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GOOD POLICY AND PRACTICE
IN HIV AND HEALTH EDUCATION

BOOKLET

7

Gender Equality, HIV and Education



GOOD POLICY AND PRACTICE IN HIV AND HEALTH EDUCATION

Booklet 7

GENDER EQUALITY, HIV AND EDUCATION

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FOREWORD

Education, HIV and gender equality are deeply interrelated aspects of personal and global development. This booklet presents evidence and experience on gender, HIV and education from a variety of perspectives, taking an analytical look at key issues that continue to impede progress in HIV prevention, in access to care and services, and in ensuring that all children have access to a full and good quality education, emphasising the need for a holistic approach that includes commitment from all the different sectors.

The discussion papers contained in this booklet, and the related case studies, are written by leaders and experienced practitioners in the fields of HIV, education and gender, and contribute to a growing body of evidence on the importance of a strong and evidence-based education sector response to the HIV epidemic.

This booklet is the seventh in a series of booklets produced by the United Nations Educational, Scientific and Cultural Organization (UNESCO) on good policy and practice in HIV and health education. It is intended for policy-makers, planners and professionals in the education sector, as well as those working on HIV and gender equality. We welcome any feedback and encourage users to contribute to the development of the series by sharing their input and experiences. For more information on UNESCO's work in HIV, health promotion and education please refer to our website: www.unesco.org/

Improving gender equality and addressing the challenges of HIV will be possible if urgent action is taken to reduce existing inequalities in wealth and education, while also investing in longer-term social changes in patterns of thinking and behaviour. However, such impacts and changes cannot be achieved by addressing these interrelated issues in isolation. We hope the suggestions in this volume assist you in working towards an integrated approach to achieve positive change.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
Camfed	Campaign for Female Education
CCT	Conditional cash transfers
CSE	Comprehensive Sexuality Education
DFID	Department for International Development, UK
EFA	Education for All
FAWE	Forum for African Women Educationalists
GBV	Gender-based violence
GCE	Global Campaign for Education
GDP	Gross Domestic Product
GEMS	Gender Equity Movement in Schools
GTZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HIV	Human Immunodeficiency Virus
IBE	International Bureau for Education
ICRW	International Center for Research on Women
IPPF	International Planned Parenthood Federation
IPV	Intimate partner violence
MDG	Millennium Development Goal
MSM	Men who have sex with men
LGBT	Lesbian, gay, bisexual, transgender
NGO	Non-governmental organization
PEPFAR	US President's Emergency Plan for AIDS Relief
PPAZ	Planned Parenthood Association of Zambia
RCT	Randomized controlled trial
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
VSO	Voluntary Service Overseas
WHO	World Health Organization
YHHS	Young, Happy, Healthy and Safe

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INTRODUCTION



INTRODUCTION

Poverty, wealth and gender inequality, in addition to lack of access to education, increase HIV vulnerability and risk, and the interaction between these factors is complex. This booklet presents evidence and experience on gender, HIV and education from a variety of perspectives in order to highlight the need to capture, synthesise and strengthen these required linkages.

The booklet presents new thinking and emerging research alongside a series of case studies and examples of new and time-tested programmes on the issues of gender equality, HIV and education, and the interrelation between these three aspects. The booklet includes discussion papers by leading practitioners and authors from a range of organizations and continents that explore issues and emerging evidence in greater depth, as well as case study examples of programmes and interventions from a range of countries. These are intended to illustrate the links between gender, HIV and education, rather than to provide a comprehensive overview or analysis of the issues.

Tackling these interrelated issues is crucial to meeting the Millennium Development Goals and other international commitments regarding education, human rights, equality and social justice. By addressing a variety of pertinent topics, including: gender equality and gender norms; poverty, inequality and structural factors; the role of education, including sexuality education; integration and diversity; engagement between education and the wider community; and young people's leadership, the booklet aims to highlight experiences, innovative approaches and lessons learned, in order to inform future policy and programming.

CONTEXT

Education, HIV and gender equality are deeply interrelated domains of personal and global development. These interrelations can be positive; for example, where education leads to lower HIV risk. They can also be negative; for example, where gender inequality negatively influences both education and HIV. These multiple overlapping factors can also be harnessed as positive forces for change, leading to improvements in educational achievement, in gender equality and in HIV outcomes. In order to achieve these positive changes, it is now clear that an integrated approach is required.

Despite the links between education, gender and HIV, efforts to improve each sphere to date have largely been implemented in parallel; insufficient links have been made between the different spheres. There is increasing recognition, however, that these issues cannot be tackled in isolation. There is a need to find ways to ensure that policies and programmes on gender equality, HIV and education are mutually reinforcing in order to maximise their impact.

HIV AND GENDER EQUALITY

Gender describes the roles of women and men that are determined by economic, social and cultural factors rather than by biology. Gendered expectations of boys and girls begin at an early age, and are built through family practices, community norms, schooling and the influence of the media, among others.

HIV is the leading cause of death and disease among women aged 15–49 years worldwide. Globally, there are equal proportions of women and men living with HIV, although this varies from region to region. Gender practices, norms and values also influence sexuality, reproduction and relationships. For example, unequal gender relations make it difficult for women and girls to make choices about sex, as well as increasing their vulnerability to violence, early marriage and adverse sexual and reproductive health outcomes, and contributing to intergenerational and transactional sex. Gender stereotyping, social marginalization and violence all increase the vulnerability and risk of young men who have sex with men (MSM) and transgender people, which can lead to stigma, marginalization and violence in educational settings and across the wider community.

In contrast, evidence from a range of countries suggests that young people with gender equitable attitudes have better sexual health outcomes than those with less equal attitudes. This includes higher rates of condom and contraceptive use and lower rates of intimate partner violence, unintended pregnancies or HIV (Karim *et al.*, 2003; Rogow and Haberland, 2005).

GENDER EQUALITY AND EDUCATION

Gender equality in access to education is a basic human right, as well as being central to achieving Education for All (EFA). Although there has been good progress in terms of girls' enrolment in primary education in many countries, girls made up more than half of the 67 million children who were believed to be out of school in 2011. Globally, 24 countries are not expected to achieve gender parity at primary or secondary school level by 2015, the date set by the global community through the Millennium Development Goals. Conversely, nearly half of the countries in the East Asia and Pacific region had lower proportions of boys enrolled in secondary education than girls in 2006 (UNICEF, 2009a).

These differences between male and female enrolment prevail despite strong evidence to show that educating girls not only improves their life chances but also has wider health and development benefits.

Schools can reinforce prevailing norms, or they can act as a catalyst to challenge harmful norms, such as gender inequality, by focusing on the development of gender equitable attitudes among all learners. The availability of teachers, teacher attitudes, the content and relevance of the curriculum all have an impact.

The school environment also plays a significant, and varying, role in influencing both girls' and boys' enrolment and retention in school. For example, the availability of teachers, teacher attitudes towards girls and boys, the curriculum, and experience of unequal treatment and of sexual harassment have a greater effect on enrolment and drop-out rates of girls (Aikman *et al.*, 2008; Lloyd, 2011a), while social norms around masculinity are making an increasing contribution to reducing boys' retention and achievement in school in some regions (UNGEI, 2005).

EDUCATION AND HIV

Formal education can reduce vulnerability to HIV by exposing boys and girls to information, building self-esteem and skills, improving economic prospects, and by influencing the balance of power within sexual relationships (for example, UNAIDS Outcome Framework, 2009; UNESCO *et al.*, 2009). This can affect social and sexual networks, which may be of particular benefit to girls. It can also promote understanding and tolerance, reduce stigma and discrimination towards people living with HIV and marginalised and most-at-risk populations. For example, the Global Campaign for Education (GCE) has estimated that universal primary education alone would prevent 700,000 new HIV infections each year.

Beyond the protective effect of education, there is also the beneficial impact of education about HIV and sexual health. HIV education needs to consider the situation and specific needs of girls, including existing gender inequalities, as well as the differing needs and effects of HIV education on boys and girls.

Gender-responsive approaches to HIV and sexuality education can help learners to understand their individual and social vulnerability to HIV, as well as helping to develop the communication, negotiation and critical thinking skills they need to challenge gender norms and resist peer pressure. Educators, and those who train them, need to understand how gender interacts with HIV and to apply a gender-sensitive approach to classroom methods and materials. The school environment where the learning takes place must also reinforce these educational messages.



GENDER EQUALITY, HIV AND EDUCATION

The following sections include longer discussion papers, case studies and other examples that present evidence and experience on gender, HIV and education from five different, but related, perspectives:

- 1. Fulfilling the right to education** – this section analyses the right to education for all and the extent to which this right is being fulfilled. It begins with a discussion paper that sets out the theory and research that provides the evidence base for the agenda for gender equality in education with a view to understanding girls' access to education. These issues are also considered from an individual perspective, through the experience of a young woman living with HIV who reflects on gender and education in relation to HIV.
- 2. Tackling structural factors to increase access to education and reduce HIV vulnerability** – this section considers the wider structural and social factors, including poverty, that influence equal access to education and HIV vulnerability. It also analyses risk in young women and girls, and strategies to address structural barriers. The discussion paper presented here describes the potential role of cash transfers in addressing underlying structural factors that may increase girls' access to education and reduce their vulnerability to HIV. Other factors such as gender-based violence cannot be addressed by the education sector alone, and require wider political and social action as shown by the case studies in this section.
- 3. Community-led interventions to address gender inequality and promote social transformation** – this section continues to look at wider social influences on gender, HIV and education and looks specifically at programmes that promote long-term changes to social norms to improve gender equality and sexual health. It also includes a discussion piece on one effective and time-tested community-based programme, Stepping Stones. This approach, and the other programmes described, use non-formal education and focus on the role of the community, parents and young people to address gender, HIV and sexuality education. These programmes share some important lessons and reinforce the importance of community action to complement education sector interventions.
- 4. Understanding gender within the school environment** – this section considers the specific actions that can be taken by the education sector, including policies and interventions to create a supportive school environment that advances gender equality, promotes positive gender norms among young people and addresses homophobia.
- 5. Strengthening school curricula and HIV and sexuality education** – the final perspective focuses specifically on the need for, and benefits of, comprehensive sexuality education as a key intervention to address both gender inequality and HIV. It looks at actions that can be taken to ensure that schools provide this education, including policy development, teacher training and integration of gender and HIV into school curricula and materials. It includes a discussion paper that describes how the introduction of comprehensive sexuality education in schools in Estonia has played a critical part in terms of improving sexual health outcomes for young people.



1 FULFILLING THE RIGHT TO EDUCATION

FULFILLING THE RIGHT TO EDUCATION

Equal access to education is a basic human right that has been recognised since the Universal Declaration of Human Rights in 1948. Since then, it has been enshrined in various international conventions, national constitutions and development plans. However, while most countries have signed up to, and ratified, international conventions, not all rights are realised in practice.

Equal access to education is also fundamental to the achievement of gender equality and should be an intrinsic part of any strategy to address gender-based discrimination. Achieving gender equality in education, and in society more broadly, requires action to address the structural factors and social and cultural norms that perpetuate inequality. Many of these social norms also increase the vulnerability of young women and girls to HIV.

Achieving Education for All is also fundamental to reducing HIV-related vulnerability and risk. Education can help to protect young people from HIV infection and there is strong evidence that the protective effects of education on sexual and reproductive health are especially significant for girls. Furthermore, transformative education can work to develop critical thinking skills in young people, which in turn enable them to challenge social norms that may put them at risk, and to develop gender-equitable attitudes and behaviours.

Achieving Education for All requires action to ensure that young people living with and affected by HIV have equal access to education and that schools promote and protect their rights. In many instances, children living with or affected by HIV do not have access to school, or experience significant barriers to their learning, including stigma and discrimination.

The discussion paper below provides an analysis of the issues from a global perspective, describing the synergies between gender, schooling, HIV prevention and sexual and reproductive health in more detail. The chapter moves from analysing the global agenda of the right to education and gender equality to a personal narrative that highlights the reality of an individual person's agency in trying to navigate the world around them, and their education. This article, from the perspective of a young woman living with HIV, reflects on how HIV relates to rights, gender equality and education and also to sexual health, stigma and personal development.

1.1 DISCUSSION PAPER

Ensuring education benefits girls to the full: Synergies between education, gender equality, HIV and sexual and reproductive health

by *Nicole Haberland, Population Council, United States*

The linkages between education, gender equality, HIV prevention, and sexual and reproductive health – all prominent global development goals – are increasingly and explicitly recognised.¹ However, a review of recent findings suggests far deeper synergies than previously realised. For example, while it is well understood that girls' access to schooling can improve gender equality and sexual and reproductive health outcomes, the importance of gender and power in schooling and in HIV and sexuality education, particularly for girls, has been less well appreciated. Other synergies have also been under-explored; for example, the potential for different teaching approaches to foster better health, equality and education outcomes.

Moreover, programme investments in schooling, sexual and reproductive health, and gender equality have not always been designed in the most synergistic manner. Drawing on the evidence base about the interaction between gender, schooling, and sexual and reproductive health and HIV, this paper identifies ways that programming in these areas can reinforce each other more effectively and maximise the impact of investment. More coherent and synergistic approaches can not only turn the tide for girls, who suffer most of the negative consequences of harmful gender norms and practices, but can also have benefits for boys.

WHAT ARE THE LINKAGES?

Education is a cornerstone for building human capital. Schooling increases knowledge, provides vital literacy and numeracy skills, connects young people to peers and mentors outside the family and, ideally, builds critical thinking and decision-making skills. All of these contribute to the development of individuals who can thrive in a rapidly changing world.

For girls in particular, formal schooling also has added benefits for sexual and reproductive health. Schooling delays first sex, marriage and childbearing, and decreases risk of HIV infection (Gulemetova, 2011; Hargreaves *et al.*, 2008; Lloyd and Young, 2009; Pettifor *et al.*, 2008; Soler-Hampejsek *et al.*, 2009.) Unfortunately, many adolescents never complete primary school, and, in most developing country settings, girls' school-leaving rate is higher than boys'. Girls in Africa and Asia who drop out of school have few options aside from marriage and childbearing. Indeed, for girls who leave school, pregnancy and/or marriage often quickly follow. While marriage and pregnancy are more often the result than the cause of girls' leaving school, pregnancy and marriage can result in the end of schooling for girls. In contrast, they are rarely a threat to boys' schooling.

For girls in particular, formal schooling also has added benefits for sexual and reproductive health. Schooling delays first sex, marriage and childbearing, and decreases risk of HIV infection

There are other direct returns to girls of schooling. Recent findings from the World Health Organization (WHO) Multi-country Study on Women's Health and Domestic Violence show that secondary school completion has a protective effect on females' risk of intimate partner violence (Abramsky *et al.*, 2011).² Schooling can also foster gender equality. For example, it enhances girls' social status and decreases the disparity in domestic work between girls and boys (Lloyd and Young, 2009).

¹ Including in the Millennium Development Goals (MDGs) and strategies and statements of UNFPA, UNESCO, UNICEF and the US President's Emergency Plan for AIDS Relief (PEPFAR), among others.

² "Results suggesting increased protection when both women and their partners complete secondary education, and those pointing towards increased intimate partner violence (IPV) risk where there is disparity in educational attainment, confirm the importance of promoting equal access to education for boys and girls..."

There are ripple effects produced by education as well. For example, schooling plays a role in delaying age at marriage and increasing gender equality. In turn, age of marriage and the degree of gender equality also affect a wider constellation of interrelated outcomes. For example, early marriage (marriage before the age of 18) marks sexual initiation for the majority of sexually active girls in the developing world and is associated with a range of adverse gender and sexual health outcomes. Analysis of data from Africa, Asia and Latin America shows that delayed marriage is associated with a smaller age gap between spouses, which is suggestive of greater gender equity within marriage (Mensch *et al.*, 1998). In India, Santhya and colleagues found that, after controlling for confounding variables, girls who marry later have greater spousal interaction and are less likely to have experienced physical or sexual violence compared to girls who married before the age of 18. (Santhya *et al.*, 2010)

Sexual and reproductive health outcomes are also more positive when marriage is delayed. For example, a synthesis of recent evidence from developing countries shows that early marriage is correlated with unintended pregnancy, pregnancy-related complications, pre-term delivery, foetal mortality and violence within marriage (Santhya, 2011).

Similarly, gender equality is a good in its own right. In addition, more equitable gender norms are also correlated with lower rates of intimate partner violence (Gomez *et al.*, 2011) and greater condom and contraceptive use. For example, among a cross-sectional nationally representative sample of young people in Ghana, after controlling for other factors, egalitarian gender role attitudes were associated with higher rates of reported condom use for both males and females (Karim *et al.*, 2003). A study in India found that couples in which the husband held conservative gender norms were significantly less likely to use a modern method of contraception (Stephenson *et al.*, 2006).

Another contextual indicator – power in sexual relationships – is similarly associated with sexual and reproductive health outcomes. Cross-sectional studies have found that women with more equal power in their intimate relationships are less likely to have unintended pregnancies or HIV (Dunkle *et al.*, 2004; Jewkes *et al.*, 2001). A recent longitudinal study reports a causal relationship between power inequity in relationships and HIV incidence (Jewkes *et al.*, 2010).

Despite the direct and indirect benefits of schooling,³ in most developing countries outside Latin America less than 50 per cent of girls finish primary school; far fewer girls complete secondary school (Lloyd and Young, 2009). In most of these settings, girls are more likely to drop out of school than boys. The most vulnerable girls – girls at risk of child marriage, girls in HIV-affected families, those not living with parents, ethnic minorities, rural girls, the poorest girls – are at particularly high risk of dropping out (Hallman *et al.*, 2007). Just as schooling during adolescence provides especially strong returns for girls, the consequences of school drop out may also disproportionately affect girls. Recent findings from a longitudinal study in Malawi indicate that girls who drop out are significantly more likely than boys who drop out to lose the literacy skills they had acquired (Soler-Hampejsek, 2011).

The link between intimate partner violence and sexual and reproductive health outcomes has been found to be causal in relation to contraceptive use and to HIV incidence.

In India, Santhya and colleagues found that, after controlling for confounding variables, girls who marry later have greater spousal interaction and are less likely to have experienced physical or sexual violence compared to girls who married before the age of 18.

3 In addition to the direct and indirect benefits of education to the girl herself, a girl's education also benefits her community and future children and family. More educated girls will provide their future children with better health and hygiene, and more resources for health and education (Lloyd and Young, 2009). Education – particularly education that fosters critical thinking and agency – can lay the groundwork for meaningful citizenship that benefits communities and nations. Schooling delays marriage and childbearing; and delaying marriage and childbearing decreases population growth (Bruce and Bongaarts, 2009). Indeed, delaying childbearing past adolescence could decrease projected population size by 18 per cent (Bongaarts, 2011).

SYNERGIES IN PRACTICE: EVIDENCE FROM INTERVENTIONS EXAMINING THE INTERRELATIONSHIP BETWEEN EDUCATION, GENDER, HIV AND SEXUAL AND REPRODUCTIVE HEALTH

Education, sexual and reproductive health, HIV and gender equality are clearly interrelated. The following section examines emerging evidence from programme-related literature that either purposefully addressed these intersections or evaluated outcomes across these domains. Four programmatic areas are examined: access to school; the school environment; the content of the school curriculum; and teaching quality and approaches.

Keeping girls in school

While great strides have been made in getting girls into school, more needs to be done to keep them in school throughout their adolescence, as many of the benefits of education for girls are dependent on secondary school attendance (Bruce and Hallman, 2008; Hargreaves and Boler, 2006; Lloyd and Young, 2009; Pettifor *et al.*, 2008; Temin and Levine, 2009).

Offsetting the costs of education to girls and their families through mechanisms such as scholarships, stipends and cash transfers has proven successful in increasing the number of girls in school (Lloyd and Young, 2009) and – whether directly or indirectly – in improving their sexual health outcomes. A cash transfer programme in Malawi, for example, is showing promising results. Providing girls and their families with financial resources had significant positive effects not only for school enrolment, but also for sexual and reproductive health indicators such as age at marriage, childbearing and HIV infection (Baird *et al.*, 2010; Baird *et al.*, 2012).⁴

Providing social support for vulnerable girls to stay in school also shows promise as an intervention. In Zimbabwe, orphaned girls received fees, uniforms and a school-based helper (a female teacher) to monitor attendance and resolve problems (Halifors *et al.*, 2011). As a result, school drop-out rates decreased by 82 per cent and early marriage rates decreased by 63 per cent.

A number of studies have shown that having trained female teachers in schools is another factor that positively affects school enrolment and retention for girls (Lloyd and Young, 2009). However, training and deployment of adequate numbers of female teachers is a challenge in many settings (United Nations, 2011). Teacher deployment to rural areas is a widespread problem, and it is particularly an issue with female teachers (Kelleher, 2008; Mulkeen *et al.*, 2007; Mulkeen, 2010).

However, simply getting girls into school and keeping them in school is not enough. Outcomes for girls are also influenced by school quality, including dimensions such as the school environment, curriculum and teaching quality. The following section examines lessons in each of these areas.

Improving the school environment

The school environment can be a force for social change or it can reinforce traditional gender attitudes and gender inequality. While a non-discriminatory environment – where all students are encouraged and there are no biases in how students are treated in the classroom – is important for all young people, it is particularly important for those who typically experience discrimination. For example, in Kenya, school environments that were more gender equitable had lower drop-out rates for girls, whereas there was no effect on boys' school leaving (Lloyd *et al.*, 2000). Again, benefits also accrued for girls' sexual and reproductive health. Girls who attended more gender equitable schools were more likely to delay the onset of sexual activity (Mensch *et al.*, 2001).

More overt actions against girls – such as sexual harassment, coercion and violence – by male students, teachers or other school staff, undermine girls' school retention and achievement, as well as violating their rights and perpetuating harmful gender norms. A cross-sectional study of adolescents and young people in KwaZulu-Natal,

⁴ See discussion paper on cash transfers, education and HIV in section 2.3 of this publication for specific findings from the Malawi study and more detailed discussion of the topic of cash transfers.

South Africa found that, after controlling for confounding variables (including age, poverty and orphan status), girls' experience of non-consensual sex was significantly associated with lack of school progression (Hallman, 2007). In the United States, a recent national survey found high levels of sexual harassment in schools (Hill and Kearl, 2011). Over half (56 per cent) of girls and over one third (40 per cent) of boys in Grades 7-12 experienced some form of sexual harassment at school in the previous school year. One in 10 boys and one in seven girls stayed home from school, and one quarter of the boys and one third of the girls reported difficulty studying as a result of harassment. Programmes to foster safe schools in a variety of settings show promise but, as yet, their impact is unproven (Lloyd and Young, 2009).

Strengthening the curriculum

Curricular content also influences gender equality, girls' empowerment, and sexual and reproductive health. 'Life skills' or sexuality and HIV education is a particularly relevant element of the curriculum.⁵ Many people believe that young people have a right to comprehensive sexuality education, derived from the right to education and the right to health. While all young people benefit from better knowledge about sexual and reproductive health, adolescent girls are particularly vulnerable to adverse outcomes (for example, incident ratios of HIV cases in sub-Saharan Africa among 15-24 year olds are typically 3:1 female to male), and suffer greater consequences, including unintended pregnancy and maternal mortality and morbidity.

