuality/reproductive health (RH) educators (peer educators), mental health/RH counselors, or providers of RH services. Most programs, however, do not include services.

The report reviews the current literature on the process of planning, designing, and implementing a school-based program and the components of a school-based RH program. While there is a worldwide controversial yet common concern over the appropriateness of RH education in schools and its content, the review finds that, “[r]esearch overwhelmingly points to the contrary” (p. 12).

According to the author, while the US-based studies have been relatively well observed and evaluated, the majority of the RH programs in developing countries have not been evaluated or even described in detail (factors include, limited access to essential RH data, limited resources and evaluation expertise, and methodological problems in studies that are available).

Boler, Tania, Amina Ibrahim, Ranjin Adoss, and Margaret Shaw. 2003. "The Sound of Silence: Difficulties in Communicating on HIV/AIDS in Schools. Experiences from India and Kenya." London: ActionAid. Retrieved April 2003 from http://www.actionaid.org/resources/pdfs/soundofsilence.pdf.

This report examines the ways in which HIV/AIDS education is implemented and received by schools in India and Kenya. The two countries are chosen partly for their differences, but also a similarity: the existence in each of the chosen regions (Nyanza, Kenya and Tamil Nadu, India) of a state-sponsored HIV curriculum. Employing both quantitative and qualitative methods, the study illustrates the reported attitudes of 3,706 teachers, pupils, parents, and other key stakeholders in the educational community on issues including: the parental and community demand for school-based HIV/AIDS education; the role of the school in teaching young people about HIV; how HIV/AIDS education is being taught in the classroom; and difficulties that exist in successfully delivering school-based HIV/AIDS education.

The report conveys that in both Kenya and India teachers and schools play a pivotal role in teaching young people about HIV and AIDS. In general, parents are reported to appear supportive of schools in this endeavor, partly because it relieves them of their own responsibilities for discussing HIV/AIDS.

The analysis of parental and community demand for HIV/AIDS education reveals that in both countries young people and their families perceive HIV to be a serious threat, and that there is a strong belief that education can act to mitigate that threat. As a consequence, there is a strong demand for young people to be taught about HIV. Key findings on this include:

- Sixty-eight percent of Kenyan parents reported knowing their child was being taught about HIV in school, compared to 12 percent of Indian parents;
- Teachers perceive parental support for school-based HIV/AIDS education to be lower than it is;
- The majority of young people, parents, and teachers in both countries view HIV as a very big problem nationally. However, in Tamil Nadu, HIV was seen as less of a problem in the local area or school, while most Kenyan respondents viewed HIV to be a big problem locally; and
- Striking differences exist between countries on perceived frequency of risky behavior in schools: 74 percent of Indian parents reported that casual sexual relationships between students never happened, compared to 15 percent of their Kenyan counterparts.

In terms of the role of the school in HIV/AIDS education, the study suggests that a number of social factors influence young people's perceptions about HIV, including religious influence, the media, family, and peers. The authors indicate that parents often feel uncomfortable talking about sensitive issues with their children and, particularly in India, the media are perceived as giving out harmful messages. Consequently, they argue, the school is viewed by the community as a trusted and

important place for young people to learn about HIV, and teachers as paramount in teaching young people about HIV/AIDS. Key findings on this include:

- Eighty-seven percent of Indian teachers and 90 percent of Kenyan teachers viewed their profession as having responsibility for teaching young people about HIV/AIDS;
- In Kenya, teachers viewed responsibility for teaching young people about HIV as being diffused throughout the community—including parents (88 percent) and religious leaders (85 percent);
- Respondents in both countries thought that young people learn about HIV from a number of sources. Teachers and television were among the top three most commonly cited sources across all respondent groups and in both countries; and
- Parents (particularly mothers) and religious leaders appear to play a far greater role in teaching young people about HIV in Kenya than in India. Forty-two percent of Kenyan parents reported often talking to their children about sex and HIV. In comparison, 63 percent of Indian parents reported never talking about sex or HIV to their children.

Examining silences in communicating on HIV/AIDS, the authors show that, given the sensitivities that surround sex and HIV, teachers reported finding it difficult to discuss HIV/AIDS with their students. The findings suggest that "selective teaching" often takes place, where teachers appear to be selecting which messages to give or choosing not to teach HIV at all. Often, an overly scientific emphasis during lessons leads to discussions of HIV without any direct reference to sexual relationships. In other cases sex is discussed, but only within the "acceptable" boundaries of abstinence.

The authors argue that the occurrence of selective teaching is alarming, stressing that discussion of HIV without direct reference to sex, or advocating abstinence without mentioning safe sex, cannot work. On the contrary, t bonds notions of HIV to immorality, and leads to a "them, not us" attitude, which, in turn, leads to even further discrimination. They argue that it also fails to help the many young people who are sexually active, making it less likely that they will seek advice or personalize their risk of becoming HIV positive.

- It appears that selective teaching is taking place in both Kenya and India with both students and teachers (to a lesser extent) claiming that lessons are not being taught. For example, 95 percent of teachers in Tamil Nadu claimed that the HIV component of the Total Health Programme was being taught compared to only 53 percent of students. In both countries selective teaching appears to be more common in rural areas than urban areas.
- Selective teaching is also manifested in HIV/AIDS education, which does not directly refer to sex. This appears to be more common in Tamil Nadu than Nyanza—35 percent of the Indian students reported having been taught about HIV and never having been taught about sex (compared to 7 percent of Kenyan students).
- In Kenya, selective teaching of HIV appears to be linked to negative stances toward condoms and safe sex. Surprisingly, Indian respondents, particularly students, appeared to have less negative attitudes toward condoms than their Kenyan counterparts (28 percent of Indian students were against students having access to condoms compared to 57 percent of Kenyan students).

The obstacles to teaching HIV/AIDS faced by teachers are symptomatic of a wider crisis in education. Efforts in the classroom are severely hampered by oversized classes, overstretched

curricula, and a dearth of training opportunities and learning materials. In addition, the large numbers of children who are out of school do not have any access to school-based HIV/AIDS education. Key findings include:

- Forth-five percent of Kenyan teachers said they did not have enough knowledge to teach about HIV/AIDS, compared to 20 percent of Indian teachers;
- The majority of teachers in both countries reported never having been on a training course on HIV/AIDS (70 percent in India, 54 percent in Kenya);
- About half of the teachers in both countries said they did not have enough time to teach HIV/AIDS (52 percent in India, 54 percent in Kenya);
- Interviews and focus group discussions in both countries suggest that the cultural barriers included both the "paradox of safe sex" (conflicted belief about whether adolescents actually do or do not have sex, and hence need the safer-sex education) and gender-specific issues in which teachers (particularly female teachers) did not feel confident teaching students of the opposite sex; and
- Twenty-four percent of Kenyan students stated that teachers did not set good role models when it comes to sexual behavior, compared to 12 percent of students in India.

In their recommendations, the authors highlight the importance in the following areas:

- Extending beyond the classroom. If HIV/AIDS education is to succeed, it must target all sectors of society including religious leaders, the media, and families, and include preexisting systems of knowledge transfer.
- Providing locally relevant HIV/AIDS education. Moving away from an overly scientific approach to HIV/AIDS education, learning resources on HIV/AIDS should stimulate children to understand the human side of HIV so they can connect the issue to real life, and should be locally driven, drawing upon local statistics of prevalence and local case studies.
- Challenging social and power inequalities. HIV/AIDS education should focus on power and communication issues in wider human relationships, and by doing so, some of the power issues involved in sexual relationships can be addressed.
- Prioritization and resource mobilization for education. In order for the education system to function in preventing the further spread of HIV/AIDS, improving the basic functioning of the system is a prerequisite by injecting financial resources at every level, internationally, nationally, in communities, and in schools themselves.
- School must be a safe place for all students, and teachers who sexually harass students, or enter into sexual relations with students, must be openly prosecuted. In order to encourage more open discussion of these issues, students must be guaranteed independent and confidential appeal procedures.

The Centre for Development and Population Activities (CEDPA). 2002. "The Better Life Options Program for Adolescent Boys in India." New Delhi, India: CEDPA. Retrieved April 2003 from http://www.cedpa.org/publications/pdf/blp_boys_india.

CEDPA realized that males need to play a critical role in women's empowerment, and launched a Better Life Options Program (BLP) for adolescent boys.

The BLP for adolescent boys is a holistically designed program that encompasses various relevant issues. The program guides adolescent boys toward better life skills, education, relationships, values etc. The aim of the program is to increase male involvement in reproductive health decision-making, expand life opportunities, improve gender sensitivity, and establish an enabling environment for young adolescents to mature into healthy, self-confident, productive, and responsible adults.

In 1999, CEDPA developed a global training manual, "Choose a Future! Issues and Options for Adolescent Boys," for facilitators and trainers working with boys aged 10 to 19. It addresses various issues including relationships, marriage, gender, fatherhood, health, family, education, work, legal status, and community involvement. The global manual was tested extensively with adolescent boys from South Africa, India, Ghana, and Nepal. In India, the manual was adapted to include issues specific to the Indian context and the adapted version, "Choose a Future! Issues and Options for Adolescent Boys in India," was launched in 2001.

It is reported that the program has brought about dramatic changes in the lives of adolescent boys and has given them a new direction and purpose in life. The project not only influenced the participants, but also brought about changes in the attitudes of all involved—the teachers, principals, family members of participants, and other community members. The boys are now no longer victims of myths and misconceptions and are aware of facts regarding issues related to puberty, masturbation, reproductive health, family planning, HIV/AIDS (spread and prevention), etc. The boys are now more focused on their studies and their future. They are increasingly more sensitive to gender issues, and in follow-up questionnaires and focus groups they responded that they no longer felt inclined to tease or sexually harass girls. They strongly advocated gender equality and felt that girls should be given equal opportunities at home and outside, and that the BLP must be implemented for adolescent girls living in these areas, too.

Importantly, it is indicated that post-program boys are more confident and self-assured regarding their abilities to take decisions and resolve conflicts peacefully.

As of 2002, the BLP has been implemented in 11 states in India and has reached over 8,000 boys.

The Centre for Development and Population Activities (CEDPA). 2001. "Adolescent Girls in India Choose a Better Future: An Impact Assessment." Retrieved April 2003 from http://www.cedpa.org/publications/pdf/blp_report.

CEDPA established the global Better Life Options Program (BLP) to promote opportunities for girls and young women to make better life choices concerning their health, economic status, civic participation, education, employment, decision-making abilities, and family planning. The program is based on an empowerment model and combines elements of education, family life education, life skills, vocational training, health services, and personality development. It uses a program guide entitled, "Choose A Future! Issues and Options for Adolescent Girls," for facilitators and trainers working to empower girls and young women.

The BLP is based on a holistic approach that aims to broaden the life options of adolescent girls by meeting their development needs, while also promoting social change through the education of parents, the family, the community, and decision-makers at the local, national, and international level. According to CEDPA, one cannot work with girls only. Therefore, various stakeholders also

have to be sensitized. Some of their strategies include: individual capacity building through literacy, post-literacy, and linkages with formal education; family life education; livelihood such as vocational skills training; age-appropriate general and reproductive health services; and social mobilization through advocacy and community involvement.

An assessment of the impact of the BLP was conducted and found significant differences between the controls and BLP alumnae in terms of education, vocational skills, economic empowerment, autonomy and mobility, self-confidence, reproductive health and child survival behavior, and health seeking. BLP alumnae were more likely to be literate, to have completed secondary education, to be employed, and to have learned a vocational skill. In addition, they were more likely to make autonomous decisions. Married BLP alumnae reported more positive behaviors compared to the married controls related to reproductive health and child survival.

Dlamini, E. V. 2001. "Education and HIV/AIDS in Swaziland: Actions Taken by the Ministries of Health and Education." Swaziland: Department of Education. Retrieved April 2003 from http://iiep.tomoye.com/file_download.php/123%2BDlamini.pdf?URL_ID=1179&filename=10343316680123_Dlamini.pdf&filetype=application/pdf&filesize=114615&name=123%2BDlamini.pdf&location=user-S/.

This article summarizes programs in Swaziland that deal with HIV/AIDS in schools. Those include "school health teams" to disseminate information to teachers and students; the SHAPE (Schools HIV/AIDS Population Education) initiative that targets particularly vulnerable groups; a broader guidance counseling program to make counseling resources available to students on a wide range of topics including careers, social and personal issues, and reproductive health; and Health Clubs—most schools have these—which organize activities around HIV/AIDS awareness. Dlamini cites some problems, however, with many clubs having "deep seated views that were contrary to what HIV/AIDS is all about" (p. 3).

Fleischman, Janet. 2003. *Fatal Vulnerabilities: Reducing the Acute Risk of HIV/AIDS among Women and Girls.* Washington, DC: Center for Strategic and International Studies.

Further examining girls' and women's HIV risk, *Fatal Vulnerabilities* (2003) by Fleischman draws much of its descriptive information from, and builds its recommendations on, the reality of the HIV epidemic in sub-Saharan Africa. The report identifies and describes factors increasing girls and women's vulnerability to HIV infection including heightened biological susceptibility (particularly of young girls), sexual violence and domestic abuse, traditional roles as caregivers of the ill and HIV-infected family members, and financial dependence (which often precludes safer-sex negotiation). In addition to these "conventional" risk factors, Fleischman discusses AIDS orphans and the special risks to adolescent girls.

AIDS orphans are currently estimated at 13–25 million worldwide and rising. Eighty percent of these children are in sub-Saharan Africa. The lack of parental care and protection increases the risk of sexual exploitation and violence particularly among orphaned girls. Sometimes this may even occur at the hands of the new/adopting caregiver. Young girls who may be looking after younger siblings or ill relatives are, meanwhile, more likely to discontinue school and to be deprived of other

sources of economic or social support. This, according to Fleischman, further heightens their risk of abuse or exploitation.

Adolescent girls, a group particularly vulnerable to HIV infection, are also discussed in this report. In southern Africa, it is reported, infection rates among girls aged 15 to 19 are seven times that of boys (of a similar age group), while in the Caribbean girls are infected at twice the rate of boys. In addition to heightened biological susceptibility, these high infection rates have been linked, according to the author, to prevalent sexual violence and discrimination. Of particular interest is the cross-generational, or "sugar daddy," phenomenon in which older men engage in sexual relations with younger girls who are presumed to be disease free. Fleischman describes this pattern as feeding "on conditions of poverty and economic dependency" where young girls enter exploitive and risky relationships to ensure food, shelter, and schooling cost.

Drawing particular attention to education, the author speaks of the values of schooling for girls, including raising of awareness and self-empowerment, while recognizing new dimensions in the educational settings that have emerged with the rising HIV/AIDS epidemic. These include:

- Girls pulled out of school to look after ill relatives or siblings;
- Girls pulled out of school to assist in household income generation; and
- Sexual exploitation by teachers creating unsafe school environments.

