ED/UNP/HIV/IATT/REPORT/2010/3

FINAL SYMPOSIUM REPORT

Social norms and collective behaviour: How education needs to transform to better contribute to HIV prevention, treatment, care and support

UNAIDS Inter-Agency Task Team on Education
May 26, 2010
New York, USA

Acronyms

ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
BMZ	Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung (German Federal Ministry for Economic Cooperation and Development)
DHS	Demographic and Health Survey
EDC	Education Development Centre
EI	Education International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GRS	Grassroot soccer project (Sonke)
GTZ	Gesellschaft für Technische Zusammenarbeit
HIV	Human Immunodeficiency Virus
HAKT	HIV and AIDS Knowledge Test
IATT	Inter-Agency Task Team
M&E	Monitoring & Evaluation
MICS	Multiple Indicator Cluster Survey
MoE	Ministry of Education
NGO	Non-Governmental Organization
SACMEQ	Southern and Eastern Africa Consortium on Measuring Educational Quality
SADC	Southern African Development Community
SIE	Second Independent Evaluation (of UNAIDS)
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV AND AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund

Table of Contents

Acronyms 2

Table of Contents 3

Background 4

Rationale 4

Purpose of the IATT Symposium 6

Welcome and introduction to the Symposium 6

The role of education in contributing to forming, adapting and changing behaviour 6

Importance of evidence base for HIV prevention, treatment, care and support 8

The role of the UNAIDS IATT on Education in contributing to HIV prevention, treatment, care and support 9

Session One: Panel discussion on how social norms and collective behaviour are driving the epidemic and affecting results of prevention efforts 10

Adding the social norms perspective to efforts aimed at breaking the chain of transmission of HIV: Lessons from child protection 10

Socio-cultural Norms and Context in Sexual Decision-Making 11

Social Norms, Masculinities and HIV and AIDS: Risks and Potential 14

Using the power of Soccer to address HIV andAIDS and promote Gender Equality 16

Discussion 17

Session Two: Plenary presentation on what results we can realistically expect from HIV education 18

The Design, Construction, and Implementation of the SACMEQ HIV and AIDS Knowledge Test (HAKT) for Children at the Upper-Primary School Level 18

Discussion 21

Session Three: Working groups on where we need to focus our efforts 21

Policy level collaboration for broad social change 21

School curricula content 22

Grass-root level interventions for social change in collective behaviour 22

Monitoring and evaluation 23

Reflections 23

Concluding remarks 24

Appendix 1 Participants List 25

Appendix 2 Programme of the Symposium 27

Background

The Symposium “Social norms and collective behaviour: How education needs to transform to better contribute to HIV prevention, treatment, care and support” took place in New York, USA on 26 May 2010. Organized and hosted by UNICEF, the Symposium was convened by the UNAIDS Inter-Agency Task Team (IATT) on Education and preceded the member meeting on 27-28 May 2010 .

The Symposium deliberations were facilitated by Andres Guerrero, UNICEF, and included presentations by: Francesca Moneti, UNICEF, Nelly Stromquist, University of Maryland, Dean Peacock, Sonke Gender Justice, and Donald Ambe, Sonke Gender Justice Network. Approximately 50 participants, including members of the UNAIDS IATT on Education, as well as development partner colleagues working on the intersection of HIV and AIDS and education attended the Symposium.

This report – prepared by Anna Maria Hoffmann, UNICEF, with note-taking assistance from Karina Ward and Suchitra Sugar, UNICEF –synthesizes the key issues discussed at the Symposium and the conclusions reached.

Rationale

In the almost three decades since Acquired Immunodeficiency Syndrome (AIDS) was first identified, we have learned that preventing infection with the virus that causes AIDS – human immunodeficiency virus (HIV) – is no simple matter. Neither HIV infection, nor HIV prevention, occurs in a vacuum. In many respects, the emergence of more strategic and effective responses such as “knowing your epidemic and your response” and “combination prevention”, (e.g. addressing concurrently bio-medical, behavioural, and structural factors) attests to the greater awareness of the need to address multiple drivers of the epidemic in a coordinated and tailored way.

- Knowing the nature of the epidemic in a given context is crucial for creating effective prevention strategies. Interventions in countries with a concentrated epidemic where HIV is spread in one or more defined subpopulations but is not well-established in the general population, cannot be considered appropriate in countries with generalized epidemic where infections occur in the general population.
- Though the biophysical mechanics of HIV transmission are increasingly understood, there is still a need for greater awareness of how human behaviour – that either fuel infections or break the chain of transmissions – is influenced by a complex interplay of: individual knowledge and abilities, personal and group attitudes, values, beliefs and practices and a range of enabling or disabling conditions in society.

The role of education in mediating the intersections among these variables is critical in its contribution to decreasing the spread of HIV and AIDS and mitigating the impact on individuals and the education system. The Education Sector has the potential to contribute to the overall national responses to HIV prevention, treatment, care and support through comprehensive, rights-based, gender-sensitive, age-appropriate and evidence-informed strategies through schools. The core business of the education system, to ensure formal schooling, provides a platform for long-term and structured interventions that reach large groups of school-going

children and adolescents with HIV prevention education. The education system also provides, reinforces and coordinates extra-curricular and non-formal education interventions for children and adolescents both in- and out-of-school.

To effectively contribute to HIV prevention, care and support, the education sector needs to operate with an understanding of both the biomedical aspects of the epidemic, and of social norms and practices and their impact on individual behaviour. Such a multisectoral approach would include the following areas of focus:

- ***Addressing structural and social factors driving the epidemic*** - social norms and collective behaviour contribute both directly and indirectly to the emergence of particular HIV epidemiologic situations. Poverty, gender inequality and age-disparate sex contribute significantly to the greater vulnerability, and infection, of girls and young women, especially in generalized epidemics and hyperendemic scenarios. In concentrated epidemics in particular, stigma and discrimination can fuel the spread of the virus in specific sub-populations.
- ***Influencing social norms that impact on behaviour and incidence*** - disabling social norms and collective behaviour can undermine HIV prevention and learning in general, hinder the expression of desired behaviour, and discourage behaviour that would increase protection or reduce risk. Conversely, enabling social norms and collective behaviour can contribute to reducing vulnerability, offering protection, increasing empowerment and self-efficacy, thereby encouraging the expression of healthy behaviour. For example, laws and legislations that condemn harmful practices such as coercive sexual behaviour, early marriage, or age-disparate sex would need to be accompanied by supportive norms and behaviour that empower and enable girls and boys to negotiate and practice safer sex.
- ***Seeking to transform educational responses*** - the impact of social norms and collective behaviour on individual behaviour should guide us with regard to what constitutes quality education responses to HIV and AIDS. Neither Ministries of Education, nor schools, parents, or community service providers can individually achieve what can be accomplished when all of these actors work together. In the best-case scenarios, a combination of inter-related approaches would be employed:
  - long-term and incremental interventions delivered through the formal school system that provides HIV prevention education to all school-going children and adolescents, and that includes a strong focus on achieving gender equality and addressing gender based violence;
  - reinforced and coordinated gender-sensitive extra-curricular and non-formal education interventions for children and adolescents both in- and out-of-school;
  - enabling and protective learning environments that promote gender equality and protects from all forms of violence and discrimination;
  - psychosocial support and health services for pupils and staff affected by HIV and AIDS;
  - school and community interventions that promote social norms and practices, that enable individuals' capability to choose and manifest positive and adaptive behaviour.
- ***Improving understanding of the transformative nature of education*** - the impact of social norms and collective behaviour on individual behaviour should also guide us about relevant messages to be included in HIV education programmes. This includes identifying the scope of educational programmes, and informs what we can realistically expect as learning outcomes from HIV education programmes, where we should focus our assessment efforts, as well as effective ways of linking HIV education to broader issues such as violence, harassment,

negotiation skills, gender imbalances, and discrimination, which may lead to increased HIV vulnerability.