Emerging evidence again highlights the synergies between education, gender and sexual health. Preliminary findings from an analysis of rigorously evaluated sexuality and HIV education programmes strongly suggest that curricula that engage learners in reflecting about gender norms and power in intimate relationships are more likely to demonstrate positive health outcomes, for example, reduced rates of pregnancy or sexually transmitted infection (STI), than those that are 'gender blind' (Haberland, 2010b). For example, a randomized controlled trial of the Stepping Stones programme, which seeks to improve sexual health by fostering more gender equitable relationships, found that it reduced HSV-2 incidence by 33 per cent (Jewkes *et al.*, 2008).⁶ In another randomized controlled trial, adolescent girls participating in the Horizons programme, which is based on the Theory of Gender and Power and on Social Cognitive Theory, had a 35 per cent lower risk of acquiring chlamydia than non-participants (DiClemente *et al.*, 2009). Another randomized controlled trial found that a targeted programme to increase girls' understanding of the risks of intergenerational sex achieved a 28 per cent decrease in pregnancy (Dupas, 2011). Two resources are now available to support integration of a gender perspective into sexuality education curricula: *It's All One Curriculum*⁷ and *International Technical Guidance for Sexuality Education*.⁸

A second relevant element is the curriculum content of other subjects, such as social studies, civics, literature and ethics. These subjects offer the potential to address gender norms, gender-based violence, discrimination, equality and human rights.⁹ Others have noted the importance of related improvements in curricula, such as eliminating gender biases in teaching objectives, subject choices offered and teaching materials (Leo-Rhynie, 1999).

Improving teaching quality and pedagogy

While teacher supply and distribution are important and have generated significant improvements in enrolment, more schooling cannot be assumed to lead to more learning, just as good curricula cannot be assumed to be taught well. Analysis of data from Africa, Asia and Latin America shows that, in most countries, fewer than 50 per cent of girls could read a simple sentence aloud in their chosen language by the end of Grade 3; in half of the African countries, fewer than half of girls had achieved this basic literacy even by the end of Grade 5 (Lloyd and Young, 2009). Such findings are troubling in and of themselves, but also have gender and sexual and reproductive health (SRH) dimensions. In Malawi, for example, a study among adolescent girls found that prevalence of the herpes simplex virus (HSV-2, a sexually transmitted infection) was lower among those girls who were literate and

⁵ Life skills/sexuality and HIV education is included, for example, in the Education for All strategies (UNESCO, 2000) and UNICEF Education Strategy (UNICEF, 2007).

⁶ See Discussion Paper on Stepping Stones in Section 3 of this publication for further analysis of the approaches and results of the Stepping Stones programme.

⁷ International Sexuality and HIV Curriculum Working Group, 2009. *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education*. Eds. Nicole Haberland and Deborah Rogow. Population Council (www.itsallone.org).

⁸ UNESCO, 2009. *International Technical Guidance on Sexuality Education: An evidence informed approach for schools, teachers and health educators*. (<http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>).

⁹ For example, much of the content and sample activities from *It's All One Curriculum* (www.itsallone.org) are relevant for literature or social studies classes and contribute to achieving learning outcomes in these subject areas. *Lessons from Literature* (<http://www.lessonsfromliterature.org/index.html>), while developed for a US audience, provides guidance for teachers on connecting literature with lessons on power, control, violence and IPV.



numerate, whereas for adolescent boys the association between learning outcomes and HSV-2 infection was weak or non-existent (Mensch *et al.*, 2012).

The World Bank's new education strategy 2020 places a clear emphasis on improving learning outcomes (World Bank, 2010).¹⁰ This implies, among other interventions, improving the quality of teaching. An analysis of data from the United States by Chetty, Friedman and Rockoff (2011) found that students who spend one year between Grades 4-8 with high-quality teachers (as measured by a teacher's average test-score gain for his or her students, adjusted for confounding variables) are more likely to attend college, earn higher incomes, and live in better neighbourhoods. These long-term impacts of teacher quality were slightly larger for females than for males. In addition, there were positive effects in terms of reproductive health. Female students who had a high-quality teacher were less likely to have children as teenagers.¹¹

Pedagogy matters across all subjects and has implications for gender and sexual health. First, we know that pedagogic approaches that are participatory, learner-centred and skills-based are more effective for sex and HIV education (Crepaz *et al.*, 2009; Kirby *et al.*, 2007).

Second, fostering critical thinking and reflection are vital for transformative education¹² (Freire, 1970) and enable young people to question the social context, attitudes and behaviours that undermine their health, well-being and rights. An open culture in the classroom, where students can freely express themselves in a supportive environment, is also linked with positive attitudes about gender equality (Pettersson, 2003).¹³ Finally, education that involves young people in action for social change builds agency (International Sexuality and HIV Curriculum Working Group, 2009) and may result in greater positive behaviour change (Barker, 2011). Further research on the relationship between pedagogy, learning outcomes, gender norms and sexual health outcomes is needed.

This evidence raises an important question. How can school systems, with poorly trained teachers already overburdened with large classes and inadequate facilities and supplies, implement such changes? The answer is that we cannot afford not to. Business as usual is not working, and it is particularly not working for girls. If there is a commitment to improving education, health and equality outcomes, we need to implement proven strategies and undertake rigorous studies to test new innovations.

To teach gender-transformative and rights-based sex and HIV prevention education in schools, for example, takes more than rolling out a revised curriculum. While changes are required at multiple levels, teachers certainly need training and ongoing support – from pre-service training to the classroom. The content and methods of pre-service and in-service training can incorporate gender sensitivity and impart skills in the use of participatory, learner-centred methods even in large classes. For example, in Nigeria, Girls' Power Initiative (GPI) provides training to teachers in several southern states on gender- and rights-based sexuality education. Teachers report comfort and success using the new methods and content and use participatory, learner-centred methods in subjects including health education, social studies and basic science (Madunagu and Osakue, 2011).¹⁴ Supporting teachers in the classroom with trained young adult mentors from the local community who teach these topics and use these methods during the regular school day is another strategy being tested, for example by the Siyakha Nentsha programme in Durban, South Africa (Hallman and Roca, 2011; Hallman *et al.*, 2011).

¹⁰ "The new strategy focuses on learning for a simple reason: growth, development, and poverty reduction depend on the knowledge and skills that people acquire, not just the number of years that they sit in a classroom. At the individual level, while a diploma may open doors to employment, it is a worker's skills that determine his or her productivity and ability to adapt to new technologies and opportunities. Knowledge and skills, including those that are learned in the classroom, help improve a person's ability to have a healthy and educated family and engage in civic life."

¹¹ Teenage births were measured among females only.

¹² Transformative education helps the learner question their assumptions, perspectives and beliefs in order to grow and mature intellectually, ethically and personally, and to contribute to building a better world.

¹³ The scale for classroom climate was based on six items. "These ask how often (never, rarely, sometimes, and often) the following happens in one's school: The students feel free to disagree with their teachers about political and social issues; the students feel free to make up their own minds about issues; the teachers respect the students' opinions and encourage them to express them; the students feel free to express opinions even when these differ from most of the other students; and the teachers present several sides of an issue when they explain it in class."

¹⁴ See also www.gpinigeria.org

RECOMMENDATIONS

This paper has described the clear links between gender, schooling, HIV prevention and sexual and reproductive health. It highlights inequalities that leave girls starting at a deficit (for example, fewer girls in secondary school in most settings; higher exposure to harassment and intimate partner violence), and that investments in girls' education have especially strong returns (for example, in terms of schooling outcomes and sexual and reproductive

health). Thus, while education is unarguably important for all, these recommendations focus especially on eliminating gender disparities – a goal that will benefit girls and boys alike.

Many questions still need to be answered – for example, identifying behavioural pathways that underlie the links between education, gender, HIV prevention and sexual and reproductive health. Yet recent policy and programme research suggests that coordinated interventions can have synergistic effects that improve a broad array of outcomes across these inter-related areas.



Key actions required include:

Policies and programmes

- Keeping girls in school throughout adolescence, or, at a minimum, to age 16. Boys should also stay in school, but special efforts and investments are required to give girls a fair chance and to eliminate gender disparities in primary school completion and secondary school enrolment.
- Defraying the costs of schooling to girls and their families through scholarships, stipends, cash transfers, etc.
- Complementing these interventions with social support, especially for the most vulnerable girls. For example, provide access to mentors and membership in groups that build social, health and economic assets to empower girls and increase their chances of staying in school, protecting their health and delaying marriage.
- Providing training and opportunities for women to become teachers and stay in teaching, including in rural and under-served areas.
- Implementing and testing interventions to foster safer and more gender equitable schools.
- Improving the capacity of teachers to use pedagogical methods that are participatory and learner centred, and that foster critical thinking.
- Implementing and testing sex and HIV education curricula that place a central emphasis on gender and rights.
- Testing interventions that integrate gender and rights education into social studies, civics, history, language and ethics classes.
- Connecting through the education system and curricula with community and social change movements by fostering girls' agency, advocacy and civic participation.

- Investing in non-formal education. Formal education programmes can contribute significantly to adolescent girls' empowerment, but many girls and boys are outside the formal education system. It is therefore vital to support and evaluate non-formal education, including improving its content and quality and its links with formal education, to enable adolescents to re-enter the formal system.

Research

- Conducting rigorous research to improve understanding of causality, as well as issues such as pedagogy and learning outcomes, and programme impact. Longitudinal studies that explore the behavioural pathways underlying the associations between schooling, gender, sexual and reproductive health and HIV are needed in particular.
- Disaggregating data by sex in programme monitoring and in programme evaluation. This is critical to improving programme planning and measurement of impact, for example, to identify the different needs of adolescent girls and boys, to ensure that programmes reach the most vulnerable, and to identify the different effects of programmes on adolescent girls and boys and the different pathways through which intervention elements operate. Further disaggregation by marital status, wealth quintile and geographical area would provide additional important insights.
- Assessing a broader range of variables and outcomes in research. Most sex and HIV education evaluations focus on indicators such as knowledge, condom and contraceptive use, timing of first sex, frequency of sex, number of partners, and self-efficacy for condom use. Schooling studies usually measure enrolment and attainment. While these are important, additional variables that can provide insights into individual and structural risk and protective factors, the context of sex, behavioural pathways, and interactions between education, gender, sexual and reproductive health and HIV, should also be measured. These could include critical thinking skills, learning outcomes, age at entry into school, grade repetition, gender norms, harassment and bullying in school, teaching quality and methods, gender attitudes, girls' agency, measures of civic participation, power in sexual relations,¹⁵ transactional sex, sexual coercion and intimate partner violence. These can also be outcomes that programmes aim to improve in their own right through interventions to improve school quality, curricular content on gender and rights, participatory teaching methods, and gender-transformative sex and HIV education.

These recommendations, many of which have been made by others as well,¹⁶ can build on each other and the hyper-concentration of synergies that run through them. There are linkages both in inputs and outputs. With inputs, for example, sex and HIV education – which has for some time emphasised learner-centred, participatory teaching approaches – has much to share with teacher training programmes. Putting gender and rights at the centre of sex and HIV education can be a first step to integrating issues such as gender inequality, violence against women, discrimination and harassment into other subjects taught in schools, such as languages, arts, social studies, etc. With outputs, for example, keeping girls in school will improve educational outcomes, reduce early marriage, improve girls' sexual and reproductive health, and help to reduce HIV and gender-based violence. Training teachers to use participatory teaching methods and to address gender and rights can contribute to more gender equitable schools and more effective sex and HIV education, and may also improve learning outcomes.

Finally, it is likely that there are many further synergies that remain to be uncovered by rigorous research and evaluation. The myriad connections between education, gender equality, HIV prevention, and sexual and reproductive health provide opportunities for multiple, interrelated payoffs, for achieving the MDGs, and for giving the next generation of girls the chance of a better life.

¹⁵ See Pulerwitz *et al.* (2000), for the Sexual Relationship Power Scale, which has been used and adapted in several different contexts.

¹⁶ Including: Austrian, 2011; Barker, 2011; Bruce and Joyce, 2006; Halifors *et al.*, 2011; Hargreaves and Boler, 2006; International Sexuality and HIV Curriculum Working Group, 2009; Jewkes *et al.*, 2010; Leach and Mitchell, 2006; Lloyd and Young, 2009; Pettifor *et al.*, 2008; Rogow and Haberland, 2005; Temin and Levine, 2009.

1.2 Rights, education, gender and living with HIV: A personal perspective

by *Jackline Kemigisha, Uganda*

Jackline Kemigisha, a young Ugandan woman living with HIV, tells her story. Based on her experience, she also outlines some of the challenges that young people with HIV face, including in educational settings. She explains why the issues are different for young women and young men with respect to HIV vulnerability and impact:

My name is Jackline Kemigisha. I am 27 years old and from the western region in Uganda. I am a second-year student at Makerere University, studying for a Bachelor of Commerce. I was abandoned by my mother two months after I was born and brought up by my grandmother. At the age of 12, I was taken to my father's home. As a step-child, I faced mistreatment and humiliation and eventually ran away and returned to my grandmother. At the age of 15, I was raped at my grandmother's place. I went back to my father's home because I was afraid of being raped again. I continued with school. Having suffered from bacterial meningitis in 2004, I tested HIV positive when I was admitted to Mbarara University Hospital. My result felt like a death sentence.

Through my step-sister, who forced the doctor to disclose my status to her before telling me, news circulated about my HIV status at home. Everyone deserted me after I was discharged from hospital. So I decided to run away again, because I wanted to study and to live. I came to Kampala. I didn't know where to begin. I had skin rashes all over my body. Every relative I tried to stay with rejected me. Two weeks later I was living on the street.

A new day came when a Good Samaritan found me. I told him about my life. He offered me shelter and a small job in a casino as a cashier. That is when my life started again. From the casino I went to work in a supermarket, then a restaurant, then to the dairy industry. I also [did] voluntary HIV work. I was referred to the Infectious Diseases Institute at Mulago Hospital in 2005 after starting on free HIV treatment in June 2004. I received quality medical care and counselling, which helped me to accept the fact that I was HIV positive. In 2008, I was introduced to the transition clinic for young people. The Institute, through connections with the ACCORDIA global health foundation, pays my tuition at the university. This opportunity was a miracle for me.

The Institute has also empowered me, helping me to realise my potential as a leader for young people, to go public about my status and to advocate for the rights of young people with HIV. I have had the opportunity to share my experience in schools, health centres and communities in Uganda and with people in other countries. I have also advocated for young people's clinics in Uganda, and been part of the coalition that is fighting legislation on HIV criminalization and other issues that will prevent many people from accessing HIV treatment and care.



I plan to complete my degree, so that I can become financially independent. My dream is to become a role model entrepreneur and a global leader for women. I want to empower women to access their rights and to empower other young people living with HIV to set goals, including finishing their education, and to make informed decisions. I also want to inspire young people living with HIV, showing that we grow with HIV.

In her own words, Jackline identifies the following as the major challenges facing young people living with HIV, especially young women:

- **Lack of parental care and support.** In Uganda, young women and girls are at high risk of sexual abuse, including by their fathers, other relatives and neighbours. Lack of chance and protection was the main reason I was raped and contracted HIV. Failure to follow up on cases of sexual abuse of young girls by families and the police is common.
- **Rejection, stigma and discrimination.** I received no support from my family once my HIV-positive status was known. I was rejected, told I was going to die and not worth educating. Other young women living with HIV have had similar experiences, including being blamed for their HIV infection and accused of being immoral. Some end up on the streets, as they have nowhere else to go. At school, HIV-positive students experience stigma and discrimination from teachers, school matrons and other students.
- **Confidentiality and disclosure.** Young people have the right to confidentiality about their HIV status. In the case of Jackline, the doctor disclosed her status without her permission. Disclosure about HIV status at school is very difficult. Some have told their closest friends only to be rejected or to have the information spread around the school. Some end up changing schools frequently, which affects their academic performance and attainment. Disclosure in a relationship is also very difficult, particularly for young women, as this can result in the end of the relationship or in abuse.
- **Lack of sexuality education in schools.** Sexuality education in schools is limited, and schools, teachers and the curriculum do not address gender equality. Lack of sexuality education in schools perpetuates misconceptions, negative attitudes and harmful behaviours and is a missed opportunity to promote respectful and caring relationships.
- **Lack of youth-friendly information and services.** There is a perception that HIV does not affect young people, so it is often difficult for young people living with HIV to get information about their health. There are few facilities where young people can feel free to ask questions or for condoms and contraceptives, or can talk to youth counsellors. When young people go to a clinic, they often find themselves having to explain why they are HIV positive and how they got infected at their age.
- **Low self-esteem and lack of peer support.** Young men and boys tend to have higher self-esteem than girls, because they are more valued in society. Many young women with HIV have no one to help them to develop assertiveness, decision-making and problem-solving skills. Many lack confidence. In Uganda, young people have reasonably good access to HIV treatment, but there is little psychosocial support or funding for peer support activities. Lack of peer support and opportunities to share experiences, together with fear of disclosure, means that many young women living with HIV feel very alone.
- **Early school drop out, marriage and childbearing.** HIV often drives young women and girls into marriage, as the only way to survive if they are rejected by their family. Marriage for love may not be an option for them. Early marriage and pregnancy forces girls to drop out of school, further reducing their future options. Pregnancy when girls are too young has a high risk of mortality. Failure to uphold the reproductive rights of young women and girls with HIV, for example, to decide whether and when to have sex or to have children, is commonplace.
- **Lack of support for education.** Low expectations of young people with HIV can be very demoralising. Those who seek to study more demanding subjects are sometimes asked why they do not study something less demanding, and have to be very assertive and focused to continue with their chosen course.

- **Treatment challenges.** Many young people with HIV who are on treatment stop taking their drugs during school terms, because they are afraid of being identified as HIV positive or being asked intrusive questions. This is a particular problem in boarding schools. Young people with HIV who are on treatment lack support from parents and schools to help them take their HIV drugs. Poor adherence has implications for the health of young people with HIV and contributes to the development of drug resistance.
- **Limited youth voice and representation.** Young people are viewed by some adults as a 'nuisance', and parents have little time for their children. Adults often speak on behalf of young people, without understanding what they think or their situation. Official youth leaders do not always represent the views of young people, and there are very few young women or girls in leadership or decision-making positions. Active leaders are needed, including young women and girls, who can effectively represent young people, fight for their rights, challenge gender discrimination and sexual violence, and play an active role in decision-making.



WHAT NEEDS TO BE DONE?

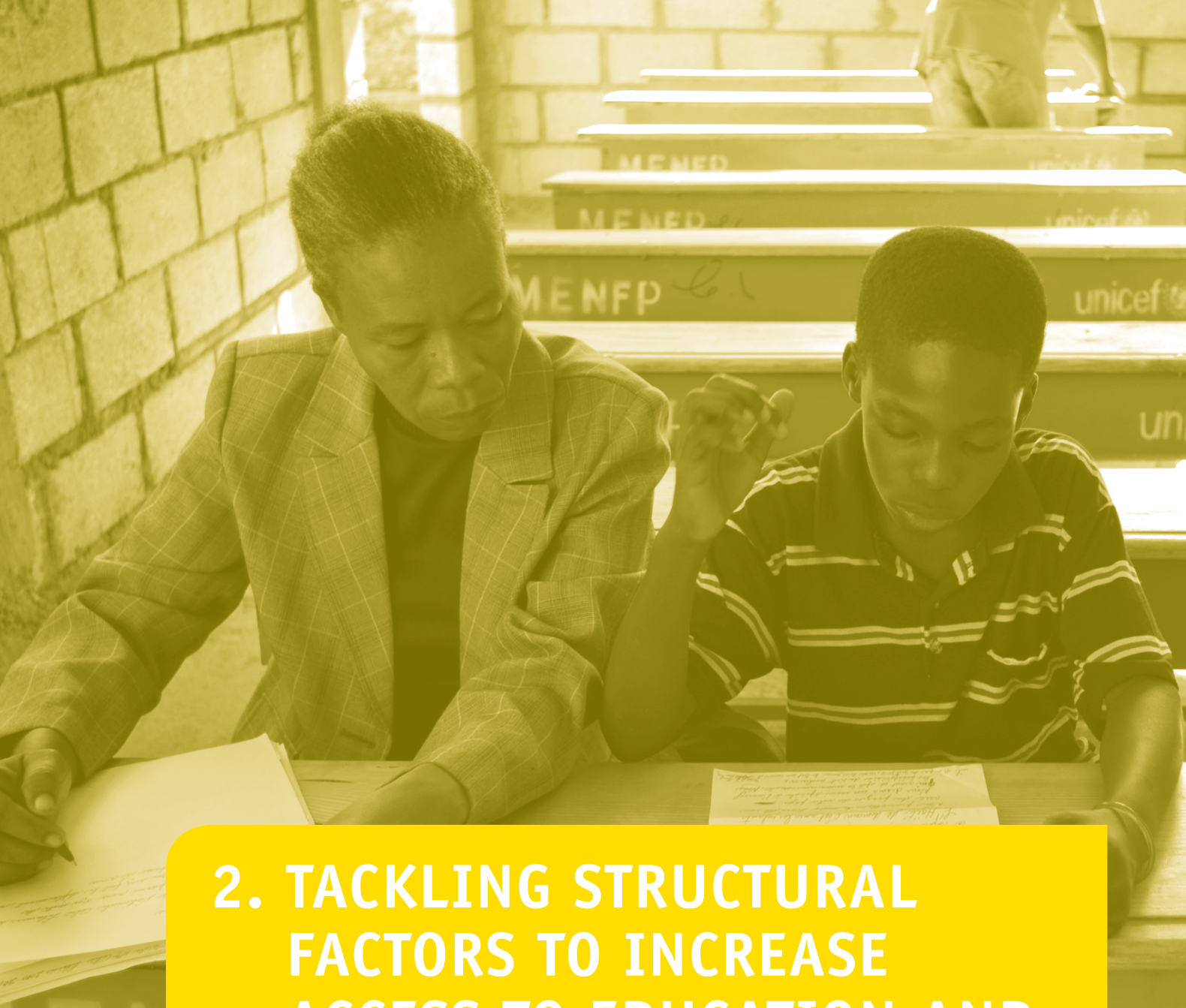
Many young people with HIV are taking action to help themselves and others. Some have been empowered through access to information, education and training, enabling them to become role models for other young people with HIV. Some are working as volunteers, helping to ensure that young people are better informed about HIV and to support those who are infected. But more needs to be done, and tackling these issues requires action at all levels. Action to improve the way that education deals with gender, HIV and the needs of young people with HIV includes:

- conducting research by young people to find out what they know about sexuality, HIV prevention and treatment,
- including sexuality education in the curriculum and training teachers to deliver this,
- promoting equality in schools and equal participation in school activities by all students regardless of HIV status,
- ensuring that teachers and students respect each other regardless of their HIV status,
- tackling stigma and discrimination in schools,
- respecting the confidentiality of all, including teachers, students, parents and guardians,
- training teachers to handle HIV in schools,
- supporting youth counsellors in schools.

