Chapter 1

Introduction

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This book examines the challenges of working for gender equality in the education sector as it engages with HIV and AIDS. Applying a gender equality lens highlights a range of responses on which those who work in education systems - policy makers, planners, teachers and learners - need to reflect and act if they are to reduce girls' and boys' vulnerability, change behaviour and challenge some of the unequal gender relations that are driving the epidemic.

In the short span of twenty five years the HIV virus has spread to all regions of the world, infecting over 65 million people globally (UNAIDS 2006). The epidemic has been fuelled by gender inequalities. It has hit hardest in Sub-Saharan Africa: although the region is home to only 10 percent of the world's population, 61 percent of all people with HIV are from this region and women account for 57 percent of all infections there (UNAIDS 2007). Despite the number of new HIV cases (incidence) per year having peaked in the late 1990s, there are still over 22.5 million people living with HIV in sub-Saharan Africa and over 11 million orphans (UNAIDS 2007). In Sub-Saharan Africa the major means of transmission is through heterosexual sex and in many African countries, the epidemic is categorised as a generalised AIDS epidemic – meaning over one percent of the general adult population is HIV positive. However, there is diversity in the severity of the epidemics in Africa with the worst affected countries located in the southern region including South Africa, Botswana, Namibia, Swaziland, Zambia, Zimbabwe and Malawi where prevalence rates are in excess of 10 percent of the adult population. Although the prevalence has levelled off in some countries, this simply means that the number of AIDS-related deaths equals the number of new infections - disguising the thousands of people who are becoming infected or dying every day. UNAIDS estimate that only one in six people in need of treatment in the region are currently receiving it (ibid).

After Sub-Saharan Africa, Asia has the largest number of people living with HIV: latest estimates suggest that in 2007 over 4.9 million adults in Asia were living with HIV. Despite relatively low prevalence rates and concentrated epidemics (defined as below one percent of the adult general population) the sheer size of many of Asian countries has resulted in large

number of HIV infections. For example, India has a prevalence rate of 0.36 percent (defined as a concentrated epidemic), which equates to about 2.5 million adults living with HIV.

Although, overall, the actual number of people living with HIV in Eastern Europe is small, concentrated epidemics are growing at alarming rates. Of particular concern are Ukraine and the Russian Federation where HIV is spreading fast through injecting drug use, especially amongst young people: over 75 percent of new infections in Russia are in people under the age of 30 years (UNAIDS 2006).

The number of people living with HIV in Latin America has risen to an estimated 1.8 million and although across the region the majority of countries have prevalence rates of less than 1 percent the prevalence among specific groups, such as men who have sex with men and sex workers, is often very high (UNAIDS 2007 http://www.avert.org/aidslatinamerica.htm).

Generally, worldwide, those people who are already living marginalised vulnerable lives are less likely to be able to protect themselves from HIV infection. Poverty and inequality underlies much of this vulnerability and it is clear both across and within countries that poor people are much more likely to get HIV than richer people (Hargreaves 2002). Poor people are vulnerable because they are the least powerful. They are the least able to affect change, to receive appropriate treatment or to have their voices heard about how the epidemic is affecting their lives (Hargreaves and Boler 2006). Stark gender inequalities often compound this. Women are increasingly more likely to become infected with HIV than men.

How has this epidemic –which is preventable – been able to spread uncontrolled across the globe, already claiming the lives of 25 million people? The answer lies in the fact that HIV is often a sexually transmitted disease or is associated with injecting drug users and sex and drugs remain taboo issues, which reflect deep divisions between people and expose gendered relations in particularly destructive forms. HIV shines a light on the contradictions between societal expectations in many countries not to have sex, and the reality that many people have many sexual partners over their lifetime. HIV also disproportionately affects groups in society who are already highly stigmatised and viewed as immoral: injecting drug users, sex workers and men who have sex with men. It exposes some of the gendered power which often characterizes interactions concerning sex, drug use and stigma.

HIV destroys the body's immune system and after several years, the body is too weak to fight off infection and succumbs to an onslaught of opportunist infections and tumours collectively known as AIDS. The gradual debilitation and eventual death (in the absence of treatment) of AIDS sufferers further stigmatises both the virus, sex and people who are associated with those who have been infected.

Transmission of the virus can be prevented through a variety of different behavioural strategies including use of condom, reduction in sexual partners, abstinence from sexual intercourse and use of sterilized needles when injecting drugs. The education sector is considered key to developing these protective strategies and education is sometimes referred to as a 'social vaccine' (GCE 2004). The term is extremely useful, in that it captures the way in which education is an important site for developing knowledge, understanding and social relations that are important both for prevention of the virus and for assisting people to care for those are infected and affected. But the term also carries assumptions that schooling is a place where relationships and behaviour change are unproblematic, easily injected into people like a vaccination. And schools are complex. Pupils and teachers may be divided by class, race, ethnicity or gender. They are certainly divided by age. There are differences between managers, planners, policy-makers, and diverging and converging networks of relationships with parents, communities, employers, NGOs, and a wider citizenship. Thus school may offer the protection of a vaccine, but this is not achieved only by a simple act of injecting into schools training, materials, or monitoring. These may be a necessary part of addressing the epidemic, but on their own they are insufficient.