Purpose of the IATT Symposium

The Symposium was convened as a platform to facilitate the exchange of experiences and review evidence from a range of partners (academic, multilateral, private sector) on how to support the education sector in better addressing the complex challenges of HIV and AIDS, and to carry out critical prevention, care and support activities.

Specific objectives of the IATT Symposium included:

- Exchange experience on social norms and collective behaviour and their impact on both driving infection and influencing prevention efforts;
- Identify best practices for how to coordinate the education response at the levels of government, schools, families and community services considering both specific and broader issues with regard to HIV and AIDS prevention and protection;
- Review evidence concerning pupils' and teachers' levels of knowledge, attitudes, skills and behavioural intent with regard to specific and broader issues of HIV and AIDS;
- Develop recommendations for education strategies for HIV prevention and mitigation that consider social norms and rights as part of educational programme planning.

Welcome and introduction to the Symposium

Changu Mannathoko, Senior Education Advisor, and UNICEF IATT representative, welcomed the participants to the Symposium, and reminded the participants about the meeting's focus on social norms and collective behaviour, in addition to reaffirming that education alone cannot achieve what a large number of partners can do together. She then gave the floor to the Symposium facilitator, Andres Guerrero, who presented the meeting's agenda which was adopted by the participants, and then introduced the three speakers for the opening addresses.

The role of education in contributing to forming, adapting and changing behaviour

Susan Durston, Associate Director, Education Programmes, UNICEFUNICEF Global Chief of Education, delivered the first opening address, focusing on the protective role of education, and its role in contributing to forming, adapting and changing behaviour. She started her address by noting that she has lived in places with high HIV prevalence and has lost friends and colleagues to AIDS; observing that despite great progress in knowledge both HIV and AIDS, the global community continues to look for effective ways to prevent the disease's transmission.

Susan discussed the impact of schooling on HIV and the state of out-of-school-children. Pooled DHS data demonstrates that keeping children in school is a “social vaccine” for HIV; young women attending primary, secondary or higher education have statistically significant lower rates of HIV than girls who have dropped out of school. Despite this overwhelming evidence, education

systems throughout the world continue having difficulty in getting girls to remain enrolled in and attending school.
There are currently 72 million children out of primary school and these include today's and tomorrow's adolescents. Susan pointed out that if efforts are not accelerated by 2015, 56 million children will still be out of school and vulnerable to HIV.
Susan also noted that while school attendance in and of itself is a strong protective factor against HIV infection, effective school-based interventions can help raise HIV-related knowledge, attitudes and skills, contributing to overall behaviour change interventions. Such interventions can also respond to the additional needs of children infected and affected by HIV and AIDS.

Many countries have adapted curricula on HIV and AIDS, but it is unknown how the material is taught, what children learn, and if it is contributing to changing behaviour. Susan also acknowledged that signs are not encouraging, as as indicated in the results from the SACMEQ study on HIV-related knowledge uptake.

Education Sector responses to HIV and AIDS therefore need to adhere to ***"Combination prevention"*** linking legal, structural, behavioural and bio-medical factors for an overall response. Susan observed that some schools and education systems exist in communities that place a high premium on adult authority, and that adults and teachers in these environments may have more freedom to prey children, thereby increasing their vulnerability to HIV and AIDS . Therefore, schools need to ensure safe, protective and inclusive learning environments with codes of conducts of learners and staff to make sure policies are enforced. Additionally, schools need to ensure access to basic health, social and psychosocial services in the community, and empower children to make complaints when classmates, teachers or other adults breach the codes of conduct.

With improving enrolment and gender parity in schools, we have a strategic opportunity to reach adolescents in schools before they engage in higher risk behaviours that increase likelihood of contracting HIV. However, social and economic marginalization and inequality still leave many children and young people, particularly girls, vulnerable with little access to or control of resources.

Susan indicated that it is important to look beyond individual behaviour with regard to HIV and AIDS, and to also consider parental and other authorities to get all children into school, and ensure that they are safe whilst they are there. She highlighted the importance of a partnership approach at all levels, including the community level so communities are also empowered to protect their children. In conclusion, Susan spoke about her work over the past 11 years in South Asia which, she noted, was different from Africa, with linkages to trafficking of children and migrant working. She also reflected that many of the root causes to vulnerability are social and related to poverty. She recommended that the group consider addressing the socio-economic root causes of vulnerability and to make education truly transformative in a way to prevent HIV – not just about educating on HIV and AIDS.

To conclude, Susan encouraged the group to strengthen the focus on results in children and young people in terms of their learning, and to look at HIV and AIDS vulnerability and risk from several angles.

Importance of evidence base for HIV prevention, treatment, care and support

Jimmy Kolker, Associate Director, UNICEF HIV and AIDS Section, focusedhis address on the importance of evidencebased strategies for HIV prevention, treatment, care and support. Jimmy began with a brief history on prevention, referring to the launch of the Unite for Children, Unite against AIDS campaign in 2005, with its four pillars: Paediatric AIDS; Prevention of mother to child transmission; Primary prevention among adolescents; and Protection of children infected and affected by HIV and AIDS. He noted that since the launch of the campaign there has been much progress on care and treatment, but that prevention among adolescents and young people continues to lag behind. According to Jimmy, it was thought initially that prevention would be the easiest pillar, but in fact it is the hardest.

He discussed that knowledge has not necessarily resulted in lower HIV incidence. There has been significant improvement in comprehensive and correct **knowledge** about HIV and how to avoid transmission. However, the decline in risky **behaviour** (such as initiation of sex before age 15; sex with multiple partners and sex without condoms) has not declined proportionally. He cited the example of Zimbabwe, where a survey 5 years after the provision of sexuality education to young adolescents, showed that whereas their knowledge levels were sustained, the HIV rates of the learners targeted were no lower than the control group. Jimmy then asked, "what is it about social norms that knowledge can't overcome?" Analysis of DHS and MICS data found that young people aged 15–24 who live in communities where people think that children 12−14 years old should be taught about condoms are more likely to have used them.

He mentioned the statistic of new infections being several times higher in girls aged 19-24 and spoke about gender justice – the need to reinforce the positive, not just address the negative. Good prevention efforts need a combination of empowering girls, questioning and challenging the social norms that persist in communities, and engaging boys and men, as well as parents and families, in gender-transformative efforts. With regard to schooling, Jimmy acknowledged that being in school appears to be protective with regard to HIV and AIDS. However, he also questioned the relevance of the content of HIV and AIDS education - what do we know about socio-economic advantages and disadvantages, cultural expectations versus what is taught and learnt in the classroom? Relevant learning outcomes must be ensured and must be measureable as direct results attributable from quality education sector programmes among young people.