BOX 1.1
GENDER EQUALITY IN EDUCATION: A SNAPSHOT

- Although access to education remains a challenge in many countries, girls enrolled in primary school tend to outperform boys. Drop-out rates are higher for boys than girls in 63 per cent of countries with available data.
- Only 39 per cent of countries have equal proportions of boys and girls enrolled in secondary education.
- Disparities against girls tend to be more extreme and persistent than those against boys. For example, more than 60 per cent of adolescent girls are out of school in countries such as the United Republic of Tanzania, Guinea, Eritrea, Pakistan, Djibouti, Central African Republic, while in Senegal and Niger, the rate exceeds 70 per cent.
- Countries with high proportions of girls enrolled in secondary education have more women teaching primary education than men.
- Women account for the majority of tertiary students in two-thirds of countries with available data. However, men continue to dominate the highest levels of study, accounting for 56 per cent of PhD graduates and 71 per cent of researchers.
- The Arab States, south and west Asia and sub-Saharan Africa have made the greatest progress in improving female adult literacy rates. Yet globally, the share of illiterate women has remained virtually the same at 63 per cent to 64 per cent since 1990.

Source: UNESCO. World Atlas of Gender Equality in Education. Paris, 2012b.



2. TACKLING STRUCTURAL FACTORS TO INCREASE ACCESS TO EDUCATION AND REDUCE HIV VULNERABILITY

TACKLING STRUCTURAL FACTORS TO INCREASE ACCESS TO EDUCATION AND REDUCE HIV VULNERABILITY

As discussed in Section 1, there has been progress in closing the gender gap in school enrolment, but more needs to be done to ensure that all children have access to education. Families and communities, as well as national policies, determine whether children and young people go to school. Communities are key partners, and an important resource, in efforts to increase access to education, in particular for girls, and to improve the quality of education (Castle, 2004). Partnerships between education authorities and communities can promote awareness of policies about free education and the rights of all children to education and build parents' commitment to education. Working in partnership with communities can help to ensure that children affected by HIV have the same rights to education as other children and can benefit from specific support to access and remain in school.

An overview of some of the structural issues that prevent girls from fulfilling their right to education, and of strategies to address these barriers, is provided in the first article in this section; these issues include poverty, cultural factors, the school environment, sexual harassment and gender-based violence. The experience of sexual violence as a young person has strong associations with taking sexual risks and sexual violence when the victims of abuse are older, thus creating a vicious cycle of abuse, which equally leads to HIV vulnerability. Tackling gender-based violence is also central to improving educational access, as well as to efforts to advance gender equality more widely and to reduce HIV risk. The second article in this section describes a multi-country initiative to promote the rights of girls to education and to stop violence against girls in sub-Saharan Africa.

Structural issues, including poverty and inequality, gender inequality, and lack of access to education, are also key drivers of HIV. The discussion paper in this section reviews the potential role of cash transfers in preventing HIV in girls through targeting the underlying structural issues that contribute to HIV vulnerability and risk. The paper examines how poverty, and, in particular, wealth inequality, is a key pathway to HIV risk. It looks at how structural programmes to redress wealth inequalities can have an impact on schooling for girls and on HIV and sexual health outcomes. While the pathways between education and reduced HIV risk are unclear, a recent trial in Malawi suggests that use of conditional cash transfers for girls can have protective benefits. Recommendations to apply some of the findings from these programmes are now being made in Asia, with a specific focus on boys, to redress the poverty-related imbalances that keep boys from accessing schools (UNGEI, 2012).

2.1 Increasing access: Barriers and strategies to realizing the right to education for all

by *Kathy Attawell*,¹⁷ *United Kingdom*

Access to education and the achievements of learners in school are both influenced by a range of factors and affect boys and girls in different ways. These factors are usually linked either to socio-cultural norms, to economic considerations, or to the education system itself, including the school environment and the quality of education. This section outlines some of these barriers and identifies a number of critical enabling factors to overcome them and achieve greater educational parity and improved academic outcomes. This will, in turn, contribute to improved HIV outcomes and wider gains in gender equality.

POVERTY

In very poor households, children are expected to work to contribute to the family income. For families living in extreme poverty, immediate monetary gain has more value than education, which only produces returns in the longer term. The costs of education, including school fees, are a significant barrier. Even when school fees are abolished, many families still struggle to find the money to pay for the indirect costs of education – uniforms, books, food, transport and supplementing teachers' salaries. A family's ability to pay for schooling, or cover the opportunity costs of sending a child to school who may otherwise be working is critical. In some cultures, families with limited resources may prioritise schooling for boys; in other settings, boys are required for labour or economic work and will be kept away from school.

Low value placed on girls' education

Low value may be placed on educating girls if their future employment prospects are limited because of the lack of opportunities for educated women in the workforce. This is linked to expectations that it is the responsibility of girls to help with domestic work and that boys' education is more important. It can also reflect cultural norms about early marriage and child-bearing.

Policies or failure to implement policies

Education sector policies may exist that emphasise or promote gender equality, child-friendly learning environments and child-centred pedagogical approaches. However, implementation of policies is extremely varied. Violence, discrimination and non-child centred approaches are still widespread in many regions (see, for example, UNGEI, 2012). Furthermore, certain policies may specifically inhibit access to education, in particular those that prevent girls from continuing their education if they become pregnant. Failure to implement existing policies can also have an adverse effect on retention. For example, in Botswana, the policy on schoolgirl pregnancy now allows girls to continue their education until the birth of their child and to resume school afterwards. However, in practice, few girls return to school because of limited knowledge by school management and staff of policy and procedures, community resistance and girls' reluctance to return to school for fear of being singled out.

SAFETY AND SEXUAL VIOLENCE

Concerns about the safety of girls when they are travelling to and from school and about sexual harassment and violence at school are often cited by parents as reasons for not sending their daughters to school. Schools should be safe places, but sexual harassment and gender-based violence contribute to high drop-out rates among girls and have an adverse effect on their educational performance. They may avoid classes, feel too scared to participate or find it difficult to concentrate.

Evidence from Nigeria, Senegal and Benin shows that students who are beaten or sexually abused tend to be more frequently absent from school, participate less in class and perform poorly. Bullying and violence towards

¹⁷ Kathy Attawell is an independent consultant in health and development.

learners who do not fit into expected gender norms, or bullying based on perceived or real sexual orientation, is also a threat to a learner's safety and success at school. Such bullying can be physical or psychological, and may lead to poor performance or to dropping out of school (UNESCO, 2012a). In Australia, one study reported that 61 per cent of lesbian, gay, bisexual or transgender learners experienced verbal or physical abuse – 80 per cent of this abuse happened in school (Hillier *et al.*, 2010).

Inadequate facilities

Lack of sanitation facilities, and of separate toilets for girls and boys, are a barrier to school attendance for girls, especially during menstruation. There is strong evidence associating an increase in absenteeism among girls with the onset of puberty. A survey of adolescent girls by WaterAid in Nepal (WaterAid, 2009), for example, showed that about half had been absent from school at least once due to menstruation, because of the lack of toilets, water supply or privacy.

BOX 2.1

INCREASING ACCESS TO EDUCATION FOR GIRLS

- The Education Sector Plan for Ghana includes interventions to increase participation by girls in the education system. These include locating schools in remote communities and constructing and rehabilitating school facilities, to reduce travel distances for girls. Other interventions include: recruiting and training more teachers; including women teachers; building separate sanitation facilities; eliminating gender stereotyping in educational materials; putting in place measures to ensure safety for girls in school; and scholarship programmes for girls.
- Focusing on the low proportion of girls going to school, Burkina Faso's Education Sector Plan chose special measures to draw girls into the system. School meals and campaigns on the importance of schooling motivated increased enrolment. Pressure groups, mothers' associations and quotas for girls' enrolment were set up. Women teachers were sent to areas with low girls' enrolment to serve as role models. Specialised departments for girls' education were created and teachers were trained to supervise girls' education. Stereotyped images in curricula and textbooks were eliminated, and regular information sessions were conducted on the risks faced by girls in schools. Female students also received incentives such as take-home rations and prizes for attending school.
- Ethiopia's Education Sector Plan pledges to "take affirmative action to ensure equity in female participation... in all education and training programmes and to increase their role and participation in development". Interventions to implement this have included: publicity campaigns; encouraging parents and government officials to monitor schools for violence against girls; providing sufficient toilets for girls; establishing girls' clubs in schools; targeted recruitment of women as teachers and administrators; establishing a special day to celebrate girls; strengthening monitoring; and making the school system accountable for actions detrimental to girls.

KEY STRATEGIES TO ADDRESS BARRIERS TO ACCESSING EDUCATION

Involving and supporting the community

This includes increasing awareness of the rights to education and of the benefits of educating both boys and girls. Social mobilisation and community campaigns are one approach. The media and religious leaders have been enlisted to sensitise parents and community members and success stories of educated girls becoming productive members of society have been publicised. Involvement also includes engaging parents in the governance of schools, as well as encouraging parents to create a supportive learning environment for their children at home. Involving parents also helps to reassure them that their daughters are safe at school. Community involvement in local schools has been shown in countries such as Bangladesh, Colombia and Pakistan to increase the enrolment of girls and boys and the completion of education, especially in rural areas. Specific strategies include: supporting income-generating activities for poor households; building the capacity of parent-teacher associations; providing adult literacy programmes; and working with the community to identify and address barriers to school attendance. Providing childcare may also help to enable girls to go to school.

■ Making education affordable

Abolishing school fees is a crucial first step. In Uganda, girls' enrolment increased from 63 per cent to 83 per cent overall, and from 46 per cent to 82 per cent among the poorest girls following the elimination of school fees. While many countries have eliminated fees for primary schooling, secondary school often remains unaffordable, and the rates of enrolment for girls is lower globally than for boys. Indirect costs also need to be reduced, for example, by providing free or subsidised school meals, textbooks and uniforms. Some countries have introduced targeted financial support to cover school and examination fees, to buy textbooks for girls or to ensure free education for girls from poor families and populations with the greatest gender disparities. Others have introduced quotas for girls in schools. Scholarships and stipends can help to cover indirect costs.

■ Improving the quality of education

Parents may be more willing to educate their children, including girls, if schools provide a good quality education with adequate numbers of well-qualified teachers, a good curriculum and the requisite books and learning materials. School curricula must reflect the real life needs of young people and adults in terms of literacy, livelihoods and employability.

■ Making education more “gender-friendly”

Making the classroom a more positive environment for all learners, including girls, and ensuring gender-sensitive teaching all have a direct impact on girls' participation in class and their educational attainment. This requires well-trained teachers and gender-sensitive curricula and teaching materials. Recruiting female teachers and promoting women to leadership positions in schools can improve girls' enrolment, attendance and performance. Countries with the highest gender disparities in terms of access to education are also those with fewest women teachers. Women teachers are essential in cultures where parents do not allow their daughters to be taught by men. However, excessive focus on girls and a gender-biased environment have a negative effect on boys (Plan, 2011). Gender-friendly school environments should promote equality and work to understand the different educational needs of both male and female learners and the requirements of the environment and the pedagogy to provide this.

Improving other aspects of the school environment can also have a beneficial effect. Building schools near to the community can help to increase the enrolment of girls. Ensuring that schools have adequate sanitation facilities, including separate toilets for girls and boys, is also important. Eliminating sexual harassment and gender-based violence is a critical aspect of improving the school environment. Laws and policies are required to protect students and teachers from violence or harassment. Implementing these policies requires support from head teachers, teachers and communities, as well as the monitoring of teacher and student conduct, enforcing codes of conduct and punishing teachers and students who are guilty of abuse.

BOX 2.2 **INVOLVING PARENTS IN SCHOOL MANAGEMENT**

In Mexico, decentralising management to schools and involving parents in school management reduced the number of learners who dropped out of school or had to repeat a year's schooling. School-based management with parental participation: improved the accountability of school directors and teachers to parents; enabled decisions to be made based on local needs, which resulted in more effective use of available resources; allowed parents to use resources to improve school infrastructure and purchase school materials, which helped to create better learning environments; improved communication between parents, teachers and school directors; and generated more active community involvement, including expression of expectations concerning their children's education

Gertler, 2006

2.2 Challenging social norms that undermine the rights of girls in Africa

by *Asmara Figue, ActionAid International, Senegal*

Gendered and sexual norms and expectations play a key role in a girl's ability to stay at school and benefit from her schooling. Poverty plays a key role in pushing girls, often encouraged by families, into sexual relationships, enabling them to gain materially for schooling, survival or status. Sexual violence is often linked to some form of economic exchange. Girls are commonly blamed for sexual violence, which partly explains why action is rarely taken against the perpetrators of violence and why girls are often excluded from school if they become pregnant. These findings from a baseline study undertaken in Kenya, Ghana and Mozambique¹⁸ and have informed the Stop Violence Against Girls in School project, which aims to ensure girls are able to enjoy their rights to education and participation in a violence-free environment.

Stop Violence Against Girls in School is a five-year multi-country project, funded by the UK's Big Lottery Fund, which is being implemented by ActionAid in Kenya, Ghana and Mozambique. Working in close collaboration with national partner organizations in all three countries, ActionAid is taking a coordinated approach that includes research, advocacy and community initiatives to:

- improve girls' access to and achievements in education,
- ensure the existence and implementation of laws and policies that protect girls from violence,
- create opportunities for girls' empowerment,
- establish a lasting basis for transformation of gender relations in schools and communities.

By establishing strong links between research, advocacy and community-based approaches, country project teams have been able to lobby for changes in policy and practice that will benefit girls and their communities beyond the areas where the project is being implemented.

In Mozambique, the team has been working with girls who are in and out of school, as part of their 'Girls' Club' initiative. The project is building girls' awareness of their rights and their capacity to influence policy-makers by opening up spaces for girls' participation at the local level, mobilizing civil society and engaging with national media. As part of a wider civil society platform, the project team is working in partnership with a national media consortium to raise awareness of the impact of forced and early marriage and early pregnancy on girls' rights to education and to lobby for change. The campaign *Sim, ela pode...* (Yes, she can...) is very much led by girls and has succeeded in placing the issue high on the national agenda.

Using the 16 Days of Advocacy on Violence Against Women as a platform, *Sim, ela pode...* has enabled girls to take part in discussions with national decision-makers from the Ministry of Education and the Ministry of Women and Social Affairs and to lobby for national education policies that respect and protect girls' rights to education during and after pregnancy. They have also raised awareness of the causes and effects of forced early marriage, which is common in Mozambique and often means the end of girls' education opportunities.

In Ghana, an analysis of laws and policies affecting girls' education and protection, combined with findings from project baseline research, has informed the development of a Gender in Education Policy, which the project team's advocacy partner has been leading on. This policy, which is to be submitted to the Ministry of Education for approval, includes sections on school re-entry that ensure the right of pregnant girls to continue attending school and to return to education after giving birth.

The practice of forced and exchanged marriages is common in the area of northern Ghana where the project is being implemented, cutting short many girls' educational opportunities and limiting their horizons. However, project advocacy and community initiatives appear to be having an impact. A recent review found that the

¹⁸ A collaboration between national research institutes with support from the Institute of Education, University of London.

number of girls dropping out of school decreased four-fold over the first three years of the project. In addition, marriage was the reason for only one in eight cases of school drop out, compared with more than half of cases at the start of the project. Interviews with parents revealed that community-based events and efforts to raise awareness of children's rights under the Children's Act have had a positive effect on parents' attitudes and behaviours concerning their daughters' education.

In Kenya, 41 per cent of girls who abandoned school in the project area in 2010 did so because of expectations that they would get married. Gender inequalities are deeply entrenched in attitudes and behaviours, and the view that 'the girl child is only for marriage' was found to be common among fathers interviewed during baseline research. This was reinforced by a 13-year-old member of one of the school-based girls' clubs supported by the project, who commented that: "Being in school is a privilege according to our fathers but not a right. We are taken to school very late because we are left to perform most of the household chores in preparation for marriage while still very young".

The project has been raising awareness about girls' rights to education and protection from violence, and an increasing number of girls are reported to be returning to school after marriage.

Central to this project is the notion that unequal power relations based on gender, age and socio-economic background intersect to perpetuate violence and discrimination against girls. By improving girls' capacity to make empowered and informed decisions about their lives, bodies and relationships, and by working with schools, parents, communities and governments, the project seeks to challenge deep-rooted patterns of gendered inequality and to contribute to long-term change.



BOX 2.3 TACKLING GENDER-BASED VIOLENCE IN SCHOOLS

- The education sector and other actors have a critical role to play in addressing sexual harassment and gender-based violence in order to improve the experience of school for girls and thereby increase their likelihood of staying and succeeding in education. The following describes initiatives in a range of countries.
- In Benin, a law was passed in July 2006 to address sexual harassment in schools, workplaces and homes. In 2004, The Gambia developed a policy to punish adults who sexually harass students in schools. South Africa's Department of Education has issued guidelines aimed at reducing the sexual abuse of students by teachers.
- The Secretariat of Education in Colombia has taken a whole-school approach to a violence prevention programme for educational institutions. This includes creating awareness among teachers, aides and school administrators, teaching self-protective behaviours to male and female students, and working with local networks to educate communities about the assistance available to them when responding to sexual abuse cases.
- In Zimbabwe, teachers and administrative personnel have been trained to detect sexual abuse, maintain confidentiality, provide referrals and counsel children. In Tanzania, female teachers were trained as guardians to female students. The presence of a guardian significantly increased the chances of female students asking for support from guardians or other female teachers when confronted with sexual violence or harassment. Guardians reported to school boards, courts and district authorities on rape cases, most of which were perpetrated by male teachers and men from the community. The programme generated greater awareness of the sexual abuse of female students by teachers.
- In Ghana and Malawi, the Safe Schools Programme has developed a teacher training manual on school gender-based violence prevention and responses. The manual covers attitudes towards young people, gender, violence and school-related, gender-based violence, human rights, safe and supportive classroom environments, responses to gender-based violence, and action planning. It is accompanied by similar training programmes for students and community volunteer counsellors. Another manual has been developed for teachers, school managers and school governing boards in South Africa. One lesson learned was that for teachers to play an effective role in addressing gender-based violence in schools, they first need to understand and confront their own attitudes and experiences regarding gender-based violence.
- The Population Council is working with Equality Now, Young Women's Christian Association (YWCA), Camfed, Forum for African Women Educationalists (FAWE) and Planned Parenthood Association of Zambia (PPAZ) to support a programme in schools in Lusaka, Zambia to prevent gender-based violence. The programme was established in 2011 following a landmark court case that mandated the Ministry of Education to provide a safe school environment for girls. It consists of facilitated weekly group meetings where girls can learn about and discuss gender-based violence and rights, sexual and reproductive health, financial education and life skills, use of the media, including radio shows, to raise awareness of gender-based violence and the rights of girls, training healthcare providers, working with men and boys, legal reform and providing girls with access to legal support.
- Female community classroom assistants can help to protect students from abuse, create a school environment conducive to learning, and balance what is often a predominantly male teaching workforce. They can also act as a deterrent by serving as witnesses to misconduct and reducing opportunities for teachers and students to be alone. Experience in Guinea and Sierra Leone showed that this approach resulted in positive changes in teachers' behaviour, and girls reported that the classroom was more welcoming and supportive of learning.
- Community education advisory committees in Ethiopia, initiated as part of a broader education programme, are composed of female students, a female teacher advisor, other teachers and one or two mothers. Committees have developed strategies to protect girls on the way to and from school, initiated girls' clubs to provide safe places for them to discuss violence, and reported threats to the health and safety of students to school directors and parent-teacher associations. Violence towards girls is reported to have declined, and school attendance and attitudes and behaviours of boys have improved.

2.3 DISCUSSION PAPER

Can (conditional) cash transfers contribute to HIV prevention for girls?

by *Brian Lutz, UNDP,¹⁹ United States*

INTRODUCTION

This discussion paper aims to help policy-makers understand the advantages and disadvantages of using cash transfers for HIV prevention. It focuses on structural elements, such as inequality, education and gender. The paper is organised into four parts:

- The first part sets the context for the emerging work on cash transfers for HIV prevention.
- The second part briefly outlines a conceptual framework for understanding drivers, especially structural drivers, of HIV.
- The third part summarizes the empirical evidence for cash transfers.
- The fourth part briefly describes key related issues for policy-makers.

CONTEXT

Cash transfer programmes provide a pre-determined amount of cash to eligible households, typically targeting the poor. Cash transfer programmes outline eligibility criteria, methods for benefits distribution, and monitoring to ensure compliance. Conditional cash transfers (CCTs) require co-responsibilities, or conditions, which participants must satisfy to receive the cash (Fiszbein and Schady, 2009). CCTs originated in the early 1990s in Brazil, Mexico and Bangladesh. They have since rapidly grown in popularity around the world, particularly in Latin America and the Caribbean, and have become a cornerstone of many countries' social protection policies.

Though debates exist about the effectiveness of cash transfers in certain contexts, the impacts of cash transfers have been largely positive across a range of indicators. They have been effective in reducing poverty and inequality. They have also made progress on other development objectives, such as access to education and health service, educational attainment and certain health outcomes (DFID, 2011; Hasan, 2010; Lagarde *et al.*, 2007; Son, 2008). In particular, cash transfers seem to have contributed to increases in school enrolment, particularly for girls, children's access to preventative health services and women's access to antenatal and postnatal care.

As a form of social protection and a means to encourage certain behaviours or outcomes, cash transfers, especially CCTs, are starting to be explored for HIV prevention. This exploration is part of a broader strategy of 'combination prevention', which calls for an integrated set of biomedical, behavioural and structural approaches to HIV prevention. At the same time, the AIDS financing landscape is changing, placing a new urgency on identifying cost-effective approaches, including by creating synergies between HIV and development (Schwartländer *et al.*, 2011).

Against this context, a small number of recent studies suggest that cash transfers, particularly CCTs, can be effective for HIV prevention. The evidence points to potential in three broad areas:

¹⁹ The author would like to acknowledge valuable assistance from Roy Small at New York University. The opinions expressed in this article are those of the author and not necessarily those of UNDP.

