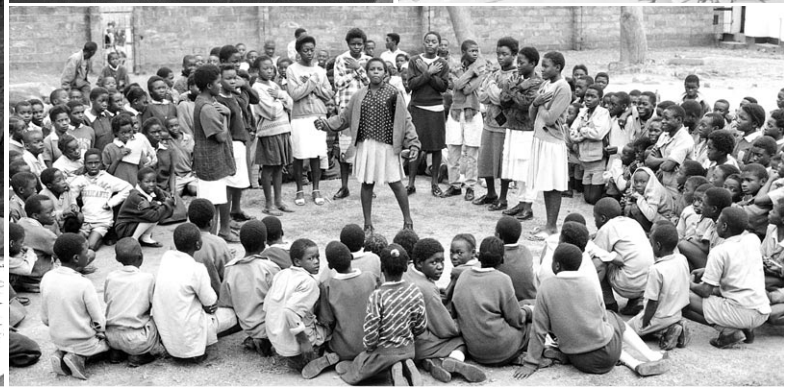


# HIV/AIDS Education: A Gender Perspective

## Tips and Tools





▲ Botswana – a young man and a young woman perform in a play on HIV/AIDS awareness and prevention for an audience of young people gathered on the street of a suburb of Gaborone, the capital.

## HIV/AIDS Education: A Gender Perspective

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# HIV/AIDS Education: A Gender Perspective

## Tips and Tools

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In 1996 in Zambia, adolescent members of the anti-AIDS club at UNICEF-assisted Hillside Primary School in Lusaka, the capital, perform for younger students in the school playground. Members of the club write songs and plays on AIDS prevention.

---

# Introduction

## Who is this publication for?



UNICEF staff who work with teachers and other educators, curriculum designers and policy makers in formal and non-

formal settings are the audience for this publication, however it may also be useful to other sectors, including children and young people themselves, and their parents, social workers and health workers, and journalists.

This booklet provides a set of training materials for teachers, and other educators in formal or non-formal settings. As such these materials are meant to be used with professionals and paraprofessionals rather than directly with children or young people. The ideas and activities presented here are examples only, and will need to be adapted to local circumstances and conditions, and some tools for doing this are provided.

The content has been tailored for quick and easy reference and includes useful tools for classrooms and other educational settings. The critical need for educators and trainers to understand gender and HIV-AIDS issues is a central theme, and assisting them to apply a gender analysis to classroom materials, strategies and methodologies is the main objective.

## Why was this publication produced?

The information, strategies and actions presented in this booklet are based on the findings and recommendations of a series of reviews of HIV/AIDS teaching and learning materials conducted by UNICEF in 1998 and 1999 in Latin America and the Caribbean; Asia and the Pacific; and East and Southern Africa. Together, these studies indicated that a huge number of materials and variety of formats already exist; how-

ever, there is an urgent need to strengthen both the content of these materials and the teaching and learning methodologies in relation to gender issues. Therefore, the priority is probably not to create more materials, but rather, to utilise what we have in much more effective ways.

Sensitising educators, and others, to HIV/AIDS and its implications is also a central theme of this publication. The HIV/AIDS pandemic has developed into a major threat to human development especially in the poorest regions of the world. Women and girls are at particular risk because of skewed power relations and concepts of masculinity that undermine their right, and ability, to make their own decisions in the family and in society in general. This includes decisions about when to have sex and with whom, and about protecting themselves against sexually transmitted diseases, including HIV-AIDS. Poverty and economic dependence, as well as harmful traditional practices increase the risks for women and girls.

HIV-AIDS prevention requires concerted action from all sectors if the tide is to be turned. Educators in particular are strategically placed to make a difference, since educational institutions reach further into communities around the world than any others.

But the evidence shows that greater effort is required from education systems to tackle HIV-AIDS prevention, care and support. Educators especially need to set the pace in addressing the fundamental element of gender inequalities. We hope that you enjoy adapting and implementing the ideas presented herein.

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UNICEF staff who work with teachers and other educators, curriculum designers and policy makers in formal and non-formal settings are the audience for this publication...

# Why Take A Gender Conscious Approach to HIV/AIDS Prevention Education?



Few health issues have been more challenging to community values and capabilities than HIV/AIDS. The devastating impact of the global epidemic on the social, economic and demographic stability of whole nations in Africa, Asia, Latin America and the Caribbean, in particular, is a major development challenge. More than 34

million adults and children are now living with HIV/AIDS. Nearly 19 million people have died in the epidemic so far. There is still no cure.

Being a girl or a boy, a woman or man, influences the nature of the risk for contracting HIV/AIDS and how a person experiences it. Social and economic powerlessness and low status relative to that of men/boys is the root cause of women's and

girls' greater vulnerability to HIV infection, their disadvantaged position in coping with it and their greater suffering from its effects.

The rate of infection among women and girls has been increasing most rapidly in recent years (for example, from 41% in 1997 to 47% in 2000 worldwide; from 1% in 1984 to 24% in 1994 in Brazil). In Sub-Saharan Africa, the rate among women (12.2 million) has already surpassed that of men (10.1 million), and AIDS is now a leading cause of death among women aged 20-40 in Europe and North America. Half of all new HIV infections are in young people aged 10 to 25, with adolescent girls in some places as much as five times more at risk than adolescent boys.

Leading global institutions working in HIV/AIDS prevention agree that programmes must address these social, economic and political factors if they are to be successful. Gender is the recommended tool of analysis.