Jimmy talked about UNESCO's launch of the "International Technical Guidance on Sexuality Education" (Volumes I and II) and underlined that when sexuality education is tailored into culturally-sensitive and age appropriate school-based curricula, and taught by well-trained and mature teachers, there is great opportunity for the programmes to positively impact the pupils. . While it is hard to quantify the impact the programmes have on behaviour, anecdotal evidence suggests that contrary to popular belief, there are limited negative impacts of sexuality education. This debunks the widespread assumption that if you teach youth and adolescents about sex they will chose to become sexually active. The Guidance outlines what a comprehensive sexuality education programme looks like and what is needed to be successful. Jimmy then raised the question of why so few schools are offering comprehensive sexuality education? According to him, teachers often do not want to be responsible for engaging students on a controversial topic, further, Minister's of Education are often not receptive to integrating additional material into an already crowded curriculum.

Jimmy then referred to the UNAIDS Second Independent Evaluation (2009) to assess the efficacy, effectiveness and outcomes of the work of UNAIDS and the roles of its co-sponsors. Jimmy asked the group to be bold, challenging the education sector to find new ways to properly resource and support schools to ensure quality programmes and measurement of meaningful results in children. Now education also has evidence to move ahead and we need to be creative on how to mobilize demand. The education sector must also find partners and scale-up efforts to address prevailing norms in society. He specifically asked the group to consider what are positive norms that need to be reinforced and what negative practices need to be overcome to ensure that women and young people are recognized as fully-enfranchised members of their communities

The role of the UNAIDS IATT on Education in contributing to HIV prevention, treatment, care and support

Margarita Licata, ILO and Chair of the UNAIDS IATT on Education Steering Committee, focused in her opening address on the work of the UNAIDS IATT on Education.

She opened her presentation by stating that the Symposium will provide guidance to the UNAIDS Inter-Agency Task Team (IATT) on Education. This IATT was established in 2002, with two central objectives to prevent new infections and mitigate the impact of the disease on people already affected by HIV and AIDS, through harmonization and coordination of the education section approach. This IATT is convened by UNESCO, and hasmembers from a number of development partners, including UN agencies and other multilateral organizations, bilateral donors, foundations, civil society, etc. It meets twice a year, and before every regular meeting, a one-day Symposium is organized by the hosting organization. The themes of the Symposia are selected by the host, and approved by the IATT Steering Committee.

The group has gathered for the current Symposium on "*How education needs to transform to better contribute to HIV prevention, treatment, care and support"*. This means creating a social environment of understanding and tolerance, which enables learning and transformation of learning to protective behaviour. To reach such goals there is a need forexpanded and strengthened coordination efforts amongst the diversity of stakeholders working on HIV and AIDS prevention and treatment The education sector cannot play its role in isolation from other sectors.

Margarita emphasized that not only is there a need to ensure the mainstreaming of HIV and AIDS into the education sector's overall response and its readiness level to respond, but that there is also a need to strengthen evidence-based strategies and policies and to promote good practices from a variety of sectors. In order for this to be accomplished there must also be an increase in monitoring and evaluation efforts that assess programme results and their associated impact on children's lives.

She ended her address by expressing her hope that the Symposium will feed into the next two days of IATT discussions, by specifically looking at the intersection of education and social norms, and how this insight can make the work of the IATT on education more relevant and coordinated in its support to Governments.

Session One: Panel discussion on how social norms and collective behaviour are driving the epidemic and affecting results of prevention efforts

The panel contained four presentations exploring how social norms interact with HIV transmission, sexual decision-making, masculinity and sport as a tool for gender equality.

Objective: *To discuss specific processes for addressing social norms and collective behaviour, with the aim to create environments that support the transformation of learning into behaviour that contributes to preventing HIV infection and its related impact.*

Expected outcome: *To have increased understanding of how interventions in the community can reinforce learning through schools, and that for this, there needs to be increased school-community collaboration and coherent planning between IS and OOS activities.*

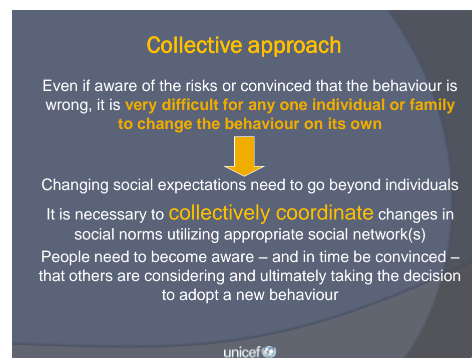
Adding the social norms perspective to efforts aimed at breaking the chain of transmission of HIV: Lessons from child protection

Francesca Moneti *is presently working as Senior Child Protection Specialist at UNICEF Hq. Her professional career has been mostly with UNICEF where, over the course of over 20 years, she has held a number of positions in both Headquarters, Innocenti Research Centre and the field, worked on urban programmes as well as on nutrition, health and HIV AND AIDS.*

Francesca Moneti's started her presentation by noting that programming in social norms cannot be covered in a 15 minute presentation and she would simply seek to provide an initial orientation on a number of key concepts.

Social norms influence decision making and behaviour. Their presence is noted when **decision making is interdependent** - the choice of an individual or family is based on what other individuals and families choose. "Families and individuals uphold the practice or behaviour because they believe that their group or society expects them to do so". In other words, there is a pressure to conform even where there is a wish to act differently.

The behaviour is maintained by of a set of social rewards and punishments. Individuals behave according to his or her own perceptions of how others expect him or her to act.



To influence social norms, a collective approach is necessary rather than an approach that aims at individual behavioural change. This is also one of the reasons why information alone does not bring about behaviour change.

For social change to take place, **coordination of change** needs to take place. Change does not happen at scale unless people talk to one another about wanting to change and eventually agree

to change. The first step towards social change is conditional willingness to change – the individual in a group will change if enough other members of the group are also willing to change.

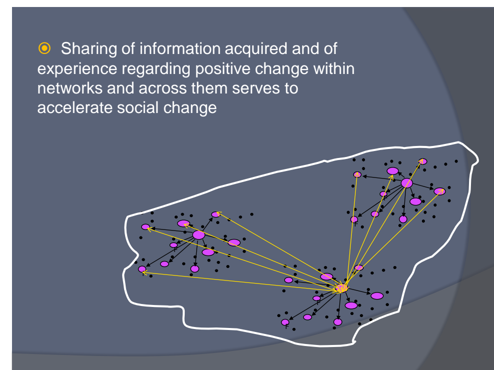
A critical or judgmental approach that suggests wrongdoing is not effective. Rather, t is the **positive values** that can transform community behaviour practices, and that will then drive the abandonment of certain norms. Social change therefore needs to build on the "good" values rather than focusing on criticizing "bad" practices. It needs to facilitate reflection and enable individuals to make their own choices as a way to better fulfill their fundamental positive values. An approach based on criticism is bound to give rise to social conflict and to apparent or real discrimination (e.g. against certain groups). Key elements of positive social change involve: correct information from trusted sources; opportunity to discuss and appropriate information together with other members of the social network and explore its implications; and policy and legal measures that support the social change process.

Ultimately, social change will occur in social networks with a **visible social approval**. People's behaviour is driven by empirical and normative expectations. People expect us to do the right thing and we want to do right thing, but with few exceptions, ultimately what drives us is what we see other people doing. This suggests that social change has to be visible. When normative and empirical expectations are inconsistent, people will follow what other people do.

- ***Empirical expectations***: see others behave according to a social norm and believe that most other people support the social norm
- ***Normative expectations***: believe that most other people think they ought to conform, prefer them to conform, and may sanction behaviour

It is important to facilitate widespread manifestation of social norms change so that people "see" change. As positive change begins inherent social dynamics are put in place.

As people yield positive results from having changed their behaviour they will want to share their experience with friends and other members of their social network. In addition, people's threshold of resistance to change will decrease as people "see" that others have changed their behaviour and are better off. This sharing of information and developments can be actively supported and accelerated through traditional and modern communication channels.