Other elements contributing to girls'/women' vulnerability include:

- The lack of child and gender sensitivity among police and judicial systems, thereby impeding the reporting of abuses;
- Shortage of opportunities for economic empowerment of women, particularly AIDS widows and orphans, increasing the chance of risk-taking behavior such as entering inequitable relationships or commercial sex work; and
- Humanitarian crises, emerging from economic and political realities, in which sexual violence and shortages of basic resources increase risk of HIV infection.

Recommendations provided by the author include:

- Improving access to avenues of retribution for abuse and exploitation;
- Expanding opportunities for women's economic empowerment;
- Ensuring access to education for girls and the integration of HIV/AIDS prevention into school curricula;
- Expanding services for victims of sexual violence; and
- Improving training for law enforcement agencies and the judiciary on the links of HIV and sexual abuse/violence.

Gachuhi, Debbie. 1999. *The Impact of HIV/AIDS on Education Systems in the Eastern and Southern Africa Region, and The Response of Education Systems to HIV/AIDS: Education/Life Skills Programmes*. New York: UNICEF/ESAR.

This report describes the impact of HIV/AIDS on the education sector in Eastern and Southern Africa Region (ESAR) and indicates that as a result of social and economic processes, the AIDS epidemic is beginning to have a serious impact on the education sector, specifically on the demand for, supply of, and the management and quality of education provided at all levels. As a consequence of HIV/AIDS, there are relatively fewer children needing education: Fewer children are being born because of the early death of one or both parents, and fewer parents will want to send their children to school, and there will be fewer families who are able to afford to send their children to school, according to the report. It stresses that the quality of learning outcomes and education will be affected by several confounding factors, which will emerge as the pandemic takes a deeper hold in ESAR.

The report also demonstrates the urgency and need for education systems in ESAR to respond to the challenges of the negative impacts of HIV/AIDS. The authors argue that young people, especially those aged 5 to 14, both in-school children and out-of-school youth, offer a window of hope in stopping the spread of HIV/AIDS if they have been reached by Life Skills Programs that aim to foster positive behaviors across a range of psychosocial skills, and to change behaviors learned early.

Included in the report is an overview of the education systems in seven countries in the region that have attempted to impart life skills to children and young people. According to the report, to date, there are too few life skills programs in ESAR that are targeting children and young people with information about HIV/AIDS and that meet the criteria for minimally effective education programs. In addition, the report says it is important for UNICEF to work with governments and NGOs to develop and implement school programs that promote both physical and psychosocial health, and that are cost-effective and sustainable over the long term.

Gregson, Simon, Heather Waddell, and Stephen Chandiwana. 2001. "School Education and HIV Control in Sub-Saharan Africa: From Discord to Harmony?" ***Journal of International Development*** **13:467–485.**

While HIV is widely considered a disease of poverty and ignorance within sub-Saharan Africa, more developed countries and sub-populations appear to have higher levels of HIV. This paper focuses on the relationships between education and the spread of HIV at the macro and micro levels, and concludes that more-educated populations are initially particularly more vulnerable to HIV but are also better equipped to mount effective responses. It is argued that expanding provision of and access to secondary education could facilitate HIV control, but is severely hampered by the morbidity and morality effects of HIV epidemics. The authors indicate that efforts to sustain and increase education levels and reduce HIV infections should therefore be mutually reenforcing, but will require extensive resources.

Gupta, Geeta Rao. 2001. "Gender, Sexuality, and HIV/AIDS: The What, the Why, and the How." ***SIECUS Report*** **29(5). Retrieved April 2003 from http://www.siecus.org/pubs/srpt/srpt0033.**

This article articulates the connection between gender, sexuality, and power in the AIDS crisis. It highlights the unequal power distribution between men and women, and the increased vulnerability

of both to HIV/AIDS (heterosexual transmission of HIV is the most common mode globally). It reveals some structural factors concerning the issue, discusses possible intervention strategies, and provides a brief description of current programs.

Gupta defines "gender" as a social and cultural construct and "sexuality" as a construct of a biological drive. She outlines the components of sexuality: practices, partners, pleasure/pressure/pain, and procreation. While the first two indicate the aspects of behavior, the latter two express the underlying motives. Another important component of sexuality she focuses on is power, which determines how all other "Ps" are expressed and experienced. Power is, therefore, fundamental to both sexuality and gender. Hence, an understanding of individual sexual behavior requires an understanding of gender and sexuality as constructed by a complex interplay of social, cultural, and economic factors that determine the distribution of power.

She describes the factors associated with women's vulnerability to HIV:

- The "good woman" ideology encourages women to be ignorant about sex and passive in sexual interactions.
- Traditional norms of virginity increase risks for young women.
- Stigma prevents accessing treatment services for STIs.
- Motherhood as an element of femininity creates a dilemma for women in using preventative methods.
- Women's economic dependency increases their risks for HIV (exchange of sex for money).
- Violence against women increases their risk for HIV.

Gupta indicates the correlation between sexual abuse and the increase of risky sexual behaviors (violence, risky behaviors regarding reproductive health). She argues that physical violence, threat of violence, and fear of abandonment are barriers for women in using condoms, discussing fidelity, or leaving. Consequently, the women with experiences of violence have higher risks for HIV.

Also outlined in the article are the factors associated with men's vulnerability to HIV:

- Norms of masculinity prevent men from seeking information, and lead them to engage in risky behavior, especially at a young age.
- Current beliefs about male sexuality decrease effectiveness of AIDS-prevention messages of fidelity.
- Sexual domination of women encourages stigmatizing men who have sex with other men.
- Expectation of invulnerability results in denial of risk.

Gupta argues that the power imbalance between women and men affects women's access to and use of services and treatments (e.g., a Tanzanian study on gender differences in the decision-making process for HIV voluntary counseling and testing services). Women's social and economic status intensifies their experiences with AIDS and its stigma. There are gendered behaviors and responses to finding out about HIV and a partner.

In overcoming the inequality, Gupta suggests that it is necessary to break the silence and openly discuss sex and sexuality. The current public health discourse tends to frame gender and sexuality as disease, marginalizing sexual health, pleasure, and right. There is a gap between the walk and the talk,

but Gupta argues that it is not impossible to change. Interventions should not reinforce damaging gender and sexual stereotypes.

Gupta recommends a number of approaches, on a continuum, to change. On one end of the continuum are the "approaches that do no harm": "gender-neutral" programming may not be harmful but does not address the needs of women versus those of men. Next are the "gender-sensitive approaches": to meet the different needs of women and men, e.g., use of female condoms and incorporating STD treatment services with family planning services. They are effective but not sufficient to fundamentally alter the balance of power in gender relations. The third are the "transformative approaches": to transform gender roles and create more gender-equitable relations, e.g., Men As Partners (MAP) by the Planned Parenthood Association of South Africa with AVSC International, and The Stepping Stone Program. They target young men and also work with women to redefine gender norms and healthy sexuality. Nevertheless, there is a need for early socialization programs for younger men, and couple counseling in HIV-testing clinics. At the farthest end on the progressive side of the continuum are the "approaches that empower": to empower women, and free men and women from the impact of destructive gender and sexual norms; access to information, skills, services and technology, decision-making, and creation of a group identity. There is a need for policies. Gupta suggests that with the backings of the Cairo Agenda (of the 1994 UN Conference on Population and Development) and the Beijing Platform for Action (of the 1995 UN Fourth World Conference on Women), governments and HIV/AIDS communities should work together.

Hargreaves, James R., and Judith R. Glynn. "Educational Attainment and HIV-1 Infection in Developing Countries: A Systematic Review." ***Tropical Medicine and International Health*** **7:489–498.**

The article assesses whether educational status is associated with HIV-1 infection in developing countries by conducting a systematic review of published literature. It reveals that large studies in four areas in Africa showed an increased risk of HIV-1 infection among the more educated, while among 21-year-old Thai army conscripts, greater duration of schooling was strongly protective against HIV infection. It also reports that the association between education and schooling in Africa was stronger in rural areas and in older cohorts, but was similar in men and women. According to the paper, serial prevalence studies showed little change in the association between schooling and HIV over time in Tanzania, but greater decreases in HIV prevalence among the more educated in Uganda, Zambia, and Thailand. It indicates that in Africa, higher educational attainment is associated with a greater risk of HIV infection, although the pattern of new HIV infections may be changing toward a greater burden among less-educated groups. In Thailand, those with more schooling remain at lower risk of HIV infection.

Harrison, Lyn. 2000. "Gender Relations and the Production of Difference in School-Based Sexuality and HIV/AIDS Education in Australia." ***Gender and Education*** **12(1):5–19.**

This article examines gender relations and the production of (gender) difference by focusing on findings from an evaluation of a pilot sexuality education program conducted in secondary schools in Victoria, Australia. Harrison argues that HIV/AIDS education and sexuality education, more broadly defined, presents a particular challenge to dominant forms of masculinity and that programs

need to address gender, power, and heterosexuality and its discontents if they are to have a positive impact on HIV-related discrimination and homophobia.

Hughes, Jane, and Ann P. McCauley. 1998. "Improving the Fit: Adolescents' Needs and Future Programs for Sexual and Reproductive Health in Developing Countries." ***Studies in Family Planning*** **29:233.**

The authors wrote this article in response to a growing demand in developing countries for sexual and reproductive health programs for young people. They define "programming" as encompassing any organized primary prevention or care activity designed to make sexual and reproductive information and services available to young people.

The authors make distinctions among three populations of young people: 1) adolescents who have not yet begun having intercourse, 2) adolescents who have engaged in intercourse but have not experienced unhealthy consequences, and 3) adolescents who have engaged in intercourse and have experienced unhealthy consequences. They suggest that the concept of the three groups can be used as an analytic tool for program planning, not as formal categories to use in daily program implementation. These groups are identified to give guidance for identifying needs and available resources and linking and strengthening a wider-than-usual variety of content, providers, and settings to create appealing, flexible, effective, and sustainable programs. The authors provide six programming principles:

- Recognize and address the fact that the program needs of young people differ according to their sexual experiences and other key characteristics;
- Start with what young people want and what they are doing currently to get sexual and reproductive information;
- Include skill building as a core intervention;
- Engage adults in creating a safer and more supportive environment in which young people can develop and learn to manage their lives;
- Use a greater variety of settings and providers; and
- Make the most of what exists by linking with existing programs and services.

Hyde, Karin A. L., Andrew Ekatan, Paul Kiage, and Catherine Barasa. 2001. ***The Impact of HIV/AIDS on Formal Schooling in Uganda.*** **Brighton, England: Centre for International Education, University of Sussex Institute of Education.**

This report reviews the public health campaign to combat the spread of HIV in Uganda. It indicates that HIV prevalence has been falling steadily in Uganda since 1992 and is now approximately 8 percent. This decline has been most noticeable in the 15–29 age group and has been achieved through an aggressive public health campaign spearheaded by the Ministry of Health, with support and encouragement from President Museveni. The anti-AIDS activities have been coordinated by the National Uganda AIDS Commission. The main strategy has been to disseminate a message that emphasizes empathy and support for AIDS victims, abstinence, faithfulness in sexual relationships, and the use of condoms during sexual intercourse. It has been a joint effort with national and international NGOs, with religious organizations playing significant roles.

Data collection was based on school data sheets (describing students, teachers, and school resources) for 9 schools; 10 Head-Teacher interviews; 10 senior management team interviews; 80 teacher interviews, 10 focus groups with teachers; 115 teacher questionnaires; 394 student questionnaires; 10 student focus groups; and 5 orphan focus groups.

The report further states that behavior changes have been documented. For example:

- A two-year delay in the onset of sexual intercourse among youth aged 15–24 years;
- A sharp increase in condom use from 15.4 percent to 55.2 percent among men and from 5.8 percent to 38.7 percent among women;
- A drop of nearly 50 percent in the proportion of men and women exchanging sex for money;

- A decrease in the proportion of people having sex with casual partners; and
- An increase in the proportion of people using condoms with nonregular partners.

However, challenges remain, and a national AIDS control strategic plan is being relaunched with substantial funding from the World Bank. The Ministry of Health is negotiating with drug companies to reduce the cost of AIDS therapies. The Ministry of Education and Sports is also currently developing a strategic plan to fight AIDS and HIV infection in the education sector.

The report includes findings and recommendations for students and teachers, and concludes with summary recommendations for the Ugandan Government.

Kadzamira, Esme Chipo, Nicola Swainson, Dixie Maluwa-Banda, and Augustine Kamlongera. 2001. *The Impact of HIV/AIDS on Formal Schooling in Malawi.* Brighton, England: Centre for International Education, University of Sussex Institute of Education.

The report focuses on HIV infection among students in four main areas: formal curriculum, guidance and counseling, anti-AIDS clubs and informal HIV/AIDS education, and sexual harassment. Data were collected from different groups, and included school data sheets (with performance reviews, student and teacher information, and school resources) for 11 schools; 15 interviews with school management teams; three focus group discussions with school committees; 97 teacher interviews; 205 teacher questionnaires; 9 teacher focus groups; 652 student questionnaires; 22 student focus groups; 111 orphan questionnaires; 7 orphan focus groups; and 6 parent/caregivers focus groups.

The report notes that most students are relatively well informed about the general causes and consequences of the HIV/AIDS epidemic, but there are still serious gaps in their knowledge. For example, more than one-quarter of Form 4 girls do not believe that "using a condom properly helps to reduce the risk of contracting HIV." Nearly one-half of Standard 8 girls believe that "only immoral people get the AIDS virus." Students are also very confused about condoms. They receive "mixed messages" both in and out of school about condoms and abstinence.

The AIDS epidemic seriously threatens the objectives of the Project Investment Framework (PIF) for the education sector, which are to promote gender and social equity and expand access of children to secondary school. Despite the impressive expansion of primary enrolments in the early

1990s, the quality of teaching and learning has declined and significant gender inequalities remain at secondary and tertiary levels. With increased sickness and absenteeism among students and staff, it will be difficult to improve the quality of education.

The report contains recommendations for prevention steps related to students, and then turns to the impact on teachers. Further recommendations focused on teachers are included.

[Kamlongera, Augustine F. 2001. "HIV/AIDS Intervention in the Education Sector in Malawi. Strategy Paper for Action Against AIDS." Retrieved April 2003 from http://iiep.tomoye.com/file_download.php/126+Kamlongera+Education+Malawi.pdf?URL_ID=1181&filename=10343405800126_Kamlongera_Education_Malawi.pdf&filetype=application%2Fpdf&filesize=117848&name=126+Kamlongera+Education+Malawi.pdf&location=user-S/.]*

This is an HIV/AIDS strategy presented by the Ministry of Education, Science and Technology in Malawi. It lists government's overall intervention strategies in response to HIV/AIDS' impact on education, as well as the individual response of the education sector through life skills training, committees to monitor and control the interventions established and a planning division to focus on some of the external HIV/AIDS factors impacting education. Presentation refers to an impact study in Malawi.