## Adults and Children Living with HIV/AIDS Worldwide

Sub-Saharan Africa	24.5 million
South & Southeast Asia	5.6 million
Latin America	1.3 million
North America	900,000
East Asia & Pacific	530,000
Western Europe	520,000
Eastern Europe & Central Asia	420,000
Caribbean	360,000
North Africa & Middle East	220,000
Australia & New Zealand	15,000

<b>TOTAL:</b>	<b>34.3 MILLION</b>
<b>Men:</b>	<b>17.3 million</b>
<b>Women:</b>	<b>15.7 million</b>
<b>Children Under 15 years:</b>	<b>1.3 MILLION</b>

Source: unaids.org

## What is "Gender"?

The term **gender** describes the roles of women and men that are determined by political, economic, social and cultural factors rather than by biology. In other words, people are born female or male and then learn to be girls and boys, women and men. We are taught 'appropriate' behaviour and attitudes, roles and activities, expectations and desires. It is this learned behaviour that forms gender identity and determines gender roles.

**Gender roles** are not necessarily the same all over the world, or even within a country or region. Many social, religious and cultural factors modify and regulate the roles of men and women in communities. But even though gender norms vary according to



cultures and communities, women are subject to the dominant influence of men at every level of society. This imbalance of power in gender relations has negative consequences for women in all areas of their lives including sexuality, sexual relations and reproductive health.

The **gender perspective** examines female and male roles, responsibilities, opportunities and resources within the context of the distribution of power between women and men. A gender perspective is a critical tool in health matters related to sex because it aims for both women and men to be able to make informed and free sexual and reproductive decisions and gives them the means to do so. But it is not a neutral instrument nor does it seek to exchange the places of dominance and subordination. Rather, it promotes equality, and comprehensive human development. Women's empowerment is a key objective of any gender-oriented development process and, moreover, of any development process aimed at achieving equity and sustainability.

Gender equality, empowerment and the advancement of women and girls are both gender and human rights goals. Combining **gender and rights** in the areas of sexuality and reproduction is critical. The gender and rights approach highlights the importance of economic, cultural, and social rights to overcome women's subordination at all stages of their lives. Women and girls require the social, cultural, and economic conditions to empower themselves, participate, and gain access and control of resources.

The central issue from a gender perspective is the redistribution of resources and power towards women and therefore towards more equal distribution of power and resources for all. For this to happen, the roles of men and boys must be considered. For HIV/AIDS educators the challenge is to understand gender differences and discrimination in social relations and to address this vulnerability and direct HIV/AIDS related risk in their work.

## Gender Definitions At-A-Glance

**Gender:** How being female or male defines personal opportunities, roles, responsibilities and relationships

**Gender Roles/Identity:** Learned behaviour and attitudes, roles and activities, expectations and desires

**A Gender Perspective:** Explains and reorients the distribution of power between women and men

**Gender Rights:** Emphasising economic, cultural, and social rights in overcoming women's subordination and affirming the human rights of women, girls as integral to a framework of human rights for all

**Gender and HIV:** How being female or male influences personal experiences, risks and responses in relation to HIV/AIDS



# Why are women and girls most vulnerable to HIV/AIDS?

Traditional gender norms play a role in the spread of HIV.

Sexual exploitation is a crime that crosses cultural and class lines, and is exacerbated by poverty, violence, the threat of HIV/AIDS and discrimination of various kinds. In Colombia, two young women support their immediate family of 15 through prostitution. ▼

A number of factors serve to put women and girls at risk

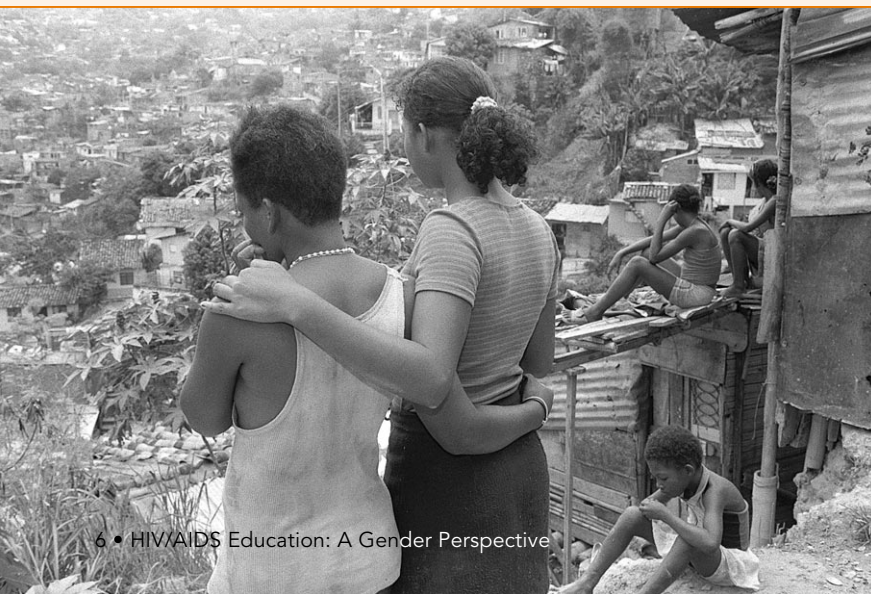
## Biological Factors

- Females are at greater risk during unprotected intercourse due to the physiology of the female genital tract, specifically because the vagina is the receptive organ during sex and the mucosa of the vagina and cervix is permeable and so allows body fluids to pass through. The risks are greatest in young girls and menopausal women.
- The presence of a sexually transmitted infection (STI) increases the risk of HIV transmission to both women/girls and men/boys, but particularly to women/girls. Early detection of STIs is critical to HIV/AIDS prevention. Lack of access to appropriate services is an obvious barrier to early detection and treatment, but delaying treatment also increases the risks to partners. In women and girls STIs often go undetected because of an absence of symptoms but also because she may fear the response of their partner or her own family; she may be unaware she is at risk or she may be unable to prevent being put at risk.