Socio-cultural Norms and Context in Sexual Decision-Making

Nelly Stromquist *is Professor of International Education, University of Maryland. She holds a Ph.D. degree in International Development Education from Stanford University and a Master's degree in political science from the Monterey Institute of International Studies. She specializes in issues related to social change and gender, which she examines from the perspective of critical sociology. Her research interests focus on the dynamics of educational policies and practices, gender relations, and equity, particularly in Latin America. She was a Fulbright New Century Scholar during 2005-06 and is former president of the Comparative and International Education Society.*

Nelly's presentation focused on social norms and sexual behaviour in general, and the needs for education interventions to include understanding of cultural norms and social contexts in particular. She started her presentation by describing the nature of sexual relations, which are mostly dyadic and private, often take place after short-term negotiations under conditions of reduced judgment because of the emotions involved, and, for women, are not necessarily based on freedom of choice.

Social norms being beliefs, values, and practices of a specific group that are external to individuals, and which exercise pressure on individuals to make them behave in pre-determined ways. Individuals, in turn, exercise little control over social norms, social meanings, and social roles; but can oppose them under certain conditions.

Clearly, social life is not possible without social norms, and social norms, which are both facilitative and constraining, are crucial when it comes to sexual relations. People feel shame when they violate social norms, but in private situations, such as in a sexual relationship, they can easily deviate from prevailing norms. However, most of the time individuals behave according to **social scripts** – how we should interact. Sexual scripts include mutually shared conventions that guide social actors to enact a sexual situation interdependently, comprising three elements:

1. Cultural scenarios: norms that guide behaviour at social and cultural levels and help determine the details (who, what, where, when, why, and how);
2. Interpersonal scripts: interpretation of cultural norms, socialization, and motives that shape a sexual interaction; and
3. Intrapsychic realm: how actors use both cultural and interpersonal scripts to construct their desires and fantasies.

Social scripts don't occur in a vacuum, they are embedded in the specific contexts in which they occur. Consequently, sexual behaviour varies with partner, lifecycle, and social location. We are like actors in a play, constantly performing 'gender' and 'sexuality'. People with greater social status in a sexual relation have greater say, which leads to difficulty to broach issues of fidelity and condom use, especially in cases of economic powerlessness of women and children. Social norms are generally felt and performed differently by men and women:

- Norms prevalent among men are related to masculinity: a set of beliefs and sexual practices shaping men's behaviours. Sexual practices among males include that they usually initiate and lead sexual activity, often demand unprotected sex, and sometimes practice coerced sex. Norms of masculinity are strongly peer-supported, and to counter these norms, we need to use the same resources – intervene in peer support groups.
- Norms prevalent among women are very different from those among men. Women are expected to be passive yet responsive. Social demands for fidelity lead to women being more likely to be monogamous. There is also a larger variation among cultural groups: Hispanic women are expected to be sexually inexperienced and complicit; African women have greater sexual freedom, yet they are not expected to have simultaneous multiple partners--but often do; Caucasian women have a tendency toward more egalitarian sexual relations.

Social norms regarding sexual relations cover a range of issues often seen as controversial, such as: monogamy/polygamy ; chastity, sexual abstinence, asexuality; sexual orientation; male and female circumcision; premarital sex; extramarital sex; child/early marriage; spousal sexual abuse/

marital rape; child sexual abuse; commercial sex work. These are all issues that schools rarely engage in to avoid controversy. The sensitive nature of sexual relations has a direct impact on educational interventions. Children and young people are receptive to new ideas, and are a captive audience – yet research does not support the expectation that schools serve as key venues for the understanding of sexuality and the promotion of egalitarian sexual norms; overall, schools do not prepare their learners for living in a world with HIV and AIDS:

- When sexuality education is provided, usually the message is "don't do it" instead of acknowledging sexuality and the role of pleasure.
- Formal schooling does not provide a protective and safe environment for children as there is widespread use of physical and psychological violence, especially in crowded schools.
- Schools do not implement any existing life skills curriculum, because these are not part of examined subjects.

Although there are many interventions taking place in school through the formal curriculum, very few of these experiences result in publications. It is therefore difficult to estimate their impact. What we do know from in-school interventions is that:

- Knowledge and attitudes are easier to change than behavioural intentions that involve sexual risks;
- Most of the time, impact measures refer to immediate or short-terms outcomes (six months or less)—which means that we know little about their sustainability;
- Information does matter, but is not enough. New attitudes and practices must be constantly reinforced.

Analysis of interventions that have led to positive results in learners, give an indication on what works:

- Multiple actors involved in educational interventions: experts, adults, peers, etc.
- More lengthy and repeated exposure to same themes.
- Classes separated by sex in order to deal with issues such as masculinity and femininity that also affect people's identities.
- Male peer-to-peer education.
- Content covering skills-building (both with regard to life skills, e.g. problem solving, decision-making and communication, and manual skills, e.g. correct condom use), setting goals for risk reduction in sexual relations, and role-playing in negotiation or assertiveness for safer sex.

With regard to the influence of group norms on behaviour, the importance of the role of peers needs to be recognized. Attitudes and actions of peers matter greatly: young people listen to and discuss sexual issues more openly with people their own age. Messages must go beyond reproductive health education to foster increased student awareness of cultural and religious influences on social relations and sexuality.

- ***Promising:*** same-age groups more effective in portraying new practices that are then endorsed by others.
- ***Increasingly recognized:*** importance of male-targeted programmes; yet relatively few peer-led interventions.

It is also crucial to **address varying contexts**. Firstly, knowledge needs to be seen in context, such as linking specific community practices and roles girls and women are likely to play in their environments. Secondly, social norms need to be examined regarding gender roles and identities,

questioning popular culture creating representations of actively sexual men and women. Finally, active participation, such as engaging learners in simulation activities, role playing, popular theatre, etc., increases the chances of relevantly addressing their actual local context.

Issues not sufficiently considered include:

- The need to have well-designed **exit strategies** to ensure sustainability of information, messages, and emerging practices.
- The need to develop scaled-up strategies of successful interventions to ensure wider societal impact.
- Importance of structural change. Especially important for women: the provision of micro-financing for economic and psychological empowerment.
- Overall **changes in social norms**—using media, legislation, and various institutions to convey alternative messages about acceptable sexual practices and expectations, particularly fewer sexual partners and desirability of male circumcision.

Conclusions:

- Complex interplay of structure and agency in sexual interactions.
- Need to have theoretically based HIV and AIDS intervention models: information matters but equally so does understanding of cultural norms and social contexts. Explicit discussion of masculinity needed.
- Need to have interventions for women that foster gender consciousness and empowerment.
- Tailor interventions to specific gender and risk groups.
- Design educational interventions that enable peer groups to practice alternative sexual scripts.
- Sustainable interventions are recurrent and given over an extensive period of time.

Social Norms, Masculinities and HIV and AIDS: Risks and Potential

Dean Peacock *is co-founder and co-director of Sonke Gender Justice. His work focuses on issues related to men, constructions of masculinities, health and social justice. In 1985 he joined the End Conscription Campaign to oppose Apartheid army violence and later worked with homeless youth in Managua, Nicaragua, and with perpetrators of domestic violence in jails and community settings in San Francisco. Dean currently serves on the UNAIDS Global Task Force on Women, Girls, Gender Equality and HIV and the UNDP Expert Group developing the Gender Guidance for National AIDS Responses and the UN Secretary General's Network of Men Leaders. In addition to his work at Sonke, he is co-founder and co-chair of the MenEngage Alliance and is a part-time member of the University of California at Los Angeles Programme in Global Health.*

Dean's presentation focused on the under-utilized potential of partnering with men in prevention campaigns for social change. He started his presentation by noting that social norms related to masculinities and femininities shape HIV risk and vulnerabilities for men and women, girls and boys. Not only are dominant gender norms about manhood and masculinities often bad for women and girls, but they are also bad for men and boys. The relationship between gender norms and HIV needs to be better understood in order to fully address them in prevention efforts.