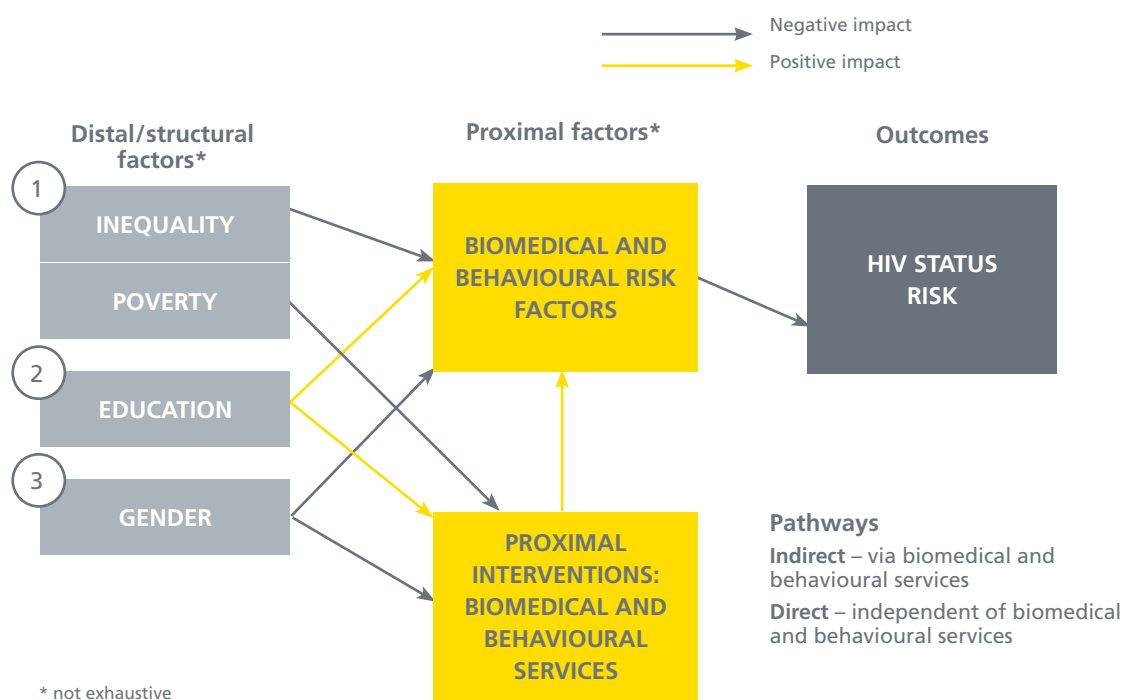
- First, cash transfers have been shown to help address key structural drivers of HIV, such as economic and gender inequalities, as well as low educational attainment.
- Second, CCTs have been shown to increase uptake of critical prevention services, such as voluntary counselling and testing, with implied impacts on HIV risk.
- Third, CCTs tied to proxies for HIV, such as sexually transmitted infections (STIs), have shown some promise in reducing STIs, though impacts on HIV have not yet been demonstrated.

Further investigations may prove that, in certain contexts, cash transfers are a potentially powerful addition to the arsenal of tools for HIV prevention. But they are not a magic bullet; they are one tool among many. Furthermore, policy-makers must carefully weigh the potential benefits of cash transfers against their limitations, risks and costs, such as human rights concerns and potential for perverse incentives. If and when implemented, cash transfers require careful design and monitoring and should be coherent and consistent with broader social protection policies and programmes as well as other HIV prevention methods. They should also respond to local epidemiological and social contexts.

CONCEPTUAL FRAMEWORK

HIV has multiple, overlapping risk factors, such as sexual behaviour and drug use, among others. On a causal chain, these factors may lie close to HIV infection (proximal factors) or farther away (distal factors) (see Figure 2.1).²⁰ Many of these factors are potential targets for cash transfers for HIV prevention. Structural risk factors that can potentially be addressed by cash transfers include poverty and inequality, gender and education.

Figure 2.1
Simplified conceptual framework – risk factors and pathways for HIV



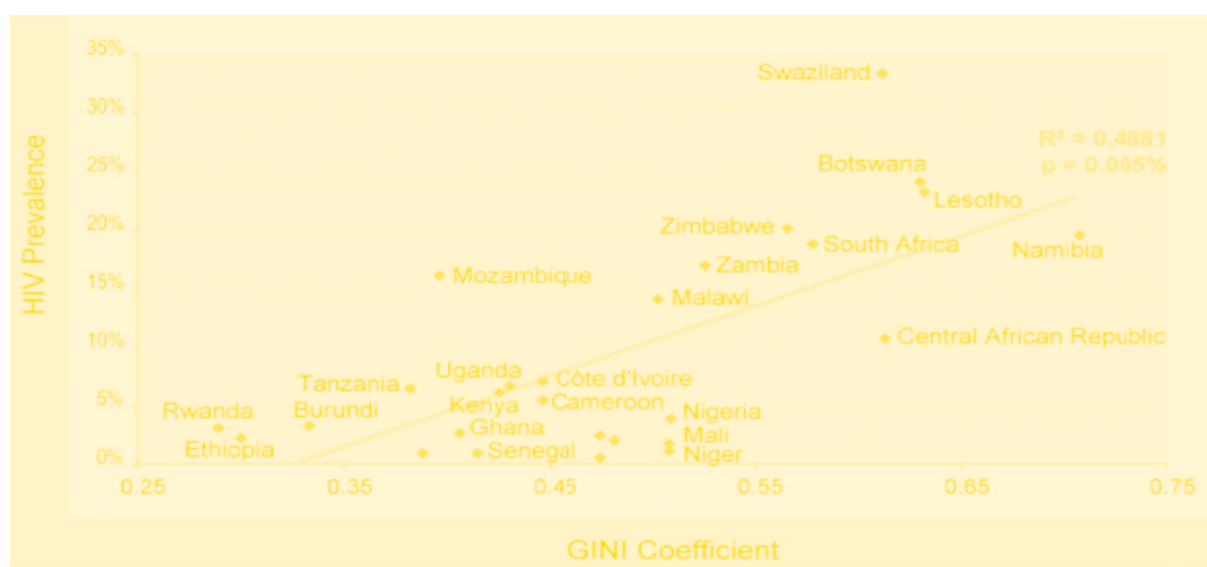
²⁰ Proximal factors generally encompass individual decisions, such as condom use, the number and type of sexual partners or accessing drugs to prevent mother-to-child transmission of HIV. Distal, or structural factors, relate to more aggregate conditions that shape individual decisions and behaviours, for example, laws and policies, community norms, and economic and gender inequalities.

1. Links between poverty, inequality and HIV

Poverty and inequality have shown associations with HIV risk but in different ways. Very simply stated, poverty is generally associated with lower HIV risk, but inequality is associated with higher HIV risk. The relationship between poverty and HIV is complex and varies at global, regional and individual levels. At global level, poverty is associated with increased HIV risk, with 90 per cent of new infections occurring in low- and middle-income countries. In some regions, wealth rather than poverty is associated with higher HIV risk. In southern Africa, for example, countries with relatively high Gross Domestic Product (GDP) such as Swaziland, South Africa and Botswana have some of the highest HIV prevalence rates in the world (Gupta *et al.*, 2008; Kim J. *et al.*, 2008; Mishra *et al.*, 2007). At an individual level, wealth remains associated with increased HIV risk as in the early days of the epidemic, although this may be changing as the epidemic evolves over time. The wealthiest income quintiles in some countries tend to have higher HIV prevalence rates than those of poorer quintiles (Piot *et al.*, 2007).

The relationship between inequality and HIV may be less complex, but, at the same time, available evidence is only suggestive. HIV is increasingly associated with inequality and economic and social transition, with some low-income countries showing a strong association between urban HIV prevalence and income inequality (see Figure 2.2) (Gillespie *et al.*, 2007; Mishra *et al.*, 2007; Piot *et al.*, 2007; Shelton *et al.*, 2005).

Figure 2.2
Cross-country regression of HIV prevalence and inequality, as measured by the Gini coefficient²¹



Source: Piot *et al.*, 2007

2. Links between education and HIV

Early in the epidemic, higher levels of HIV were found among the better educated, especially in sub-Saharan Africa, where education was linked to affluence, mobility and higher levels of sexual risk behaviour. This pattern has changed, however, and there is now some evidence that education is strongly HIV protective, especially for girls (Beegle and Özler, 2007; Hargreaves *et al.*, 2002; Hargreaves *et al.*, 2008; Jukes, 2008).

Studies that suggest causal links between education and HIV are rare (Baird *et al.*, 2010; Duflo *et al.*, 2006). However, there are multiple mechanisms that could explain this protective effect. Education can improve HIV

²¹ The Gini Coefficient is used as a standard economic measure of income inequality.

awareness and knowledge. Young people who are in school may have smaller, safer social and sexual networks than out-of-school youth (Hargreaves *et al.*, 2007; Hargreaves and Boler, 2006). Better educated women tend to delay sex, marriage and childbearing, use condoms more often, and enjoy better earning potential (World Bank, 2002).

3. Links between gender and HIV

Gender strongly affects HIV risk, especially in countries with generalised epidemics. In sub-Saharan Africa, for example, 13 women become infected for every 10 men; as has already been discussed above, gender disparities are more pronounced in women aged between 15 and 24 (UNAIDS, 2010a). Risk pathways are direct and indirect (see Figure 2.1), and gender inequities overlap and interact with other structural factors, such as economic inequalities and laws, policies and norms, to reinforce HIV risk (Byron *et al.*, 2006; Kim J. *et al.*, 2008; Weiser *et al.*, 2007). Gender and economic inequalities drive overlapping HIV-related risk behaviours including intergenerational and transactional sex, coerced sex, gender-based violence and inability to negotiate sex and safer sex. Social norms can legitimise and encourage transactional sex, even in situations where poverty is not a major underlying driver (see, for example, Wamoyi *et al.*, 2010; Wamoyi *et al.*, 2011). Gender inequality also increases risk by impeding access to HIV prevention information and services. Girls who drop out of school have less access to information, and women and girls may need male permission to visit a health facility or lack control over household income to pay for costs associated with healthcare.

BOX 2.4

CASH TRANSFERS REDUCE HIV RISK IN GIRLS IN MALAWI

This study investigated the impact of cash transfers on the HIV and HSV-2 prevalence among adolescent girls in Zomba, a district in Malawi with high rates of HIV and school drop out among adolescent girls. The study enrolled 3,796 young women between the ages of 13 and 22 and randomly allocated them to receive cash payments of different values or no cash payments. Girls receiving monthly cash payments were randomized to either an unconditional or conditional transfer, with the latter contingent on regular school attendance. Girls' parents received cash payments as well.

The study showed that cash transfers (unconditional and conditional combined) reduced HIV prevalence by 64 per cent after 18 months among girls already in school at baseline. This HIV risk reduction, at least in the short term, is greater than that due to male circumcision among heterosexual men (54 per cent risk reduction), one of the major biomedical advances in HIV prevention over the past decade (Siegfried *et al.*, 2009).

Girls receiving cash payments also saw a 76 per cent reduction in HSV-2 and greater school attendance. No significant differences in these outcomes were seen between girls receiving conditional or unconditional payments. Among girls out of school at baseline, no effect on HIV or HSV-2 was observed, though their school enrolment increased dramatically.

HIV risk reduction among girls already in school and receiving cash payments was attributed to less sexual activity and younger partners. No significant differences were seen in rates of unprotected sex or in sexual debut among girls in school at baseline. Given the high rates of transactional sex in the study area, it may be that the cash transfers reduced the frequency with which girls engaged in transactional sex.

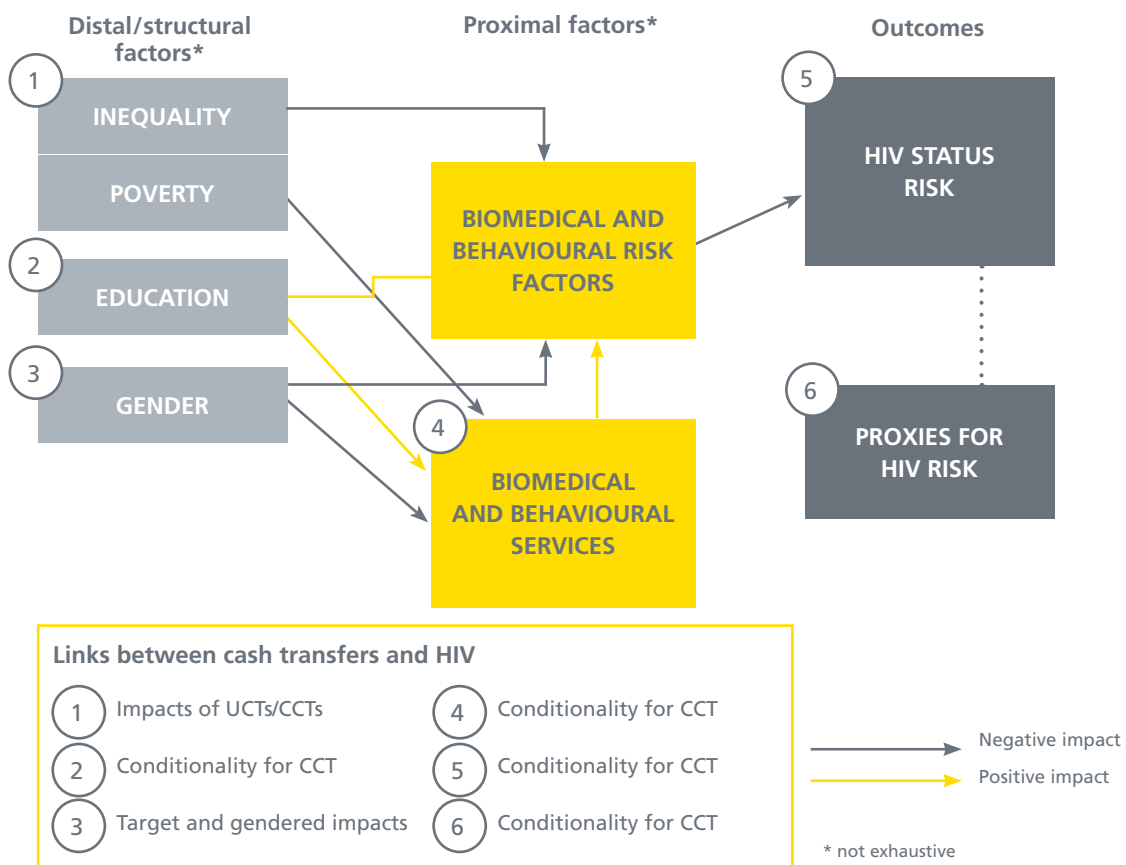
The role of schooling itself is unclear. While schooling may have helped shift some girls' sexual networks to younger, safer partners, the fact that baseline drop outs saw dramatic increases in school enrolment but no effect on HIV or HSV-2 is puzzling. It is possible that schooling may have had a minor effect in this study. If true, this would have implications on the design of future cash transfer programmes to reduce girls' HIV risk. Moreover, because the effects of the study were shown in the short term, it is not known whether the observed effects are sustainable, especially in the absence of a continued cash incentive. Nor is it clear whether the effects might be enhanced through complementary measures that address gender norms and community attitudes toward transactional sex.

Source: Baird *et al.*, 2012.

CASH TRANSFERS FOR HIV PREVENTION: STATE OF THE EVIDENCE

The fact that many of these structural risk factors are targets or potential targets of cash transfers suggests that this approach might be effective for HIV prevention. There is some evidence to show that cash transfer programmes can reduce HIV risk, especially among girls, at least in the short term. The most compelling example is a recent randomised controlled trial in Malawi that found a direct link between cash transfers and reduced HIV risk in girls (Baird *et al.*, 2012; see Box 2.4).

Figure 2.3
Ways in which cash transfers have been (or can be) linked to HIV risk



Ways in which cash transfers might reduce HIV risk are as follows (see Figure 2.3):

1. Cash transfers can reduce poverty and inequality

Cash transfers can have a significant impact on the breadth and depth of poverty. Some evidence suggests that they can similarly reduce inequality. Cash transfer programmes have been shown to reduce the poverty gap in middle-income countries. Cash transfers can also reduce national income inequalities, as shown in Brazil, Mexico and Chile between the mid-1990s and the mid-2000s. Given that inequality, rather than poverty, appears to be more closely associated with HIV risk, inequality reduction through cash transfers may be more relevant for HIV prevention than poverty reduction. An understanding of the impacts of cash transfers on inequalities in sub-Saharan Africa, for example, would be valuable. However, no studies that have examined poverty and inequality outcomes have also explicitly tracked HIV outcomes or proxies. Without such direct evidence, HIV impacts have to be inferred, where plausible, based on the degree to which cash transfers decrease inequality and the understanding of how inequality drives HIV risk in certain contexts.



2. Conditional cash transfers can have a positive impact on education

Most of the estimated 29 CCTs in developing countries (Fiszbein and Schady, 2009) include schooling conditionalities (Behrman *et al.*, 2011). Education is believed to be one of the primary mechanisms by which cash transfers can address intergenerational poverty (Reimers *et al.*, 2006). Thus, tracking educational impacts is critical for viewing cash transfers as a development strategy rather than one of only economic support.

CCTs are usually conditioned on one or more of the following: school enrolment, school attendance, and, less frequently, some measure of student performance. CCTs can improve school enrolment and attendance, narrowing the gender gap and reducing drop-out rates. Education conditional cash transfers in Cambodia increased enrolment rates by 20 to 30 per cent. Mexico's Oportunidades programme has helped to eliminate the gender gap in schooling in Grades 7-12. Unconditional transfers, such as Ecuador's Bono de Desarrollo Humano and South Africa's Child Support Grant, have also increased schooling, but not as significantly as conditional transfers.

The evidence for the impact of cash transfers on educational outcomes is mixed. While the programmes in Mexico and Ecuador increased enrolment, there was no impact on achievement. In contrast, Argentina's Becas programme has improved educational outcomes, possibly because conditionality was linked to educational achievement, rather than simply to school attendance.

If education is considered to be HIV protective, it is reasonable to infer that cash transfers that improve education indicators might also reduce HIV risk. With the exception of the Zomba study, however, cash transfers for education have not focused on HIV impacts, although some programmes have tracked possible proxies for HIV

risk, such as delayed marriage and childbirth. These have found significant and positive results. For example, a CCT in Pakistan (Andaleeb *et al.*, 2011) showed delays in marriage and fewer children among participating girls aged 15-19.²² A programme in Kenya that distributed free school uniforms to students produced similar results.²³ Though not a CCT per se, Kenya's programme reduced the cost of schooling, which, in turn, lowered drop-out rates, teenage marriage and childbearing (Duflo *et al.*, 2006).

Bangladesh's Female Secondary School Stipend Programme deserves special attention for taking the extra step of making receipt of its stipend conditional on participant girls remaining unmarried through secondary school (it also required 75 per cent school enrolment and marks of at least 45 per cent) (UNESCO Bangkok, 2004). One evaluation found "a wide range of positive impacts of the stipend programme on girls' lives, such as increase in age at marriage, greater birth spacing, positive attitude to smaller family size, and higher employment and earning levels" (Mahmud, 2003).

3. Cash transfers can address gender disparities

Like reducing economic inequalities, alleviating gender disparities is a crucial structural approach for HIV prevention. Cash transfers can be particularly useful in this regard because they tend to be gendered, both in terms of targeting and impacts. Mothers, for example, are often the target recipients of CCTs that are linked to children's education or health. Meanwhile, girls are frequently the beneficiaries of cash transfers for education in order to close the gender gap in schooling. This was the case in the Zomba study discussed above. In terms of impact, some of the results from initial studies of CCTs for HIV prevention discussed below have a clear gendered impact.

4. Conditional cash transfers can enhance uptake of HIV counselling and testing

Evidence on the impact of CCTs to more proximal HIV prevention services is limited. What does exist indicates some impact. For example, in a CCT linked to voluntary counselling and testing (VCT) uptake, those receiving the cash incentive were twice as likely to retrieve HIV test results (Thornton, 2008). Each dollar of the incentive corresponded to a 9 per cent increase in collection of results. The impacts had a clear gender element. Women, but not men, had a small increase in VCT uptake when neighbours received a cash transfer for VCT. When women received the transfer, their husbands were more likely to access VCT, even when husbands did not receive the transfer. The reverse was not observed (Thornton, 2008). A subsequent study confirmed the positive spill-over effect of social networks on uptake of VCT, though the effect appeared stronger for men than for women (Godlonton and Thornton, 2012). A later study in which a CCT was linked to HIV status – and, thus, a follow-up HIV test – showed that those receiving any incentive, including those who were HIV positive at baseline, were 9-10 per cent more likely to undergo the follow-up test (Kohler and Thornton, 2011). A similar effect was seen among just those who were HIV-negative at baseline.

5. Conditional cash transfers linked to HIV status directly have not been effective so far

The evidence base for CCTs linked to HIV status is limited, partly owing to ethical concerns around the potential for stigma. The one randomised controlled trial (RCT) that did link a CCT to HIV status showed no effect of offering an incentive on reported sexual behaviours or on HIV incidence, though the authors acknowledge that the incentives may have been too small or infrequent to have an effect. Nor was the study designed to detect small changes in HIV incidence.

What the study did show was differential impacts on men and women after the incentive was actually paid and the programme discontinued. Beginning one week after final payment, men were 9 per cent more likely to engage in risky sex, driven by an increase in sexual activity that more than offset a small increase in condom

²² The study used cross-sectional data at the school and household levels and quasi-experimental methods to contrast cohorts of girls in treatment and control districts (i.e. double-difference and regression discontinuity design (RDD) frameworks).

²³ In addition to receiving uniforms, some students were also exposed to teachers who had been trained in HIV and AIDS-curriculum (which had little impact on childbearing) and encouraged to write essays debating the role of condoms in HIV and AIDS prevention (this intervention was too recent for the authors to detect any possible reduction in childbearing).

use. Women, on the other hand, were 6.7 per cent less likely to engage in risky sex – a decrease driven by abstinence rather than by condom use (Kohler and Thornton, 2011). In light of the results of the Zomba trial and other research, it may be that the unconditional payment of cash, specifically to women rather than men, may be as important or more important in reducing HIV risk in certain contexts than payment conditional on certain behaviours or outcomes.

6. Conditional cash transfers linked to possible HIV proxies have been promising but inconclusive

In addition to linking CCTs to the structural and proximal factors for HIV risk, some have proposed linking CCTs to non-stigmatising proxies for HIV infection. Curable STIs have been proposed as one such proxy. A recent RCT in Tanzania that conditioned cash payments on being free of a suite of STIs has shown mixed results. Those receiving the highest cash payment of US\$20 every four months saw a 27 per cent reduction in four curable STIs, though this finding was only marginally statistically significant after 12 months (de Walque *et al.*, 2012). However, no change in combined HIV, syphilis or HSV-2 prevalence was observed. The authors speculate that the observed effects could be due to participants seeking outside treatment rather than changing sexual behaviours. The Tanzania study underscores that the value of the incentives matters, as only those receiving the higher value incentive saw a reduction in STI prevalence.

