



## **EQUATE Technical Brief: Gender, Education, and HIV/AIDS**

Education plays a pivotal role in shaping the lives of children and young adults. Yet, schools can be breeding grounds for potentially damaging behaviors that remain with pupils into adulthood. Schools can conversely prove effective in helping young people learn positive and healthy models of behavior by challenging the harmful gender norms that limit academic achievement and increase the likelihood of HIV infection, especially for girls. This technical brief examines the relationship between gender disparities and the spread of HIV/AIDS and offers suggestions for USAID staff and implementing partners in designing appropriate education sector strategies for mitigating the impacts of HIV/AIDS by addressing gender inequality.

### **HIV/AIDS and Education**

Globally, it is estimated that HIV has infected 2.3 million children under the age of 15 and 10 million youth between the ages of 15 and 24, the majority of which are female (ICAD 2006). Young women and girls are at higher risk of becoming infected than young boys and men. In addition to the biological factors that place females at increased risk, power imbalances and notions of masculinity give men control over decision-making and resources and undermine women's and girls' ability to protect themselves. Poverty, economic dependence, lack of information, and harmful traditional practices make women vulnerable to unprotected and coercive sex. These same forces limit females' educational opportunities, perpetuating the social conditions that relegate women to a lower status than men and facilitate the spread of HIV.

**HIV** exacerbates the gender disparities that already exist in society. It influences who is able to access school and affects students' educational achievement and persistence. In sub-Saharan Africa for example, fewer children are enrolled in school as a result of poverty, being orphaned, or the stigma of having an infected parent or other close relative. Children, especially girls and orphans, are dropping out of schools in increasing numbers to take care of sick family members, or to support their families. Meanwhile, a disproportionate number of orphaned boys fend for themselves on the streets as extended families often consider them ill-suited for household labor and do not offer them care or assistance (USAID 2001).

Even for those children who make it to school, education systems reinforce societal expectations of what it means to be male and female, and these prescribed gender roles can have detrimental effects on the welfare of all students. Boys who have been socialized to act out traditional and often violent masculine roles do so at school, contributing to the devastating phenomenon of school-related gender-based violence (SRGBV). SRGBV places girls at increased risk of sexual abuse, coercive sex, STIs, and unwanted pregnancies, and is carried out not only by their male peers, but by male teachers as well. While girls are the primary victims of such abuse, boys are not exempt from the effects of SRGBV. Many boys report feeling helpless when they see gender-based violence occurring in the classroom, knowing that they are ultimately powerless to intervene. This is psychologically damaging and perpetuates the cycle of entrenched and harmful gender norms that contribute to the spread of HIV.

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**Gender norms** also greatly shape consensual sexual relationships, which have an impact on HIV infection rate, as well as school performance. Prescribed gender norms can interfere with equal and fair treatment of boys and girls in the classroom. Although addressing gender inequality may be perceived as taboo, interventions such as life skills education programs designed to build individual empowerment and confidence prove effective in addressing gender issues and in helping to reshape sexual behavior. These have a positive impact on the creation of respectful relationships, the establishment of positive attitudes about men and women and on building students' own self-esteem.

At the core lies **educational attainment** and outcomes. A good quality education is considered one of the key defenses against HIV. Studies in many countries have linked higher education levels with increased AIDS awareness and knowledge, higher rates of contraceptive use, and greater communication on HIV prevention among partners. Evidence shows that secondary education can significantly reduce girls' vulnerability to HIV, since those years of schooling boost the skills and opportunities they need to achieve greater economic independence (UNAIDS, UNFPA and UNIFEM, 2004). Schooling acts as a protective factor.

By examining the interactions among gender norms, education, and HIV infection, it is easier to identify the strategies that are most effective in addressing gender inequalities, educational under-achievement, and the impact of HIV/AIDS.

## **Strategies for Integrating Gender and Responding to HIV in Education Programs**

Gender inequality has been recognized as a major factor perpetuating the HIV epidemic. Schools provide a context in which dynamics of male and female relationships are constantly in effect and can be addressed. Hence, interventions that promote gender equality in schools can significantly contribute to reducing the vulnerability of pupils, and girls in particular, to HIV infection.