- HIV can be transmitted from parent to child during pregnancy, birth and breastfeeding. Services should therefore offer the choice of voluntary and confidential counselling and testing to both parents.

## Social Factors

- Traditional gender norms play a role in the spread of HIV. In most societies men and boys have multiple sex partners, whether they are single, in steady relationships or married. Such practices put females at risk. Staying with only one man does not by itself protect the female partner from contracting HIV/AIDS.
- Female ignorance of sexuality is associated with the feminine norms of virginity and the notion of “saving oneself” for one man. This double standard of female purity and early male sexual initiation limits women and girls from accessing accurate information and services and from talking openly about their bodies, sex and reproduction - so that they do not know what they need to know to protect themselves from HIV/AIDS.
- The way girls and boys are brought up is linked in gender-specific ways to their emotional and sexual needs. Girls, taught to be dutiful and submissive, and that to be real women they must be attractive to men, are susceptible to having early sex to be accepted, to be protected, for love; boys feel obligated to “seek and conquer” by exerting pressure on girls.
- Females are more likely to have their first sexual experience at the insistence of an older, male partner. Young girls are put at particular risk from having sex with older men, who are more likely to have been exposed to HIV through multiple partners.





- Women and girls are the main subjects of abusive male behaviours that spread HIV/AIDS, such as sexual violence, rape and incest.
- After abstinence, condoms are the most effective form of protection against the transmission of HIV/AIDS, *when used correctly*. (Non-barrier and oral contraceptives are only effective for preventing pregnancy). Most women do not have the power to ensure that men use condoms. And studies show that men/boys are less likely to decide to use them, especially in steady relationships.
- Myths—for example, men with AIDS can be cured by having sex with a young virgin—and some traditional cultural practices, such as early marriages and female circumcision, expose girls to higher risks.
- Due to their traditional care giving and nurturing roles, women and girls bear a disproportionate share of caring for HIV/AIDS infected family members. Girls are more likely than boys are to be withdrawn from school to assist in the care of the sick and dying. Men/boys are socialised to expect women/girls to care for them so many do not learn to look after themselves and their children. Worldwide nearly two-thirds of the 120 million children without access to schools are girls.
- Because of the low value placed on girls and women. Families may not be willing to spend scarce resources on their education or for their medical care. Worldwide, this limits their access to the information, skills, and power to protect themselves.

### Economic and Political Factors

- All over the world women labour the longest hours for the least economic returns, routinely performing multiple roles—even while pregnant—at the workplace (low paid productive work),

in the home (unpaid productive/reproductive work) and in the community (voluntary work). Women and girls are the majority of the world's poorest people. Because of economic need or insecurity, many women and girls are dependent on men and provide sexual services in return. In such a situation, they have little power to insist on condom use.

- Women are denied equal participation in policymaking and equal access to resources. They face institutionalised discrimination in employment, housing, education and health. And so, their needs are often ignored. This situation increases their dependency and vulnerability and limits their ability to change or influence the conditions they live in.
- Women and girls suffer the most harmful consequences of migration, trafficking, and displacement in armed conflicts, including rape and other forms of sexual violence.
- Because of the low status of women and girls, and the widespread violation of their rights, many are trafficked or sold into prostitution, even by their own families. This places them at high risk of contracting HIV/AIDS.

Women and girls are the main subjects of abusive male behaviours that spread HIV/AIDS, such as sexual violence, rape and incest.

People ride motorcycles past an AIDS awareness billboard in downtown Ho Chi Minh City, Viet Nam. ▼



# CHECKLIST #1

## Women and HIV/AIDS: Risk and Vulnerability

*How well do current materials address these issues...?*

*What improvements could be made...?*

- ☐ The differential biological risk of HIV transmission for women/girls and men/boys
- ☐ The differential risk of HIV transmission due to the presence of STDs
- ☐ The reproductive rights of women
- ☐ Impacts of the double standard of female purity and early male sexual initiation
- ☐ Unequal gender socialisation of girls and boys and its consequences
- ☐ Risky behaviours by young girls (e.g, sex with older men) due to lack of choice
- ☐ All the factors contributing to teenage pregnancy
- ☐ Women's/girls' lack of control over condom use
- ☐ Harmful local myths and traditional practices
- ☐ Women's/girls' disproportionate share of caring for the AIDS infected
- ☐ Harmful consequences for men/boys due to negative gender socialisation
- ☐ Women's/girls' low paid and unpaid work
- ☐ Exchange of sex for money
- ☐ Institutionalised discrimination against women and girls
- ☐ Harmful consequences to women/girls of migration, trafficking, armed conflict
- ☐ Harmful consequences of women's financial dependence on men
- ☐ Allocation of scarce resources in favour of men and boys

# Life Skills-based Education to Challenge Sexist Attitudes and Assumptions



Life skills-based education involves interpersonal and psychosocial skills such as communication, assertion, and negotiation, values analysis and clarification, decision-making and conflict resolution – often called “life skills”. In HIV/AIDS prevention the focus is on linking these skills to sexuality, reproduction and HIV risk, through a gender lens.

Life skills-based education (sometimes called skills-based health education) addresses important *content* and uses participatory *methods* to address HIV/AIDS prevention within a continuum of care and support. Asking the following questions can help identify to what extent the programme is life skills-based education:

- Is it planned around **student needs**?
- Is it **gender sensitive** throughout?
- Is **behaviour change** part of the programme goal?
- Is there a balance of **knowledge, attitudes & skills**?
- Are **participatory methods** for teaching & learning used?

- Are sensitive issues placed in the **context** of other relevant and related issues?