ISSUES TO CONSIDER

As well as potential benefits, cash transfers also have limitations. Issues to consider include:

- **Programme design.** The design of cash transfer programmes includes decisions about targeting, benefit structure and, if relevant, conditionality. Targeting, usually based on geography, household and/or demographic criteria, determines who is eligible to benefit and enrolls them in the programme. Community-based targeting is also used. Targeting is imperfect, resulting in inclusion and exclusion errors. Benefit structure includes the level of benefits, payment mechanisms and selection of the recipient of the cash transfer. Conditions selected influence intended and unintended behaviours and require monitoring of compliance.
- **Human rights.** Conditional cash transfers have been criticised for being coercive, with some arguing that they force poor people to adopt certain behaviours that they would not otherwise adopt. However, others argue that transfers are enabling, helping people to overcome financial barriers to adopting such behaviours. Targeting external barriers, for example, by removing user fees or providing transport vouchers, may be more feasible and acceptable than trying to address other factors that influence people's behaviours. Cash transfers are also viewed by some as paternalistic, reflecting beliefs about the extent to which the state should try to influence individual behaviour. There are also concerns that targeting conditional cash transfers to marginalised groups could reinforce stigmatisation of these groups as well as undermining confidentiality. This is a particular concern with respect to HIV, as eligibility or conditionality linked to HIV status could stigmatise individuals and families and compromise reach and effectiveness.
- **Perverse incentives.** Conditional cash transfers can create perverse incentives. Sometimes these unintended outcomes can be undesirable. For example, people may change their behaviour to meet eligibility criteria. But sometimes unintended outcomes can be positive; for example, Nicaragua's CCT programme, Red de Protección Social, had positive health effects on non-beneficiaries.
- **Complements versus substitutes.** Conditional cash transfers complement necessary and appropriate supply-side investments; they are not substitutes for them. This is especially important where the supply of services is limited. Nicaragua's Red de Protección Social successfully used supply-side interventions, such as provider home visits and increasing teacher attendance and quality, alongside demand-side conditional cash transfers to improve health and education outcomes. Cash transfers may also require complementary interventions to address gender norms and inequalities to ensure equitable, sustainable impacts. For example, cash transfers may have a limited impact on women who have little control over their sexual choices.

- **Scale, sustainability, costs and cost-effectiveness.** Successful scale-up and sustainability requires government and community support, sustainable financing, technical capacity and human resources for administration, monitoring and evaluation. Scale-up of cash transfers in middle-income countries, especially in Latin America, has generally been successful. However, this experience may not be so easily replicated in low-income countries. Costs depend on factors such as programme design and existing capacity. More targeted programmes are less costly than universal programmes. There is limited data on cost-effectiveness and cost-benefit, although a review of Colombia's Familias en Acción programme revealed a high benefit-cost ratio. Cost-effectiveness and cost-benefit evaluation should compare cash transfers with other poverty alleviation and social welfare interventions, as well as more conventional supply-side investments in health and education.

CONCLUSION

In conclusion, available evidence suggests that cash transfers can contribute to HIV prevention in certain contexts. The evidence that does exist seems to suggest that cash transfers, whether conditional or unconditional, to girls and young women can make their sexual networks safer and reduce their HIV risk. This finding may be most relevant where both transactional sex and HIV prevalence are relatively high. However, the knowledge base on the marginal impact of attaching conditions to cash transfer programmes remains very limited, especially in sub-Saharan Africa (Baird *et al.*, 2011). More research is needed to confirm results and to understand how cash transfers can make a difference. In addition, operational research is needed to improve the design of cash transfer programmes to maximise HIV impacts, to plan sustainable scale up and to ensure that cash transfers complement and reinforce other social protection programmes and HIV prevention efforts.



3 COMMUNITY-LED INTERVENTIONS TO ADDRESS GENDER INEQUALITY AND PROMOTE SOCIAL TRANSFORMATION

COMMUNITY-LED INTERVENTIONS TO ADDRESS GENDER INEQUALITY AND PROMOTE SOCIAL TRANSFORMATION

Education in schools alone cannot tackle the social and cultural norms that reinforce gender inequality or increase vulnerability to HIV and other sexual and reproductive health problems. The home, community and wider society have an important influence on gender relations and the extent to which young people can make healthy choices about their relationships.

As the Stepping Stones approach described in the discussion paper below shows, community interventions that address social and cultural norms and help to promote gender equality and create a supportive environment for safer sexual behaviour are critical. Engaging people in participatory dialogue on social, sexual and gender norms in their own lives and communities can change attitudes, create a sense of empowerment, reduce risk behaviours for HIV, and reduce self-reported experience or perpetration of partner violence. Interventions that address gender equality issues broadly are the most effective at reducing self-reported experience of, or perpetration of, violence and reducing HIV risk behaviours. A 2006 literature review by YouthNet and CARE found that interventions that included significant community involvement reported positive changes in community context, changes in adult perceptions of youth and increased status of youth. For example, the *Mema kwa Vijana* AIDS education project in rural communities in Tanzania increased knowledge and reported condom use among young people. One factor that contributed to success was changing community norms and beliefs, particularly those of adult men.

Working with men and boys is critical to improving gender equality and sexual and reproductive health for women and men. School-based interventions that also involve the community, such as the one in Zambia described below that has adapted the Stepping Stones approach, can play a vital role in shaping attitudes and behaviours when boys are still young, as well as promoting community support for gender equality.

Parents play a central role and there is increasing evidence to show that engaging parents in sexuality education not only leads to better health outcomes for young people but also for parents themselves. The Connections programme, described in a case study example below, highlights the importance of efforts to improve communication between parents and their adolescent children about sexuality and gender. Last, but not least, young people themselves must be involved in defining problems and identifying solutions. Involving children and young people as partners can make activities more meaningful and effective, as well as building confidence and skills. Their voices carry a strong message and can mobilise community action (DFID, 2004). The experience of the YP Foundation in India, described below, illustrates how young people have taken the lead on issues such as sexuality, gender, health and rights.

3.1 DISCUSSION PAPER

Promoting positive community gender and inter-generational norms

by *Alice Welbourn, Founding Director, Salamander Trust, United Kingdom*

BACKGROUND AND CONCEPTUAL APPROACH

The Stepping Stones package was developed in rural Uganda between 1993 and 1995 to build community resilience to cope with the HIV epidemic. It was also developed in response to recognition that gender inequality issues were fundamental to the lives of poor women in rural Africa and to the spread of HIV. This was based on my experience of working in rural Africa in the early 1990s – and my own experience of being diagnosed with HIV in 1992 when I was expecting a baby. As an innovative community approach to HIV and gender, it seeks to build bridges between the genders and between the generations, so that women and men and older and younger people understand each other better.

Stepping Stones supports and actively encourages participants to question how and why things are as they are in their lives, rather than accepting the status quo. The issue of gender inequality is of central importance to this analysis. It also promotes the values of cooperation, social justice, sharing, mutual respect, empathy and caring.

Although Stepping Stones does not explicitly mention rights, it seeks to promote equal rights, and these values, through the process. The idea is that participants learn by example from and with one another, and see and experience for themselves how relationships can be more constructive and productive.

“Before Stepping Stones, I thought that my husband leaving me was my fault. I was ashamed and thought that everyone in my village thought I was not a good wife or mother. I didn’t like living in my community and I would not get involved in community activities. After Stepping Stones and the experience of talking openly about taboo topics such as sex and relationships, I found out that many young women have problems like mine. It has made me feel less alone. As a Stepping Stones trainer I can share my new knowledge and help other young women through their relationship problems. Women don’t have much power in Fiji and Stepping Stones gave me the confidence to tell people how they had to treat me. I will make my ex-husband pay child support as she is his daughter and he has to help raise her.”

Fiji Stepping Stones, 2007

A clear lesson from Stepping Stones is the power of intergenerational communication. Apart from the fact that many young women have sex with older men in many parts of the world, it is also clear that the Stepping Stones process opens up mutual respect, understanding and communication between the generations. A young man in the very first workshop in Uganda described how he and his peers could now discuss condoms openly in front of their elders – something that had been taboo before. Women have also described how they were now able to talk to their children about sex and relationships, using the open and non-judgemental approach they had learnt in the workshops. Another lesson is the power of local knowledge and analysis, learning from participants themselves what changes in their community are meaningful in their lives.

THE STEPPING STONES PACKAGE AND PROCESS

Stepping Stones²⁴ is a training package on gender, HIV, communication and relationships skills. Since 1995, Stepping Stones has been adapted and used by over 900 organizations in 100 countries and translated into 30 languages. It is the longest running and most widespread training programme of its kind and its ongoing popularity suggests that it is still meeting a need. Many have contributed to its development and to its use in urban as well as rural areas, in formal as well as informal settings, in institutions such as schools, army barracks, health centres, teacher training institutes and prisons, with communities of sex workers, people who use drugs, transgender people, lesbian, gay, bisexual and transgender (LGBT) communities, people living with HIV and people with disabilities.

The package is based on activities that everyone in the community can participate in; there is no requirement for formal education or literacy skills. It uses a range of methods, including role-play, discussions, listening skills, body language, analysis of language and drawing, which can be carried out anywhere in the community. It was originally designed for four peer groups based on gender and age – adult and young women and adult and young men. Most of the 18 sessions, taking place over about nine weeks, enable each peer group, guided by a facilitator of the same gender and similar age, to explore in privacy and safety, issues of concern to themselves and others like them in their community. Every few sessions, all four groups come together, to share and compare the issues that each group is addressing. This process of ‘fission and fusion’, facilitates interaction between peers, between different generations and between the genders and ultimately, through a community meeting, at community level.

The sessions cover four themes. The first focuses on group formation and development of good communication skills. The second focuses on facts and myths about HIV and condom use. The third helps participants to ask ‘why we behave in the ways we do’, with opportunities to discuss issues including money, labour, migration, sex, power, violence and household decision-making. The fourth focuses on ‘how we can change our behaviour if we want’, supporting participants to develop and practise new ways of behaving, and then to present, through role-play and discussion, ‘special requests’ to other peer groups.

“Issues of sexuality are not easy to just discuss especially in the African culture, but the use of Stepping Stones as a tool helped a lot. It provides a starting point for any discussion on any topic one might pick on... Female condoms sparked a lot of debate as, culturally, girls were said to be not in a position to initiate condoms. Students later agreed that the use of condoms was a way of stopping STI and HIV.”

Miriam Makwembere, Young Africa Skills Centre, Chitungwiza, Zimbabwe. Strategies for Hope Evaluation of Stepping Stones, 2010.

“We don’t advertise Stepping Stones as an HIV programme – as that can put people off. Instead we introduce it to community groups based on what they are already working on. Whether the issue is poverty, gender or children, we introduce Stepping Stones as something to support what the community is interested in and where the community is comfortable, since it is all inter-related anyway. The rest then follows easily.”

Christy Abrahams, Action Aid India, personal communication. Stepping Stones workshop, International Women’s Summit, Zurich, July 2011.

Stepping Stones might best be described as a journey around a spider’s web or a maze – it is not a linear journey. At different points, participants stop and consider what is happening to them and others like them, to others in their community, of a different gender and age to themselves, and how their own behaviour and that of others affects each group and the whole community. Participants are also encouraged, at each point, to look back at where they have come from and forward to where they are going next, as well as inwards and outwards, as they individually and collectively develop a greater understanding of the situation. Thus issues of gender, generation, place and relationship are considered in every session.

²⁴ Visit www.stepsstonesfeedback.org for more information.

The selection of topics addressed by Stepping Stones is determined by the participants, reflecting their priorities and needs. Participants develop their own analysis of the situation and of risks, and how and why these risks arise. Participants' experiences are explored in a non-directive, supportive and non-judgemental way, which facilitates open discussion of risks and risky situations. Through further discussion and 'rehearsing for reality', participants develop the skills to avoid or minimise these risky situations in future. As well as risk, participants also explore and acknowledge sexual pleasure and desire and young people's rights to these. Stepping Stones also enables participants to look at the role that alcohol, drugs, money, gender roles and responsibilities play in their lives and in sexual behaviour.

IMPACT

Stepping Stones has demonstrated positive changes in a range of settings and on a number of outcomes, including gender norms, relationships between men and women, gender-based violence and STIs.

"The Stepping Stones training was attended by 10 young women and 14 young men. The results showed that there have been improvements in gender equitable norms in young men who participated. Possible reasons include the fact that young men and young women went through the training together. This allowed young men to hear about the experiences of young women expressed in role play, and also gave young men and young women the opportunity to voice and challenge each others' views and opinions in joint meetings as well as after the training. One male participant noted that they would sit around after the training and really talk about important things like how they feel when people treat us badly."

Fiji Stepping Stones, 2007

A randomised controlled trial (RCT) with two younger²⁵ school-based peer groups in South Africa (Jewkes *et al.*, 2008) demonstrated a reduction in gender-based violence and in HSV-2. Many other evaluations of the programme around the world have echoed the qualitative findings of this South African study.

Stepping Stones is now recognised by the World Health Organization (WHO) and the United States Agency for International Development (USAID) as one of the few effective community tools available to engage men and boys in reducing gender-based violence. Since gender-based violence has also been shown to increase the vulnerability of women and girls to HIV, Stepping Stones also has the potential to reduce the risk of HIV. Not only is Stepping Stones recognised as an effective approach to both gender-based violence and HIV, it is also seen as a gender-transformative approach.

"After being found HIV-positive, my husband left me. But after attending the Stepping Stones training, he decided to go for HIV testing and counselling, a thing that he vehemently refused to do in the past. His results revealed that he was HIV positive. The training helped him to rediscover himself and he apologized for leaving me. My husband and I are now back together and happily married again with no incidents of violence because we are able to communicate better as a couple and respect each other's rights."

Enita Jailosi, Umodzi Support Group of Women Living with HIV, Lilongwe District, Malawi

²⁵ As RCTs are so expensive, this trial just involved two younger peer groups and did not analyse the changes in the adult group.

3.2 Supporting teachers to address gender with boys, girls and the community in Zambia

by *Gill Gordon, Associate, Salamander Trust, formerly International HIV/AIDS Alliance, United Kingdom*

Boys and girls in the Eastern Province of Zambia are socialised in gender and sexual norms and practices through traditional cultural training, religion and school as well as by adults, peers and the media. These influences have both positive and negative effects on the lives of boys and girls. To transform gender norms and increase communication, caring, sharing and collaboration between men and women as they grow up, it is necessary to give equal attention to boys and girls in education on gender and sexuality and HIV.

The International HIV/AIDS Alliance has worked with two non-governmental organizations (NGOs) – Planned Parenthood Association of Zambia (PPAZ) and Young, Happy, Healthy and Safe (YHHS) – and the ministries of health and education in Chipata District in Eastern Province to improve young people’s sexual and reproductive health since 2003. The programme – called Training Teachers to Teach Pupils aged 10-15 years about Sexuality and Life Skills – is working in primary schools and in the community to change social factors in order to support safer sexual behaviour. It was added to a wider community-based programme for young people, in response to community requests to train primary school teachers in sexuality and life skills.²⁶

Key elements of the programme that have contributed to success include:

- **Involving young people and the community.** PPAZ conducted awareness-raising sessions with communities on the sexual and reproductive health needs of young people. Young people were trained as peer educators to facilitate interactive sexuality and life-skills training, and strong working relationships were established with the school and health centre. Parents are involved in monitoring and are invited to participate in educational activities. Schools became important focal points for learning about sexual and reproductive health and as more and more people from the community participated and found the sessions helpful, this contributed to collective pressure for change.
- **Giving teachers the opportunity to reflect on their own attitudes and behaviours.** It is essential for male and female teachers to reflect critically on their own gender and sexuality attitudes and behaviour, and on the cultural and external influences on them. This reflection is facilitated through experiential learning activities separately and together. It increases communication between men and women and enables teachers to talk openly about issues of gender and sexuality in their personal and professional lives, including relationships with spouses and pupils.
- **Conducting participatory assessments of students’ lives.** A group of adults and young people were trained to carry out participatory needs assessment and planning. Through this process they also identified individuals in the community who could influence and provide ongoing support to young people, including traditional leaders and counsellors (*alangizi and nyau*), parents, teachers, health workers, government officials, NGO workers and religious leaders. The participatory assessments included influences at individual, family, group, community and service levels on the knowledge, self-esteem, attitudes and behaviour of boys and girls. Participatory assessments played an important role in increasing teachers’ empathy and understanding of the reality of their students’ lives. This transformed relationships between teachers and pupils in about 50 per cent of teachers, both male and female.
- **Recognizing that boys and girls often share common concerns.** An important finding from the assessments was that boys and girls were concerned about similar issues. For example, the sexual abuse of boys by older girls and women, and girlfriends who threatened to leave them if they insisted on condom use. Experiential activities on power revealed that girls and boys in poor communities who wanted to stay in school felt equally powerless when they were taken out to marry or mind cattle and farm the land. Boys and girls had many aspirations in common, which could be better achieved if gender and sexual relationships were more caring and equitable.

²⁶ <http://www.aidsalliance.org/Publicationsdetails.aspx?Id=211>

- **Conducting participatory activities separately and together.** It is helpful for boys and girls to engage in participatory activities in separate groups so that they are able to talk freely and then to come together and share what they have learnt.
- **Promoting a positive view of sexuality and gender relations.** It is important to avoid assumptions that the reasons for sexual activity are always negative; for example, that girls are victims who have sex only because of poverty or coercion, and boys are predatory and have sex to ‘prove themselves’ or in response to peer pressure. The reality is that young people are sexually attracted to each other and find ways to express their sexual feelings, although they may not feel they can admit to an adult that they enjoy sex. Sexuality education promotes a positive view of sex and gender relations.
- **Incorporating gender across the curriculum.** Gender is addressed in key areas of the curriculum on knowledge (e.g. information about the Convention Against all Forms of Discrimination Against Women, which the Government of Zambia has signed), critical-thinking skills (e.g. activities to describe gender norms and practices, explore their positive and negative effects, and identify aspects that pupils would like to change, using drama to rehearse new behaviours) and values (e.g. exploring concepts of justice and courage in improving gender equality and relations).
- **Providing appropriate supporting materials.** The curriculum and learning materials were based on evidence about effective HIV and sexuality education, as well as the needs assessment. As a Zambian curriculum specialist commented, “The materials are very strong because they include topics suggested by learners, teachers, parents and other stakeholders. They are tailored to the needs in the actual environment”. Teacher and student books, which include activities that build on skills taught in the core curriculum, have been approved by the Curriculum Development Centre. The Alliance is working with the Ministry of Education and youth NGOs to incorporate them into pre-service and in-service teacher training and to distribute the books to schools.
- **Creating an enabling environment.** Collaboration between schools and different groups and organizations in the community helped to create a more enabling environment for boys and girls to grow up healthy and safe in their sexual lives.

BOX 3.1

WORKING WITH COMMUNITIES AND MEN AND BOYS TO REDUCE GENDER-BASED VIOLENCE

- **Raising awareness of young people’s experience.** Adults need to be able to see their own behaviour and the experience of violence through the eyes of children and young people. Activities that engage children and young people can deepen the understanding of how they perceive gender-based violence in schools, and lead to change. Students in Swaziland used photographs to highlight safe and unsafe spaces in their school, including the latrines. UNICEF then used this information to link water and sanitation projects to anti-violence efforts. Similarly, a project in South Africa called Friday Absenteeism in a rural school in KwaZulu Natal, South Africa used photos to highlight reasons for poor attendance, which included violence in the school. The students’ findings were presented to the community as the basis for action. To raise awareness of ‘eve teasing’ in Nepal, Save the Children UK initiated a project where girls mapped unsafe places in their village. Sharing the maps with education officials, village leaders, other adults and boys helped the community to realise that what they thought was just ‘innocent teasing’ was actually abusive and discriminatory.
- **Working with men and boys and addressing harmful attitudes.** A range of programmes has encouraged men and boys to reflect on gender norms and inequalities and to develop more positive attitudes and behaviours. For example, Let’s Talk Men, produced by the UNICEF Regional Office for South Asia, is a series of films with facilitation guides that depict positive images of masculinity and encourage dialogue on gender stereotypes and the consequences of violence. In Latin America, the Program H Alliance pioneered an approach that helps young men to reflect on gender norms in relation to sexuality, reproductive health, fatherhood, and violence and which resulted in improvements in attitudes about gender, gender-based violence, and sexual behaviours. Participating in ‘male only’ groups provides a safe space for young men to talk openly about their lives and topics such as gender and sexuality.
- **Engaging men and boys as strategic allies.** Engaging men and boys as strategic allies is increasingly being used as a strategy for reducing gender-based violence. The Sonke Gender Justice One Man Can campaign supports men and boys to end domestic and sexual violence and promote healthy, equitable relationships between men and women. It encourages men to work together with other men and women to take action. The EngenderHealth Men as Partners programme works with men to play constructive roles in promoting gender equity and health in families and communities. It includes interactive, skills-building workshops that confront harmful stereotypes, local and national public education campaigns, and advocacy.

3.3 Talking about sexual and reproductive health: Promoting better communication between parents and children in Asia

by *Sally Beadle, UNICEF Asia Pacific, Thailand*
and *Helen Cahill,²⁷ University of Melbourne, Australia*

In many countries, the vulnerability of women and girls to HIV is increased by gender norms that reinforce unequal power in relationships between men and women. Social and cultural barriers also make it difficult to talk openly about sex or for parents to discuss sexual and reproductive health with their children. Effective sexuality education needs to acknowledge and challenge these social norms, while remaining sensitive, non-threatening and culturally appropriate.

Barriers to talking openly about sex, together with embarrassment and fear of disapproval, often prevent young people from broaching the issue with their parents. As one young woman in Laos said, “Usually this has been a hidden topic and we will not feel comfortable asking about it”. Even when parents feel comfortable talking to their children, they may not feel confident about their knowledge of sexual matters. According to one mother in Cambodia, “We have limited knowledge and understanding, and little confidence in talking about these things”.

Lack of communication between parents and children is compounded by the lack of comprehensive sexuality education in the region. Consequently, many young people do not have the knowledge required to enable them to make healthy sexual choices. At the same time, gender norms concerning acceptable behaviour prevent women and girls from asserting themselves in relationships. Unless challenged, gender norms go unquestioned and are passed on from one generation to the next.

The Connections programme aims to facilitate intergenerational dialogue to ensure that women and girls are better informed about sexual and reproductive health and protective behaviours and to challenge harmful gender norms. It was developed to address lack of knowledge in women and girls about protective behaviours and, specifically, the increase in HIV transmission to women from their male partners. The programme was designed to help adolescent girls and mothers of adolescent girls to create their own conversations about sexual health, social norms and gender rights and to develop assertiveness and other skills.

BOX 3.2 LIMITED COMMUNICATION BETWEEN PARENTS AND ADOLESCENT CHILDREN IN INDIA

In Maharashtra, a study explored young people’s awareness of sexual and reproductive matters, the extent of boy-girl mixing and sexual experiences of young people, parent-child communication on sexual and reproductive matters, experience of sexuality education programmes and perceptions about their acceptability. Married and unmarried young women and men, and fathers and mothers of young people were interviewed. Parents were asked, likewise, about whether they had discussed sexual and reproductive matters with their children and the obstacles faced in doing so. Although a common perception is that sexual and reproductive health matters are best conveyed to young people by parents, the findings indicate that young people are unlikely to approach parents with questions for fear that parents will become suspicious and mistake their curiosity for sexual experience. Communication between parents and adolescents on sensitive matters was rare. For example, less than 1 per cent of young men and 7 per cent of young women had ever talked to one or both parents about reproduction or how pregnancy occurs. Parents reported that they were unwilling, uncomfortable or simply not adequately informed to talk about these issues with their children

International Institute for Population Sciences and
Population Council, 2008

²⁷ The original Connections curriculum and training materials were developed by Dr Helen Cahill, Deputy Director of the Youth Research Centre, University of Melbourne, working in partnership with Dr Tu Anh Hoang, Director of Consultation of Investment in Health Promotion, Viet Nam, with and for the Vietnamese Women’s Union with funding from the Ford Foundation. The curriculum has been revised with support from UNICEF, UNESCO and UNFPA regional offices.