In South and Southern Africa dominant norms about manhood contribute to high levels of domestic and sexual violence, high levels of men's violence against men, high levels of alcohol consumption, low uptake of HIV services, limited involvement in the care economy and worrisome multiple and concurrent sexual partnerships.

Norms about masculinities and HIV prevention amongst practitioners often hinders efforts to transform gender relations and reduce HIV risk. Gender identities - including masculinities - are not fixed but change all the time. This also means that rigorous interventions can bring about rapid change in men's gender and HIV related practices.

It is time to act on what we know about gender and AIDS. There are a number of projects showing solid evidence that interventions can bring about positive gender- and HIV-related changes amongst men and boys:

- **Stepping Stones:** After two years men reported fewer partners, higher condom use, less transactional sex, less substance abuse and less perpetration of intimate partner violence.
- **Programme H**: Participants between four and eight times less likely to report STIs and 2.4 times as likely to use condoms.
- **Men As Partners and PMTCT in Ethiopia**: 46 per cent increase in men testing with their partners and 87.6 per cent increase in the number of men joining their partners for PMTCT visits.
- **One Man Can Workshop**: 27 per cent tested for HIV soon after the workshop and two third's increased use of condoms.

These programmes demonstrate results that are in line with evidence of broader social change with regards to masculinities: in the 1970s, 27 per cent of fathers in the U.S. were present in childbirth, compared to 85 per cent in the 1990s; there is an 85 per cent reduction in sexual violence rates in the US since the 1970s; 78 per cent of young men now report consistent condom use in South Africa.

Key features of successful programmes are that they were gender transformative, including approaches such as: using positive and affirming messages; encouraging men to reflect on the costs of hegemonic masculinity to men and women; recognizing that men are not homogenous and develop interventions that reflect men's different life experiences; using an ecological approach that recognizes the range of factors shaping gender roles and relations; using a range of social change strategies — community education, community mobilization, media, policy development and advocacy for implementation; and finally, using formative research, ongoing M&E.

> *"People say to me, Stephen what about the men? We have to work with the men. Of course we do. But please recognize that it's going to take generations to change predatory male sexual behaviour, and the women of Africa don't have generations."*
>
> Stephen Lewis,
> UN Special Envoy on AIDS.

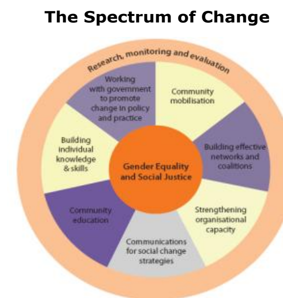
Observing that despite the solid evidence of interventions that work in changing gender norms for men and boys there are few programmes that are taken to scale or linked to national policy frameworks, Dean asked several questions on what prevents Ministers of Education from responding. Why is it so hard to get Education departments and others to take them on and scale

them up despite demonstrable success? Why are we stuck in the paradigm that it is so hard to work with men and boys? What explains this? Pessimism about the possibility men can change? Turf? Resources?

What's needed:

- Keeping girls in school — and ensuring community involvement in achieving this task.
- Taking work on gender to scale — including work on masculinities by integrating into curriculum and through after-school activities.
- Providing psychosocial support to children affected by violence and loss.

The Spectrum of Change



Many UN initiatives, plans and policies address gender and HIV, including the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV but few governments are taking action. We need to focus more on the ability of UN agencies to support small scale innovation and unique ability to foster linkages with government at the local, national and regional level to take evidence-based innovation to scale.

Using the power of Soccer to address HIV andAIDS and promote Gender Equality

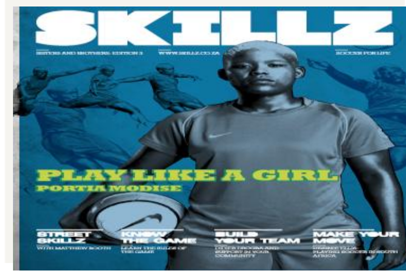
Donald Ambe *is the One Man Can Coordinator & GRS Master coach, Sonke Gender Justice network/Grassroot Soccer. He is a gender and AIDS activist with extensive experience implementing Men as Partners initiatives. His first involvement in MAP was while working for EngenderHealth in South Africa. He was instrumental in reaching out to the refugee and migrant communities in Hillbrow, Johannesburg, and also served in the administrative unit. In 2006, Donald worked as a consultant for EngenderHealth in his native Cameroon where he trained health service providers on the MAP approach. Since joining Sonke, Donald has been involved in both research activities and operations.*

Donald's presentation focused on sports as a tool to change norms. He started his presentation by presenting community work with young men through the **Sonke** Grassroot soccer project (GRS). GRS will use the FIFA 2010 World Cup to address gender transformation and HIV and AIDS, and in particular gender related social norms which perpetuate the spread of HIV.

Impact evaluations show that GRS initiatives make a difference both for learning and behaviour:

- Ten evaluations in seven countries have shown the GRS programme to have a positive impact on **knowledge**, **attitudes**, **stigma** and **communication** related to HIV.
- The most recent study showed that, compared to a matched peer group at long-term follow-up, GRS graduates in Zimbabwe were six times less likely to report early sexual activity, four times less likely to report sexual activity in the last year, and eight times less likely to have had more than one sexual partner.

The programme has found that it makes a difference to have young people talk about issues and collectively carry out behaviour change. Activities include incorporating focus on gender and masculinities into GRS's curriculum, training of Master coaches and coaches on gender, masculinities and HIV, incorporating gender content into the Skillz Magazine, and organizing a Red Card campaign against sexual exploitation.



Concluding remarks

- Men and boys represent both risk and possibility when it comes to gender equality and HIV and AIDS
- Sports can be used to engage and mobilize girls and boys, men and women.
- UN agencies can play an important role in creating access to key players and to national government for HIV prevention

Discussion

Participants affirmed their interest in the panel discussion and raised questions on how organizations can use evidence to effectively advocate for funding and programmes to engage in changing social norms towards better HIV education and prevention. There was a common agreement that there is a need for reinforced recognition of the importance of social networks for behaviour change and the dynamics of social movement. Additionally, the participants agreed that there must be a concerted focus on identifying and promoting positive factors for change. Changing social norms often impacts societal power structures and there is a need to engage current power-holders in the discourse on changing shared values.. We want a focus on change towards joy and experience of joy with people and their relations – quality and equality.

A large part of the discussion also centered around government roles *vis-a-vis* civil society. Social norms come from the society, if you want to address these you have to look at the schools, communities and governments. We need to better figure out the relationship between Government's and civil society entities, and ensure that they are partners that help reinforce messages at home and in school to change negative behaviour. UN agencies need to reinforce civil society work and support and uphold governments to their responsibilities through advocacy and providing opportunities for capacity building and training.

Finally, the issue of the stimulus for changed behaviour was discussed - is it possible to start with social norms and change reality, or do we have to start with structural barriers? It was felt that transformation of both is needed – legal and community structures. However, social change begins on the ground – and needs to persist and support the grass root level and having civil society constantly mobilized.