The links among education, gender roles, and HIV/AIDS can be made use of to simultaneously improve educational achievement, move toward greater gender equality, and combat the spread of HIV. USAID education programs can respond in the following ways:

### **Make Schools More Accessible to Vulnerable Children**

In many areas of the world, an increasing number of children are not attending school because their principal caregiver is HIV-positive, creating additional barriers to education. This phenomenon is especially true for orphans and girls, who often assume responsibility for the care of the sick at home. Yet lack of education is seen as a major factor in the vulnerability of girls to HIV infection. Orphans' emotional vulnerability, shame, and financial desperation can make them susceptible to sexual exploitation and heighten their risk of becoming infected. The best defense against HIV is to provide these children with the structure and learning opportunities schooling provides. Education programming should consider innovative approaches to delivering education such as flexible scheduling, radio-based instruction and community schooling which make education more accessible to vulnerable children.

The USAID Africa Bureau has identified some innovative approaches for delivering education to hard-to-reach groups, such as orphans, street children, and other children affected by AIDS. With implementing partner Education Development Center (EDC), USAID launched the Interactive Radio Instruction Program for Out-Of-School Children and Orphans in Zambia.

These radio programs were taught in community learning centers so that travel time and expense did not prohibit students from participating. The programs allowed children to complete a grade one curriculum in 100 half-hour radio broadcasts. The information communicated in the broadcasts was tailored to the specific needs of at-risk youth and included life-skills lessons and information regarding HIV/AIDS alongside the standard grade one curriculum. Due to its success, the program was scaled up to include grades one through five (EDC 2004).

### **Invest in Teacher Training and Improve the Quality of Teaching**

Teachers are important allies and can play an effective role in addressing gender inequalities and violence in schools. Before teachers can begin to transform pre-existing gender dynamics in their classrooms, however, they must first examine and confront their own attitudes and experiences regarding gender. Gender awareness training, which is specifically designed to help teachers examine their own biases, discourage stereotypes, define classroom roles and learn how to support change in gender equality, can be added to pre-service programs or designed as an in-service addition to help achieve these objectives and enable teachers to be more effective when delivering life-skills education. In providing quality training to teachers and educators, YouthNet--USAID's flagship project on improving reproductive health and preventing HIV among young people--outlines a number of applicable tips including establishing clear objectives and setting up an oversight mechanism (Family Health International/YouthNet 2006). A joint YouthNet/UNFPA publication provides further guidance on recruitment and retention of qualified educators, such as providing incentives for professional growth and ensuring a demographically representative body of educators (UNFPA 2005).

With the support of USAID, EDC carried out the Fundamental Quality and Equity Levels (FQEL) project in Guinea. Originally a general teacher training project, FQEL trainers found that teachers were both highly uninformed and curious about HIV/AIDS. The extent of teacher interest in this topic prompted FQEL trainers to dedicate one of their day-long bimonthly trainings exclusively to HIV/AIDS. The goal of the FQEL HIV/AIDS training was to raise awareness about gender and HIV/AIDS, to promote dialogue among educators and to provide them with the knowledge and resources to answer students' questions about HIV/AIDS comfortably and accurately. At the beginning of the training teachers completed a true/false questionnaire to gauge their pre-existing knowledge of the epidemic. This exercise led to a discussion during which teachers can begin to get answers to their questions about HIV/AIDS. Trainers then utilized an interactive simulation called 'brushfire' as a way to help teachers internalize the realities of the disease by placing them in the shoes of an individual recently diagnosed with HIV. After the training teachers were able to bring their newfound knowledge, passion, and participatory learning strategies to the classroom in order to more effectively teach their students about HIV/AIDS (USAID 2003).