The programme aims to build the knowledge of girls and their mothers about sex, reproductive health and gender, and their ability to communicate about these issues. Specifically, it is intended to develop the confidence of mothers to talk to their children and the capacity of adolescent girls to negotiate safe and healthy relationships. Based on pre-curriculum development consultations, it includes 12 separate sessions each for girls and for mothers followed by a shared session where girls and their mothers can discuss issues and practice talking to each other. Topics covered include the physical aspects of sex and wider issues such as peer and romantic relationships, reproduction, gender rights, HIV, risk taking and peer influence.

Sessions for both girls and mothers are facilitated by a trained professional and they use interactive and participatory methods to improve their knowledge and communication skills. Each 1.5 hour session starts with a game, includes information components, skills-building exercises and allows time for questions, reflection and feedback. For example, the session for mothers on where babies come from provides basic information about conception and birth and uses role play to enable mothers to practise answering children's questions about where babies come from. Participatory activities such as games, interviews, role play, ranking exercises and forced controversy also help participants to understand and challenge harmful social norms and to practise skills that can be applied to real-life situations, as well as building social support.

Facilitators receive a minimum of five days' training and are provided with a detailed manual that provides background information and evidence and guidance on dealing with sensitive issues, adapting the programme, protecting privacy and using participatory techniques. The manual includes low-literacy alternatives to activities that involve reading or writing. This makes the curriculum accessible to participants from a range of educational backgrounds. It also includes a section on modifying the programme to different country and cultural contexts.

Evaluation of Connections in Viet Nam found that the programme increased the likelihood that mothers would talk to their daughters, and their husbands, about sex and gender issues. For example, the proportion of mothers who reported feeling comfortable talking about gender-based violence increased from 50 per cent to 90 per cent. In addition, mothers gained important knowledge about improving their own lives and relationships, and adolescent girls felt more comfortable talking to their friends about sex and gender issues.

Connections is continuing in Viet Nam, where the programme has recently expanded to target women and girls in rural and ethnic minority communities. In response to demand from participants, a six-session extension programme was also commissioned, with a greater focus on gender rights, problem solving in relationships and positive communication. In 2010, the Vietnam Women's Union requested a similar programme for boys, which was piloted successfully and is now running in parallel with the mothers' and girls' programme.

Based on its success in Viet Nam, the programme is now being implemented in other countries in the region. UNICEF Bangladesh is working with the Bangladesh Rural Advancement Committee to integrate sections of the curriculum into existing women and girls' club programmes. In Cambodia, UNESCO and the United Nations Population Fund (UNFPA) are supporting the Ministry of Women's Affairs to introduce the programme. And in Myanmar, UNICEF is exploring with the Ministry of Education the potential to introduce elements of the programme into the formal school curriculum.

BOX 3.3

WORKING WITH PARENTS – EXPERIENCES FROM OTHER REGIONS

An UNFPA-supported project in Ecuador used participatory methods to educate children about gender, sexuality and reproductive health. A key component of the project was a 'school for parents' to improve parents' understanding of issues such as physiological changes during adolescence, conflict resolution and self-esteem.

Basic education projects supported by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GTZ) – which are integrated within national education sector programmes – in Chad, Guinea and Mali aimed to develop social and citizenship skills that lead to responsible behaviour through active learning methods. Project approaches focus on improving knowledge about sexuality and HIV prevention, promoting better communication between parents and children and between teachers and pupils, involving young people and adults in their social and cultural environment, and encouraging community initiatives to tackle HIV. Particular attention is given to informing and involving mothers, who are traditionally responsible for educating girls, through the formation of mothers' associations and provision of training and support. Initial results indicated that parents and teachers were able to discuss sexuality more freely

GTZ, 2006

3.4 Addressing the need for comprehensive sexuality education and challenging silent spaces: Young people's leadership in India

by *Ishita Chaudhry, The YP Foundation, India*

The Adolescence Education Programme²⁸ was introduced into the school system in India in 2006. During 2007, it was suspended in several states in the country due to objections raised by teachers, parents and a section of policy-makers who were uncomfortable with the content of the curriculum that addressed sexuality education. They raised questions about the overall need for comprehensive sexuality education (CSE) in India. Around 78 per cent of young people below 20 years of age did not know how to practise safe sex and 73 per cent of young girls in India had misconceptions about HIV transmission.²⁹ The absence of comprehensive sexuality education implies that a significant number of young people in India reach young adulthood, a time when they are expected to largely make their own decisions regarding their sexuality, without the complete set of the tools or information to in an effectual manner.

"In villages girls also have multiple sexual partners. The difference is just that girls talk less about these issues everyone talks about boys. But girls are at just as much at risk as boys are."

Female, 20 year old, Mau, Peer Educator, Uttar Pradesh (Spoken in Hindi and translated into English)

To address this, and to complement government-led actions that were already being implemented, The YP Foundation (TYPF)³⁰ has been implementing the Know Your Body, Know Your Rights (KYBKYP)³¹ programme.³² TYPF is an organization that is run and led by young people. It supports and enables young people in communities to create programmes and influence policies in the areas of gender, sexuality, health, education, the arts and governance. The KYBKYP programme aims to empower young people to make informed decisions about their bodies and their lives. It started by training young people as peer educators on HIV prevention, but shifted in 2004 to situate HIV within a framework of comprehensive sexuality education and sexual

and reproductive rights, in response to growing recognition that effective programming needs to address the stigma and silence associated with sex and sexuality in young people's lives.

Peer educators aged from 18-24 years are trained over a four to six month period and conduct a series of workshops with young people from schools and colleges, as well as in out-of-school communities in the states of Delhi, Haryana, Maharashtra and Uttar Pradesh. The model encourages frank and non-judgemental discussion of issues related to young people's bodies, health, sexuality and rights. It communicates evidence-based, scientifically correct information in a safe, fun and non-intimidating way. The YP Foundation has since trained more than 3,500 peer educators, over 50 per cent of whom are young women between the ages of 15 and 25. There is a conscious focus on empowering the agency of women and girls and the programme has reached more than 300,000 young people. Over the course of seven years, the programme has been evaluated using structured qualitative tools. Feedback shows that the majority of adolescents and young people ask for evidence-based information about how to negotiate and understand consent, safe sex, relationships, contraceptive care (condoms as well as alternate contraceptive commodities they can access) as well as sexuality, identity and self-esteem. This has often indicated the need for comprehensive information rather than piecemeal inputs.

Comfort and confidentiality are key issues for young people to be able to discuss their concerns regarding relationships, consent and negotiation and they ask for spaces where they can both speak together, as well

²⁸ The Adolescence Education Programme (AEP) is a key policy initiative of NACP II. The Ministry of Human Resource Development and NACO collaborated to develop this school-based programme that is implemented across 144,409 secondary and senior secondary schools with the objective of reaching out to about 33 million students within two years in India. The AEP is implemented by the Department of Education in collaboration with the State AIDS Prevention and Control Societies.

²⁹ See www.nacoonline.org for more information.

³⁰ See www.theypfoundation.org for more information.

³¹ See www.knowyourbodyknowyourrights.com for more information.

³² The programme has been supported by civil society organizations CREA (National), Akshara (Maharashtra), Sahayog (Uttar Pradesh) along with agencies including UNESCO India, IPPF, Plan India, the John D. and Catherine T. MacArthur Foundation and International Women's Health Coalition.

“Meeting you, I feel good. You are young, yet you’re here, talking about all these issues, taking the time to listen to us and understand what we want. I want to go back to my village and spread this awareness the elders won’t take me seriously, but I will try to enlist the help of people my age, who can understand and relate to these issues.”

Female, 17 years old, Uttar Pradesh
(Spoken in Hindi and translated into English)

as for separate spaces where they can discuss gender-based concerns. Queries regarding understanding anatomy, masturbation, menstruation, nocturnal emission (for boys), challenging societal conceptions of feminine and masculine behaviour, understanding pleasure and safe sex as well as how to identify as well as to address different forms of violence are common questions that come from adolescents and young people.

A key topic of discussion, reflective also of concerns among the age group that participate in the programme, are questions of defining and understanding diverse gender identities. Many young people do not assume the framework of heterosexuality, and through the course of the workshop express a variety of identities,

including many who identify as lesbian, gay, bisexual, transgender or queer (LGBTQ). The programme does not presume a normative framework of gender identity. It focuses on helping adolescents and young people to clarify their questions, and reinforcing for them, a secure safe space where they can ask questions without any ‘fear, guilt or shame that we will be judged by adults who don’t want to discuss these topics’.³³ Conversations about ‘how to speak at home’ about issues of identity and sexuality, as well as how to negotiate these in the contexts of fundamentalism, religious opposition and caste frame a key part of workshop discussions, with young people brainstorming and sharing experiences with each other. One of our critical challenges has been addressing the increasing demand and lack of gender-sensitive, confidential and cost-effective, youth-friendly health services as a result of the workshops. Many young people do not have the mobility needed to reach these services and their access to reproductive healthcare remains controlled by an adult responsible for them.

In response to the growing absence of young people’s qualitative participation in policy processes that impact on their access to sexuality education, the programme started a series of dialogue forums in 2006. These are structured to bring together policy-makers, government officials and young people from diverse constituencies, reflecting the need to create sustainable, systemic change in young people’s participation in policy and governance processes. The programme also took steps to develop the capacities of young people, to enable them to contribute fully to policy dialogue on issues affecting their health and rights. Building on this, a youth-led campaign was launched in 2010, to encourage young people to articulate their needs and advocate for access to comprehensive sexuality education and build stronger political will towards the same. The campaign has brought together the voices of more than 5,000 young people, including through hosting youth-led consultations on comprehensive sexuality education curricula and strategies of operationalizing the same in communities in a number of states in the country across 2010–2011.

From 2011–2013, the programme is advocating for the implementation of CSE in three states, Uttar Pradesh, National Capital Region (NCR) and Maharashtra, with key policy-makers at state and national-level. They will engage 300 youth leaders from 18 states across the country, who work at local community levels with their peers to address issues of gender, sexuality, health and rights. The

“I want to know about my body and relationships and how to protect myself. A girl I know was drugged and picked up at night, and I haven’t seen her since. I think it is important for me to understand and know how I can protect myself and my sisters and friends who are girls.”

Female, 12 years old, Delhi
(Spoken in Hindi and translated into English)

³³ A 16-year-old male, Focus Group Discussion, KYBKRYR (2010) when asked how he would like to receive information and what kind of information he would want on sexuality, gender, health and rights.

aim is to increase young people's participation in policy dialogue, build their capacities to address stigma and discrimination regarding issues of sexuality education to build support in their communities and provide policymakers with direct feedback on young people's needs and priorities in implementing the same.

Engaging young people in processes of advocacy, as well as awareness building and knowledge-sharing is built on a Theory of Change model³⁴ that engages a high level of partnerships with multiple stakeholders at local, state and national levels.

Many young people feel that the lack of a pro-active comprehensive sexuality education programme that can effectively reach them in their contexts further perpetuates a culture of stigma, silence and taboo in communities. Young people do not stop asking questions in this context, but begin looking for alternative sources of information and support, which are often unreliable and unsafe. The misconception that young people cannot be trusted to exercise informed decision-making (resulting often in the absence of providing evidence-based information) needs to be challenged. The experience of the KYBK YR programme is increasingly demonstrating that young people can, need and above all want to play an active role in comprehensive sexuality education and in advocating with policymakers to promote and protect the quality of their health and lives.

"Teachers are meant to answer questions. They must be informed and able to do the same. If they don't tell us about our body, we won't get that information from anywhere else, or we'll get incorrect information. They must be able to answer questions from both sexes. This is important information, it concerns our daily lives."

Male, 14 years old, Mau, Uttar Pradesh

"One teacher asked me to leave his class because I questioned him on anatomy."

Male, 19 years old, Mayapuri, Dwarka, National Capital Region (NCR)
(Spoken in Hindi and translated into English)

"You can tell the government as much as you like, that sexually active relationships exist amongst young people, that sexuality education is needed. But no one is ready to listen. They say yes, yes, we know that. Well, if you are know of this [sic], then in our programmes and curriculums, why is nothing happening on this issue? The government is not in the habit of listening to people at the community level."

Male, 20 years old, Peer Educator, Maharashtra
(Spoken in Marathi and translated into English, in the context of being able to communicate effectively with local district government officials)

³⁴ A monitoring and evaluation planning tool that is used to build consensus on process, participation and outcomes among larger groups of stakeholders.



“Many say our adolescents don’t have sex. The truth is that many youth in India do engage in pre-marital sex, and where it happens, it is mostly unsafe and sometimes unwanted. It is our responsibility to ensure that, when pre-marital sex takes place, it is informed, safe and wanted. Definitely, we need to impart sexuality education – in the school, outside the school, for youth from an early age. It matters because youth exposed to such education are more likely than others to delay initiation and adopt safe practices. Our youth also clamour for such education; in a recent sub-national study of young people, we found that 80 per cent of young people in the country are in favour of sexuality education.”

Dr K.G. Santhya, Associate, Population Council, India



4. UNDERSTANDING GENDER WITHIN THE SCHOOL ENVIRONMENT

UNDERSTANDING GENDER WITHIN THE SCHOOL ENVIRONMENT

Girls and boys learn about gendered attitudes, roles, expectations and behaviours at school as well as at home. The school environment can be a force for social change, or it can reinforce prevailing gender norms. The extent to which the school environment promotes gender equality also has an impact on school retention in school and pupils' educational performance. Efforts need to go beyond improving gender parity in school enrolment, to also ensure that gender equality is advanced by the curriculum, by teaching methods and by the school environment.

Policies need to encourage schools to become gender transformative and safe environments that seek to transform gender roles and to create more gender-equitable norms, by challenging the underlying conditions that cause gender inequalities and by tackling sexual harassment and gender-based violence. Implementing such policies requires improved awareness, better training for teachers and strong school leadership.

Establishing a gender-safe school environment can therefore be a key step to ensuring access and achievement for all learners, while also promoting a better understanding of gender equality among learners. Programmes such as UNICEF's child-friendly school promote quality education for every girl and boy in a safe environment (UNICEF, 2009b).

More specifically, policies need to ensure that all aspects of education incorporate a gender perspective. As the case study examples below illustrate, a number of countries in Latin America have taken steps to ensure that gender issues are taught within a wider framework of human rights and responsibilities. This reflects political commitment to implementing comprehensive sexuality education, set out in an historic declaration signed by health and education ministers from Latin America and the Caribbean in Mexico City in August 2008.

Education also needs to address gender equality from the perspective of sexual diversity. In the August 2008 declaration, ministers acknowledged that "... diversity in sexual orientation and identities, when associated with risk factors, can create situations of increased vulnerability to HIV/STI infection".

Issues concerning lesbian, gay, bisexual and transgender people, in particular human rights and the prevention of discrimination, homophobia and bullying, are not consistently included in school policies or sexuality education. The UK and Brazil, featured as examples below, are among the few countries that have taken a policy stand on homophobia in schools. Homophobic bullying and abuse of transgendered people is a form of gender-based violence and those suffering from physical and psychological violence are much less likely to finish school, which in turn establishes a cycle of marginalization, limited opportunities and increased risk of HIV.

Non-governmental organizations can catalyse action in schools. The Gender Equity Movement in Schools, featured below, has supported a programme in schools in Mumbai, India that aims to challenge stereotypes about men and women and to change students' attitudes through participatory activities and school campaigns. Having demonstrated positive results, the programme is now being taken up by other schools in Mumbai.

4.1 Incorporating gender perspectives in schools in Latin America

by *Mary Guinn Delaney, UNESCO, Chile*

Efforts to incorporate gender perspectives into education have tended to focus on empowering young women and girls to develop more equal relationships with men, as well as building their capacity to negotiate sexual relationships, including decisions about contraception and condom use. However, this reinforces the idea that it is only women who are responsible for reproduction and family planning. In Latin America,³⁵ a number of countries are implementing initiatives to ensure that schools, and comprehensive sexuality education in particular, incorporate a broader gender perspective and address sexuality and gender equity within a wider framework of human rights and responsibilities.

COLOMBIA

Gender has been a central component of educational policies in Colombia since 1994, and has included diversity issues since 2003. Gender perspectives have been incorporated in early childhood education, school health and strategies for rural schools. Although there are specialised educational programmes for Colombians of African descent, indigenous groups and bilingual populations, educational policies around sexual orientation, race, ethnicity, class and social exclusion need to be translated into positive action for the elimination of prejudice at school. Efforts to use sexuality education as a fundamental component of citizenship-building and competency-based civil education have also been part of the Ministry of Social Protection's approach, and gender equity features strongly in these strategies.³⁶

GUATEMALA

The Comprehensive Sexuality Education and Violence Prevention Programme in Guatemala is contextualised within a human rights framework. The programme focuses on gender equity and ethnicity, in keeping with national legal frameworks and curriculum content. Programme management aims to bring together activities related to curriculum, teacher training, formal and informal settings, monitoring and evaluation and quality certification. The programme is being piloted in six socially and culturally diverse regions of the country, to develop and validate tools and approaches that consider multicultural diversity and context.³⁷

MEXICO

Together with the Federal Administration of Educational Services for the Federal District, and as part of the 2006 secondary education reform process, the Ministry of Education in Mexico developed a curriculum for the course Sexuality and Gender: Scenarios for Life Planning.³⁸ This seeks to provide a holistic view of sexuality and gender, to reduce inequalities between social groups and to promote civic culture by empowering students with the attitudes and values to participate in all areas of life. The comprehensive curriculum covers sexual health and rights, equality between men and women, responsibility for reproduction, pleasure, social skills and family communication. It also addresses the importance of respect for diversity and the need to avoid discrimination, sexual abuse, racist and sexist attitudes and to eliminate violence. A course for teachers, Building Gender Equity in School, has also been developed by the National Women's Institute. It aims to ensure that teachers can identify gender stereotypes and have the skills to promote gender equity, as well as to identify creative ways to eliminate sexism and gender stereotypes.³⁹

URUGUAY

With support from UNFPA, the National Public Education Administration in Uruguay has incorporated comprehensive sexuality education in the formal education system.⁴⁰ This aims to encourage students to reflect on the roles of women and men in a framework of human rights and gender equity, and to encourage respect and equality in relationships. In addition, the organization EspacioSalud has developed a sexual and reproductive health programme that takes a gender perspective. It facilitates discussion on sexuality and reproduction linked to a historical, social and political context and also addresses gender equity, incorporating topics such as gender and education, masculinity, feminism, social vulnerability, diversity and domestic violence.

³⁵ See http://data.unaids.org/pub/BaseDocument/2008/20080801_ministerdeclaration_en.pdf for more details.

³⁶ Colombia. Ministry of Social Protection. Programa de Educación para la Sexualidad y Construcción de Ciudadanía. See www.minproteccionsocial.gov.co for more information.

³⁷ See <http://educacion-nosexista.org/repo/oficioespaol.pdf> for more details.

³⁸ See http://www.reformasecundaria.sep.gob.mx/asignaturaestatal/campo2/educacionsexual/DF_Sexualidad_y_genero.pdf for more details.

³⁹ See http://cedoc.inmujeres.gob.mx/documentos_download/100601.pdf for more details.

⁴⁰ See www.espaciosalud.org for more details.

4.2 Creating gender-safe schools: A toolkit for teachers' unions and educators

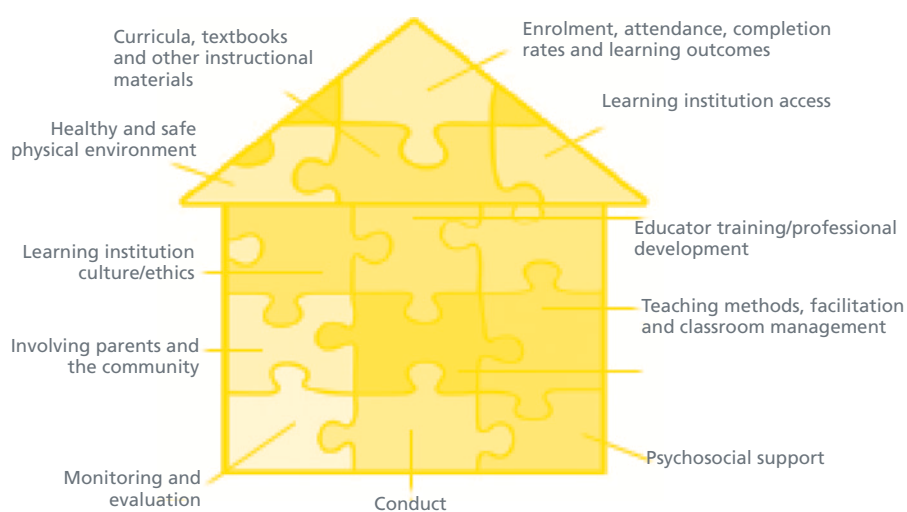
by *Mor Mbuenge, COSSEL/EPT-SIDA,⁴¹ Senegal*

Schools have a profound influence on how young people develop their gender identity and what they learn about gender roles. Wider social norms that underlie inequalities between men and women are often reinforced in the school environment. This limits girls' participation, choices and educational attainment, as well as perpetuating negative gender stereotypes and gender-based violence. However, schools can also be places where prevailing gender roles and norms are challenged, and teachers play a central role in facilitating change and promoting positive attitudes and healthy gender identities.

Education International, the Education Development Center and WHO have developed a toolkit⁴² to help teachers' unions create a gender-equal and gender-safe environment in educational institutions for learners of all ages. The aim is to challenge and change gender inequalities, so that girls and boys can develop a healthy gender identity and have equal opportunities to complete a quality basic education. The kit is being used by union leaders and educators in the EFAIDS programme in 35 countries around the world.⁴³ Achieving gender equality means addressing all areas of the school environment (see Figure 4.1), both in terms of challenging negative stereotypes and promoting positive changes. Key areas that need to be addressed include:

- access to the learning institution
- physical environment
- culture of the school
- curriculum and resource materials
- teaching and assessment practices
- counselling and support services
- policies and rules
- connections with parents and the community
- procedures for monitoring progress toward gender equality.

Figure 4.1
Components of a learning institution that promotes gender equity and equality



⁴¹ Comité Sénégalais des Syndicats de l'Enseignement pour la Lutte pour l'Education Pour Tous et contre le SIDA.

⁴² Education International and EDC, 2007. "Building a gender friendly school environment".

⁴³ Launched in January 2006, the new EFAIDS Programme is an initiative of Education International (EI) and its partners WHO and EDC (Education Development Center). It combines the efforts of teachers' unions in advocating for Education for All (EFA) at national level with their commitment to HIV/AIDS prevention in schools locally. The programme is essentially a fusion of two previously separate initiatives: namely, the HIV/AIDS Prevention Programme and the EFA programme.