Kekovole, John, Karungari Kiragu, Leonita Murili, and Phoebe Josiah. 1997. "Reproductive Health Communication in Kenya: Results of a National Information, Communication, and Education Situation Survey." The Johns Hopkins Center for Communication Programs Field Report No. 9. Retrieved April 2003 from http://www.jhuccp.org/pubs/fr/9/.

Between August and September 1994, the National Council for Population and Development and The Johns Hopkins University Population Communication services carried out the Kenya National Information, Education, and Communication Situation Survey. The 1994 survey was conducted in 35 districts and covered 269 census clusters, as a supplement to the 1993 Kenya Demographic and Health Survey. The participating clusters in this study were randomly selected from those used in the 1993 survey.

A total of 6,320 adults and adolescents were interviewed. The sample included 997 adolescents aged 10 to 14, and 953 of their parents; 1,476 adolescents aged, 15 to 19, and 2,894 adults, aged 20 and older. Half of the respondents were female, just under 20 percent resided in urban areas, and over 90 percent were Christian. Among working adults, the main occupation for both men and women was farming. While the survey covered many topics related to media consumption and communication, we summarize the results pertaining to school-aged participants' health and sexual behavior.

The majority of the adolescents reported not communicating with their parents about reproductive matters. From a list of 11 possible choices, boys picked their mother and girls their father as the one person they are most uncomfortable talking with about reproductive health matters. While 97 percent of those 15 and over had heard about AIDS, their knowledge was sketchy. Nearly one-third

of the adolescents and adults believed HIV/AIDS could be contracted through an insect bite, and one-fourth thought it could be contracted through second-hand clothes or by sharing eating utensils.

There was a general distrust of condoms. Almost 30 percent of adult and adolescent males and 40 percent of adult and adolescent females did not believe condoms could protect against HIV/AIDS.

Survey respondents showed displeasure at schoolgirl pregnancy and favored expelling pregnant students (over 54 percent). Just over half said both the boy who made the girl pregnant and the girl should be expelled. Female respondents were more punitive toward pregnant girls and gave a stronger endorsement for their expulsion than of boys.

Roughly 66 percent of unmarried males aged 15 to 19, and 40 percent of unmarried females, stated they were sexually active. Roughly 83 percent of males and 50 percent of females reported having had more than one partner. The main reason males had engaged in sex for the first time was "to enjoy myself," while females said it was "to show love." Nearly 15 percent of females said their first sexual encounter was "forced."

Kiragu, Karungari. 2001. "Youth and HIV/AIDS: Can We Avoid Catastrophe?" Population Reports, Series L, No. 12. Baltimore, MD: The Johns Hopkins University Bloomberg School of Public Health, Population Information Program.

The report includes statistical information on HIV infection rates among adolescents throughout the world. It shows that of the over 60 million people who have been infected with HIV in the past 20 years, about half became infected between the ages of 15 and 24; today, nearly 12 million young people are living with HIV/AIDS. It highlights that young women are several times more likely than young men to be infected with HIV: In nearly 20 African countries, 5 percent more of women aged 15 to 24 are infected. The author argues that there is an urgent need to address HIV/AIDS among youth, especially because more HIV infections occur during adolescence.

Kiragu argues that although young people suffer most from HIV/AIDS, the epidemic among youth remains largely invisible, both to young people themselves and to society as a whole. Young people often carry HIV for years without knowing that they are infected. As a consequence, the author argues, the epidemic spreads beyond high-risk groups to the broader population of young people, making it even harder to control. In explaining the ways in which young people contract HIV, it is pointed out that young women face substantial risk.

Kumar, Nikki, June Larkin, and Claudia Mitchell. 2001. "Gender, Youth and HIV Risk." *Canadian Woman Studies/les cahiers de la femme* 21(2):35–40.

Recent figures indicate that the national rate of HIV prevalence in South Africa is 22.8 percent, with the highest percentage of new infections occurring in the 10–24 age group. Consequently, young people are now recognized as the best resource for changing the course of the epidemic, and the authors argue that they are the promising target group for HIV prevention programs. They promote "quality education programs" that consider factors such as poverty, abuse, and lack of hope for the future as additional risks for youth, recognizing that AIDS feeds on the social inequalities of gender, social status, race, and sexuality.

Focusing on the factors that contribute to the young people's, particularly girls', vulnerability to STDs, including HIV/AIDS, this article argues that understanding and highlighting the role of gender is crucial in developing effective prevention programs. They also indicate that, besides younger women's biological risks to HIV infection, violence and inequity in heterosexual relationships limit their ability to practice safer sex, which programs must consider.

The authors highlight hegemonic masculinity that dominates the sexual cultures of youth as a factor contributing to risky behaviors among youth, including peer pressure for young men to be sexually active and to have multiple female sexual partners; and male control over sexual decision-making, including the use of male condoms within heterosexual relationships. Furthermore, since many young men have learned to approach sex from the position of sexual actor, while young women see themselves as the objects of sexual acts and the targets of male desire, such a dynamic places younger women in a risky situation for having unprotected heterosexual intercourse and, thus, increases her chances in contracting HIV.

The article points out that dealing with sexual violence is considered to be a key factor in the fight against AIDS, as seen in South Africa, which has a history of oppressive political practices and violence embedded in it as a normal part of gendered relations. The authors stress that, while it may be dangerous to generalize from one setting to another, it is important to recognize that the connection between AIDS and gender violence is not limited to the African context: Sexual violence is a problem for women worldwide. They argue that the threat or actuality of sexual violence, combined with a greater biological vulnerability to infection than her male partner, renders a young woman at increased risk for HIV transmission.

They conclude by suggesting that programs must consider the ways violence and inequity in heterosexual relationships limit young women's ability to practice safer sex.

Livingstone, A. M. 1999. *Vulnerability of the Girl Child to HIV/AIDS.* London: UK NGO AIDS Consortium.

A working group convened by the UK NGO AIDS Consortium specifically to examine the youth subpopulation of girls and their heightened vulnerability to HIV/AIDS identified a series of factors, which the group collectively titled a "framework of vulnerability." This framework includes physiological/biological, psychological, emotional, sociocultural, economic, political, legal, and infrastructure factors. Underlying all of these elements, the working group agreed, was a pattern of gender discrimination. Following a description of each of the framework elements and their connection to gender discrimination, the group highlighted five priority areas for future action:

- Sociocultural inequalities that range from access to education to traditional practices;
- Political action that focuses on the design and implementation of policy;
- Legal and legislative changes that include better access to information and services that enable the assertion of women's and girls' rights;
- Weak infrastructure that hampers the implementation of empowering policies such as education for all; and

- Economic changes that facilitate the empowerment of all people, particularly women, in an effort to decrease financial dependence.

The group also identified a number of barriers to the reduction of HIV vulnerability of girls. These include:

- Growing inequalities between rich and poor;
- The triple taboo in most societies of openly speaking of gender roles, sexuality, and death;
- The interaction of caste and class; and
- Social and political breakdown in times of conflict.

The group concluded by encouraging the involvement of children, men, and communities in the selection, design, and implementation of programs and strategies aimed at reducing HIV/AIDS vulnerability among girls and women.

Luke, Nancy, and Kathleen Kurz. 2002. "Cross-Generational and Transactional Sexual Relations in Sub-Saharan Africa: Prevalence of Behavior and Implications for Negotiating Safer Sexual Practices." Washington, DC: International Center for Research on Women. Retrieved April 2003 from http://www.icrw.org/docs/CrossGenSex_Report_902.pdf.

Luke and Kurz's (2002) review of the literature focuses on one aspect of girls' HIV vulnerability, sexual relations between adolescent girls and older men, thereby contributing to current thinking on HIV risk reduction among this population. Reviewed documents and research reveal that such cross-generational sexual relations are common among a sizable proportion of adolescent girls. Age differences tend to range from 6 to 10 years, and in a few cases may be even larger. Quantitative evidence indicates a common transactional component in these types of relations. Older partners, the review finds, are often professional men such as businessmen, teachers, drivers, and police. At the same time, the literature reviewed reveals that the majority of adolescent girls are actually in relations with partners only a few years older.

Several studies reviewed by Luke and Kurz point to an association between greater age difference and increased risk of HIV infection. In one study from rural Zimbabwe, researchers found a one-year increase in age difference between partners associated with a 4 percent increase in the risk of HIV infection. Other studies discovered a correlation between large age gaps and unsafe sexual behavior, which include non-use of condoms and non-discussion of HIV. One study, found a relationship between non-use of condoms and the increased levels of transaction (gifts) within the relationship.

Luke and Kurz also reviewed several articles addressing girls' motivations for entering relationships with older men, known as "sugar daddies," "big bellied," "bald headed," "sponsors," and "buzi." They found motivations include a desire for love and affection, a marriage partner, and monetary gifts. Financial motivations were, in turn, divided into three categories: (a) economic survival, (b) long-term life chances (e.g., school, clothes, and social mobility), and (c) social status among peers. These reviewers did not find extreme poverty as an often-cited reason to engage in cross-generational relations. The majority of studies reviewed indicate "transactional" relations as commonplace among adolescent girls and not viewed as prostitution. Personal health/safety was,

meanwhile, considered secondary to monetary benefits. Overall, the review found few statistical studies on girls' particular motivations.

In their analysis of the nature and dynamics of partnerships between adolescent girls and older men, the reviewers uncovered two types of portrayals of these adolescent girls: passive victim of sociocultural/economic realities, or active social agents making reasoned decisions about their behaviors. The passive portrayal depicts girls at the mercy of their older partners, engaging in risky sexual behavior for financial compensation and at threat of violence. External influences cited in the review include societal gender role dynamics, peer pressure, and existing economic structures. The review also found studies that describe adolescent girls' limited power to resist male pressure for sex and unsafe practices. According to these studies, girls are able to negotiate the formation, dissolution, and number of relationships. They are less able, however, to influence the condition of the sexual relations once in the relationship.

Finally, the recommendations posited by the review include:

- Garnering policy support for changing the social norm;
- Research/assessment programmatic responses to cross-generational/transactional sex and associated HIV risk; and
- Mounting of feasible and effective programmatic responses.

Machel, Josina Z. 2001. "Unsafe Sexual Behaviour among Schoolgirls in Mozambique: A Matter of Gender and Class." ***Reproductive Health Matters*** **9:82.**

This study sought to examine the reasons why schoolgirls in Maputo, Mozambique (ages 14–20) were engaging in risky sexual behavior and to ascertain whether the spread of HIV was due to socioeconomic factors and/or patriarchal beliefs and mores. The author studied random samples of female students from two schools, one a state-sponsored school, Lhanguene, (N=79) attended mostly by girls from working class families, the other a private school, Kitabe, (N=93) attended by girls from middle-class families. An additional random sample of 10 girls were interviewed in-depth as part of a pilot study for developing the survey questions. The average age of the girls was 17.5–18. Girls in the working-class school were more likely to report being sexually active (82 percent) than the girls in the middle-class school (52 percent).

The results showed that patriarchal norms and the need for material support predispose young women from the working classes in Maputo to engage in risky sexual behavior to a greater degree than those from the middle classes. The young women from a middle-class background were more likely to challenge patriarchal beliefs and were more assertive than the working-class young women. They were less likely to be motivated by material dependence than the working-class women (6 percent v. 63 percent). The "sugar daddy" phenomenon of sex with older men in exchange for material benefits was more prevalent among working-class girls. Middle-class young women were more likely to always use condoms (56 percent v. 32 percent), to refuse unwanted sex (6 percent v. 49 percent), and less likely to have more than one partner than the young working-class women (2 percent v. 18 percent).

The study did not find a statistically significant association between HIV/AIDS knowledge and safer sexual behavior. However, there was a slight tendency for those who reported always using a condom (39 percent) to have higher knowledge of HIV/AIDS than those who sometimes or never used a condom. The results also indicated that high acceptance of a gender power differential between men and women was associated with lower HIV/AIDS knowledge.

Young women from both backgrounds were constrained when it came to engaging in safer sex. Those who held more patriarchal views were more likely to engage in risky sex. The tendency to hold more patriarchal views on gender difference and economic need compounded the risk for young women from working-class backgrounds. Almost all the young women condoned multiple sexual relationships for men but not for women, and saw this as a major distinction between men and women, one that could not be changed. Eighty-four percent of the young women from working-class families and 79 percent from middle-class families accepted the view that men's sexual drives could not be controlled, nor their need for a variety of partners.

The article ends with a set of recommendations. Chief among them is the need to move beyond a knowledge-based sexual health education to one that teaches gender-sensitive life-skills development. It is also important to design programs that target both middle-class and working-class young audiences and to address the social context of safer sex decisions.

Mitchell, Claudia, and Ann Smith. 2001. "Changing the Picture: Youth, Gender and HIV/AIDS Prevention Campaigns in South Africa." ***Canadian Woman Studies*** **21(2):56.**

This article includes a review of HIV/AIDS prevention campaigns in South Africa, with a focus on the significance of HIV/AIDS prevention communication strategies. Mitchell and Smith argue that it is crucial to link AIDS with gender and violence. They are concerned with the failure to establish a connection between gender-based violence and the high incidence of AIDS—both in terms of the actual violence and of police and social support, or to incorporate this into campaigns related to HIV/AIDS prevention that target youth.

The authors indicate that the recent statistics in the province of Gauteng, South Africa reveal that 29.2 percent of young pregnant women are HIV positive, and that young women aged 15 to 19 are the fastest-growing age group for new infections. They argue that there are still few studies that make a direct link between coercive sex and pregnancy, and between coercive sex and HIV infections. Moreover, they critique the current policy documents on youth and AIDS that overlook the fact that girls do not necessarily engage in sexual activity voluntarily, or the links between the low status of women and their powerlessness within sexual relationships, or the link between HIV and aggressive masculinity.

They focus on one aspect of prevention programming—communication and awareness campaigns—which are considered basic to establishing effective prevention strategies, often seen in entertainment education programs within health promotion.

Their gender analysis of HIV/AIDS prevention campaigns includes the "ABC" (Abstinence, Be Faithful, and Condomize) campaign, which has been very popular and has been used in a number of African countries. The authors criticize it for not being gender sensitive; hence, the need to seek alternative ABCs that take into consideration the position of schoolgirls in South Africa and the

potential of campaigns to raise new awareness. Whether it is providing alternative interpretation of the popular ABC campaign or promoting "gendering of AIDS" activities, Mitchell and Smith stress the importance of seeing aggression, coercion, and female vulnerability as a part of HIV/AIDS-prevention strategies. Some of the programs mentioned are: "Opening Our Eyes," a school-based module directed toward South African educators; a pre-service teacher education module on media in the English curriculum at the University of the Witwatersrand; and "Men Can Make a Difference," of UNAIDS.