Session Two: Plenary presentation on what results we can realistically expect from HIV education

This session featured one presentation followed by question and answer and focused on the yet-to-be published research findings from SACMEQ

Objective: *To discuss new data on HIV-related learning from formal curricula in countries with the highest HIV prevalence, showing that less than 1/4 of 6th graders (11-14 years) have critical HIV knowledge levels – despite inclusion in formal curricula (although not always implemented).*

Expected outcome: *To have increased understanding of what schools can realistically contribute to in terms of learning outcomes, and at what level indicators for effective school programmes should be.*

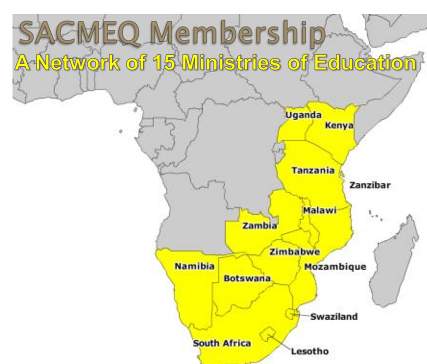
The Design, Construction, and Implementation of the SACMEQ HIV and AIDS Knowledge Test (HAKT) for Children at the Upper-Primary School Level

***Kenneth N. Ross** was Coordinator, Technical Project Management at the International Institute for Educational Planning (UNESCO). He completed the degree of Doctor of Philosophy at the Centre for the Study of Higher Education, University of Melbourne. He is a Fellow of the International Academy of Education. His research interests cover two main fields: quantitative research methods for educational policy research and the use of formula-funding approaches in school finance models. Dr Ross worked for a decade as a senior researcher in the Survey Section of the Australian Council for Educational Research, and then later held the position of Reader in Education at Deakin University.*

Kenneth's presentation focused on a recent study undertaken on HIV-related knowledge uptake in 6th grade students in countries in Southern and Eastern Africa by the Southern and Eastern Africa Consortium on Measuring Educational Quality (SACMEQ).

He started his presentation by presenting SACMEQ, and SACMEQ's mission to undertake integrated research and training that will develop the capacities of educational planners to:

- monitor and evaluate the conditions of schooling and the quality of their own basic education systems;
- generate research-based information that can be used by decision-makers to plan for improvements in the quality of education.



SACMEQ Conceptual Model

School Characteristics:
type, location, enrolment, resources, principal's qualification, parental involvement etc.

Learner Characteristics:
Age, Sex, Attendance, Repetition, SES, Nutrition, Siblings, Home help, etc.

Teacher Characteristics:
Age, Sex, Qualifications, Subjects, Classroom resources, Behaviour, In-service training, etc.

Learner Achievement
- Reading
- Maths
- HIV/AIDS Knowledge

The SACMEQ III Project was undertaken in 2007-2010, and was the first time that it included HIV and AIDS Knowledge Tests in addition to Reading and Maths.

It was undertaken in coordination with the 15 MoE of the Southern African Development Community (SADC), and covered questionnaires for 61,421 pupils and 8,045 teachers from 2,779 schools (see table).

The SACMEQ HIV AND AIDS Knowledge Test (HAKT) was finalized in 2007, approved by the 15 SADC Ministries of Education (MoE), SACMEQ Scientific Committee, Experts on HIV and AIDS and Experts on Measurement. The test items were based on the existence of HIV issues covered in official school curricula, with a common test of 86 True/False items for Grade 6 pupils and their teachers. These covered topics of: Definitions (10 items); Transmission mechanisms (28 items); Avoidance behaviour (24 items); Diagnosis and treatment (16 items); and Myths and misconceptions (8 items).

For the test administration, the items were read aloud to the pupils twice in order to avoid interference with literacy levels. The test was administered by 15 MoE (Sept-Nov 2007). After scoring, the overall SACMEQ average is 500 with a standard deviation of 100, and a test reliability coefficient of 0.85, which is enough for cross-country examinations.

Context Information for School Systems

School System	Total Popln. (000's in 2007)	GDP Per Capita ($PPP in 2007)	Grade 6 Enrolt. 2000	Grade 6 Enrolt. 2007	Grade 6 % change	Grade 6 Av Age (yrs)
Botswana	1,736	14,313	42,863	43,965	103	12.8
Kenya	37,184	1,673	658,213	908,482	138	13.8
Lesotho	2,144	1,254	39,800	51,316	129	14.0
Malawi	13,188	759	214,155	248,503	116	14.1
Mauritius	1,260	11,106	26,659	23,897	90	11.4
Mozambique	20,531	843	132,024	364,249	276	14.2
Namibia	2,028	6,310	50,557	51,932	103	13.6
Seychelles	85	21,350	1,583	1,577	100	11.5
South Africa	48,287	9,778	995,805	1,001,687	101	12.9
Swaziland	1,126	5,401	25,196	29,397	117	13.9
Tanzania	39,446	1,256	505,349	1,151,732	228	14.6
Uganda	28,247	1,066	568,943	761,212	134	14.1
Zambia	12,161	1,323	188,735	339,446	180	14.1
Zanzibar	982	1,256	19,077	27,503	144	14.1
Zimbabwe	12,225	189	332,991	309,858	93	12.4

The results demonstrated eye opening data of the HIV-related knowledge uptake among 6 th graders in Sub Saharan Africa:

1. ***What are the levels of knowledge on HIV and AIDS of Grade 6 pupils and their teachers?***
   Overall 60 per cent of the children in the most affected countries do not have a baseline knowledge of HIV and AIDS commiserate with the stated curricula. In comparison, teachers generally have a satisfactory minimum level of knowledge, but this does not mean that they are transferring that knowledge to their students.
2. ***Are there differences in terms of scores and critical knowledge level between the boys and the girls?***
   There were no differences in knowledge levels based on gender. Boys and girls had the same knowledge levels, and male and female teachers had the same knowledge levels.
3. ***Are there differences in terms of scores and critical knowledge level according the socio-economic status of pupils?***
   There were social class differences – children from wealthier backgrounds displayed higher knowledge levels on the test than their counterparts from poorer households. This reinforced the need for equity in distribution of knowledge as well as levels. For example, there is greater equity in Swaziland, but a little less quality.
4. ***What judgments did teachers and school heads make about their own potential to become infected with HIV?***
   Teachers consider themselves at high risk, raising the question of whether their own HIV status or risks of infection impact on how or whether they teach information on HIV?
5. ***What was the orphan status of the Grade 6 pupils?***
   Although with variation between countries, the percentage of single or double-orphaned children is alarming, reaching up to over a quarter of the children in some countries. What is the affect on system? What are the social implications?
6. ***What percentage of Grade 6 pupils attended lessons on HIV and AIDS?***
   Children are saying they are not getting any lessons on HIV, most of them have never been taught anything in the last year, clearly indicating that policies without implementation and accountability are not sufficient. Policies are not enough.
7. ***What was the perception of pupils on the best source of information about HIV and AIDS?***
   Children are saying their preferred source of information is radio and television, before teachers and classroom activities. Are they more comfortable with that medium or just not being taught in school? Are we placing enough attention to electronic media? Parents and peer come way down the list. What does this tell us?
8. ***What teaching activities took place during the classroom lessons on HIV and AIDS, and what Grade 6 pupils consider being the best activity?***
   The percentage of teachers saying that they have had in service training is only 59 per cent, what does this tell us about the activities taking place in schools?
9. ***What are the curriculum gaps?***
   The SACMEQ study results can be used to examine what is being learned and what still needs to be learned. More analysis is needed, and SACMEQ intends to extract out the key questions and do that analysis too. There also needs to be more focus on attitude questions, such as are you prepared to care for HIV relative/ should other children with HIV be allowed to come to school/ teachers with HIV come to school?