(For more information, see See UNICEF website - [www.unicef.org](http://www.unicef.org) or <http://www.unicef.org/programme/lifeskills/mainmenu.html>)

## Some Tips for Improving the Content of Programmes

**Link gender issues to HIV/AIDS prevention. Include the following:**

- Women’s political and economic empowerment as a factor in reducing personal and family health risks.
- The broad range of women’s and girls’ sexual and reproductive health, human rights and legal rights for successfully coping with HIV/AIDS and preventing its spread.
- Power issues between women/girls and men/boys related to acquisition and use of HIV prevention skills.
- The need for boys and men to change their sexual behaviours if the spread of HIV is to be slowed and eventually halted.
- The gender dimensions of economics in bereavement, such as married women’s rights to family property, and women being inherited as property by the deceased husband’s relatives.

## Promote protective and positive behaviours

- Emphasise the value of delaying sex for both girls and boys as a social norm

Life skills-based education involves interpersonal and psychosocial skills such as communication, assertion, and negotiation, values analysis and clarification...



Thailand: Part of an AIDS education and awareness project, girls sit on the floor around a large poster, drawing lines to connect groups at risk of contracting HIV/AIDS. ▼

- Emphasise the consequences of unprotected sex, and the many options available for avoiding this and other risky situations
- Promote accurate estimates of how many young people are engaging in sex at early ages, and that most do not
- Clearly illustrate correct condom use, including the female condom, and where to obtain them - *as well as* other protective behaviours such as abstinence and peer group support.
- Promote discussion between girls and boys, and their parents, on sexuality and human relationships education and the social factors, such as the media, that influence relationships.
- Provide opportunities for both girls and boys to acquire and practice negotiation and other skills.
- Involve both girls and boys in acquiring practical caring and nurturing skills when developing positive attitudes towards people living with HIV and AIDS.
- Encourage positive values in relationships, such as assertiveness and self-confidence, particularly among girls, and learning to listen and show respect, particularly among boys.
- Help young people to access information and resources. Develop lists of affordable, youth-friendly health centres for treatment of sexually transmitted infections (STI), HIV testing and counselling services, and institutions with information on how to access drugs and health care for HIV/ AIDS affected persons. Include information about other services, such as telephone help-lines.



## Promote gender-sensitive language and illustrations

Encourage the use of non-sexist words and phrases by teachers, girls and boys in classroom projects and by administrators and curriculum planners in documents, letters, memos, speeches and publications. Some guidelines for assessing content and form:

### Language

Use descriptive terms preferred by those described—for example, “sex-workers” is often preferred to “prostitutes”; “people living with AIDS” is preferable to “victims”. Avoid derogatory terms such as “promiscuous” or “drug abuse”, which may alienate rather than create trust and respect, and “victim” or “sufferer”, which suggest powerlessness. The term “living with HIV” recognises that infected persons can have productive lives.

Instead of routinely using the pronouns “his” or “him” in general references (for example, “*Anyone* with an STI should seek treatment at *his* nearest clinic”), substitute the gender-neutral “those” and “their” (“*Those* with an STI should seek treatment at *their* nearest clinic”). Other gender-neutral substitutes: *chairperson* rather than *chairman*; *workforce* or *human resources* instead of *manpower*; *artisan* or *craft worker* instead of *craftsman*.

Use language that acknowledges the potential of women and girls’ potential. For instance, instead of “*Research scientists* often neglect their *wives* and children,” which implies that only men are research scientists, use “*Research scientists* often neglect their *families*,” which correctly recognises that both women and men are research scientists. Avoid rendering women invisible by lumping them with their spouses as in *Mr and Mrs John Smith*. Use instead, *Jane and John Smith*.

### Images

In the home, show women and men sharing domestic chores and nurturing babies, children and AIDS afflicted family members. Go beyond gender stereotypes with visuals of both women and men performing a range of work from fixing household items or appliances to fetching water for household use; or men/boys paying for oral contraceptives or sanitary items and women/girls buying condoms.

In the workplace, depict both men and women as all types of professionals and workers—doctors *and* nurses, pilots *and* stewards, managers *and* secretaries, labourers *and* book-keepers—and in all professional settings—hospitals, big companies, laboratories and construction sites. In school settings, show girls *as well as* boys doing well in mathematics and science and aspiring to technical careers.

In community life, include visuals of men as community health aides and pre-school teachers, and women in leadership positions such as priest, chief, member of parliament, judge and police officer. Highlight the critical contribution of women’s traditional roles, such as child rearing, to social development. Include images of happy, active women and men, girls and boys, coping with HIV/AIDS.

The following section provides some life skills-based teaching and learning methods.

Use descriptive terms preferred by those described—for example, “sex-workers” is often preferred to “prostitutes”; “people living with AIDS” is preferable to “victims”.

In Bhutan, the reality of the conditions of classrooms in many developing countries is illustrated. ▼



# Group Activity I

Try these teaching and learning methods to prompt group discussion about how gender stereotypes affect the spread of HIV/AIDS

## Step One

Ask members of the group to discuss beliefs in their community in relation to the following statements:

- HIV positive women should not have children
- There's something wrong with girls/women who are not married by a certain age
- Girls/women should not enjoy sex
- Girls/women who dress in skimpy clothing are asking for trouble
- Boys/men just can't help themselves when it comes to sex
- Marriage between a much older woman and younger man is acceptable
- Sex is a duty of girls/women to satisfy their male partner/husband
- Girls/women should always be faithful to their partner/husband
- Boys/men need to have sex outside of a steady relationship

## Step Two

Swap the genders in each statement and initiate a second round of the discussion. To what extent have opinions changed? In what ways? Why?

## Step Three

Use role-play to explore negative sexual behaviours and how these can be changed.