What is needed, according to the authors, are campaigns that are complementary to the ideas found in the UNAIDS work on "Men Can Make a Difference," specifically targeting young women. Similarly, the female condom could be a part of the "woman-focused" AIDS campaign, and as could access to immediate treatment with antiretroviral drugs.

Mitchell and Smith argue that in the case of AIDS in South Africa, there is a need for health workers, educators, and those working in media through Entertainment Education programs to ensure that images of AIDS prevention take account of the particular vulnerability of girls and young women in relation to AIDS infections. They stress that one way to move forward with HIV/AIDS prevention in South Africa is to ensure that girls and women are at the center, not just in relation to their vulnerability but, more important, in relation to their key position in the epidemic.

Morrell, Robert, Elaine Unterhalter, and Relebohile Moletsane. 2001. "Missing the Message: HIV/AIDS Interventions and Learners in South African Schools." ***Canadian Woman Studies*** **21(2):90–95.**

By examining the discourses on AIDS interventions in schools, the authors show how they overlook gender, and investigate how school students make sense of the messages.

In the first part of the article, the authors describe and critique some of the intervention programs. They look at the Life Skills and HIV/AIDS Education Program introduced in 1997 by the government; they point out that the major flaw of the initiative was its gender blindness in understanding the gendered content and context. Other interventions advocated by the Department of Education, especially when the new Minister of Education took office in 2000, focus on gender equity in schools, conflict resolution, self-esteem, violence, and democracy in school. While they see the need for a more holistic approach, the authors are skeptical about whether schools are equipped for such.

Besides the interventions from the formal education system, there are those from NGOs and community-based organizations funded by international and private sector agencies. They include the Canadian International Development Agency (CIDA), the Department for International Development (DFID/UK), and OXFAM. The authors stress that despite these efforts, there is the absence of an appropriate language to describe the nature and reach of the epidemic.

They also indicate that the literature on HIV/AIDS in South Africa and internationally is limited in dealing with schools as important sites for education about HIV/AIDS, and for transforming risk-taking behavior. Interventions rarely understand schools as gendered institutions; while there are enormous gender disparities in rates of infection between boys and girls, gender is not taken into serious consideration in Department of Education strategies.

All interventions aimed at school children in South Africa draw on a model of HIV/AIDS caused by unprotected (hetero) sex. Programs such as the ABC overlook the complex ways in which the messages are mediated by context, personal histories, and discourses on sexuality, masculinity, and femininity.

In the second part of the article, they draw on their fieldwork conducted in two black working-class township schools in Durban. The data include a survey of children in the schools, interviews with principals and teachers, class discussions, and small-group discussions with single-sex groups of students in the senior schools.

They find that boys and girls have different responses to knowledge about HIV/AIDS. However, they show that neither girls nor boys exhibit fixed identities or responses to this knowledge. Overall, African working-class girls have less opportunity to use their knowledge in emancipatory ways and develop gender identities that enlarge the scope for choice and transformation in their lives, due to their personal histories, the widespread incidence of sexual assault, and the patriarchal gender regimes they experience at home, at school, and in their communities. On the other hand, African working-class boys are sometimes able to deploy their knowledge about HIV/AIDS to exhibit power; however, they are generally positioned in a social world characterized by failure and hopelessness where they do not have control of their futures.

The authors argue that in order to be successful, it is crucial that school HIV/AIDS interventions take gender seriously, which means taking account of the lived realities of boys and girls and developing interventions to speak to these realties.

Moya, Cecilia. 2002. "Life Skills Approaches to Improve Young Adult Reproductive Health." Focus YARH Briefs. Retrieved April 2003 from http://www.pathfind.org/pf/pubs/focus/pubs/YARH%20Briefs/bri2fin.pdf.

This brief provides general information on developing life skills programs for young adult reproductive health.

When developing and implementing life skills programs, it is necessary to:

- Focus on the main goal, i.e., improving young adult reproductive health, and focus on key behaviors and conditions, such as delaying the onset of sexual activity, avoiding unprotected sex, and/or reducing the number of sexual partners.
- Involve participants, parents, and the wider community in all program stages.
- Deliver programs through well-trained personnel within or attached to schools or in the community.
- Ensure sequence, progression, and continuity in programs over time.

When conducting life skills training:

- Focus on the risks most likely to occur among participants and recognize what they already know, feel, and can do about them.

- Adapt program objectives, teaching methods, and materials to the age, gender, sexual experiences, and culture of the participants.
- Encourage learning from each other: peer-to-peer, teacher, family, and others in the community.
- Use a range of participatory learning methods that provide opportunities to use knowledge and to practice skills that have proved effective in changing sexual behaviors.
- Place sexual and reproductive health education in the context of other related health and social issues that can be useful entry points.
- Ensure messages and related processes are consistent and coherent across the school environment.
- Establish early partnerships with key ministries to secure their commitment to the program and to advocate for its inclusion into the national curricula.
- Evaluate program objectives, processes, and outcomes using realistic indicators and allowing enough time for results to be observed.

Mugwendere, Angeline. 2002. "Young Rural Women as Powerful Activists in the Fight Against AIDS." Presented at the Eastern and Southern African Symposium on Young Women and HIV/AIDS, November 26–30, Nairobi.

CAMA, the CAMFED (Campaign for Female Education)-supported school-leavers' association, is an organization comprised of young women activists in rural areas of Zimbabwe that provides young women with a mutually supportive network on leaving school and empowers them to become role models for the younger generation and agents of change in their communities.

The paper addresses one of CAMA's key objectives, which is to promote education and empowerment of girls and young women in order to enable them to protect themselves, their families, and their communities from HIV/AIDS. It describes the particular challenges faced by young rural women in fighting AIDS, particularly when their vulnerability is intensified by poverty. It also presents a holistic approach that gives young women access to information, skills, and opportunities that enable them to take control of their lives and protect themselves from AIDS.

Mugwendere, the author of this report and the national coordinator for CAMA, posits that the solution to the social problems, which put girls and young women at high risk to HIV/AIDS infection, lies within girls themselves. She argues that girls need to be empowered to do this, and that they would be able to develop solutions in partnership with other stakeholders who join in to shape and support strategies in response to the needs and recommendation that girls and young women identify. She emphasizes that the first step in this process is the inclusion of girls in schools. Working in partnership with CAMFED to identify as many girls as possible who are in danger of dropping out of school, and to support them in continuing their education, CAMA supports girls who complete school, thereby enabling them to use their new-found skills to secure livelihoods in rural communities and avoid the risks of urban migration in search of work. Then CAMA empowers this group of young women to become rural activists in the fight against AIDS.

Some of CAMA's activities described in the report are:

- A peer health program, which enables girls and young women to protect themselves against HIV/AIDS by giving them access to information and building their self-esteem so that they can take responsibility for their health;
- A community outreach program, which includes home visits to children in families affected by HIV/AIDS to provide them with important social support, particularly girls, who often care for their siblings;
- Work with local authorities and other NGOS in the field of HIV/AIDS, including the issue of abuse in schools;
- Economic empowerment, including their See Money Scheme, which provides access to both financing and training for young women to start and manage their own business;
- Partnerships with other organizations; and
- Role models.

The report indicates some positive results from these activities, including:

- Of the young women in the CAMA network, only 17 percent have become mothers by age 24 compared with a national average of 47 percent, demonstrating that they are now able to make life choices to protect themselves from unplanned pregnancy and AIDS.
- Learning environments of rural schools in the communities where CAMA works have been enhanced such that the teaching of life skills is starting to be adopted as a core curricular activity.
- Young women are now valued as role models in their communities and sit on decision-making bodies in their communities, such as School Development Committees.

CAMA aims to share the lessons of their work as widely as possible and to make them replicable as solutions to challenges faced by disadvantaged young women around the world.

Okonofua, F. E., and Kris Heggenhougen. No date. "Intervention Research to Improve STD Prevention and Treatment Among Nigerian Youth: Methodological and Programmatic Issues." Project Report Submitted to The Rockefeller Foundation. Benin City, Nigeria: Women's Health and Action Research Centre.

This report describes a three-phase project, funded by the MacArthur Foundation and the Rockefeller Foundation, carried out by the Women's Health and Action Research Centre, a Nigerian NGO. The goal of the project was to improve the treatment and prevention of STDs among school-based adolescents in Edo Sate, Nigeria.

In Phase 1, the researchers collected quantitative and qualitative data to understand the pattern of health-seeking behavior for STDs among adolescents. Twelve schools in the state were randomly selected to participate in the study. A total of 25 focus group discussions were carried out in these schools—11 in boys-only secondary schools, six in girls-only secondary schools, and two single-sex focus groups each in two coeducational schools. A randomly selected sample of 300 boys and 300 girls were asked to respond to a questionnaire. In addition, 35 health providers were interviewed—five providers from each of the following professions: traditional healers, private medical practitioners, public health practitioners, pharmacists, patent medicine dealers (untrained, unlicensed healers), private laboratory technologists, and private nurses/midwives. The results showed that adolescents frequently used informal services for the treatment and prevention of STDs and that

most providers had poor knowledge of appropriate treatment and prevention methods for adolescents.

Phase 2 constituted the intervention phase of the project. Based on the results of the research, a school-based intervention was designed, as was another that was geared toward health care providers. In the school-based intervention the main objective was to improve adolescents' knowledge of the treatment and prevention methods for STDs through a peer education program, and to reduce utilization of "informal sector" health providers. Adolescent reproductive Health Clubs were established in schools. The clubs organized a series of activities (e.g., lectures, distribution of materials on STDs, film shows, essay writing, debates, and study sessions). In addition, 10 peer educators were identified and trained over two weeks to provide peer counseling to fellow students. The objective of the health providers' intervention was to improve their knowledge of accurate treatment and prevention methods for adolescents with STDs. Twenty-eight patent medicine dealers, 32 private doctors, and 28 pharmacists were trained. These providers were selected on the basis of being nominated by the adolescents in the study as the people they frequently went to for treatment of STDs.

Phase 3 constituted the evaluation. It incorporated a quasi-experimental design with a pre-post assessment to evaluate the effectiveness of the intervention on five adolescent outcomes: knowledge of STD symptoms, condom use, treatment seeking upon experiencing symptoms, proportion of youth who had experienced symptoms of an STD in the six months prior to the interview, and partners' awareness if the study participant had an STD. A randomized controlled study was employed using three groups of four schools each—one intervention and two control groups. The second control group consisted of four schools in close proximity to the intervention school to examine whether community-based intervention had diffused to nearby schools. The pre-intervention survey was carried out in the four intervention and eight control schools. The intervention was implemented, and one year after the beginning of the implementation, the post-intervention survey was administered.

The evaluation showed that the school-based intervention was highly successful in improving adolescents' knowledge of STD symptoms by 35 percent among intervention students over the two control groups. There was a modest increase in reported condom use in the intervention schools compared to the two control schools (OR=1.41; CI=1.1-1.8). The effect of the intervention was due to the relative increase in girls' reports of their partners' condom use during intercourse. There was a significant impact of the intervention on increased use of private doctors (OR=1.85; CI 1.06-32) and decreased use of pharmacists and patent medicine dealers (OR=.44; CI0.22-0.88). There was a significant reduction in the prevalence of self-reports of STD symptoms in the intervention compared to the two control groups (OR=0.68; CI=0.48-0.95). More adolescents in the intervention groups compared to the control groups reported that their partners were notified of their STD symptoms (OR=4.3; CI=1.5-12.6). This latter effect was driven mostly by the change among female students.

The researchers concluded that a peer education program can improve health-seeking behavior for STDs among adolescents in this population.

Panos. 1999. "Young Lives at Risk: Adolescents and Sexual Health." Panos Briefing No. 35. London: Panos.

This report covers the broad range of sexual health among teens around the world. It cites studies showing, for example, that 50 percent of new HIV cases are among youth; also cited are some statistics in terms of the high rate of exposure to gender violence. It includes a review of work on how gender-based attitudes impact attitudes about health behavior and sexual behavior.

In addition, it summarizes world debate about the importance of sex education and the availability of "teen-friendly" health services. It summarizes some best practices in these areas, including a number of specific examples of programs that aim to improve adolescent health (e.g., in Uganda, the "Straight Talk" newspaper for youth that discusses a range of health issues; and the Mwanza Regional Educational Office in Tanzania "guardian program" that trains teachers to be resources for students who have been abused—students can go to teachers for counseling and help). It includes discussion of the role of the media in intervention/prevention.

PATH. 1998. "Adolescent Reproductive Health: Making a Difference." *Outlook* 16(3). Seattle, WA: PATH/UNFPA.

There are approximately 1 billion people (nearly one out of every six people on the planet) that are adolescents, with 85 percent of them living in developing countries. While many of these adolescents are sexually active (although not always by choice), and thus at risk of reproductive health challenges, they often lack basic reproductive health information, skills in negotiating sexual relationships, and access to affordable, confidential reproductive health services. Data on adolescent reproductive health include:

- Each year, about 15 million adolescents aged 15–19 give birth.
- About 4 million obtain an abortion.
- Up to 100 million become infected with a curable STI.
- Globally, 40 percent of all new HIV infections occur among 15–24-year-olds.

The report points out that adolescent reproductive health is affected by pregnancy, abortion, STIs, sexual violence, and by the systems that limit access to information and clinical services. In addition, it is influenced by nutrition, psychological well-being, and economic and gender inequities that can make it difficult to avoid forced, coerced, or commercial sex.

The report makes some recommendations in developing effective programs. Such programs must provide appropriate information and clinical services while helping youth develop decision-making and other key skills. They must consider the underlying factors that shape adolescents' choices (such as cultural norms, peer and mass media influence, and economic hardship), and develop program strategies responsive to youth's needs. They also must build community and political support for youth-centered activities. In all, there is a great emphasis on the importance of education, including sexuality education: "Helping youth to remain in school—with a particular focus on girls—is important to any effort to improve adolescent reproductive health. Schooling helps young people develop skills and acquire information to help them survive in the job market, and give them better skills to care for their health and the health of their families" (p. 5).

Program strategies mentioned in the report include:

- The *Straight Talk* magazine of Uganda;
- The Women's Center for Pregnant Adolescents in Jamaica, which enables teenage girls to continue their schooling during pregnancy, to return to school after the birth of their child, and to avoid another pregnancy during adolescence;
- Mexican gang members who are trained to reach other out-of-school adolescents in a partnership with the Mexican Social Planning Institute (IMMS) and the Mexican Family Planning Association (MEXFAM); and
- The Mathare Youth Sports Association (MYSA) in Kenya, a self-help project to involve boys and girls in community development activities while providing sports opportunities.