### **Include Life-Skills Education in Curricula with a Focus on Gender Issues and Preventing HIV**

School-based HIV/AIDS education is essential to curbing the spread of HIV and reducing gender inequality. Understanding one's own sexuality, knowing how to protect against the spread of STIs, reducing vulnerability to gender-based violence and promoting better decision-making, communication and interpersonal skills must be incorporated into mainstream curricula. Comprehensive skills-based health education programs need to be made available to all students. Life-skills education improves young people's ability to make healthier choices and understand broader societal issues related to power relations, social stigma and rights and

responsibilities. Life-skills education can also help young people delay sexual initiation and stay in school longer.

The Adolescent Peer Organized Network (APON) in Bangladesh uses reading centers as spaces where adolescents, mostly girls, can learn about reproductive health issues while gaining valuable literacy, communication and entrepreneurship skills, including training in areas of journalism, livestock and tailoring. Leadership development is another integral part of the APON curriculum. Since the start of the program in 1998-99, the program has reached 400,000 adolescents in 58 regions of the country. Although parents and community leaders often distrust such initiatives that address sexual and reproductive health issues with young women, APON has successfully involved the community throughout the process, thereby gaining their support. Such community involvement has not only proven effective in reducing women's risk to health-related vulnerabilities, but has also prompted an increasing demand to involve and educate boys and young men, which APON is currently working on (USAID/IGWG 2006; UNICEF 2003).

### **Promote Positive Masculinities for Boys**

The recognition that boys and men must become more involved and aware of gender disparities is not unique to APON and is part of a larger trend that programs focusing on gender and health are increasingly finding necessary to address, especially for durable change. Putting an end to the HIV/AIDS epidemic requires interventions that involve men and boys. Boys should be taught at an early age that men and women are equal since harmful attitudes about females formed in childhood stay with both sexes through adulthood. As they grow older, boys also need the opportunity to develop new notions of masculinity that challenge misconceptions and offer positive models of behavior. More equitable relationships between boys and girls improve the learning environment in schools, create open communication in relationships, and help both boys and girls lead more productive lives as adults. School-based activities should encourage both boys and girls to examine alternative, more reaffirming gender roles that involve and empower all students. Specifically, recent approaches that encourage males to change negative behaviors and practices signal a departure from placing the responsibility for improved gender relations on women and girls alone.

The Conscientizing Male Adolescents (CMA) Program in Nigeria targets secondary school boys aged 14-18 through a classroom-based process of dialogue and inquiry that enables participants to question and challenge existing gender norms and behaviors. Combining in-school and out-of-school meetings, the program first sensitizes boys to the biological differences across the sexes, and then covers gender inequity and males' responsibility in sexual relationships. The program also utilizes critical thinking and communication skills and imparts ideas on human rights approaches in a way that enables participants to challenge and address negative social behaviors around gender and reproductive health when they face these issues in their personal lives. Early graduates of the program have advanced to serve as facilitators of the program (Synergy Project 2003).

### **Increase Parental and Community Involvement**

One of the impacts of HIV/AIDS on households and communities has been the changing roles for grandparents, parents, brothers, sisters, and children; communities need opportunities to reexamine traditional social roles in light of these changes. Working with communities in a sustained manner to support changes in norms is necessary for developing appropriate roles and actions for boys and girls. This also enables change agents to deal with potential resistance or backlash and share information to reduce stigma and discrimination. Involving community leaders, including faith-based representatives and district and ministry officials, helps build

ownership of the initiative at a systemic level and enables a more sustainable and scalable transition of the intervention (FHI/YouthNet 2006).

The Kafue Adolescent Reproductive Health Project (KARHP) in Zambia aims to provide in-school youth with sexual and reproductive health education and services. One of the primary components of this initiative is the use of parent and elder educators to encourage parent-child communication regarding reproductive health (RH). Parent and elder educators organize community meetings, religious meetings, and monthly parent-teacher association meetings, and they visit the homes of community members on a weekly basis to discuss the program, SRH topics, and the importance of parent-child communication. They are natural liaisons to the community and ensure the acceptance of the project by the community. Involving adults is absolutely crucial to a RH program's sustainability and success (World Bank 2004).