*Example A:* Divide participants into groups of 4-6 males and females. Ask the groups to develop a skit set in a household affected by HIV/AIDS. How did the power dynamics affect the ability of the household to cope?

*Example B:* Divide participants into pairs of females and males. Ask each pair, in role as girlfriend and boyfriend or wife and husband, to negotiate using condoms. What was the outcome and how did the respective roles of the participants influence that outcome?



# Gender Pointers for Assessing Content

Use this checklist in classrooms and workshops as an aid to strengthening gender issues in materials.

1. Grade use of non-sexist words and phrases

☐ Excellent    ☐ Very good    ☐ Good    ☐ Fair    ☐ Poor

Comments \_\_\_\_\_

2. Count leading characters

☐ Overall    ☐ Women/girls    ☐ Men/boys

Comments \_\_\_\_\_

3. Count subjects in illustrations

☐ Overall    ☐ Women/girls    ☐ Men/boys

Comments \_\_\_\_\_

4. Number of empowering references/visuals of women/girls at home, in the workplace and in the community

☐ As independent, self-confident, assertive

☐ In leadership positions

☐ As decision-makers

Comments \_\_\_\_\_

5. Use of non-traditional references/visuals of men at home, in the workplace and in the community (check box)

☐ As nurturing, sharing and respectful partners and parents

☐ In caring positions in the community

☐ Promoting positive changes among their peers

Comments \_\_\_\_\_

## Learning to Use a Gender Lens

Raise awareness and get the most out of materials  
that are weak on gender

Many materials exist, but often are weak on gender issues generally, or contain a few bad examples. Below are some ideas for utilising such materials and working with these weaknesses.

### Support Tools

Checklist #2

### Learning Tools A and B

- ☐ Texts and illustrations from existing HIV/AIDS prevention education materials
- ☐ Texts and illustrations from newspapers, magazines and posters available in the community

Step 1: Divide participants into mixed groups of 4-6

Step 2: Ask the groups to evaluate the messages in the texts and illustrations of the materials using Checklist #2 as a guide. Discuss.

Step 3: Ask the groups to rewrite the texts and redesign the illustrations.

Step 4: Display the products. Discuss how they have improved and whether any new negative assumptions have been introduced.

Step 5: Follow-up. Ask participants to identify, record and/or collect negative and positive media images and messages in their daily lives.

Step 6: Incorporate these findings into future trainings/class activities. For example, voting for “Most Negative” and “Most Positive” message/image of the Month; or creative classroom displays of negative/positive messages/images.

# Addressing Gender in HIV/AIDS Prevention

A four-step, all-inclusive approach to increase public awareness, mobilise community support, and develop a gender sensitive teaching and learning environment

## STEP ONE: Improve the knowledge base and get the word out.

Use sex and age disaggregated data from all sectors to broaden understanding of gender and HIV/AIDS. Include:

- Regional, national and/or state statistics on the prevalence of HIV/AIDS to demonstrate the urgency of the pandemic and greater vulnerability of women, girls and adolescents.
- The socio-economic conditions and lower status of women and girls relative to that of men and boys linked to risky sexual and reproductive behaviour.
- The health system response to sexual and reproductive health needs of adolescents, particularly to prevention and treatment of STDs and adolescent pregnancy.
- The prevalence of gender-based violence linked to women's greater HIV/AIDS risk and the response of the legal system to domestic and sexual violence.
- The effectiveness of current education programmes oriented towards building gender equality and empowering women/girls, and programmes aimed at improving male participation and responsibility in sexual and reproductive health.

Transform the data into teaching and learning materials for educational institutions and programmes and into popular formats for the wider community. Use it to re-focus HIV messages that address the daily realities of women and girls. For

example, married women are being infected by their husbands yet prevention messages may only be emphasising sex *before* marriage; women and girls need to be empowered to negotiate protected sex, yet information about accessing the female condom may not be available.



## STEP TWO: Reach out.

Establish working relations with diverse organisations and institutions in the community.

- Women's groups, NGOs and youth groups—particularly those committed to women's sexual and reproductive health rights—constitute an important knowledge base. These groups will assure inclusion of the rights and needs of women and adolescents in design, implementation and assessment and facilitate participation of women and young people.
- Adolescents will help to ensure that needs assessments are based on the reality of young peoples' experiences and the skills they need to develop. Encourage them to develop peer networks and support groups of young women and men and girls and boys committed to protecting themselves and others from risky sexual behaviour. Pre-test materials among young people, especially girls.
- Parent/teacher associations, teachers' and family welfare organisations, community institutions, and religious and traditional

Establish working relations with diverse organisations and institutions in the community.



Use sex and age disaggregated data from all sectors to broaden understanding of gender and HIV/AIDS

leaders, once sensitised to the issues can help to counter tolerance to gender-based discrimination and promote change.