Population Council. 2002. "A Kenyan Sports Association Breaks Down Gender Barriers." Momentum News from the Population Council. Retrieved April 2003 from http://www.popcouncil.org/publications/momentum/momentum020106.

According to a Population Council study, an innovative youth sports association in one of Nairobi's most impoverished neighborhoods is transforming gender norms. The Mathare Youth Sports Association (MYSA) challenges traditional concepts of gender-appropriate behavior while teaching girls to play soccer. It is changing how girls think about themselves and how their communities perceive them. Besides teaching girls soccer, the association provides educational opportunities, access to information on HIV/AIDS, and a sense of their own abilities. It teaches the girls that they are strong and capable.

The study points out that girls' inclusion in sports programs may be one way they can acquire the social skills and confidence they need to participate fully in their societies. MYSA's efforts have revealed how sports can serve as an entry point for social development and for the transformation of gender norms.

The report indicates that today nearly 3,000 girls aged 11 to 16 participate in MYSA and benefit from its sports and educational activities. MYSA provides school fees for some girls who have been members of the club for two years, and it insists on community service, so girls and boys carry out regular chores, such as cleaning garbage from their neighborhoods.

The report highlights that while no studies have been conducted in developing countries on the correlation between girls' sexual activity and involvement in sports, girls' participation in the Mathare program is having a positive effect on their sense of self-efficacy, an essential quality in girls' ability to resist coercion to participate in unwanted sexual activity. It is emphasized that planning for mixed-sex adolescent programs requires an understanding of the daily lives of girls and the community's perception of their roles. It is also stressed that gender equity should be articulated as a program goal, and community or educational services should be offered to gain parental approval for girls' participation in sports.

Sherman, Judith B., and Mary T. Bassett. 1999. "Adolescents and AIDS Prevention: A School-based Approach in Zimbabwe." *Applied Psychology* 48:109.

Using a qualitative, discussion group methodology, the researchers examined how young people in Harare, Zimbabwe, perceived their sexual behavior and the risk for HIV infection. A total of 56 discussion groups were conducted with approximately 100 boys and girls, aged 14 to 19, recruited from five secondary schools in the Harare area.

Research results: The desire to have a girlfriend or boyfriend appeared to be strong among study participants: 79 percent of the girls reported having a boyfriend and 83 percent of the boys reported having a girlfriend. Girls said they preferred older boyfriends and boys said they preferred younger girlfriends. The age difference between girlfriends and boyfriends averaged three to four years.

Virginity was highly prized by the girls and both boys and girls viewed avoiding sex as the girls' responsibility. For girls, the fear of abandonment and betrayal was the main negative aspect of having sex (42 percent), followed by pregnancy (32 percent). STDs and AIDS were named by only 16 percent of the girls. For boys, pregnancy led the list of bad things about sex (47 percent), while disease was the next most common negative aspect (30 percent).

In the discussion about AIDS, the students quickly listed the two primary prevention strategies: abstinence and condoms. Despite having listed abstinence as a method to avoid HIV, many said sex "just happens." They were also quick to list the many barriers to the use of condoms.

Intervention: The researchers concluded that adolescents were sexually active and would benefit from a forum in which they could safely ask questions about sex, express their feelings, and learn appropriate communications skills. An intervention was designed to train teachers to lead discussions on sex and AIDS with their students. The researchers identified four school districts to implement the intervention. Sixty-seven teachers (30 of them women) representing 36 schools were trained in five two-day workshops. An experiential training approach was used to allow participants to simulate real-life situations through decision-making games, role-playing, and other interactive exercises.

In addition to the training, three follow-up activities were implemented. First, the research team visited each school, during which they participated in student discussions and showed videos on AIDS. Second, information packets containing recent articles, ideas for additional discussions, and a brief newsletter detailing teachers' activities were sent to each teacher on a quarterly basis. Third, one-day follow-up workshops were held several months later, which focused on sharing experiences, improving skills, and extending outreach to the community.

Intervention results: Follow-up visits to the schools showed that at each of the schools teachers had begun to implement the discussion groups about sex and AIDS with their students. They had adapted the workshop materials to their and their students' needs. The teachers reported that although the students were shy at first, soon the discussions became lively. Additionally, several teachers had made efforts to involve the community. Impact on students was not measured.

The Southern Africa Training Programme (SAT). No date. "Mainstreaming Gender in the Response to AIDS in Southern Africa: A Guide for the Integration of Gender Issues into the Work of AIDS Service Organizations." Retrieved April 2003 from

http://www.satregional.org/pubs/Mainstreaming%20Gender%20in%20the%20Response%20to%20AIDS%20in%20Southern%20Afr.pdf.

This document discusses the intersection of gender and AIDS in Southern Africa, including discussions of power imbalances between men and women. It reviews the risks for HIV/AIDS related to gender attitudes and beliefs (e.g., women must be "innocent and compliant" sexually, which interferes with their ability to gain and use prevention knowledge). It outlines a broad "gender mainstreaming approach," which highlights the need to integrate a gender analysis of AIDS programs at all levels (e.g., examining gender stereotypes and gender-based structures within organizations and communities, and within specific program design and content). It includes specific recommendations and strategies for organizations to use to examine how gender sensitive their overall organization is, and analysis strategies and tools to analyze program design, content, evaluation, etc. to make sure it is gender sensitive and to ensure equitable participation by women and men.

Overall, this is an interesting document that not only presents the challenge to organizations working to deal with the AIDS crisis to be more gender sensitive, but also provides an analytical framework and tools for achieving this. It does this rather broadly, however, and does not specifically address education programs for youth—though the tools could be used by organizations designing and implementing such programs.

Summers, Todd, Jennifer Kates, and Gillian Murphy. 2002. *The Tip of the Iceberg—The Global Impact of HIV/AIDS on Youth*. Menlo Park, CA: Henry J. Kaiser Foundation.

According to this report from the Kaiser Foundation, up to one-third of the 40 million people infected with HIV/AIDS worldwide are between ages 15 and 24. When infections among children under 15 years old are factored in, an estimated 8,000 young people and children become infected with HIV every day around the world. Seventy-six percent of infected young people live in sub-Saharan Africa. Within this region, Botswana and Lesotho have the highest infection rates among youth, with 45 percent of girls and 19 percent of boys infected in Botswana, and 51 percent of girls and 23 percent boys in Lesotho. Infection rates in Cambodia are 3 percent among girls and 1 percent among boys. In Haiti, 7 percent of girls and 5 percent of boys are HIV positive. Despite this somewhat bleak picture, authors found that in areas where HIV transmission has been reduced, the greatest rates of reduction are often seen among young people.

Factors that combine to increase young people's risk of infection include:

- Biological and emotional stage of development and financial dependence on others;
- Sexual practices and lack of perception of HIV risk;
- A lack of awareness of personal HIV status; and
- Increased vulnerability of particular sub-populations like girls and young women.

Focusing on this highly vulnerable sub-population of youth, the report finds average peak HIV prevalence among young women at 25 years of age. In the case of South Africa, peak infection age among women is even lower, at 15–19 years of age. The report highlights other researchers' conclusions attributing high HIV infection risk among young women to their biological stage of

development. Authors also cite cultural and economic factors such as gender role expectations and economic dependence as contributing to girls' increased risk. Equally significant, according to this report, is evidence of cross-generational sexual relations between younger women and older men. These relationships are thought to be fueled in part by men's misguided belief that intercourse with a virgin cures or prevents AIDS. Sexual violence within and outside these relationships is also believed to be a factor in girls' high rate of infection.

With regard to prevention efforts, the authors found few large programs geared toward youth in general, which undoubtedly require different strategies from those targeting older populations. National youth prevention efforts such as those in Uganda and Thailand have, meanwhile, shown great success in reducing the infection rate among youth in general, and young women in particular.

Temin, Miriam J., Friday E. Okonofua, Francesca O. Omorodion, Elisha P. Renne, Paul Coplan, H. Kris Heggenhougen, and Joan Kaufman. 1999. "Perceptions of Sexual Behavior and Knowledge About Sexually Transmitted Diseases Among Adolescents in Benin City, Nigeria." ***International Family Planning Perspectives*** **25:186–190 & 195.**

The study was designed to provide information about the attitudes and experiences of adolescents to be able to design youth-friendly programs.

The researchers conducted 24 single-sex focus group discussions among male and female students (aged 15 to 20) attending one of 12 secondary schools in Benin City. The discussions examined the adolescents' perceptions of sexual behavior among their peers, their knowledge of STDs, and their preferred means of preventing and treating STDs.

The results revealed that students perceived sexual activity to be common among their peers. Students noted that although physical attraction is the main reason for romantic relationships (which might include sex), the desire for material or financial gain is the primary motivation for *sexual* relationships. Girls were perceived to begin having sexual intercourse at a younger age than boys (11–13 for females v. 14–15 for males). In addition, girls reported earlier age of sexual debut for both sexes than the boys. Some girls remarked that their peers first had sex with boys in their age group and then became involved with older men.

The students had some knowledge of STDs, especially HIV and AIDS, but many believed infections were inevitable. When they had an STD, most went to traditional healers. They were reluctant to seek treatment in medical clinics because of high cost, slow service, negative attitudes on the part of the provider toward young people, and the perceived lack of confidentiality. Students considered media campaigns as the best way to educate young people.

The authors propose the following recommendations for reducing high-risk sexual behavior among youth and controlling the spread of STDs, including HIV/AIDS:

- Employ media campaigns to educate adolescents about risky behavior and condom use.
- Educate parents about reproductive health and communication with adolescents.
- Train medical providers in low-cost diagnosis and treatment techniques.
- Establish youth-friendly services that emphasize sensitivity and confidentiality.

UNESCO. 2002. "UNESCO: Mainstreaming the Needs of Women." Retrieved April 2003 from http://unesdoc.unesco.org/images/0012/001263/126375e.pdf#xml=http://unesdoc.unesco.org/ulis/cgi-bin/ulis.pl?database=ged&set=3E5FAB66_0_51&hits_rec=12&hits_lng=eng.

While there is no specific indication of prevalence or description of interventions related to gender-based violence, the document provides general policy statements and the strategic plan for UNESCO in addressing issues related to gender, along with summaries of specific projects. Along with some statistics on gender inequities by country in relation to education, the document includes:

- A UNESCO program in Africa that addresses HIV/AIDS with a gender component (www.unesco.org/education/just_published_en/pdf/gend_post_lit);
- "Women, Culture and Peace program";
- "A cultural approach to HIV/AIDS prevention and care" (www.unesco.org/culture/aids/index);
- "2002 Guidelines for preparing gender responsive EFA plans" (www.unescobkk.org/ips/ebooks/subpages/gender);
- "Good Practice in the Promotion of Gender Equity in Central and Eastern Europe" (www.cepes.ro/map).

UNESCO. 2002. "HIV/AIDS Teaching/Learning Materials in Asia and the Pacific: An Inventory Issue 1." Bangkok, Thailand: UNESCO Regional Clearing House on Population Education and Communication/UNFPA. Retrieved April 2003 from http://unesdoc.unesco.org/images/0012/001293/129389.

This document includes books and products that can be used in HIV/AIDS programs. Many describe specific curricula and ways to evaluate educational interventions. While the document provides a comprehensive list of publications, only abstracts of each publication/program are given. Thus it is difficult to determine if any of these programs address gender-based violence as a component of HIV/AIDS education.

UNESCO. 2001. "Adolescent Reproductive Health: Package of Research Briefs, Series 2." Bangkok, Thailand: UNESCO/UNFPA. Retrieved April 2003 from http://unesdoc.unesco.org/images/0012/001246/124690e.pdf#xml=http://unesdoc.unesco.org/ulis/cgi-bin/ulis.pl?database=ged&set=3E5FAB66_0_51&hits_rec=27&hits_lng=eng.

This document presents summaries of 28 studies on adolescent health. The main focus is on documenting health behaviors, attitudes, and health needs of adolescents in South Asia. Prevalence data are reported in most of the studies reviewed. Prevalence data are mostly for knowledge of HIV/AIDS information (e.g., a study in Nepal that said 86 percent of adolescents had heard about HIV/AIDS, and 77 percent knew to use a condom for prevention, while 68 percent said that avoiding unprotected sex with multiple partners was a prevention strategy). A few studies had information on the prevalence of HIV/AIDS (e.g., a summary of "The South Asia Conference on Adolescence" in 1999, which highlighted high rates of violence among adolescents and rising rates

of HIV/AIDS—though specific rates are not given). There are also studies that review statistics on gender attitudes.

The conclusions of most of the studies are that more is needed to address adolescent health—particularly helping adolescents gain more access to information about health issues. The document also indicates that most of these countries have already begun the process of developing policies to attend to adolescent health at the national level, as well as some reviews of more individual health education programs and programs to increase access to services. For example, in a study done in Mongolia, 45 percent of younger adolescents and 55 percent of older adolescents said they did not know where to go to get information on health or reproductive health.

UNESCO International Institute for Educational Planning. 2002. "HIV/AIDS and Education: A Strategic Approach." Paris: IIEP Publications. Retrieved April 2003 from http://unesdoc.unesco.org/images/0012/001286/128657e.

This is a strategy paper that outlines important components of action plans for HIV/AIDS prevention through the educational system. It highlights the importance of school-based education/prevention, and the impact of the HIV/AIDS epidemic on the educational systems around the world. Gender is discussed as a vulnerability factor, as is violence both in terms of girls being at risk for infection and for dropping out of school to take care of sick family members. This paper highlights a need for interventions to include components that address gender inequality and violence as vulnerability factors for HIV/AIDS. Specifics of these programs and prevalence rates are not given. However, it notes that those at greatest vulnerability are adolescents and young adults, and that US statistics show that this age group is also most at risk for violence.

United Nations Population Fund. 2003. "It Takes 2: Partnering with Men in Reproductive and Sexual Health." Programme Advisory Note. New York: UNFPA. Retrieved April 2003 from http://www.unfpa.org/publications/index.cfm.

UNFPA advocates for an integrated, gender-sensitive approach to reproductive and sexual health programs through coalitions and collaboration with different ministries, HIV/AIDS and violence against women programs, national institutions dealing with human rights and gender issues, faith-based organizations, and women's and men's NGOs. It also provides training to UNFPA field staff, government officials, and UNFPA-supported project managers. It supports condom programming and operational/sociocultural research, and disseminates current literature.

The purpose of the report is to help UNFPA country staff plan national programs, develop strategies and projects, review progress made, and assess the soundness of their strategies. It is based on the Cairo principles of reproductive health, gender equality, and women's empowerment, which highlight mutual respect for one's entitlements; supportive relationships built on trust, mutual support, shared benefits, and negotiations; and women and men both taking ownership of problems and being part of the solution.