The toolkit includes an ‘audit framework’, which can be used to analyse the strengths and weaknesses of a learning institutions at all levels of the education system. This audit framework has been used in Senegal by COSSEL, the committee that brings together all five teachers’ unions in the country. With permission from the Ministry of Education, COSSEL worked with the head teachers of 278 schools in 10 regions to undertake a gender audit of each school. The aim of the study was to develop a clear picture of gender equality in schools across the country. While national level investments in training on gender and violence had been made, this training had not been rolled out to head teachers and teachers in the regions of the country and there were still reports of significant challenges around gender and violence. The audit collected data on education access and retention, on how gender-safe schools were and on key issues that needed to be addressed.

Using the gender audit tool in the toolkit allowed COSSEL to support head teachers to examine each of the key areas listed above. The audit experienced problems in collecting accurate data on school attendance and retention, mainly due to limited information systems. In schools where attendance data was recorded, it was often not disaggregated by sex. Lack of training was identified as a major challenge and COSSEL has subsequently delivered a range of training sessions for head teachers and teachers in the 10 regions. The audit found that there is still a long way to go to achieve equality in education between girls and boys and that social resistance is the most significant obstacle to gender equality in education, requiring concerted action beyond that which can be taken by teachers and teachers’ unions.

BOX 4.1

CHECKLIST FOR MONITORING GENDER EQUALITY IN SCHOOLS

In the classroom and the school environment

- Do teachers examine their assumptions about the classroom behaviour, skills and achievements, future employment and life options of boys and girls?
- Are the contributions and achievements of females and males equally valued?
- How much teacher time do girls receive in comparison with boys?
- Are there positive female role models in the school structure and environment?
- Are approaches designed to improve girls’ self image and self-esteem?
- Are strategies in place to help boys develop more positive attitudes towards girls?
- Do subject areas give equal recognition to the contributions made by women?
- Does the curriculum include exploring gender images portrayed by the media?

In teaching and learning materials

- Assess the use of non-sexist words and phrases.
- Count the number of leading characters who are men and who are women.
- Count the total number of people who are men and who are women.
- Count the number of empowering references or illustrations of women and girls at home, in the workplace, in the community; as independent, self-confident, assertive; in leadership positions; as decision-makers.
- Look at the use of non-traditional references or illustrations of men in the home, workplace and community; as nurturing, sharing, respectful partners and parents; in caring roles; in promoting positive change among their peers.

Source: UNESCO Good Policy and Practice in HIV and Education. Booklet 5: Effective learning, 2005.

4.3 Changing attitudes to gender roles through schools in India

by *Ellen Weiss*,⁴⁴ *Pranita Achyut*, *Nandita Bhatla* and *Ravi Verma*⁴⁵
International Center for Research on Women (ICRW)

Schools are uniquely placed to influence children's understanding and views of gender equality. However, as noted in the case study example above, more often than not, schools reinforce gender stereotypes and do little to challenge norms that contribute to girls and women having less worth, fewer opportunities and less decision-making power than boys and men. To address this, the International Center for Research on Women worked in partnership with the Committee of Resource Organisations for Literacy and the Tata Institute for Social Sciences to develop and test a programme for students aged 12-14 called the Gender Equity Movement in Schools (GEMS).⁴⁶

Launched in public schools in Mumbai, India in 2008, GEMS champions equal relationships between girls and boys, analyses norms that define men's and women's roles in society, and addresses different forms of violence and ways to intervene. GEMS students also learn about how their bodies change during puberty and what makes a healthy relationship. GEMS centres on a series of group activities involving games, debates, role-plays and discussions, conducted by adult facilitators. GEMS also includes a school-wide campaign, which consists of a week-long series of events led by students on the programme's main themes.

To assess the impact of GEMS, researchers collected data before and after the programme from students in Grades 6 and 7 at 45 schools: 15 schools took part in the group activities and campaign; 15 only did the campaign and another 15 schools served as a control group. In addition, the researchers developed a scale to measure students' attitudes towards gender equality. Students were asked if they agreed or disagreed or were not sure about statements such as: 'Only men should work outside the home'; 'Girls cannot do well in maths and science'; and 'There are times when a woman deserves to be beaten'. After six months of participating in the programme, whether in the combined intervention or just the campaign:

"Because of the classroom sessions we got to know many things such as harassment of girls should be stopped, boys should understand girls' feelings and girls should oppose violence."

- The proportion of boys and girls who had the highest gender equality scores more than doubled – a significantly greater increase than in the control group. For girls, the combined intervention was more effective than the campaign alone.
- The greatest change in attitudes, among boys and girls, related to the traditional roles of men and women. For example, a higher percentage of students disagreed with notions that only mothers can bathe or feed children and that men need more care because they work harder than women.
- The girls in particular voiced strong disagreement with the statement: 'A woman should tolerate violence in order to keep her family together'.
- The participating students were more supportive of girls pursuing higher education and marrying later in life, and of boys and men contributing to household work.
- The improvement in attitudes also resulted in positive changes in behaviour. Most commonly, boys reported that they did more household chores and stopped teasing girls, while girls said they better understood boys and spoke out against gender discrimination, as the following comments illustrate.

⁴⁴ United States

⁴⁵ India

⁴⁶ See <http://www.icrw.org/publications/building-support-gender-equality-among-young-adolescents-school> for more details.

GEMS resonated with students because the issues were relevant to their lives. The facilitators encouraged students to challenge stereotypical ideas about men and women, which allowed them to look at their world differently. Use of participatory methods made the process of reflection fun and differed from the usual approach to teaching where students are expected to listen and do not debate topics with teachers.

The GEMS experience shows that it is possible to stimulate discussion on gender equality in a traditionally hierarchical setting and to make a positive difference to students' attitudes and behaviours. GEMS is being scaled up to 250 schools in Mumbai, reaching 80,000 students, and teachers are being trained to facilitate GEMS as part of the school curriculum, to ensure that the programme is institutionalised and sustained.

"I never worked at home before ... I used to think that boys should only do outdoor chores. Now I think that they should help women and work with them [at home]."



4.4 Sexual diversity education and homophobia in Latin American schools

by *Peter Dankmeijer, Global Alliance for LGBT Education, The Netherlands*

The Global Alliance for LGBT Education (GALE)⁴⁷ is working to mainstream sexual diversity education in schools in Latin America. The aim is to promote the human rights of lesbian, gay, bisexual and transgender (LGBT) students and to challenge stigma and bullying experienced by students because of their sexual orientation. GALE is supporting two projects. The first is linked to the existing School Without Homophobia project in Brazil.⁴⁸ The second is a three-year pilot project in three schools in Chile, Colombia and Peru. GALE has also promoted dialogue between education ministries, local authorities and UNESCO, to raise awareness of the need to protect all students from social exclusion, unequal treatment, stigma and violence. In 2011, GALE published an international toolkit⁴⁹ to help other organizations to develop similar strategies, projects and interventions.

Project planning was based on consultation with local organizations, an expert meeting, a survey and an assessment of the context, needs and existing interventions.⁵⁰ The findings showed that growing acknowledgement of LGBT rights and the enactment of protective laws have not yet had a positive influence in educational settings. There are elements in both Catholic and evangelical communities in Latin America that oppose non-conforming gender behaviour and as a result, may fail to protect LGBT students and educators from discrimination. Gender norms in Latin America also influence the attitudes of teachers and students. These norms place a high value on masculinity and 'machismo', which devalues women and effeminate men and contributes to homophobic bullying and hate crime.

The School Without Homophobia project was initiated by the Brazilian government in partnership with civil society organizations, in response to UNESCO research on youth sexuality in 14 cities, which found high levels of homophobia (Castro *et al.*, 2004). A national think-tank was established to review the national strategy and developed a work plan; the think-tank comprised ministries, civil society and UN agency representatives, with support from GALE. Planned activities include training of teachers, development of educational materials and dialogue between local authorities and LGBT groups to ensure successful project implementation. The project has produced educational materials, including videos, to facilitate discussion between teachers and students about LGBT issues. However, the project has encountered opposition from religious communities, and the government is negotiating next steps with the Ministry of Education and stakeholders in the community.

The pilot project in Chile, Colombia and Peru is working in one school in each country. A needs assessment and focus group discussions were conducted to find out what students think about sexuality and LGBT issues. The findings showed that sex education reinforces traditional gender roles as well as focusing on biological reproduction and confirmed the influence of the Catholic Church and of stereotypes about how men and women should behave.

The following comments illustrate the extent of prejudiced images:

"LGBT are sick."

"Gays are like women, they take good care of their bodies and are fashionable."

"Gays are good friends."

"Gay is OK but don't touch me."

"Gay = cross-dressing."

"Travesti = crazy gays who cross-dress."

⁴⁷ See <http://www.lgbt-education.info> for more details.

⁴⁸ See <http://www.inclusive.org.br/?p=18368> for more details.

⁴⁹ See http://www.lgbt-education.info/en/news/global_association/news?id=503 for more details.

⁵⁰ See http://www.lgbt-education.info/en/quick_scan for more details.

Responses also highlighted how these prejudices affect LGBT students. Some commented that LGBT can exist, but it is better to hide it or be careful, while others reported that there is tolerance, as long as LGBT keep to their own world. In one pilot school, a boy who was seen to be effeminate was constantly bullied. While lesbian and gay students are visible to some extent, bisexual and transgender students are not. Teachers were also found to have similar prejudices as their students and did not know how to deal with sexual diversity or with violence in school, although some did want to teach students so that they were better informed about sexuality. To address the images that young people have about gender and same-sex attraction, the project is developing an educational video, which will be used by trained teachers to start discussions on these issues.

The work of GALE highlights the need to challenge widespread and deep-rooted attitudes and prejudices among teachers and students about gender and sexual diversity and to intensify efforts to promote equality and rights in schools and wider society.

BOX 4.2 **TACKLING HOMOPHOBIA IN UK SCHOOLS**

Action has been taken in primary and secondary schools in the UK using a ‘whole school approach’ by a three-year project to tackle homophobia in schools funded by the Paul Hamlyn Foundation* and implemented in partnership with Stonewall, No Outsiders and other organizations. The approach includes:

- zero tolerance of homophobic language,
- starting in primary schools when children are beginning to develop attitudes and assumptions and work on homophobia within an ethos of an inclusive school that celebrates difference,
- commitment and support from senior leadership and head teachers is essential,
- identifying a champion within the school to motivate all staff to tackle homophobia,
- providing training for all staff including non-teaching staff,
- ensuring schools have access to high-quality resources that fit within the curriculum,
- working within the context of promoting equality and inclusion and challenging bullying and discrimination,
- linking to work on healthy schools, community cohesion and promoting good relations,
- promoting awareness of the impact of discrimination and stereotyping, but also highlighting the positive aspects of the lives and experience of LGBT people.

The UK Department for Children, Schools and Families issued a policy on homophobia in schools in 2006.

* See <http://www.phf.org.uk/> for more details.



5. STRENGTHENING SCHOOL CURRICULA AND HIV AND SEXUALITY EDUCATION

STRENGTHENING SCHOOL CURRICULA AND HIV AND SEXUALITY EDUCATION

Children and young people have the right to information; this should include information about sexuality, including sexual and reproductive health and how to protect themselves from HIV. Globally, while knowledge about HIV and safer sexual behaviour among young people has improved, only 34 per cent of young people have comprehensive and accurate knowledge of HIV (UNAIDS, 2010a).

The education sector is central to educating children and young people about sexuality and HIV, to build the skills required to make healthy life choices, and to address wider issues such as human rights and gender equality. In this way the education sector can combine its unique position in reaching a large number of children and young people in a formal environment, with some lessons from community-based approaches to deliver education programmes that have a long-term transformational effect on gender equality, on challenging harmful gender norms and the development of healthy behaviour in relation to sexuality and sexual health.

Political commitment, leadership and policy dialogue are required to promote acceptance of the evidence and to build commitment to comprehensive sexuality education among decision-makers, educators and parents.

UNESCO has developed voluntary guidance, in partnership with UNAIDS, UNFPA, UNICEF and WHO, and is supporting countries to implement age-specific comprehensive HIV and sexuality education (UNESCO *et al.*, 2009).

This section provides examples of action taken in a range of countries to ensure that the curriculum encompasses comprehensive sexuality education and some policy recommendations related to cost-effectiveness, curriculum planning and the contents of teaching and learning materials. As the experience of Estonia (described in the discussion paper below) shows, comprehensive sexuality education in schools that addresses relationships, gender norms and inequality, pregnancy, STI, same sex relationships, human rights, stigma and discrimination can have a significant impact on HIV, STI and other sexual and reproductive health indicators in young people. The most cost-effective programmes are those delivered within the school curriculum rather than as an optional extra.

Effective HIV and sexuality education requires teachers with the appropriate knowledge, attitudes and skills. More attention must be paid to ensuring that pre-service training provides teachers with the requisite knowledge and skills and to assessing how teachers are delivering comprehensive HIV and sexuality education and addressing the reasons for poor delivery. Experience in West Africa, shows that it is essential to address prevailing gender norms among curriculum development personnel before developing new curricula.

Accompanying educational materials are also critical to successful sexuality education. Revising textbooks to portray women and girls more equitably remains a challenge; as the case study from China shows, pictures as well as words are important in promoting gender equality.

5.1 DISCUSSION PAPER

The impact of school sexuality education in Estonia

by *Evert Ketting, Radboud University Nijmegen, The Netherlands*
Kai Part and Kai Haldre, University of Tartu, Estonia

The introduction of nationwide, school-based sexuality education and Youth Counselling Centres in Estonia has contributed to significant improvements in adolescent sexual and reproductive health (Kivela *et al.*, 2011).⁵¹ After regaining independence in 1991, Estonia adopted democratic rule, changed to a free market system, became a member of the European Union, and made a number of other fundamental changes. The health system went through a process of major reform, replacing a supply-driven system with one that was demand-driven, and establishing a national health insurance system. There were also major changes in legislation and the policy environment. Family planning commodities became more widely available for women; homosexuality was decriminalised; and sex discrimination legislation was introduced and enforced. Open debate about issues such as gender-based violence and sex work became possible. Gender issues have received greater attention as a result of the advocacy and research activities of women's groups and organizations such as the Centre for Women's Studies.

Another major change was the development of a completely new school curriculum. This provided the opportunity to include sexuality education, which was introduced as a mandatory subject in the curriculum in 1996. Teachers were trained to deliver the new curriculum, including sexuality education. Newly-created NGOs, including the Estonian Family Planning Association (now the Estonian Sexual Health Association), played a leading role in developing school sexuality education and creating a network of youth-friendly sexual health services called Youth Counselling Centres.

ESTABLISHMENT OF SEXUALITY EDUCATION AND YOUTH HEALTH SERVICES

The 1996 national curriculum for basic schools and gymnasiums⁵² defined minimum education standards. This included Human and Civil Studies, which covered sexuality education. In 2002, this was changed to Human Studies, which aims 'to develop holistic personality, promote general humanistic values and social competence'. The Human Studies course includes 35 lessons a year in Grades 5-7, when students are between the ages of 12 and 15. Approximately 20 per cent of the course focuses on sexuality, although other elements (for example, communication, assertiveness, problem-solving and conflict management) are included in the curriculum and are also an important component of supporting young people to develop healthy and equal relationships. Issues such as HIV, STI and pregnancy are integrated across the lessons. The course also includes physical aspects of human reproduction, although in some schools this is covered as part of the biology curriculum. The essential characteristics of the course are:

- **Holistic.** All aspects of human relationships and sexuality are included and no topics are deliberately left out.
- **Positive.** Human sexuality is considered primarily as a source of personal growth and happiness rather than as risky or dangerous, although prevention is included. For example, there are lessons on 'first romantic relationships' and on 'happiness'.
- **Integrated.** Sexuality is not dealt with as a separate issue, but as one aspect of growth to adulthood, together with healthy lifestyle, nutrition and physical activity. There is a focus on building general life skills to cope with changes and challenges during adolescence, of which sexuality is only one.

⁵¹ In the Estonia study, the results of 12 population-based studies conducted during the past two decades were analysed and supplemented by the results of other relevant publications. Sexual and reproductive health outcome indicators (e.g. adolescent abortion and birth rates) were taken from national health registries, based on mandatory reporting by all health institutions.

⁵² Secondary education institutions.

- **Age adapted.** Topics are selected and taught in a manner that is appropriate to the students' age and stage of development.
- **Interactive.** Teachers are encouraged to use a variety of educational tools and methods, aimed at actively involving pupils.
- **Knowledge and values, attitudes and skills.** The aim is to develop a 'holistic personality', which requires much more just than transfer of knowledge.
- **Concentric.** The topics are repeated in different grades, allowing the gradual introduction of more in-depth discussion.

Gender equity is addressed in the more recent version of the human studies curriculum, and, since 2005, teachers have also received training on gender-sensitive sexuality education. Sexual violence and abuse is dealt with in the curriculum in topics including 'conflict resolution' and 'communication'. As yet there is limited data to indicate impact on gender equity or sexual violence.

Youth Counselling Centres (YCCs) were initiated by the Estonian Sexual Health Association in the early 1990s and, since 2005, 20 centres have opened around the country. YCC services are free of charge for young people under 25 and include HIV/STI screening and STI treatment, counselling, and contraceptive follow-up. Internet counselling is also provided by specialists through the Estonian Sexual Health Association website.

At the start, YCCs developed close contacts with schools, with the intention of providing sexuality education for young people until school-based sexuality education was fully established. However, even though sexuality education is now taught in almost all schools, there is still a demand for YCC activities, as well as for support to teachers in using interactive methods and handling 'difficult' topics. Educational activities are usually organised at YCC premises, so that students know where to come for more information or for individual counselling. It is estimated that approximately 40 per cent of adolescents come to YCCs for sexuality education activities at some point.

IMPACT ON ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

In 1991, sexual and reproductive health indicators in Estonia were far worse than those in Western European countries. As in other former communist countries in the region, this reflected a poorly developed system of family planning and other sexual health services and a lack of sexual health information and education. In the mid-1990s, STI rates increased (Gromyko, 1996), and in about 2000, there was a significant increase in new HIV cases. Since then, there have been dramatic declines in STIs and HIV rates.⁵³ Pregnancy related indicators started to improve earlier. The following summarizes trends in these indicators, overall and specifically in young people (aged 15-24).

- **HIV.** New cases of HIV declined between 2001-2010, with a 95.5 per cent decrease among young people.
- **STI.** Significant decline in STIs since a high during mid-1990s, decline especially among young people (e.g. gonorrhoea cases decreased from 3,535 in 1993 to 127 in 2009).
- **Pregnancy and abortion.** Pregnancy and abortion rates in young women have also decreased, with the most significant declines occurring between 1992 and 2001. The decline has been less dramatic since 2001, although between 2001 and 2009 the birth rate decreased by a further 13.3 per cent and the abortion rate by a further 30.1 per cent in the 15-24 age group.

The immediate cause of the declines in incidence of STI and HIV and in pregnancy and abortion rates has been a significant increase in condom use, as well as in the use of modern family planning methods. Global Fund support, which began in 2003-2004, helped to strengthen HIV prevention education and condom promotion. This, together with the efforts of national authorities, schools, YCCs and organizations such as the Estonian

⁵³ These declines do not reflect reduced STI and HIV testing; during the past decade, testing for HIV and STI has increased substantially.

BOX 5.1**GENDER IS CENTRAL TO COMPREHENSIVE SEXUALITY EDUCATION**

The International Planned Parenthood Federation framework for comprehensive sexuality education (IPPF, 2010) gives high priority to gender. Gender refers to “the exploration of gender roles and attributes, understanding of the perceptions of masculinity and femininity within the family and through the life cycle, changing norms and values in society, manifestations and consequences of prejudice, stereotypes and inequalities”. The framework also emphasises the need to consider cultural factors that influence gender expectations when planning, implementing and evaluating comprehensive sexuality education programmes.

In Namibia, the curriculum, *My Future is My Choice*, developed by the Namibian government with support from UNICEF, addresses gender-specific activities through discussion activities. In separate groups, boys and girls discuss how puberty affects their bodies, relationships with family and friends, and the way they relate to the opposite sex. The groups are brought together and the teacher facilitates a discussion of gender roles, including questions such as why boys and girls are told different things about sex and relationships.

A number of lessons were learnt from experience of using drama to explore gender perspectives in schools in Mozambique and South Africa (Thorpe, 2005), where adolescent assumptions and beliefs about gender, male and female sexual behaviour, sexual and physical violence, and use of condoms were strongly entrenched. Drama was found to be more effective than didactic methods, which do not encourage students to think for themselves or interact with other students. Skilled facilitation is critical to move groups from awareness of gender dynamics to challenging these dynamics and exploring gender-related dimensions of risk by asking questions such as: Do boys take risks less seriously than girls? Who is responsible in a relationship for making sure you don't take risks?

Girls are less willing to participate or challenge in mixed groups during short sessions, but this can be overcome if sessions are continued over a longer period of time allowing girls to develop confidence and to speak directly to boys about their attitudes and behaviour.

Sexual Health Association, has contributed to the normalization of condom use. By 2008, Estonia had the third highest rate of condom use in Europe among young adolescents (Currie *et al.*, 2008). Following independence, the availability of modern contraceptives increased, as pharmaceutical companies established a presence in the country. However, efforts were needed initially to address myths and misconceptions about contraceptive methods, as well as to convince policymakers that family planning should be provided by the state.

- The proportion of males reporting condom use during first sexual intercourse increased from 14.3 per cent between 1984 and 1988 to 37 per cent between 1996 and 2000 (Leinsalu *et al.*, 1999; Lõhmus and Trummal, 2007). A 2007 study showed that 69.1 per cent of young men and women aged 14-15 years and 75.2 per cent aged 16-18 years had used a condom during their first sexual intercourse (Lõhmus and Trummal, 2007).
- According to a 2004-2005 study, 65.7 per cent of women and 61.3 per cent of men born between 1979 and 1983 had used a modern contraceptive method at first intercourse. These proportions in the 1969–1973 birth cohort (i.e. those born 10 years earlier) were 30.3 per cent and 32.0 per cent, respectively (Katus, 2008).

These decreases in HIV, STI and pregnancy have occurred at the same time as a decrease in the age of sexual debut and, consequently, at the same time as an increase in the proportion of adolescents who are sexually active and thus potentially at risk. The median age at first sex among young women declined from around 20 in the 1970s to 18 in the late 1980s, to around 17 in 2005. This makes the improvements achieved in adolescent sexual and reproductive health all the more impressive.