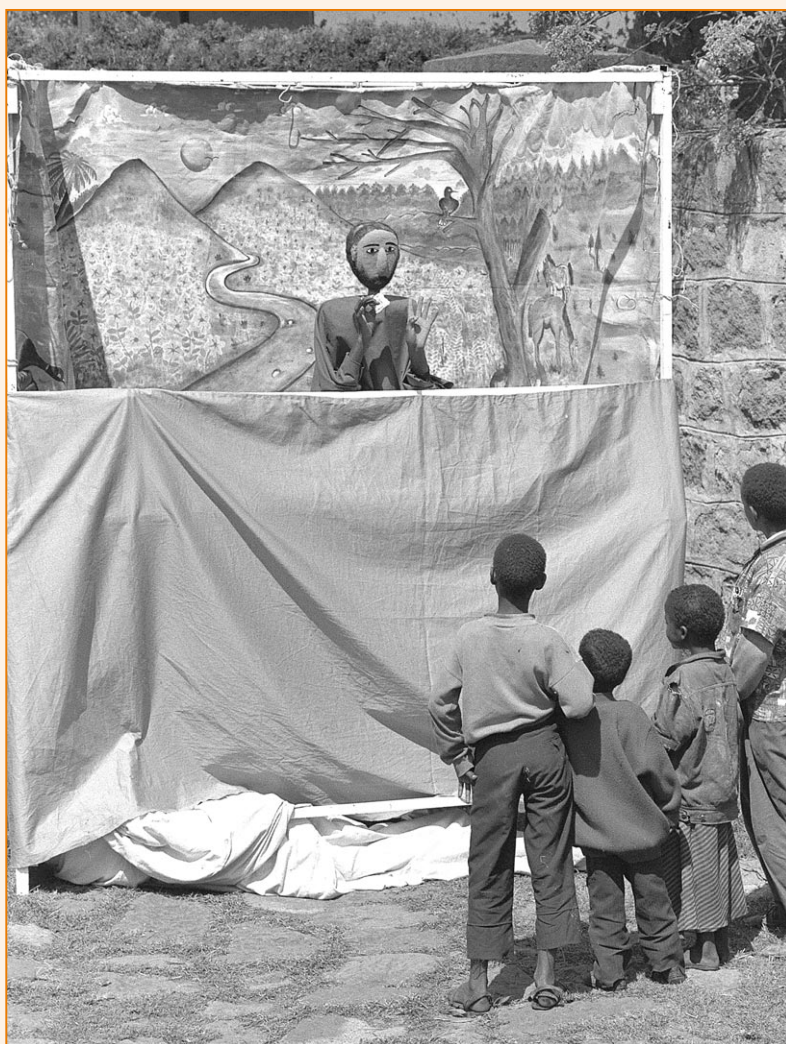
- Government and private sector organisations provide a range of organised settings for young people—from recreational activities to programmes for those in difficult situations such as pregnancy, homelessness and drug abuse. Work with them to engender these established programmes.

- The media are potentially powerful vehicles for disseminating HIV/AIDS prevention information and knowledge. Work with media managers to overcome institutionalised gender biases and to develop gender sensitive messages.
- UN agencies and country offices can provide technical and economic support.

## STEP THREE: Develop a gender-sensitive environment for teaching and learning

### Educational Goals

- Educate girls and boys for satisfying and productive living in the home and in the community.
- Provide a challenging learning environment that is socially and culturally supportive and physically and emotionally comfortable for teachers and students.
- Value boys and girls equally in all aspects of educational experience but also recognise that many girls will initially require more support and resources to level the playing field.
- Examine the behaviours and attitudes of teachers in their relationships with students, especially girls. Since girls are often less valued teachers may inadvertently pay more attention to boys' interests. Girls may also feel ignored and intimidated by teachers and peers due to their socialisation.
- Address existing barriers to girls' full involvement in the school environment, from sexual harassment, sexual abuse and rape by both students and teachers to restrictive policies, such as uniforms that inhibit physical activity or the type and quality of subjects and spaces they are offered. Evaluate routine practices, such as lining students up by gender or seating girls and boys separately, to avoid reinforcing gender bias.



Boys stand watching a puppet show on health education and AIDS prevention, produced by a UNICEF-supported local NGO "Save the Generation", on a street in Addis Ababa, the capital.

## The Curriculum

- In content, language and methodology, the curriculum must meet the educational needs and entitlements of girls and recognise women's contribution to society. But too often, gender stereotypes are part of faculty and student perceptions of femininity and masculinity. A development team that includes experts in women's sexual and reproductive rights, gender and HIV/AIDS, life skills teaching, and gender and education can help to avoid such biases being translated to the curriculum.
- Develop quantitative as well as qualitative indicators to measure progress in reducing gender inequalities and accountability mechanisms to measure programme efficiency and effectiveness. Evaluation and monitoring processes are useful in assessing the quality of educational materials, teaching/learning methodologies, the school environment and performance of teachers and other educators.
- Ensure a solid base of HIV/AIDS prevention programming and reinforce this by integrating HIV/AIDS prevention education in all subject areas and activities.
- Base activities on the experiences of learners and teachers, people they know in the community and role models from the broader society, to engage and retain their interest. Base reproductive health education on the real choices and pressures in relationships between girls and boys. Incorporate methodologies that are interactive and participatory—role-playing, group discussions, and games.
- Increase the complexity of the HIV life skills curriculum content and exploration of the social, political and economic dimensions in age appropriate ways, from kindergarten through high school.

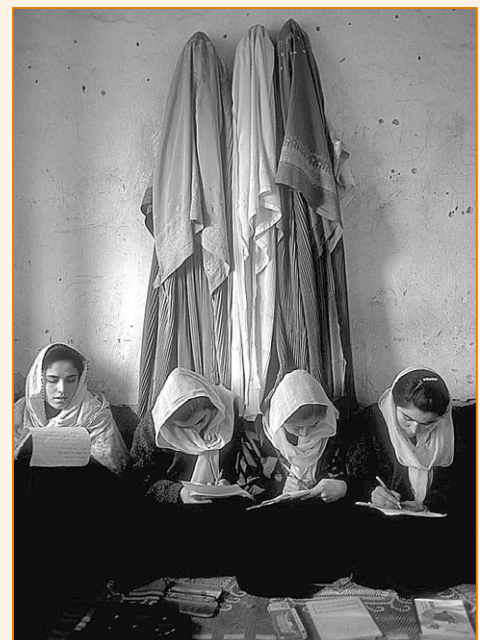
## STEP FOUR: Institute training on life skills-based education for teachers and trainers