Examples of effective programs from different countries are described. It is suggested that several reinforcing strategies of advocacy, provision of reproductive health services, and behavior change communication programs are needed to ground an effective program in partnering. Strategies that

focus on men include peer education, school-based programs, and entertainment-education (E-E) programs, i.e., "any communication that delivers a pro-social educational message in an entertainment format" (p. 28). An example includes French-speaking African countries where the E-E approach is successfully used to address the problem of HIV/AIDS through a musical program called "Wake-Up-Africa" that makes people aware of how to prevent the disease.

Some of the lessons learned from past programs regarding what needs most attention at the planning and implementation phases include:

- Work with men where they are.
- Understand the sociopolitical context and its consequences through the lens of gender.
- Use a holistic, multipronged approach.
- Train health service providers to become more gender sensitive.
- Be vigilant that programs that involve men also protect women.
- Use evidence when choosing among a variety of service delivery options.

In monitoring and evaluating programs, the report emphasizes the importance of establishing realistic time frames and time-bound measurable indicators. Monitoring and feedback help ensure program success.

Vandemoortele, Jan, and Enrique Delamonica. 2000. "The "Education Vaccine" Against HIV/AIDS." ***Current Issues in Comparative Education*** **3(1). Retrieved April 2003 from http://www.tc.columbia.edu/CICE/articles/jved131.htm.**

This article presents evidence to confirm the hypothesis that the social profile of the AIDS pandemic is changing and that the disease is increasingly discriminating against illiterate and poor people. The authors emphasize that this underscores the urgency for achieving universal primary education with a view to equipping the poor with basic capabilities to protect themselves against HIV infection. In addition, there is a need for public awareness campaigns to reach illiterate and less-educated people.

Importantly, the authors argue that the changing social profile of the AIDS pandemic makes a compelling case for using education as one of the most powerful tools for slowing or reversing the spread of HIV, especially girls' education, since girls are more vulnerable to the disease.

This article describes the way "the education vaccine" protects against HIV, provides some direct and indirect evidence in support of the changing social profile of the disease, and highlights the significance of the empirical results.

Annex Two
Web-Based Databases Utilized in the Research Process

ABC Pol Sci
A bibliography of contents: political science and government.
This index reproduces edited tables of contents of about 300 international journals in the fields of political science, government, law, economics, and sociology.

Academic Search Elite
Provides full text for over 1,530 journals covering the social sciences, humanities, general science, multicultural studies, education, and more.

African Abstracts
In print only: REF DT 1 .I553 (v. 1, 1950 – v. 23, 1973).
A quarterly bibliography of periodical articles dealing with African studies. Articles are in various languages; abstracts are in English.

ArticleFirst
Online coverage: 1990 to present (in some cases 1992 to present).
ArticleFirst contains bibliographic citations that describe items listed on the table of contents pages of more than 13,000 journals covering a broad spectrum of subject areas.

Arts and Humanities Citation Index
Online coverage: 1975 to present.
Arts and Humanities Citation Index is a citation index to over 1,300 arts and humanities journals. It provides information on articles and all bibliographic references cited in them.

Bibliography of Asian Studies
Online coverage: 1971 to present.
Bibliography of Asian Studies contains bibliographic records on all subjects (especially humanities and social sciences) pertaining to East Asia, Southeast Asia, and South Asia published worldwide.

Canadian Periodical Index
In print only: RED A 13 .C242 (1979 to present).
A bilingual index to over 400 Canadian and American periodicals.

CIAO (Columbia International Affairs Online)
CIAO is a database providing access to a wide range of scholarship in the field of international affairs, including full-text documents (such as working papers from university research institutes, occasional papers series from NGOs, foundation-funded research projects, and proceedings from conferences), as well as journal abstracts and books.

Contemporary Women's Issues
Provides full text access to global information on women. Journals, newsletters, research reports from nonprofit groups, government and international agencies, and fact sheets are easily accessed

through CWI. Information on women in over 150 countries is compiled in a single collection bringing together such disciplines as sociology, psychology, health, education, and human rights.

EBSCOhost Databases
Search of over 3,000 full text journals via Academic Search Elite, Business Source Premier, and more.

FirstSearch
Contains over 40 databases covering books, periodical articles, conference papers, book reviews, and some full-text sources. Selecting *FirstSearch* from the Library's home page allows searching a variety of databases covering books, periodical articles, conference papers, book reviews, and some full-text sources. Databases available on *FirstSearch* are listed individually on this list.

Gender Watch
Periodicals, academic journals, newsletters, magazines, regional publications, and government reports focused on women's issues. Provides publications that focus on the impact of gender across a broad spectrum of subject areas.

Humanities Full Text
Online coverage: February 1984 to present, with abstracts from March 1994, and some full text from 1995. *Humanities Full Text* is an index of English language periodicals. Subject coverage includes history, area studies, language and literature, philosophy, and religion.

IDEAL
IDEAL offers full-text electronic access to nearly 250 journals published by Academic Press, W.B. Saunders, and Churchill Livingston. Coverage is primarily in the sciences, but some social sciences journals are included.

Infotract
Articles from periodicals, newspapers, and newswires on the humanities, education, business, science, current events, art, politics, economics, social science, law, health care, computers, technology, environmental issues, and general interest topics.

Ingenta
Online coverage: 1998 to present.
Ingenta is a multidisciplinary database consisting of citations taken from the tables of contents of over 27,000 journals.

International Bibliography of the Social Sciences
IBSS, compiled at the London School of Economics and Political Science, contains bibliographic information from over 2,600 journals published in 100 countries and over 6,000 books per year, in the fields of anthropology, economics, political science, and sociology. Coverage is from 1951 to present, with quarterly updates.

International Political Science Abstracts
Online coverage: 1989 to present.
IPSA provides citations for journal and yearbook articles in the fields of international relations, political science, and public administration. Coverage is worldwide.

JHU Libraries Catalog
The online catalog of The Johns Hopkins University Libraries.
Access to this Internet version of the catalog is available from any computer with WWW access.

JSTOR
JSTOR reproduces the full image of over 117 scholarly journals, starting in each case with volume 1. The goal of *JSTOR* is to provide an archival, searchable collection of core scholarly journals in electronic format, not to provide current access, so most articles in JSTOR are at least two years old. Full-text searching is available.

LexisNexis Databases
Search LexisNexis Academic, LexisNexis Congressional, LexisNexis History, and LexisNexis Statistical. LexisNexis provides authoritative legal, news, public records, and business information. Provides access to specially selected sources that may include CIS's flagship index and abstract access tools, online access to the full text of related government and non-government sources, and access to comprehensive news, business, and legal information.

MEDLINE
Includes health news, topical features, drug information, medical encyclopedia, dictionary, databases, directories, and other resources.

PCI Full Text
PCI Full Text is a periodical archive covering the years 1770 (sic) to 1995 containing full image of articles in humanities and social sciences journals. Currently there are selected articles available from some of over 3,000 journals indexed in the database, in addition to: *Explicator* 1942–; *Journal of Marketing* 1936-; *Journal of Memory and Language* 1962–; *Journal of Social History* 1967–; *Journal of Social Psychology; Political, Racial and Differential Psychology* 1930–; *Modern Language Review* 1905–; *Notes* 1934–; *Studies in Short Fiction* 1963–; and *Virginia Quarterly Review* 1925–.

Periodical Abstracts
Online coverage: 1987 to present.
Periodical Abstracts indexes over 1,500 popular and academic periodicals. Abstracts are included. Also covers transcripts of TV and radio news programs.

Periodical Contents Index (PCI)
Periodical Contents Index indexes the contents of older issues of periodicals in the humanities and social sciences. Each journal covered is indexed up to 1991. Eventually the index will cover each journal from its first issue. Includes journals in English, French, German, Italian, Spanish, and other Western languages. There is some full-text linking to JSTOR.

PolicyFile: Public Policy Research and Analysis
PolicyFile, published by Chadwyck & Healey, indexes and abstracts publications covering a complete range of public policy research. It draws its contents from public policy think tanks, research organizations, and university research programs including the American Enterprise Institute, The Brookings Institution, the Carnegie Endowment for International Peace, the International Monetary Fund, the World Bank, the Center for Strategic and International Studies, the Rand Corporation, and many others.

Political Science Abstracts
Political Science Abstracts contains abstracts of materials from professional journals, major news magazines, and books. Coverage is 1975 to present. Topics include political institutions, processes, and behavior; international law and politics; public policy; public administration; political theory; and political economics.

Project Muse
Project Muse includes the full image of all articles in over 100 scholarly journals, including all JHU Press journals.

ProQuest
Indexes bibliographic citations, abstracts, and full-text articles included in: ABI/Inform databases (business, management, and industry), Research Library Complete (formerly Periodicals Abstracts Research II), and newspapers. Includes hundreds of full text in business, education, psychology, and the health sciences.

ProQuest Newspapers
Covers 30 US, international, and minority interest newspapers, from 1985 to present, depending on the title. Approximately two-thirds of the publications include full text. Part of ProQuest.

PsycINFO
Database of psychological literature abstracts from 1887 (sic) to present.

Public Affairs Information Service (PAIS)
Online coverage: 1972 to present.
PAIS is a selective listing, with abstracts, of journal articles, books, and documents. Subject coverage includes economics, business, political science, sociology, demography, and international law and relations, with an emphasis on public policy-oriented literature. Includes titles published in six languages.

PubMed
Archive of journal literature for all of the life sciences.

SilverPlatter Databases
Search EconLit, International Political Science Abstracts, PAIS and more.

SIRS Researcher
Online coverage: 1988 to present.
SIRS Researcher is a general reference database containing the full text of thousands of articles exploring social, scientific, historic, economic, political, and global issues. Articles are selected from more than 1,200 domestic and international newspapers, magazines, journals, and government publications.

Social Science Abstracts
Citations and abstracts for a variety of subjects, including anthropology, business, community health, economics, foreign affairs, geography, international relations, law and criminology, medical care, political science, politics, psychiatry, psychology, public welfare, social work, and sociology.

Social Sciences Citation Index
Online coverage: 1956 to present.
Social Sciences Citation Index is an international interdisciplinary citation index to the literature of the social, behavioral, and related sciences.

Social Sciences Full Text
Online coverage: February 1983 to present, with abstracts from January 1994, and some full text articles. Social Sciences Full Text is an index to English language periodical articles. Subject coverage includes anthropology, area studies, economics, international relations, law, political science, and sociology.

Social Sciences Index
Part of FirstSearch, and updated monthly, this source provides access to over 550 English-language periodicals in the US and elsewhere, in the area of anthropology, economics, geography, law, political science, psychology, and sociology. It indexes sources from 1983 to present and includes articles, interviews, obituaries, bibliographies, and book reviews.

Sociological Abstracts
Provides abstracts of journal articles and citations to book reviews drawn from over 1,700 serial publications, and provides abstracts of books, book chapters, dissertations, and conference papers.

Ulrich's Periodicals Directory on the Web
Ulrich's contains information about periodicals published worldwide: publisher's information, subscription cost, where a title is indexed, online availability, reviews, and much more.

Web of Knowledge
Web of Knowledge offers online access to the *Social Sciences Citation Index*, *Science Citation Index*, and *Arts and Humanities Citation Index*. Links to the full text of selected e-journals are included, primarily for recent years.

Wilson Web
Search Applied Science and Technology, General Science, Wilson Business, Humanities, Reader's Guide, and Social Science Abstracts.

WorldCat
Online coverage: approx. 2150 BC (sic) to present.
With over 32 million bibliographic records, *WorldCat* is the world's most comprehensive bibliography. It includes virtually anything that has been cataloged by any of the several thousand libraries which enter their cataloging records into the Online Computer Library Center, Inc. (OCLC) database, including books, serials, archival materials, maps, visual materials, computer files, and Internet resources. Except in rare instances, this database does not include periodical articles.

Worldscope
Worldscope provides selected financial and descriptive business information derived from corporate annual reports, newspapers, and wire services.

Worldwide Political Science Abstracts

The database provides citations, abstracts, and indexing of more than 800 international journals in political science and its complementary fields, including international relations, law, labor relations, military and environmental policy, and public administration/policy from 1975 to the present.

Annex Three
Organizations and Individuals Contacted During the Research Process

Each of the individuals listed provided helpful information, references and/or suggestions for further contacts during the research process.

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Belize
Tel: 501-223-6647

Annex Four
Implementing Organizations & Programs

This section describes governmental and non-governmental organizations working in the area of gender-based violence, life skills, and HIV/AIDS prevention with brief descriptions of their activities. Contact information is provided wherever available. This report presents information as it was available during April to July 2003.

A. INTERNATIONAL

Campaign for Female Education (CAMFED)
http://www.camfed.org/
Dedicated to eradicate poverty and educate girls.

Projects:
Zimbabwe Primary
- Established a network of 172 partner schools throughout eight rural districts, which are committed to increasing girls' access to education.
- Supports partner schools to develop innovative solutions on teaching life skills.

Ghana Primary
- Supports girls in rural districts by providing school uniforms, school shoes, and stationery, which are the major costs for education at the primary level.
- Provides items such as reading books, exercise books, and math sets to improve the quality of education in 29 partner schools.

Leading Change
- To regenerate sub-Saharan Africa by achieving girls' education and providing social support to build their confidence and self-esteem.
- Partnered with the RAIN (Regional Advisory Information and Network System), a leading program in Northern Ghana, and CAMA (the CAMFED school-leavers' Association) in Zimbabwe (details above).

Contact:
CAMFED International
22 Miller's Yard, Mill Lane
Cambridge, CB2 1RQ
United Kingdom
Tel: +44-01223-362648
Fax: +44-01223-366859

The Gender Equity Directorate
http://www.gov.on.ca/mczcr/owd/english/publications/gender-equity/file1.htm

Project:

- Participates in various national activities aimed at reducing violence in the school communities, including the 16 Days of Activism on Gender Violence and the White Ribbon Campaign.

Contact:

Ontario Women's Directorate
Mowat Block, 6th Floor
900 Bay Street
Toronto Ontario M7A 1L2
Canada
Tel: 416-314-0300
Fax: 416-314-0247
E-mail: info@mczcr.gov.on.ca

Gendering Adolescent AIDS Prevention (GAAP) Project

http://www.utoronto.ca/iwsgs/GAAP/index.htm

A newly formed group of Canadian and South African researchers working in the area of gender, youth, and HIV/AIDS.

Projects:

Soft Cover

- A youth-based participatory approach to AIDS prevention.

Sick of AIDS: South African Youth Cultures, Communication, and Sexuality

- A study that examines the interplay, real and potential, of three distinct youth-focused communication communities in South Africa, which, in one way or another, address youth sexuality.