KEY SUCCESS FACTORS AND ISSUES TO CONSIDER

- **Sexuality education within a wider framework.** The human studies curriculum, and its sexuality education component, is not just about reducing the number of HIV infections or unwanted pregnancies. Its objective is much wider and is based on an underlying philosophy of what is needed for a modern, democratic and humane society. For this reason, there is an explicit focus on developing communication and decision-making skills, respect for others and social competence.
- **Time to establish effective sexuality education.** The experience of Estonia shows that it takes time to establish effective sexuality education in schools. A study in 2004-2005 found that the proportion of women who reported having had sufficient discussions on sexuality-related topics at school was 6.5 per cent among 35-44 year-olds, 51.1 per cent among 18-24 year-olds (i.e. those who became 16 between 1996 and 2002) and 64.4 per cent among 16-17 year-olds (Part *et al.*, 2007). These findings suggest that it took around 10 years – from initial introduction in 1996 until 2005 – for sexuality education to be successfully implemented

BOX 5.2

IT'S ALL ONE CURRICULUM: A PRACTICAL RESOURCE

"It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education"* offers content on topics including gender, sexual health, HIV, sexuality, relationships, communication, intimate-partner violence, puberty, reproduction, contraception, abortion and rights and takes an integrated approach to these topics. Research shows that young people's social context, individual factors and health outcomes are interconnected, so the resource is intended to help educators think about and teach a range of related topics as one curriculum. The ultimate goal is to develop the capacity of young people to enjoy, and advocate for dignity, equality, and responsible, satisfying, and healthy sexual lives. The key characteristics of the curriculum are:

- **Evidence-based:** it builds on curricular standards articulated by global researchers, while also integrating important findings about the links between gender dynamics and sexual health outcomes.
- **Comprehensive:** it includes accurate information about all the topics needed for a comprehensive sexuality education curriculum.
- **Based on core values and human rights:** it promotes principles of fairness, human dignity, equal treatment, opportunities for participation, and human rights for all as the basis for achieving sexual and reproductive health and well-being.
- **Gender-sensitive:** it emphasises the importance of gender equality and the social environment for achieving sexual and reproductive health and overall well-being for both boys and girls.
- **Promotes academic growth and critical thinking:** it fosters thinking necessary for understanding relationships between yourself, others and society and how these relationships affect our lives. Thus, it provides a basis for extending sexuality and HIV education into civics, social studies, and language-arts classrooms.
- **Fosters civic engagement:** it champions the idea that each person matters and can make a positive difference in his or her world. It helps build advocacy skills that are crucial to creating a more just and compassionate society.
- **Culturally appropriate:** it reflects the diverse circumstances and realities of young people.

Source: www.itsallone.org

* *It's All One Curriculum* was written by the International Sexuality and HIV Curriculum Working Group comprised of the following organizations: CREA (India); Girls Power Initiative (Nigeria); International Planned Parenthood Federation, IPPF/Western Hemisphere Region; International Women's Health Coalition; Mexfam (Mexico); Population Council (USA). It is published by the Population Council.

across the country. This is because developing sexuality education is a gradual learning process, as well as requiring time to develop and test educational tools and materials and to train teachers.

- **The importance of reliable data.** Considerable efforts were made in the 1990s to improve data collection, for example on HIV, STI and pregnancy, to ensure the availability of accurate and reliable data. This is critical for planning and for monitoring impact.
- **Time lag before sexuality education has an impact.** In Estonia, there is a time lag between the age of receiving sexuality education (12-15 years) and the age at which young people become sexually active (around 17 years), so changes in behaviour resulting from sexuality education will only occur some years later. As a result, changes in epidemiological indicators could only be expected to be seen in Estonia after 2000, and changes prior to this cannot be attributed to the introduction of sexuality education in schools.
- **Health inequalities.** Estonia has made considerable economic and social progress since 1991. However, some population groups have not benefited from this progress and this is reflected in health inequalities, including disparities in rates of HIV, STI and other sexual and reproductive health indicators. A key lesson for other countries that are likely to follow a similar development trajectory is to ensure that all population groups have equal access to sexuality education and services.

CONCLUSION

The experience of Estonia highlights the important contribution of effective sexuality education to reducing unintended pregnancies and HIV and other STIs in young people and in advancing gender equality. Success depends on the implementation of sexuality education on a national scale, regular updating of the curriculum to ensure that it remains relevant, and the availability of youth-friendly health services. Success also depends on high-level political commitment. Estonia used political change as an opportunity to effect significant social and economic changes, but these are not prerequisites for developing new approaches to HIV and sexuality education or to developing healthy citizens through education.

5.2 Integrating gender and HIV into the national curriculum in Armenia

by *Aleksandr Ter-Hovakimyan, Youth Foundation of Armenia*

HIV prevention education has been delivered in all schools in Armenia since 2010, as part of a wider mandatory element of the curriculum that also covers sexuality, gender and substance abuse. This is partly as a response to low knowledge levels among young people, and increasing rates of new HIV infections in the country.

In 2008, the Ministry of Education and Science adopted a decree on inclusion of a healthy lifestyle component into the national curriculum for Grades 8 and 9, which was extended to become a mandatory part of the curriculum for Grades 10 and 11 in 2010. The Scientific Association of Medical Students of Armenia developed a supporting teacher guide book for the curriculum. The aim is to provide young people with the knowledge and skills required to make responsible choices and avoid risky behaviours. Lessons cover physical and emotional development, reproductive and sexual health, relationships, prevention of HIV and other STIs, and unplanned pregnancy, as well as issues such as gender, human rights, discrimination and trafficking. Gender is addressed across all lessons and there are specific lessons in Grade 10 on gender roles, gender stereotypes, gender-based discrimination, gender-based violence, violence and bullying, and living in harmony. To implement this new compulsory curriculum, the Ministry has taken a number of steps:



- Advocacy to secure political support for the introduction of the healthy lifestyle component into the curriculum, as well as ongoing experimentation with the approach to life skills education.
- Development of the healthy lifestyle lessons by international and national experts.
- Dialogue with teachers and parents to overcome resistance to classroom discussion of sensitive issues, based on concerns that this would encourage young people to start sexual activity. International evidence and development of an age-appropriate curriculum helped to overcome this resistance.
- Training of trainers for in-service training of 1,000 teachers, with support from UNESCO, to address the lack of teachers with the appropriate skills in schools.
- Development of a pre-service training programme for teachers, drawing on international best practice including the International Technical Guidance on Sexuality Education and other UNESCO resources, as in-service training can only cover a limited proportion of teachers and is costly to implement.

5.3 A gender-based approach to curriculum development in West Africa

by *Sandrine Bonnet, UNESCO International Bureau for Education (IBE), Switzerland*

Addressing HIV and sexuality through the school curriculum can contribute to promoting gender equality, empowering women and girls and engaging men and boys in more equal decision-making in relationships, including sexual relationships. An effective HIV and sexuality curriculum: reflects analysis of gender and how this influences attitudes, roles and behaviours; addresses stereotypes, prejudices and myths about men and women; explores factors that increase vulnerability and risk; and promotes confidence, respect and negotiation skills. However, there is often considerable resistance to integrating gender into school curricula, as this process can challenge fundamental beliefs and the way in which society is organised, including the respective power and roles of women and men in the family, at work, in politics and in other spheres. Gender is strongly linked to culture and it is therefore critical to consider gender issues within the wider cultural context.

UNESCO's International Bureau for Education (IBE), through its recent work in support of ministries of education and curriculum development units in a range of countries, has developed a new approach to integrating HIV education into the curriculum. This approach includes a particular focus on gender at all stages of the curriculum development process, to strengthen the capacity and understanding of curriculum developers about gender and its links to HIV. The following describes the process in Cameroon.

Working with education specialists responsible for developing new HIV education curricula, IBE incorporated a gender component into the curriculum development workshops. For most education specialists and officials from the Ministry of Education who participated in the workshops, the concept of gender was relatively new and the gender component helped to ensure that they developed a thorough understanding of gender issues before starting on curriculum development. The component took participants' perspectives and pre-conceptions about gender and gender roles, in the context of Cameroonian culture and traditions, as a starting point. This revealed that many participants viewed gender as an issue that only relates to women and that traditional gender norms were commonplace. However, the workshop process and discussions enabled participants to reflect on these perspectives. By the end of the workshops, participants understood that greater equality between men and women would be beneficial for society as a whole as well as the important role that education can play in challenging gender inequality. This preparatory work was critical before the education specialists started to analyse the curriculum and consider how it needed to be modified.

Following analysis, the curriculum developers decided to take a different approach to integrating a gender-sensitive approach into the primary and secondary school and teacher training curricula. Gender was mainstreamed as a series of topics into the HIV modules in the primary and secondary curricula. Particular attention was paid to the development of images, examples and practical exercises in materials for learners, to ensure that boys and girls were represented in an equal way.

For teacher training, in addition to integrating gender across all modules, a specific module on gender was incorporated into the audiovisual training materials. This 'stand-alone' module will ensure that specific attention is given to gender and that teachers better understand the central role that they play in relation to this subject. The module includes an introduction to gender and a set of exercises for teachers to carry out, to help them to analyse their own gender preconceptions and understand the role of gender inequality in HIV risk and vulnerability. The aim is to provide them with the necessary basic understanding to be able to promote equality between men and women.

5.4 HIV prevention and gender in Chinese sexuality education textbooks

by **Alessandra Aresu**, *Centre for Gender and Violence Research, University of Bristol and Contemporary China Centre, University of Westminster, United Kingdom*

Gender analysis of sexuality education materials for young people in Beijing suggests that textbooks have tended to reinforce traditional gender roles, provide limited information about safer sex, and neglect the HIV prevention needs of non-heterosexual students. However, progress has been made recently, with increased emphasis on providing students with accurate information and gender-sensitive sexuality education.

Sex education was formally introduced in the secondary school system in China in 1988. HIV prevention education was first included in sexuality education textbooks in the late 1990s. These, and more recent textbooks, provide young people with information about the HIV and AIDS situation in China and cover transmission, symptoms and treatment. School texts have highlighted the importance of HIV prevention and that this is the responsibility of both sexes. Illustrations reinforce this message by portraying girls and boys together when seeking information, medical help and support.

However, these textbooks did not explicitly address the link between HIV and gender, and information about transmission of HIV through sexual intercourse focused on heterosexual sex. Oral sex and anal sex were not always mentioned, and information about HIV prevention for non-heterosexual students was limited. Explicit images were not included because of the belief that this would encourage young people to have sex early.



Image 5.1
Zhang Meimei, 2002.
Understanding Oneself. Pictorial textbook for middle school students, Beijing



Image 5.2
Zhao Jianzhong, 2002. Sexual health guide, junior and senior middle school, Beijing

More recent textbooks have moved on from this conservative approach, reflecting recognition that accurate information is essential to help young people to stay healthy. However, information and images are still framed in terms of reproduction, and HIV prevention information does not adequately address issues such as anal sex.

Textbooks acknowledge that HIV has affected men more than women in China, and this is reinforced by stories and illustrations focusing on men who have become infected through injecting drugs or blood transfusion. However, the increasing number of women infected with HIV in recent years is not well reflected. Women have also been mainly portrayed as the victims of immoral husbands who contract the virus outside the marriage and as vulnerable to HIV infection because of physiological reasons and their lower social status.

In more recent texts, women are described primarily as in need of special protection since HIV can be transmitted from mothers to children during pregnancy and breastfeeding. This approach often implies that girls shoulder a greater responsibility in the prevention of HIV. School textbooks include HIV as one of the negative consequences of premarital sex, and 'saying no' to premarital sex is mentioned as the most appropriate response to HIV for secondary school students. Although messages about abstinence target both female and male students, girls are often considered more predisposed than boys to exercise self-control, to reject premarital sex by 'saying no' to boys and, therefore, to prevent HIV.



Image 5.3
Liu Wenli, 2009.
Cherish your life. Sexual Health Education Textbook for Primary Students, Beijing



Image 5.4
Hu Ping, Chen Yiyun, Hu Wen, 2002,
The door is open, why bother coming through the window? A textbook on teenagers' sexual health, Chengdou: Sichuan renmin chubanshe.

Most textbooks have explicitly disapproved safe sex as an approach to preventing HIV among school students and provide little information about the correct use of condoms (almost exclusively male condoms) except in the context of reproduction. The absence of safer sex in sexuality education ignores the needs of the estimated 10 per cent of Chinese young people who have heterosexual sex and the 2 per cent who have same-sex intercourse before the age of 17 (Pan Suiming and Huang Yingying, 2011).

Gender has recently become a more important issue. At the 4th National Conference on Sexual Health Education in Schools in 2011, several speakers were invited to discuss the importance of a gender-sensitive perspective in teaching HIV prevention and sexuality education. Gender-sensitive sexuality education classes are increasingly included also in training courses for middle school teachers: The Beijing Normal University, for example, is offering such courses with UNESCO support. Most recently, the Ford Foundation has supported gender training for middle school and university teachers in Beijing and has allocated significant funds to encourage local NGOs to make gender central in future HIV prevention and sexuality education projects. However, further efforts will be required to ensure that gender issues are addressed by those responsible for sexuality education in schools.



CONCLUSIONS

CONCLUSION

Achieving an impact on gender equality and HIV will be possible if urgent action is taken to reduce existing inequalities in wealth and education while also investing in longer term social changes in patterns of thinking and behaviour. Education has a key role to play in breaking some of these patterns that have been passed between generations, but this can only be achieved if it is affordable and if every child has access to good quality education. Programmes that address the immediate barriers to school access, the most pervasive of which is poverty, can have an immediate and beneficial effect on access to education and increase the numbers of learners completing basic education. Such initiatives can include ensuring free education, providing cash transfers and increasing safety and sanitation within schools.

However, inequality will not be solved by improving access to education alone. The content and quality of education must also contribute to longer term social changes in the relationships between boys and girls, men and women, and the expectations that society has of them. If schools continue to mirror traditional social patterns where gender inequality and mixed health outcomes are the norm for many young people, there will be no shift. However, if children learn, observe and experience a new social order where equality of opportunity and equality of outcomes are valued for both boys and girls, while also learning the skills and values required to enjoy healthy personal and sexual relationships, then a transformation in school achievement and in gender equality will be possible and will have positive benefits on HIV and sexual health for all young people.

For these shifts to take place, concerted action is required by communities, including young people, to demand the right to education delivered in a safe environment, and their right to effective HIV and sexuality education. The education sector and its partners will need to meet these demands and there are numerous examples in this volume of action already taken in all regions of the world by schools and ministries of education to strive towards gender equality, to deliver effective sexuality education and to provide a safe and nurturing learning environment for all learners that contribute to efforts to limit the impact of HIV and achieve gender equality and improve educational outcomes.

Available evidence, and the contributions featured in this booklet, point to a number of key conclusions that can inform policy and programming on gender, HIV and education, as well as highlighting issues that should be given higher priority in future.

KEY CONCLUSIONS

GENDER EQUALITY AND GENDER NORMS

- Gender equality and a critical understanding of gender norms are crucial for an effective HIV response. Education can contribute significantly to improving gender equality and addressing harmful gender norms if appropriate curricula are implemented by well-trained teachers working in a supportive environment.
- Prevailing gender norms and gender inequality can have a direct and negative impact on attaining gender equality in school access, in terms of retention and achievement. These impacts are felt differently by boys and girls in different regions and at different stages of their schooling.
- Both the school environment and the content of curriculum are critical for promoting gender equality among learners:
 - Gender equality in teaching staff can be an important first step but must be complemented by specific actions that promote gender-transformative thinking and actions within the school environment.
 - Curriculum content and materials can specifically challenge existing, harmful gender norms and work to build critical thinking skills among learners and break intergenerational cycles of gender inequality.
- Harmful gender norms contribute to HIV vulnerability, by decreasing an individual's agency over their own sexual health and limiting their access to information and services. Harmful gender norms may be seen in a range of forms including: increased girls' vulnerability to HIV through limited ability to negotiate safe or desired sex; homophobia and violence related to (real or perceived) sexual orientation that prevent LGBT from accessing HIV prevention or care services; social expectations of masculinity and risk, which influence young men's sexual behaviour.

POVERTY, INEQUALITY AND STRUCTURAL FACTORS

- Poverty, wealth inequality and gender inequality, in addition to lack of access to education, increase HIV vulnerability and risk and the interaction between these factors is complex. While there is a consensus that poverty and inequality, gender and education are key structural drivers of HIV, there are no simple solutions to addressing these issues comprehensively. Reducing HIV vulnerability and risks requires action to tackle these underlying structural factors and interventions such as cash transfers show promise.
- Beyond the immediate alleviation of poverty, and the benefits this can bring in terms of access to education, negotiating power and choice in sexual relationships, there are long-term societal changes that need to be brought about to have a lasting effect on inequality. The education sector is exceptionally well placed to contribute to these social changes through progressive and critically engaged education programmes on gender equality, HIV and sexuality.

THE ROLE OF EDUCATION

- Education has a positive impact on girls' sexual and reproductive health, as well as providing wider economic, social and health benefits. Education is also strongly protective against HIV, especially for girls, and enrolment and retention of girls in school can make a significant contribution to HIV prevention efforts.
- Despite progress, girls are less likely than boys to be enrolled in school in many countries. Access to education for girls is influenced by a range of factors, including poverty, cultural and social attitudes, gender norms and expectations, and the school environment. Efforts to increase enrolment of girls need to be complemented by efforts to keep girls in school and to improve the quality of education. Such efforts are also important in regions where school attendance and performance is declining among boys. Research has focused on access

to education. However, less attention has been paid to interventions that enable learners, particularly girls, to stay in school and complete their education.

- Teachers' attitudes reflect wider social attitudes and it is essential for male and female teachers to reflect critically on their own gender and sexuality attitudes and behaviour, and on the cultural and external influences on them. Teachers need to be sensitised and trained to enable them to deal with issues such as HIV, sexual diversity, gender equality and violence in schools.

GENDER-BASED VIOLENCE

- Gender-based violence is a significant barrier to education and a factor in HIV transmission. Gender-based violence largely affects girls but is also a critical factor for young people who are lesbian, gay, bisexual and particularly for young transsexual people. Tackling gender-based violence can improve school attendance and academic performance and reduce the risk of HIV. Addressing the antecedents of violence and bullying in school can also improve the quality of education for boys and promote positive masculinity.
- Working with men and boys, as well as empowering young women and girls, is crucial to tackling violence and promoting positive gender norms and attitudes. Education can reach both boys and girls in a trusted and safe environment to make improvements to the health and safety of all learners, in school and outside school.

SEXUALITY EDUCATION

- Well-designed and well-implemented HIV and sexuality education, complemented by appropriate and accessible services, can increase knowledge, develop skills, generate positive attitudes and modify or reduce risky behaviour. Comprehensive sexuality education in schools that addresses relationships, gender norms and inequality, pregnancy, STI, same sex relationships, human rights, stigma and discrimination can have a significant impact on HIV, STIs and other sexual and reproductive health indicators in young people, as well as promoting more equitable gender norms. Effective sexuality education is not just about reducing the number of HIV infections or unwanted pregnancies. It includes an explicit focus on equality, human rights and respect for others and a positive view of sexuality and gender relations. Even in the most challenging contexts, it is possible to stimulate discussion on gender equality and to make a positive difference to students' attitudes and behaviours.
- Political commitment and supportive policies can ensure that schools provide comprehensive sexuality education and promote positive attitudes and values with respect to equality, human rights and gender norms. However, in some settings, policymakers, educators and parents remain unconvinced about the value of sexuality education, and there are few examples of countries where comprehensive HIV and sexuality education has been implemented at scale. There is a need to strengthen the evidence base on the costs, effectiveness and impact of comprehensive HIV and sexuality education that incorporates a gender perspective and places sexuality and gender equality within a wider framework of human rights.

INTEGRATION AND DIVERSITY

- Young people with HIV still face stigma and discrimination, and lack adequate support, in many educational settings, affecting their attendance at school and their academic performance. Young people living with HIV require support to meet their educational needs and have an urgent need for good quality sexuality education that can enable them to realise their right to a safe and healthy personal and romantic life.
- Stigma and discrimination related to sexual orientation is also common but is poorly recognised and addressed in schools. Sexual diversity is not consistently covered in HIV and sexuality education.

ENGAGEMENT BETWEEN EDUCATION AND THE WIDER COMMUNITY

- Education in schools alone cannot tackle the social and cultural norms that reinforce gender inequality or increase vulnerability to HIV and other sexual and reproductive health problems. The home, community and wider society have an important influence on gender relations and the extent to which young people can make healthy choices about sex. Collaboration between parents, communities and schools can enhance the effectiveness of HIV and sexuality education and of efforts to advance gender equality. More specifically, support for parental involvement in school management and for improved communication between parents and children can improve school enrolment and attendance and knowledge of HIV and other sexual and reproductive health issues, especially for girls.

YOUNG PEOPLE'S LEADERSHIP

- Young people's leadership in the area of sexual and reproductive health and gender equality is a powerful force for change. Young people, including those living with HIV, can play a leading role in promoting sexuality education, gender equality and human rights.



FUTURE PRIORITIES

- Improve the availability of quantitative and qualitative data, and give higher priority to evaluation of programmes and interventions that address gender, HIV and education. Such evaluations will need to assess efforts to improve the school environment, educational quality, curricular content on gender and rights, and participatory teaching as well as a broader range of intermediate outcomes that influence sexual and reproductive health outcomes, such as gender attitudes, girls' agency, intimate partner violence, and power in sexual relations.
- Ensure that education sector policies, strategies, plans, training and curricula are gender transformative and that schools advance gender equality and instil gender-equitable attitudes.
- Step up action to close the gender gap in school enrolment and to ensure that girls complete secondary school. This will require measures, discussed earlier, to make education more affordable and 'girl friendly' and to improve the quality of education and the school environment. Improving the quality of education and the school environment is also critical to addressing the poor performance of boys in some contexts.
- Step up action to ensure that schools provide safe, supportive learning environments. The education sector needs to adopt and implement measures to eliminate discrimination, abuse, sexual harassment, violence and homophobia in educational settings.
- Recognise that not all students are HIV negative and give higher priority to the specific needs of young people living with HIV and to protecting their rights to confidentiality, to freedom from stigma and discrimination, and to be treated equally.
- Strengthen the involvement of young people, parents and communities, support efforts to improve parent-child communication, and work with communities to address barriers to girls' education and to challenge harmful social and gender norms.
- Implement comprehensive HIV and sexuality education in the school curriculum at national scale and at primary and secondary school level. This requires action to build the capacity of education managers, planners, curriculum specialists and teachers. Comprehensive HIV and sexuality education must also incorporate gender equality, sexual diversity and human rights issues.
- Implement and evaluate programmes that work in synergy to address education, gender equality and HIV.





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BOOKLET

7

**GOOD POLICY AND
PRACTICE IN HIV AND
HEALTH EDUCATION**

Gender Equality, HIV and Education

Education, HIV and gender equality are deeply interrelated aspects of personal and global development.

This booklet presents new thinking and emerging research alongside a series of case studies and examples of new and time-tested programmes on the issues of gender equality, HIV and education and the interrelation between them. It includes discussion papers, which explore issues and emerging evidence in greater depth, as well as case study examples of programmes and interventions from a range of countries. These are intended to illustrate the links between gender, HIV and education, rather than to provide a comprehensive overview or analysis of the issues. The aim of the booklet is to highlight experiences, innovative approaches and lessons learned, in order to inform policy and programming. It is intended for policy-makers, planners and professionals in the education sector as well as those working on HIV and gender equality.

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