Future Directions :

- SACMEQ International Report (2010)
- IIEP Policy brochures (2010)
- SACMEQ III Data Archive (2010-11)
- UBW research programme (2010-11): designing and validating different language versions of the HAKT

  http://www.sacmeq.org/
  http://www.iiep.unesco.org/

Discussion

The questions to the presenter included issues of linking knowledge levels with prevalence levels, sampling issues, issues that teachers struggled with, changes in content to challenge social norms, and taking into consideration the hidden curriculum.

Kenneth indicated that the study is just the first step of the analysis of data. He reiterated the focus of the study on the issues within formal curricula, and that teachers have the knowledge but are not transmitting this to their students. More focus needs to be placed on attitudes and skills in order to capture issues of gender and social norms. He concluded that SACMEQ only attempted to paint a general picture and fill in information gaps. Now there is a need for a more qualitative analysis. The message one must take away from the study is that education sector approaches are failing children. The results of this study represent a wake-up call. We need to focus on implementation, on quality and equity in teaching and learning. It is important to train teachers on both on how to teach and also what to teach. Integration into policies and curricula may be necessary first steps, but it is with the effective implementation of the policies that matters.

Session Three: Working groups on where we need to focus our efforts

Objective: *To work in groups on the main concepts around social norms and collective behaviour at the level of: Policy; Curriculum; Community approaches; and M&E.*

Expected outcome: *To have recommendations on how to mainstream issues around social norms into the education sector at the level of: Policy; Curriculum; Community approaches; and M&E.*

Policy level collaboration for broad social change

The first group discussed processes and steps of Game/Social change Theory applied to HIV prevention with the broader community, focusing on the role of MoE in bringing partners together to influence enabling social norms and collective behaviour as part of a comprehensive response to HIV and AIDS.

The participants considered how to get issues of social norms into education policy so that education could fully contribute to changing the HIV epidemic. The discussion also covered the difficulty of ensuring full commitment to sexuality education in schools, despite evidence that it does not encourage sexual activity. This lead to a conclusion that a primary obstacle to the implementation of curricula is that education systems themselves perpetuate social norms that are not in the best interest of HIV prevention. This issue influences how teachers are trained and the support they receive with regard to their own status and for their capacity to effectively interact with their students as role models and as facilitators of learning. It also shapes decisions on what students are expected to learn. Finally, it impacts the provision of protective and enabling environments for students and staff. Therefore, coordination of change needs to start with the education sector itself, and take into account other sector involvement, particularly health.

School curricula content

The second group discussed how to ensure that social norms and socio-economic drivers are considered as part of the umbrella topic of HIV education in school, taken into consideration new data presented in the International Technical Guidance on Sexuality Education, requiring focus on specific sexual behaviour for education effectiveness.

The discussion focused mainly on creation of relevant curricula and their implementation. Relevance is crucial, and must reflect the local culture, while also promoting core principles of human rights. It needs to focus on strengthening positive norms in society, starting with values such as protection, security, etc. Attention needs to be paid to including local stakeholders, such as community authorities, deputy school heads and principles, in decisions about what is to be taught and learned, so as to avoid potential tension between national curricula and local school authorities.

Even if curricula for HIV and AIDS education are in place, data tell us that many teachers still do not implement them, or do not implement them in a participatory way. Social norms are closely linked to this lack of effective implementation, both with regard to the sensitivity of the subject taught, as well as to support didactic authoritarian methods. Initial and continuous teacher training is crucial, but with less focus on what teachers should teach, and more on how teachers should teach. Care must be given to ensure that teacher training focuses on teachers own practice and behaviour and on methods to teach sensitive issues such as sexuality and HIV and AIDS, in order to accommodate both for change in social norms and in individual behaviour.

Grass-root level interventions for social change in collective behaviour

This group discussed how families and communities can support enabling environments and behavioural outcomes, focusing on interventions in communities as a way of supporting learning in school and addressing gender issues.

The group considered a number of issues, starting with the gap between perceived and actual norms, in particular with regard to gender, and socio-cultural contexts, and including religion, traditional beliefs, poverty, etc. It was noted that advocacy for addressing taboo issues coming from external partners were deemed to fail – messages have to come from within. Local stakeholders, including parents, teachers, religious leaders, etc. need to be mobilized for

collective planning and action. Work has to be community-driven, and must include all sectors through active citizenship. If one expects community members to play a role in holding other members to account, community members need to feel some stake in their community. Children and young people both in and out-of- school must be actively involved at all levels in order to get them to transform their knowledge and life skills into practice in the broader community. The media also needs to be part of these efforts, both in planning them and as a means of broader communication. Barriers need to be identified, with a particular focus on targeting those community members, including parents, who are resistant to change.

Advocacy is required at all levels and people should be engaged so that everyone is working together for the same goal. Schools must mirror and reinforce the norms and practices they are promoting, and communities must support the learning outcomes expected through teaching and learning.

Monitoring and evaluation

This group discussed what MoEs should measure as their contribution to HIV prevention, treatment, care and support, and how this could be done through national inspections, assessments and examinations?

The group looked at issues of how to better plan teaching in a results-based manner in order to increase the chances of achieving necessary and measurable learning outcomes. It was noted that subjects that are not examined are often considered less important, and that there is a need to find ways of changing the norm to value what is in the curriculum, whether examined or not. Possibilities suggested by the participants ranged from the creation of a package on HIV and sexuality education examination items to a norms and competency-based approach. For assessing individual students' change over time, it was felt that other types of assessment, such as classroom and self assessment are more suitable.

The group recommended: developing greater awareness among all stakeholders about the "success stories" and examples of "good practice" that could be drawn from the SACMEQ study, or other evaluations; learning from each other, and better use of available data in order to inform the public about the state of affairs and what should be done; and influence social norms and thereby permit parents to participate more fully in discussions and policy debate; influence governments to improve what is taught and learnt.

Discussions also covered indicators within the system with children as unit of measure: not per cent of teachers trained, but per cent of children having teachers trained; not per cent of schools providing HIV education, but per cent of children receiving HIV education. It also looked at inclusion of HIV and education-related items in existing household surveys (e.g. DHS, MICS, etc.), such as questions on what parents want included in sexuality education and at what level. A minimalist approach to ensure successful completion of a feasible and affordable evaluation system was highly recommended.

Reflections

Mark Richmond reflected on the presentations of group work. He recognized that we need to factor in social norms and collective behaviour into our thinking and our education programming

at all levels. Although this has long been a fundamental component of education systems, he was particularly struck by how the reproductive function of education is constantly challenged in a wider-programmatic and policy landscape. He noted the urgency for a better articulation of how to conceptualize the role of education in this process.

The impact of enabling and hindering social norms on the spread of HIV and on the results of prevention efforts is very important – but how do we intervene in education? Education cannot do it on its own.

He also underlined the centrality of teachers, both as vectors of social norms and as change agents. People in charge of teacher training need to be challenged to develop best practices for equipping teachers to effectively educate their pupils on dynamic and sensitive topics such as sexuality and disease prevention. The content of curricula for HIV and AIDS also needs to look more closely at what is needed when addressing varied culture and practice. Do we really know what parents want? What teachers want? Have we ever asked children what they want?