Transnational Perspectives on HIV/AIDS and Youth

- A study with a transnational approach that examines representations of HIV/AIDS in terms of local norms of culture, gender, age categories, and sexuality, as well as in relation to national and international politics. It also seeks to understand how HIV/AIDS, in any particular national or local site, is shaped by the inequalities of global capitalism, patriarchy, and racism.

Contacts:

Institute for Women's Studies and Gender Studies
University of Toronto
Toronto
Canada
Tel: 416-978-8282
Fax: 416-946-5561
E-mail: gaap.project@utoronto.ca

Health and Human Development (HHD) Programs of Education Development Center, Inc. (EDC)

http://main.edc.org/info/allframe.asp?destinationURL=http://hhd.org&TheOrigin=centers.asp

Projects:

HHD Global Programs

- Develops relationships with ministries of health, education, justice, culture, and youth development, and with non-governmental organizations around the world to promote healthy human development and reduce risk behaviors and disease.
- Provides technical assistance in policy and program development to governments, school systems, and educational organizations in the areas of HIV/AIDS; alcohol, tobacco, and other drugs; and other issues affecting school health.
- In partnership with World Health Organization (WHO) and Education International (EI), HHD Global Programs has worked with teachers in southern African countries to develop a skills-based HIV prevention training and resource manual. The manual builds teachers' communication and advocacy skills around HIV prevention, mainly through role-playing, brainstorming, and small-group discussions.
- In partnership with the WHO and Indonesia's ministries of health, education, and culture, HHD Global Programs developed the Rapid Assessment and Action Planning Process (RAAPP). The RAAPP includes research instruments, training strategies, data analysis, and action-planning techniques to assess and strengthen a country's capacity to deliver school health programs. It has been tested in Bolivia and Costa Rica, and implemented in Indonesia and Nigeria.

Contact:

Education Development Center (EDC)
55 Chapel Street
Newton, MA 02458-1060
United States of America
Tel: 800-225-4276
Fax: 617-527-4096

Isis International

http://www.isiswomen.org

Formed in 1974, the organization is named after the ancient Egyptian goddess Isis who symbolizes wisdom, creativity and knowledge.

Projects:

- Create opportunities for women's voices to be heard, strengthen feminist analyses through information exchange, promote solidarity and support feminist movements across the globe.
- Started in Rome, Italy and Geneva, Switzerland, today it has three independent offices in Asia (Manila, Philippines), Africa (Kampala, Uganda) and Latin America (Santiago, Chile) reflecting a commitment towards South-South cooperation and South-North linkages.

Contact:

3 Marunong Street
Barangay Central
Quezon City
Philippines 1100
Tel: +632 435-3405, -3408,

Fax: +632 924-1065
E-mail: admin@isiswomen.org

World Education (WE)
http://www.worlded.org

Projects:
- Provides training and technical assistance in nonformal education across a wide array of sectors. Registered as a private voluntary organization, World Education has worked in over 50 countries in Asia, Africa, and Latin America, and in the United States.
- Contributes to individual growth, strengthens the capacity of local partner institutions, catalyzes community and national development.
- Girls' and Women's Education Policy Research Activity (GWE-PRA).

Contact:
World Education
44 Farnsworth Street
Boston, MA 02210-1211
United States of America
E-mail: garner@worlded.org

B. AFRICA

Agency for Cooperation and Research in Development (ACORD) of Namibia

Project:
The Total Child Project
- Involves five communities in Aminuis District of Eastern Namibia.
- Encourages communities to understand the systemic nature of racism, sexism, and adultism.
- Seeks to identify the capacity and responsibility of everyone to act against injustice.

Contact:
ACORD Namibia
12 Hidas Centre
Klein Windhoek
Namibia
Tel: +264-61-22-00-34
Fax: +264-61-24-98-19
E-mail: acordnik@mweb.com.na

CAMA – the CAMFED Association
An association of young women activists in rural areas of Zimbabwe.

Projects:

- Launched in 1998 by girls who had been supported through school by CAMFED (the Campaign for Female Education).
- Provides young women with a mutually supportive network on leaving school, and empowers them to become role models for the younger generation and agents of change for their communities.
- Promotes education and empowerment of girls and young women in order to enable them to protect themselves, their families, and their communities from HIV/AIDS.
- Works on developing policies on sexual abuse.

Contact:
National Coordinator
CAMA – CAMFED Association
Box 4104
Harare
Zimbabwe
E-mail: cama@zxcrn.org.zw

Canada South Africa Education Management Programme (CSAEMP)

Projects:
Sexual Harassment Workshop
- Teaches about the theory and practice of sexual harassment to enable people to distinguish between right and wrong and to build a framework for change of perceptions and attitudes.

Gender-Sensitive Teaching as a Tool to Mainstream Gender Equity
- Assists teachers to develop teaching strategies that lead to the development of the full potential of each student and ensure that no student is limited in their development because of their gender.

Opening Our Eyes: Addressing Gender-Based Violence in South African Schools—A Module for Educators (2001)
- A school-based module directed toward South African educators.
- Produced as a part of the CSAEMP and an education initiative supported by the Canadian International Development Agency (CIDA).
- Designed to be used at the school or district level with teachers, school management, and governing bodies; includes different interactive workshops to heighten awareness of gender-based violence and harassment, the link between GBV and HIV/AIDS, and to contribute to the holistic approach to enhance the culture of learning and teaching within a safe environment.

Contact:
CSAEMP
Free State
Department of Education
c/o Mr. Moloabi, 20th Floor
Private Bag X20565, 9300 Bloemfontein
Free State
South Africa
Tel: +27-51-407-4043

Fax: +27-51-430-4938
E-mail: csaempsouthafrica@emdfreestate.com

Center for Conflict Resolution (CCR)
http://ccrweb.ccr.uct.ac.za

Projects:
- Conflict management and dispute resolution services; and
- Peace education in schools.

Contact:
University of Cape Town
Rondebosch, 7701
Cape Town
South Africa
Tel: +27-21-422-2512
Fax: +27-21-422-2622
E-mail: mailbox@ccr.uct.ac.za

Centre for Development and Population Activities (CEDPA)
http://www.cedpa.org/index.html

Project:
Egypt's New Horizons Programme http://www.cedpa.org/aboutus/archive/071702.html
- A program developed in cooperation with partner NGOs and funded by USAID to improve the status of girls and young women.
- To demystify and communicate essential information pertaining to basic life skills and reproductive health essential to making informed life decisions.
- Two training manuals have been developed, the content of which covers a wide range of issues including nutrition, health, pregnancy, family planning, and managing small enterprises.
- Program syllabus comprises 100 sessions that are taught using a kit of colorfully illustrated posters and audiotapes on which poetry and dramas are recorded.
- Since 1996, New Horizons has graduated over 2,000 community leaders nationwide.

Contact:
CEDPA/Egypt
53 Manial Street, Suite 500
Manial El Rodah
Cairo 11451
Egypt
Tel: +2-02-365-4567
Fax: +2-02-365-4568
E-mail: cedpaegypt@cedpa.org.eg

Center for the Study of Violence and Reconciliation (CSVR)
http://www.csvr.org.za

Projects:
- NGO based in Johannesburg developing safe schools program and building a culture of human rights in schools.
- Aims to combat high levels of violence, crime, and abuse; to build reconciliation and a culture of human rights and democracy.
- Works in schools through intervention programs that aim to make schools places of safety.
- Provides advice, educational materials, and skills training workshops for educators and students.

Contact:
P.O. Box 30778, Braamfontein
Johannesburg, 2017
South Africa
Tel: +27 11 403 5650
Fax: +27 11 339 6785
E-mail: csvredut@wn.apc.org

Conscientizing Male Adolescents (CMA) in Nigeria

Projects:
- Teaches adolescent boys and men ages 14 to 20 to think critically about oppression, human rights, and sexism, including traditional Nigerian practices and their own beliefs.
- Engages adolescent males in ongoing discussion groups to increase their awareness of gender-based oppression.
- Fosters participants' skills in critical thinking and analysis.
- Provides counseling services and carries out community advocacy work.
- Works in schools with various curriculums.

Contact:
CIINSTRID/CMA
90B Goldie Street
P.O. Box 915
Calabar
Nigeria
Tel: +087-234704
Fax: +087-238615
E-mail: ciinstrid@hyperia.com

DramAidE
http://www.und.ac.za/und/dramaide/
A South African NGO that works with groups of students to develop plays designed to raise HIV/AIDS and gender awareness

Project:
Mobilizing Young Men to Care

- A joint intervention between DramAidE and the University of Natal.
- Used a mixed approach, allowing single-sex group work with mixed-group interactions; students reflect critically on their lives with new awareness. and
- Challenged pervasive gender relations: girls realized that it was not obligatory to have sex with assertive boys, while boys learned to take more responsibility for their actions, to express their emotions better, and to develop an understanding of the possibility of at least "doing masculinity" differently.

Contact:
DramAidE Offices
University of Zululand
Kwadlangezwa 3886
South Africa
Tel: +27-35-9026224 [ext. 2185/2272]

Life Centre Education for Loving Programme
http://www.take5tv.co.za/html/survival%20guide/safe%20schools/trauma/article-trauma7a.html

Project:

- Provides adolescents with relationship skills.

Contact:
1 Cardigan Road
Parkwood 2193
South Africa
Tel: +27-11-788-4784

Forum for African Women Educationalists (FAWE)
http://www.fawe.org

Projects:

- Promoting Girls' Education through Community Participation.
- Promoting Female Access to University through Affirmative Action. A Case Study in Tanzania.
- Girls in Science, Mathematics and Technology.

Contact:
P.O. Box 21394, 00505 Ngong Road
Nairobi
Kenya
Tel: +254-2-573131(Pilot line)/573351/573359
Fax: +254-2-574150
E-mail: fawe@fawe.org

Forum for African Women Educationalists South Africa (FAWESA)
http://web.uct.ac.za/org/fawesa/

Projects:
- A South African Chapter of the Forum for African Women Educationalist (FAWE), a partnership of African women cabinet ministers, vice-chancellors of universities, and other senior women policymakers, who assume leadership for education planning and implementation in their countries.
- Created in 1992 with the overall goal of working toward closing the gender gap in education.

Contact:
718 Kramer Law Building
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University of Cape Town (UCT)
Rondebosch 7701
South Africa
Tel: +27-21-650-3254
Fax: +27-21-685-2142
E-mail: fawesa@education.uct.ac.za

Girls' Power Initiative (GPI) of Calabar, Nigeria
http://www.electroniccommunity.org/GirlsPower/

Projects:
Founded by Bene Madunagu and Grace Osakue, GPI:
- Works against gender oppression in a multidimensional fashion.
- Educates girls to resist stereotypes and become active, outspoken, and challenging members of their communities.
- Promotes healthy sexuality by providing information on reproductive health and sexuality.
- Educates individual girls, their families, and their communities.
- Promotes national policies and initiatives.

Contact:
Box 3663
UNICAL P.O.
Calabar
Nigeria
Tel: +234-87-230929
Fax: +234-87-236298
E-mail: gpi@fordwa.linkserve.org

Independent Project Trust
http://www.webpro.co.za/clients/ipt/contact.htm

Project:

- Mediation and reconciliation training in schools that includes skills for making schools places of safety.

Contact:

1802 Old Mutual Center
303 West Street
Durban 4001
South Africa
Tel: +27-31-305-8422
Fax: +27-31-305-8420
E-mail: iptuet@wn.apc.org

The Mathare Youth Sports Association (MYSA) in Kenya

Projects:

- Began in 1987 as a self-help project to involve boys and girls in community development activities while providing sports opportunities.
- Provides HIV-awareness training and has started a gender-equality project.
- By challenging traditional concepts of gender-appropriate behavior while teaching girls to play soccer, it is changing how girls think about themselves and how their communities perceive them.

Contact:

P.O. Box 69038
Nairobi
Kenya
Tel: +254-2-763614
Fax: +254-2-583055

National Association of People Living with AIDS (NAPWA)/Positive Women's Network throughout sub-Saharan Africa

Projects:

- An end to the stigma and discrimination people living with AIDS face in their communities.
- Clear opportunities to participate in AIDS decision-making and resource allocation at a higher policy level.
- Resources to develop prevention, care, and treatment programs focused on women, including access to genuinely affordable drugs.
- Opportunities for training and education for infected women and their children.
- Resources for implementing grass-roots education programs on women's empowerment and equal access to education and employment.
- National policies and laws that will support women's human rights.

Contact:
NAPWA
South Africa
Tel: +27-11-720-3349
Fax: +27-11-720-3349
E-mail: preventaids@hotmail.com

National Department of Education (NDoE) in South Africa & the Culture of Learning, Teaching and Service (COLTS)
http://education.pwv.gov.za/default.htm

Projects:
Confronting School-Based Obstacles to Learning and Teaching
Initiated in 1997, the NDoE with the Joint Enrichment Project encourages and supports:
- Schools to explore non-threatening and creative ways to portray conditions in individual schools, particularly those that made it difficult for effective learning and teaching to take place.
- Various activities in the form of drama.
- The Creating Safe Schools initiative.
- The COLTS campaign project, and
- The development of crime- and violence-free learning sites.

Miracles in Education Project
The Sowetan newspaper, Read Education Trust, ISCOR, SABC, and the NDoE initiated project in 1997:
- To identify and publicize role models for students, educators, and managers; and
- Encouraged communities to nominate individuals or schools that were making an effort to improve the quality of education.

Yizo-Yizo
Initiated in 1999, the COLTS Directorates in conjunction with South African Broadcasting Commission (SABC):
- Televised a 13-part drama series aimed at creating awareness of social and personal issues that affected learning and teaching, developing positive role models, and modeling the process of restoration in a typical secondary school; and
- Modeled on the popular soap opera genre (Mitchell 2000).

Contact:
National Department of Education
Sol Plaatje House
123 Schoeman Street
Pretoria 0002
South Africa
Private Bag X895
Pretoria 0001
South Africa
Tel: +27-12-312-5911
Fax: + 27-12-325-6260

Planned Parenthood Association of South Africa
http://www.ppasa.org.za/

Project:
Men as Partners (MAP) http://www.engenderhealth.org/index.html
Coordinated by the Planned Parenthood Association of South Africa with AVSC International
- Targets young men and also works with women to redefine gender norms and healthy sexuality.

Contact:
National Office
PPASA National Office
172 Oxford Road, Melrose
P.O. Box 1023, Saxonwold, 2132
Johannesburg
South Africa
Tel: +27-11-880-1162
Fax: +27-11-880-1191
E-mail: ppasa@ppasa.org.za

Quaker Peace Center
http://www.quaker.org/capetown/

Projects:
- Peace education in schools.
- Mediation training.
- Work camps.
- Youth Programs.
- Community Development.