### **Establish Youth Clubs**

Youth need safe spaces to discuss and learn about issues related to sexuality and sexual relationships. The formal education system can play an important role in creating in- and out-of-school linkages, and opportunities for peer-to-peer activities through the establishment of voluntary youth clubs. Peer education is particularly important for reinforcing participation and active learning by youth and for modeling gender appropriate behaviors. Youth should also be involved in decision-making and leadership positions in such initiatives, and the UNFPA (2005) outlines a number of ways in which such leadership can be developed through peer education programs and youth clubs.

### **Promote Safe Schools and Protect Students from Violence**

One of the most important ways to achieve gender equality is to educate girls; yet rather than places of learning, schools are far too often breeding grounds for gender-based violence. There is compelling evidence that the harmful effects of SRGBV on girls and boys have short- and long-term consequences, including physical and psychological damage to students, as well as serious social repercussions and school abandonment. Health manifestations include risk-taking behaviors, unintended pregnancy, abortion and infection, including HIV. If both girls and boys are to be provided with a quality education that teaches them strategies to protect themselves from HIV rather than exposing them to the disease, something must be done to ensure that schools are safe environments for youth.

The Safe Schools Program (Safe Schools) is a USAID-funded program implemented by DevTech Systems, Inc., which aims to ensure that both boys and girls have an equal opportunity to participate in a school environment entirely free from harassment, intimidation and sexual coercion. Safe Schools' activities span across several levels, from dealing with individual students and families to working with policymakers, and it aims to fundamentally transform attitudes and behaviors surrounding harmful gender norms. The program proposes three main types of interventions: organizing prevention programs which include trainings for students, parents, community members and teachers aimed at reducing SRGBV, developing response networks of volunteer community counselors for victims, and instituting reporting systems that encompass legislation strengthening at the school or community level. The program is currently being piloted in Ghana and Malawi and its impact is being closely monitored (IGWG 2006).

### **Design Multi-sector Responses to Combat the Spread of HIV**

The education sector is well-positioned to play a central role in incorporating multi-sectoral responses to prevent and curb HIV. The formal education system has unprecedented access to young people—at critical times in their development, to parents and to the broader community.



Schools provide a physical space where interventions can be delivered and have the ability to create a high level of community awareness around important issues. Partnering with other stakeholders and programs with similar aims offers increased support and resources, including logistical and financial support, creating better synergy and impact. The education sector can catalyze coalitions to promote gender equitable norms and reducing the spread of HIV through appropriate health-related school policies, the development of skills-based health education, and school-based health and nutrition services.

The Communities supporting HIV/AIDS, Nutrition, Gender and Equity Education in Schools (CHANGES) is one such program in Zambia offering a model case for school-based, multi-sectoral approaches to addressing HIV/AIDS and gender issues. Begun with USAID support in 2001, CHANGES incorporates nutritional interventions, skills-based health education (with a focus on HIV/AIDS and malaria), educational achievement incentives, and cognitive development strategies aimed primarily at girls and other vulnerable children. The project also initiates social mobilization campaigns for greater participation and emphasizes tracking and measuring progress, such as implementing household surveys and a new cognitive development assessment instrument. In August 2005, CHANGES began a new phase emphasizing HIV/AIDS education and the needs of orphans and vulnerable youth (USAID/Zambia 2005).

### **Conclusion**

While programs that focus specifically on HIV/AIDS or education or gender issues abound, models that integrate these three integrally-linked areas are much more limited. The need to consider such complexities that surround HIV/AIDS is becoming more apparent, as highlighted in the 2006 International AIDS Conference in Toronto. Helene Gayle, President of CARE and the International AIDS Society, reflected that the debate on HIV/AIDS has evolved from one focusing on a virus to one focusing on the people and communities affected by the virus. The conference emphasized that rectifying the power imbalances associated with gender relations is a prerequisite for achieving lasting impact on the battle against HIV/AIDS. When interventions combat HIV/AIDS in ways that address gender relations and education, as is the case in the examples highlighted here, the results become mutually reinforcing and the impact is greater than the sum of its individual parts.

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