Further research is needed, in particular qualitative research to sharpen focus on the links between social norms and education.

Concluding remarks

In closing the Symposium, the Chair of the IATT on Education Steering Committee, Margherita Licata, provided some concluding remarks. She expressed satisfaction with the quality of the Symposium, and the coherence between the panel discussion on how social norms affect results of prevention efforts and the presentation of lacking knowledge uptake.

These deliberations raised questions that remain to be answered.

The panel on how social norms are driving the epidemic and affecting results of prevention efforts reminded us that we have evidence that challenging social norms can increase effectiveness in influencing behaviour. Why then do we still not have buy-in from governmental partners to implement effective programmes? How come existing curricula are not being implemented or assessed? Maybe social norms within governments need to be addressed more actively.

The presentation of the results of the SACMEQ HIV and AIDS knowledge study among 6th graders and their teachers in 15 countries in Southern and Eastern Africa on the other hand showed us that we are not even achieving knowledge uptake. These countries all have formal school curricula for HIV prevention, **why are the children not learning?** We are failing already in the very first steps of providing comprehensive and correct knowledge about HIV and AIDS. We need to engage with education sector key stakeholders to unpack this issue, and understand how we can ensure implementation of curricula and measurement of learning. We need to see how we can better support teachers in providing relevant training and also about ensuring enabling and protective environments where teachers can teach and learners can learn.

In the two-day internal meeting of the UNAIDS IATT on Education to follow this Symposium, we will reflect more in-depth on the issues raised in the Symposium, and deliberate on how we can move forward in a way that increases both children's opportunities to learn and potential to act.

Appendix 1 Participants List

Name	Email	Organization
Amalia BURGOS	aburgos@unicef.org	UNICEF
Amy FARKAS	afarkas@unicef.org	UNICEF
Ana Luisa LIQUORI	a.liquori@fordfoundation.org	Ford Foundation
Andres GUERRERO	aguerrero@unicef.org	UNICEF
Anna AZARYEVA	aazaryeva@unicef.org	UNICEF
Anna Maria HOFFMANN	amhoffmann@unicef.org	UNICEF
Brian LUTZ	Brian.lutz@undp.org	UNDP
Caroline BACQUET-WALSH	cbacquetwalsh@unicef.org	UNICEF
Changu MANNATHOKO	cmannathoko@unicef.org	UNICEF
Cheryl VINCE-WHITMAN	cvinvewhitman@edc.org	Education Development Center (EDC)
Chris CASTLE	c.castle@unesco.org	UNESCO
Cindy JOERGER	cindy.joerger@mail.mcgill.ca	Independent consultant
Dagmar FUCHS-SCHMITZ	dagmar.fuchs-schmitz@gtz.de	Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)
Danielle BURKE	dburke@unicef.org	UNICEF
Dean PEACOCK	dean@genderjustice.org	Sonke Gender Justice
Donald AMBE	donald@genderjustice.org	Sonke Gender Justice Network
Els KLINKERT	klinkerte@unaids.org	UNAIDS
Francesca MONETI	fmoneti@unicefr.org	UNICEF
Hamidou BOUKHARY	h.boukary@afdb.org	Association for the Development of Education in Africa (ADEA)
Jan EASTMAN	Jan.Eastman@ei-ie.org	Education International (EI)
Jimmy KOLKER	jkolker@unicef.org	UNICEF
Karina WARD	kward@unicef.org	UNICEF
Kathleen LETSHABO	kletshabo@unicef.org	UNICEF
Ken LEGINS	klegins@unicef.org	UNICEF
Kenneth N. ROSS	k.ross@unimelb.edu.au	University of Melbourne - UNESCO-IIEP/SACMEQ
Margherita LICATA	licata@ilo.org	ILO
Mark RICHMOND	m.richmond@unesco.org	UNESCO
Mima PERISIC	mperisic@unicef.org	UNICEF
Mitsy JEAN-LOUIS	mjeanlouis@unicef.org	UNICEF
Moira WILKINSON	mwilkinson@unicef.org	UNICEF
Naseem AWL	nawl@unicef.org	UNICEF
Nelly STROMQUIST	stromqui@umd.edu	University of Maryland, USA
Oleksandr SHELEVYI	shelevyi@unfpa.org	UNFPA
Palena NEALE	p.neale@unesco.org	UNESCO
Pierrette JAMES	pjames@unicef.org	UNICEF
Ransford O. BEKOE	ransford@aau.org	Association of African Universities (AAU)

Rekha VISWANATHAN	rviswanathan@unicef.org	UNICEF
Rita JEN	rjen@unicef.org	UNICEF
Rita Oswaldo CHRISTIANO	rchristano@savechildren.org	International Save the Children Alliance
Sarah KARMIN	skarmin@unicef.org	UNICEF
Scott PULIZZI	spulizzi@edc.org	Education Development Center (EDC)
Stephanie HODGE	shodge@unicef.org	UNICEF
Suchitra SUGAR	ssugar@unicef.org	UNICEF
Susan DURSTON	sdurston@unicef.org	UNICEF
Tara O'CONNELL	toconnell@worldbank.org	World Bank
Young-Feng LIU	yf.liu@unesco.org	UNESCO
Zeina SAAB	saab@unfpa@org	UNFPA

Appendix 2 Programme of the Symposium

<table>
<tr><td>08:30-09:00</td><td>Registration to Symposium and working groups</td></tr>
<tr><td>09:00-09:30</td><td>Welcome and introduction to the Symposium
• Susan Durston, UNICEF, Associate Director, Education Section
• Jimmy Kolker, UNICEF, Associate Director, HIV AND AIDS Section
• Margherita Licata, ILO, Chair of the IATT on Education Steering Committee</td></tr>
<tr><td>09:30-10:30</td><td>Session One: Panel discussion on how social norms and collective behaviour are driving the epidemic and affecting results of prevention efforts
Panelists:
• Francesca Moneti, Senior Child Protection Specialist, UNICEF
• Nelly Stromquist, Professor of International Education, University of Maryland
• Dean Peacock Co-Director and Co-Founder, Sonke Gender Justice
• Donald Ambe, One Man Can Coordinator& GRS Master coach, Sonke Gender Justice Network/Grassroot Soccer</td></tr>
<tr><td>10:30-11:00</td><td>Questions and answers</td></tr>
<tr><td>11:00-11:30</td><td>Coffee / Tea break</td></tr>
<tr><td>11:30-12:15</td><td>Session Two: Plenary presentation on what results we can realistically expect from HIV education
Presenter:
Kenneth Ross, SACMEQ</td></tr>
<tr><td>12:15-13:00</td><td>Questions and answers</td></tr>
<tr><td>13:00-14:00</td><td>Lunch</td></tr>
<tr><td>14:00-15:45</td><td>Session Three: Working groups on where we need to focus our efforts
• Social norms and collective behaviour, and their impact on both driving infection and interacting with prevention efforts
• How to coordinate the education response to HIV AND AIDS at level of government, schools, families and community services
• Evidence concerning pupils' and teachers' levels of HIV AND AIDS knowledge, attitudes, skills and behavioural intent</td></tr>
<tr><td>15:45-16:45</td><td>Recommendations
Presentations from group work and conclusions from the floor on recommendations for education strategies for HIV prevention and mitigation that include consideration of social norms and rights as part of educational programme planning</td></tr>
<tr><td>16:45-17:00</td><td>Closing remarks
Margarita Licata, President IATT on Education</td></tr>
</table>