Contact:
3 Rye Road
Mowbray 7700
South Africa
Tel: +27-21-685-7800
Fax: +27-21-686-8167
E-mail: qpc@wn.apc.org

SA Health Info
http://www.sahealthinfo.org/violence/safeschool.htm

Project:
Safe Schools Project
- Piloted at two schools in the Western Cape Province and seven schools in the Gauteng

Province.

- A comprehensive approach to promoting health and safety among school-going youth through the prevention, reduction, and control of a significant public health concerns, namely violence and injury.
- Further psychosocial interventions in the form of the Primary Prevention of Rape among Adolescent Girls also occurred during this period. An initial comparative costing of the RESPECT and TALK TABOO drug intervention was conducted, resulting in a preliminary cost-effectiveness assessment.
- The program is currently being evaluated.

Contact:
UNISA-ISHS, Box 1087
Lenasia 1820
South Africa
Tel: +27-11-857-1142

Southern African AIDS Training Programme (SAT)
http://www.satregional.org/

Projects:

- A regional collaboration that supports community responses to HIV and AIDS through in-depth partnerships in Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe, and wider networking, skills exchange, and lesson sharing throughout the region.
- SAT funding and skills-building activities support partners in a wide range of relevant activities—HIV prevention, HIV and AIDS care and support, impact mitigation, networking and information exchange, HIV-related advocacy on gender, and human/child rights.
- SAT partners are operating at community, national, and regional levels.

Contact:
SAT Regional Office & Zimbabwe Country Office
P.O. Box 390, Kopje (3 Luck Street)
Harare
Zimbabwe
Tel: +263-4-781-123/9
Fax: +263-4-752-609
E-mail: info@satregional.org

The Storyteller Group in South Africa

Projects:

- Uses an innovative methodology of comic stories to explore the gendered dimensions of violence within adolescent relationships.
- Develop projects around youth, sexuality, and gender violence: publication of parallel narratives by two production teams, one all-male, the other all-female; interactive story development for readers and community radio listeners.

- Through creative collaboration with the target audience, such as "Theatre for Development," promotes creating stories with an educational agenda and also points out that the media needs to address inequitable gender practices in sexual relationships and take a proactive stance in denaturalizing sexual violence against women.

Contact:
The Storyteller Group
P.O. Box 146, Muizenberg 7950
Cape Town
South Africa
Tel: +27-21-788-8771
E-mail: storyteller@icon.co.za

Joint United Nations Programme on HIV/AIDS (UNAIDS) (South Africa)
http://web.uct.ac.za/depts/chu/mch16h.rtf

Project:
Men Can Make a Difference
- Focuses on the potentially constructive role men can play in combating the AIDS epidemic, and
- Develops a more constructive conception of masculinity and asserts their power, not over women, but over HIV/AIDS.

Contact:
351 Schoeman Street
P.O. Box 6541
Pretoria 0001
South Africa
Tel: +27-12-338-5304
Fax: +27-12-338-5310
E-mail: unaids@un.org.za

United Nations International Children's Emergency Fund (UNICEF)

Project:
The AIDS Action Programme for Schools in Zimbabwe
http://www.unicef.org/programme/lifeskills/action/esaro.html
- Led by UNICEF and the Zimbabwean Ministry of Education and Culture (MOEC)
- Provided information about STIs/HIV/AIDS and worked to build the life skills that enabled youth to make better decisions for themselves.
- Developed a curriculum for training youth in the schools that covered relationships, life skills, human growth and development, and health.

Contact:
UNICEF
P.O. Box 1250, Harare, Zimbabwe

6 Fairbridge Avenue, Belgravia
Harare
Zimbabwe
Tel: +263-4-703941
Fax: +263-4-731849
E-mail: harare@unicef.org

Vuleka Trust

Project:
- Conflict resolution in schools.

Contact:
P.O. Box 88, Botha's Hill 3660
Durban
South Africa
Tel: +27-31-777-1363
Fax: +27-31-777-1080
E-mail: vuleka@dbn.lia.net

Wilgerspruit Fellowship Centre

Project:
- Conflict resolution training in schools.

Contact:
P.O. Box 81, Roodepoont 1725
Johannesburg
South Africa
Tel: +27-11-768-1310
Fax: +27-11-768-6086
E-mail: letsema@wfc.org.za

Women's Voice
http://www.womens-voice.org.mw

Projects:
- An indigenous nonprofit and nonpartisan human rights organization in Malawi committed to the promotion and protection of justice for and welfare of women.
- Currently running a project creating awareness on the extent of violence against women and girls in schools and how best to eradicate violence within educational institutions.
- Focuses on the issue of increasing violence against the girl child and her performance / achievement in school.

- Also encourages teachers and students to form gender clubs at schools that are responsible for monitoring Human Rights violations.

Contact:
P.O. Box 30479
Blantyre
Malawi
Tel: +265-622-940
Fax: +265-622-940
E-mail: womens-voice@sdnp.org.mw

C. ASIA

Centre for Development and Population Activities (CEDPA)

Projects:
Better Life Options Program for Boys in India

- A holistically designed program that encompasses various relevant issues. The program guides adolescent boys toward better life skills, education, relationships, values, etc.
- It aims to increase male involvement in reproductive health decision-making, expand life opportunities, improve gender sensitiveness, and establish an enabling environment for young adolescents to mature into healthy, self-confident, productive, and responsible adults.
- It uses a global training manual, "Choose a Future! Issues and Options for Adolescent Boys," for facilitators and trainers working with boys aged 10 to 19, which addresses various issues including relationships, marriage, gender, fatherhood, health, family, education, work, legal status, and community involvement.

Better Life Options Program for Girls in India

- It promotes opportunities for girls and young women to make better life choices concerning their health, economic status, civic participation, education, employment, decision-making abilities, and family planning.
- It is based on an empowerment model and combines elements of education, family life education, life skills, vocational training, health services, and personality development.
- It uses a program guide for facilitators and trainers working to empower girls and young women entitled, "Choose a Future! Issues and Options for Adolescent Girls."

Contact:
CEDPA/India
50-M Shantipath, Gate No. 3, Niti Marg
Chanakyapuri
New Delhi
India 110021
Tel: +91-11-2467-2154/+91-11-2688-6172
Fax: +91-11-2688-5850
E-mail: marta@vsnl.com

Maiti Nepal
http://www.maitinepal.org

Projects:
- Combats trafficking of girls and women; works for the rights and welfare of women and children.
- Raises public awareness against trafficking of girls and women, and conducts social awareness campaigns.
- Provides income-generating skills training to girls and women at risks of being trafficked.

Contact:
Maiti Nepal
Maiti Marg, Pingalsthan, Gaushala P.O. Box 9599
Kathmandu
Nepal
Tel: +977-1-492904/494816
Fax: +977-1-489978
E-mail: info@maitinepal.org

Population Council

Project:
Kishori Abhijan Project of Bangladesh
http://www.unescobkk.org/ips/arh-web/projects/details.cfm?id=99
- A project funded by UNICEF, the Mellon Foundation, DFID, and USAID.
- Aimed to empower adolescent girls, including research (surveys, focus group discussions, and in-depth interviews).
- Supports adolescent groups or networks in rural areas.
- Supports adolescent girls in developing self-esteem and leadership skills so they learn about gender discrimination, health, and nutrition (including hygiene, reproductive health, and HIV/AIDS), and about legislation and legal rights; and
- Includes sensitizing and training activities with the gatekeepers and adolescent boys to help create a more supportive environment for adolescent girls.

Contact:
Population Council
One Dag Hammarskjold Plaza
New York, NY 10017
United States of America
E-mail: samin@popucouncil.org

United Nations Education, Scientific and Cultural Organization (UNESCO)

Project:

Scale-up of in-school HIV/AIDS preventive education programs across the Asia-Pacific region
http://www.unescobkk.org/news/other_news/03aids.htm

- Since 1997, UNESCO has developed and piloted a teacher-training manual on teaching about HIV/AIDS in 12 countries in the region. While it was found to be effective in disseminating important information, lack of funding has limited its outreach.
- Aims to integrate elements of the training manual into teacher college curricula, and develop teaching and learning materials for classroom use.

Contact:
UNESCO Bangkok
Asia and Pacific Regional Bureau for Education
P.O. Box 967, Prakhanong Post Office
Bangkok 10110
Thailand
Tel: +66-6-007-8466

UNICEF

Project:
"Let's Talk Men," the South Asian Masculinities Film Project (Save the Children)

- The project has produced a set of four films aimed at raising awareness of HIV/AIDS among adolescents and violence against girls in the region.
- The films aim to initiate discussions between boys and girls, help them understand how knowledge and femininity/masculinity are constructed, and challenge traditional images of men and women and the power relations between them.
- The films present alternative male role models as well as a platform for discussion.
- In Bangalore, with an alliance with Community Health Cell, an NGO, the films are now an integral part of ongoing staff training for professionals in 20 child-focused development agencies.

Contact:
National Institute of Mental Health and Neuro Sciences
Bangalore
India
Tel: +91-806-995550

D. LATIN AMERICA

UNESCO Brazil

Project:
The "Making Room Program"
http://www.unesco.org.br/noticias/discurso/Qu%E9becPapers2.pdf

- This is an alternative for youths to use their free time and have contact with leisure activities of a cultural, artistic, and sports nature.
- It functions through opening schools on the weekends (Saturdays and/or Sundays) to reduce the high levels of violence that are registered on the weekends.
- It operates in learning establishments that have adequate physical space available, including computer labs, sports courts, libraries, etc.
- It involves workshops administered by hired monitors and volunteers, preferably youths and members of the community.
- A variety of activities are selected based on consultation with the local youths.
- The Program includes principals, teachers, cafeteria employees, and auxiliary staff members.

Contact:
SAS, Quadra 5, Bloco H, Lote 6 Ed. CNPq/IBICT/UNESCO, 9º andar
CEP: 70070-914 Brasília, DF
Brazil
Tel: +061-321-3525
Fax: +061-322-4261
Caixa Postal: 08563
E-mail: uhbrz@unesco.org.br

Mexican Social Planning Institute (IMMS) and the Mexican Family Planning Association (MEXFAM)

Projects:
- Gang members are trained to reach other out-of-school adolescents in Mexico.
- After attending educational sessions, interested members are invited to join a theater group to perform in public spaces and schools to provide information to their peers.

Contact:
Fundación Mexicana para la Planeación Familiar, A.C. (MEXFAM)
Juárez 208,
Tlalpan 14000, D.F.
Mexico
Tel: +01-55-5487-0030

Annex Five
Additional Resources

A. WEB RESOURCES

INTERNATIONAL COVERAGE

1. Gateways

ELDIS – Gender and AIDS section
http://www.eldis.org/gender/dossiers

HIV/AIDS Impact on Education Clearinghouse
http://iiep.tomoye.com/ev.php

Mezzo – supported by International Planned Parenthood Federation (IPPF)
http://www.ippf.org/mezzo

PANOS
http://www.panos.org.uk

Sexual Information and Education Council of the U.S. (SIECUS)
http://www.siecus.org/

2. Bilateral/Multilateral Agency & NGO Sites

Canadian International Development Agency (CIDA)
http://www.acdi-cida.gc.ca/index.htm

Campaign for Female Education (CAMFED)
http://www.camfed.org/

Education Development Center, Inc. (EDC)
http://main.edc.org/
Health and Human Development (HHD) Programs:
http://main.edc.org/info/allframe.asp?destinationURL=http://hhd.org&TheOrigin=centers.asp

Education International (EI)
http://www.ei-ie.org/
EI in School Health & HIV/AIDS Prevention:
http://www.ei-ie.org/educ/aids/eepublication.htm

Human Rights Watch
http://www.hrw.org

Global Fund for Women
http://www.globalfundforwomen.org

UK Government Department for International Development
http://www.dfid.gov.uk

United Nations
http://www.un.org

UNAIDS
http://www.unaids.org

UNDP
http://www.undp.org
For reports on gender violence and HIV/AIDS, including: "Dying of Sadness: Gender Sexual Violence and the HIV Epidemic": http://www.undp.org/hiv/publications
UNDP's Men, Masculinities and Development site has relevant links to men's roles in ending gender violence: http://www.undp.org/gender/programmes/men/men_ge.html

UNIFEM
http://www.unifem.undp.org

UNICEF
http://www.unicef.org
Progress of Nations 2000: http://www.unicef.org/pon00/mysong.htm
State of the World 2002: http://www.unicef.org/sowc02/feature5.htm
Young People and HIV/AIDS: http://www.unicef.org/pubsgen/youngpeople-hivaids
For other links, research reports, and other information:
http://www.unicef.org/teachers/protection/violence.htm

The White Ribbon Campaign
http://www.whiteribbon.com

The World Bank
http://www.worldbank.org

The World Health Organization
http://www.who.org
Global School Health Initiative:
http://www5.who.int/school-youth-health/main.cfm?p=0000000641
WHO Information Series on School Health:
http://www5.who.int/school-youth-health/main.cfm?p=0000000651

3. Research

Advocates for Youth
http://www.advocatesforyouth.org

The Alan Guttmacher Institute
http://www.agi-usa.org

Family Health International
http://www.fhi.org

id21 Education
http://www.id21.org

International Center for Research on Women
http://www.icrw.org/

The Medical Research Council in South Africa
http://www.mrc.ac.za

Population Council
http://www.popcouncil.org

Wellesley Centers for Women
http://www.wcwonline.org/harassment/index.html

SITES RELEVANT TO SPECIFIC REGIONS

1. Africa

Forum for African Women Educationalists (FAWE)
http://www.fawe.org
Information linking sexual harassment in schools to closing the gender gap in education
http://www.fawe.org/publications/Information/Newsletters/FNEWS8-3.pdf

Gendering Adolescent AIDS Prevention (GAAP)
http://www.utoronto.ca/iwsgs/GAAP/index.htm

National Association of People Living with HIV/AIDS (NAPWA)
http://www.napwa.org

Planned Parenthood of South Africa
http://www.ppasa.org.za

South African AIDS Training Programme (SAT)
http://www.satregional.org

South African Health, Knowledge Network
http://www.sahealthinfo.org/sahealthinfo.htm

Training and Research Support Centre (TRSC)
http://www.tarsc.org

The Zimbabwe Women's Resource Centre and Network (ZWRCN)
http://www.zwrcn.org.zw/

B. VIDEOS

International Planned Parenthood Federation/Western Hemisphere. "Basta! The Health Sector Addresses Gender-Based Violence" (sensitization video) & "Basta! Women Say No to Gender-Based Violence" (training video). These videos are the product of a regional GBV project, which started in 1999. Address: IPPF 120 Wall St., 9th Floor, New York, NY 10005; Tel: 212-248-6400.

Mak, Monica (Writer/Director), and Claudia Mitchell (Producer). 2001. *Unwanted Images: Gender-Based Violence in the New South Africa*. Documentary Video. Canada: CSAEMP.