Life-skills education that addresses HIV/AIDS is about changing attitudes and behaviour so training of teachers and trainers must ensure competence *and* challenge patriarchal attitudes and behaviours. Some tips:

- Include accurate and appropriate information on HIV/AIDS, risks and vulnerability and gender in all teacher-training programmes, from in-house workshops through university courses.
- Provide all the information teachers require, in durable packaging, especially in rural areas where recommended texts may be difficult to access due to availability and cost.
- Establish face-to-face, in-service life skills-based training programmes for teachers but provide a back-up of substantial content and methodological guidance in training materials, including guidelines on how to conduct participatory lessons and activities.
- Provide research information to help address personal, religious or cultural resistance of teachers and trainers, and the wider community to sensitive content of HIV/AIDS education. For example, information from studies that show sex education reduces risks by contributing to increased condom use, delaying sex and other safer behaviours.
- Make a plan with concrete and realistic benchmarks and monitor implementation.

Life-skills education that addresses HIV/AIDS is about changing attitudes and behaviour...

Afghanistan – Girls studying separately from boys can be a useful strategy for tailoring programs more specifically to the needs of students. ▼



# The Curriculum and the School Environment

Use this monitoring tool to evaluate the adoption of a gender perspective

1. Are the contributions and achievements of females and males valued equally?  
☐ Yes    ☐ No    ☐ Somewhat
2. Do curriculum resources reflect gender equity? (E.g. do posters and other visual materials depict men and women in a wide range of family, workforce, recreational and community roles that men and women can take?)  
☐ Yes    ☐ No    ☐ Somewhat
3. Are attempts made to offset the effects of sex-role stereotyping that may be present in existing resources through critical analysis and through the provision of alternatives?  
☐ Yes    ☐ No    ☐ Somewhat
4. How much teacher time do girls receive in comparison with boys?  
☐ More    ☐ Less    ☐ Same
5. Are there positive female role models in the school structure?  
☐ Environment    ☐ Curriculum    ☐ Materials    ☐ Other  
 Please comment \_\_\_\_\_

6. Are programs or approaches designed to improve girls self image and self esteem?  
☐ Yes    ☐ No    ☐ Somewhat
7. Are playground rules designed to promote equal use of facilities?  
☐ Yes    ☐ No    ☐ Somewhat
8. Are there policies in place to prevent sexual harassment?  
☐ Yes    ☐ No    ☐ Somewhat  
 If policies are in place, do they include accountability measures?  
☐ Yes    ☐ No    ☐ Somewhat
9. Are strategies in place to enable boys to develop more positive attitudes towards girls?  
☐ Yes    ☐ No    ☐ Somewhat
10. Do subject areas give equal recognition to the contributions made by women?  
☐ History    ☐ Science    ☐ Sports    ☐ Arts    ☐ Politics    ☐ Unpaid work
11. Does the curriculum provide opportunities for examining the gender portrayals by the media?  
☐ Yes    ☐ No    ☐ Somewhat
12. Are parents involved in helping to raise the level of girls' education?  
☐ Yes    ☐ No    ☐ Somewhat



# Teacher Training and Practices

Evaluate form, content and results

1. Do teachers examine their own assumptions about boys and girls regarding:
 

Classroom behaviours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
Skills and achievements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
Presentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
Future employment and life options	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
2. Do teachers have accurate information on HIV/AIDS and gender?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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3. Are teachers being provided with accurate information on HIV/AIDS and gender?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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4. Are teachers being provided with adequate support materials?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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5. Are teachers using interactive/participatory methods in the classroom?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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6. Is good quality in-service training about life skills-based education available?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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7. Is good quality pre-service training about life skills-based education available?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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8. Do training materials provide content and methodological guidance for participatory activities?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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9. Is resistance to the sex content of HIV/AIDS education being addressed?
 

Among teachers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
Within the community	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
10. Is the impact of gender-sensitive HIV/AIDS education programmes assessed?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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11. Are guidelines provided for assessing the impact of gender-sensitive HIV/AIDS education programmes?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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## Resources to Support Your Actions

### UNITED NATIONS AGENCY RESOURCES

#### UNICEF: [www.unicef.org](http://www.unicef.org)

Skills-based health education (including life skills)  
<http://www.unicef.org/programme/lifeskills/>

"The impact of HIV/AIDS on education systems in the eastern and southern Africa region and the response of education systems to HIV/AIDS: life skills programmes" By D. Gachuhi (1999, Nairobi: UNICEF/ESARO)

"Gender perspectives in school based HIV/AIDS prevention education resources, Asia-Pacific Region" By A. M. Gillespie (1997, Geneva: UNAIDS, New York)

Gender Equality & Women's Empowerment (1994, New York)

Introducing Change in the Curriculum: Life Skills in ESAR (1999, Nairobi: ESARO)

"Healthy Living and Prevention of HIV/AIDS: School Curriculum Design and Development Initiatives" (1996, Dept. of Basic Education, Myanmar: EAPRO)

"Protect Yourself, Your Friends and Your Family from HIV/AIDS" (1997, China Red Cross, ART, UNICEF, UNAIDS)

"Working with young people: A guide to preventing HIV/AIDS and STDs" (1995, London: WHO/Commonwealth Youth Program/UNICEF)

#### UNAIDS [www.unaids.org](http://www.unaids.org)

AIDS Epidemic Update: December 1999 (2000)

"Gender and HIV/AIDS: Taking Stock of Research and Programmes" (1999)

"Gender and HIV/AIDS: Taking Stock of Research and Programmes. Best Practice Collection" (1999)

"Gender and HIV/AIDS. UNAIDS technical update" (1998)

"The Female Condom and AIDS: UNAIDS Point of View" (1998)

"Women and AIDS: UNAIDS Point of View" (1997)

"Technical Update. Learning and Teaching about AIDS at School" (1997)

"Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People" (1997)

"Women and AIDS. Best Practice Collection" (1997)

#### UNIFEM [www.undp.org/unifem/public/hivtraining/](http://www.undp.org/unifem/public/hivtraining/)

"Gender, HIV and Human Rights: A Training Manual" By Madhu Bala Nath

#### World Health Organisation [www.who.org](http://www.who.org)

WHO Information Series on School Health  
[www.who.int/hpr/archive/gshi/docs](http://www.who.int/hpr/archive/gshi/docs)

Lamas, Marta (Compiladora). Programa Universitario de Estudios de Género. Universidad Autónoma de México (1996, El Género: La construcción Cultural de la Diferencia Social. México D.F.)



Two adolescent girls from a junior secondary school record their discussion on HIV/AIDS awareness and prevention, in a booth at Radio Botswana, the national radio station, in Gaborone, the capital.

### **UNFPA [www.unfpa.org](http://www.unfpa.org)**

Guía para Abogar por la Salud Integral de las/los Adolescentes (1998, Washington D.C: Advocates for Youth, PAHO and UNFPA)

## **NON-GOVERNMENT ORGANISATIONS**

### **Advocates for Youth**

Issues at a Glance: Life Skills Approaches to Improving Youth's Sexual and Reproductive Health (2002, Washington, DC)

Contact: 1025 Vermont Ave, NW Suite 200.  
Washington DC 20005 USA  
Phone: 202 347 5700 Fax: 202 347 2263  
[www.advocatesforyouth.org](http://www.advocatesforyouth.org)

### **Center for Reproductive Law and Policy**

"Implementing Adolescent Reproductive Rights Through the Convention on the Rights of the Child" (1999, Washington D.C.)

"Promoting Reproductive Rights: A Global Mandate" (1997, New York)

Contact: 120 Wall St., New York, NY 10005, U.S.A.  
Phone: (917) 637-3600; Fax: (917) 637-3666(fax);  
E-mail: [info@crplp.org](mailto:info@crplp.org); Website: [www.crplp.org](http://www.crplp.org)

1146 19th St. NW, Washington D.C. 20036  
Phone: (202) 530-2975; Fax: (202) 530-2976;  
E-mail: [dcinfo@crplp.org](mailto:dcinfo@crplp.org); Website: [www.crplp.org](http://www.crplp.org)

### **International Center for Research on Women (ICRW)**

"Integrating a gender perspective in UNAIDS policies and programs a proposed strategy" By G. R Gupta (1995, Washington D.C.)

Contact: 1717 Massachusetts Avenue, NW, Suite 302, Washington, DC 20036  
Phone: (202) 797-0007; Fax: (202) 797-0020;  
E-mail: [info@icrw.org](mailto:info@icrw.org); Website: [www.icrw.org](http://www.icrw.org)

### **Forum for African Women Educationalists (FAWE)**

"ABC of Gender Analysis" By W. M. Kabira and M. Masinjila (1997, Nairobi)

Contact: P.O. Box 53168, Nairobi, Kenya  
Phone: 254-2-226590, Fax: 254-2-210709,  
E-mail: [fawe@fawe.org](mailto:fawe@fawe.org); Website: [www.fawe.org](http://www.fawe.org)

### **Oxfam U.K.**

"OXFAM Gender Training Manual" By S. Williams (1994, UK: Oxfam)

Contact: 274 Banbury Road, Oxford, OX2 7DZ United Kingdom  
Phone: 44 1865 311 311; Fax: 44 1865 312 600  
E-mail: [oxfam@oxfam.org.uk](mailto:oxfam@oxfam.org.uk);  
Website: [www.oxfam.org.uk](http://www.oxfam.org.uk)

### **Human Rights Watch Women's Rights Project**

"Women's Human Rights Step by Step" (1997, Washington)

Contact: 1630 Connecticut Avenue, N.W., Suite 500, Washington, DC 20009 USA  
Phone: 202 612-4321; Fax: 202 612-4333;  
E-mail: [hrwdc@hrw.org](mailto:hrwdc@hrw.org)

## **Selected United Nations Treaties and Other Instruments**

Universal Declaration of Human Rights (1948)  
[www.un.org/Overview/rights.html](http://www.un.org/Overview/rights.html)

Convention on the Elimination of Discrimination Against Women (1979)  
[gopher.un.org/00/ga/cedaw/convention](http://gopher.un.org/00/ga/cedaw/convention)

Convention on the Rights on the Child (1989)  
<http://unicef.org/crc/crc.htm>

Vienna Declaration and Program of Action (1993)  
[www.un.org/esa/gopher-data/esc/cn6/1995/1995-5.en7](http://www.un.org/esa/gopher-data/esc/cn6/1995/1995-5.en7)

Cairo Program of Action (1994)  
[www.unfpa.org/icpd/reports.htm](http://www.unfpa.org/icpd/reports.htm)

Beijing Platform of Action (1995) [www.un.org/womenwatch/daw/followup/finaloutcome.pdf](http://www.un.org/womenwatch/daw/followup/finaloutcome.pdf)

International Conference on Population and Development, (1999). ICPD+5  
[www.unfpa.org/icpd/reports.htm](http://www.unfpa.org/icpd/reports.htm)

UNESCO: [www.unesco.org](http://www.unesco.org)  
The Dakar Framework for Action: Education for All: meeting our collective commitments (including six regional frameworks for action) (2000)



UNICEF/HO96-0256/Nicole Toutounji

## Educating Girls is the Key

Egypt: A girl writes on a blackboard in Arabic during a summer programme at a UNICEF-assisted community school, in the village of Beni Shoukair, Manfalout district, near the southern city of Asyut.

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