Despite the dissemination of knowledge on the causes and nature of the epidemic, behaviour change has not occurred at the scale needed to curb its spread. Shifts towards more equal gender relations are associated with preventing the disease but changes in gender relations and gendered power relations are difficult to effect and education is one sector where these difficulties are writ large. The argument of this book is that while gender inequalities in society generally, and particularly within the education sector, are driving aspects of the epidemic, and can limit prevention and care, in every sector – be it government, community, or school initiatives – there are actions that have been taken to confront and transform gender inequalities and this enhances work in combating the spread of HIV and caring for people who are infected and affected. The challenges of working on gender inequality in education

in the context of the epidemic need to be acknowledged, but once some of their dimensions are known, the assumptions, fear and stigma can be discussed and begin to be addressed.

The starting point for producing this book comes from the work of 'Beyond Access: Gender, Education and Development' a joint project of the Institute of Education, University of London and OxfamGB with three years of funding from the Department for International Development (DFID) (www.ioe.ac.uk/efps/beyondaccess , Aikman & Unterhalter 2005; Aikman and Unterhalter, 2007). This project examined policy, practice and research with a wide network of people around the globe to identify new knowledge and document good practice. HIV and AIDS was a theme which cut across all the work on gender and education and was a particular focus in each of the five international seminars hosted by the project between 2002 and 2005. This volume brings together some of the papers commissioned by the project as well as contributions from key researchers, policy makers and practitioners in the field of HIV and AIDS and education.

The book draws on research and experience from many different levels and parts of the education system. It brings together an international group of writers from different disciplinary and methodological backgrounds, experiences and practices. Their work ranges from small-scale qualitative studies which elicit rich description of the gendered lives of students and teachers in the context of HIV and AIDS, to discussions of the literature in the field, and analysis of the policies of international agencies, national and local governments and NGOs. The chapters provide many points for discussion from multiple perspectives. It is intended for audiences who wish to contribute to policy, develop new knowledge through research and change practice.

In bringing this work together we have tried to be alert to the varied characteristics of the HIV and AIDS pandemic as it has developed in different settings around the globe. However, a majority of chapters are concerned with contexts within sub-Saharan Africa, and southern Africa in particular. This is because sub-Saharan Africa has the largest number of people living with HIV – in some countries, over 10 percent of the adult population. Hence this has been the setting for some of the most extensive research and documentation of educational challenges and responses. Here heterosexual transmission has been the main mode of spreading the virus for some time and a number of the chapters deal with some of the issues concerning sexualities, family relationships and the cultural delineation of gender inequalities

which also have a bearing on the way schooling can address the epidemic. The numbers of the adults with HIV in Asia are high, because of the sheer size of population on that continent. Here research has focused on specific groups at risk of HIV such as injecting drug users, sex workers and men who have sex with men, but has not looked extensively at schooling. Our book reflects this, as the chapters providing case studies of Thailand and India deal with adult education initiatives, rather than schooling.

The book aims to provide a comprehensive approach to thinking about gender and gender equality in education from an appreciation of the way in which girls and women are becoming disproportionately infected with the HIV virus, to an analysis of the assumptions about gender and women that underpins much writing on the epidemic and the educational responses. While the book maintains a strong focus on the formal education system and schools in particular it also recognises the importance of non-formal education and education for adults and the need for comprehensive strategies and practices that engage the wider community in which education and schooling take place. Chapters investigate the ways in which policy and programme interventions that serve to promote gender equality at school and in other educational contexts can contribute to reducing the vulnerability of young people, girls and women in particular, to HIV infection. Reducing vulnerability entails understanding different dimensions and frames of vulnerability such as that of the impact of HIV and AIDS on children and especially orphans (see Boler, this volume), the way in which schooling can expose vulnerable young people to violence and increased risk of contracting HIV (see Leach this volume) and looking to change behaviour of dominant groups – such as young men and their concepts of masculinity (see Khandekhar et al., this volume) to reduce vulnerability.

The UNESCO Inter-agency Task Team on HIV and AIDS (UNESCO 2006c) calls for an examination of current practices to ensure relevant, effective, inclusive and qualitative learning and about HIV and AIDS. There is an urgent need for fine grained studies of what good teaching and learning about HIV and AIDS looks like in classrooms and schools. Research in schools in Durban and Gauteng in South Africa, in Maputo, Mozambique and in Uganda show how teachers' attitudes sometimes undermine the equality and respect which are needed to support forms of empowerment of both girls and boys in relation to negotiating sex (Morrell and Ouzgane 2005; Campbell ref?; Thorpe 2005; Kakuru 2006), nonetheless a

number of initiatives also point to the ways in which teachers are contributing to change as this book documents (see Unterhalter et al., this volume). There is a growing need for the insights gained from these local initiatives to be used in policy making and planning at a national and international level.

The book is divided into two sections, the first outlines some of the ways in which gender inequalities in schools and in the social relations that surround school have exacerbated the epidemic. Chapter 2 sets the scene for the chapters which follow by providing a brief overview of the AIDS epidemic and the gender dynamics embedded in it. It considers some of the assumptions about gender often associated with the epidemic and draws on debates in feminist theory to elucidate the different concepts in discussion. It then considers ways in which schooling, education and learning themselves are not socially neutral places but highly gendered social spaces and what this can mean for the educational experience of young people. The chapter poses questions about how and why the education sector has responded to the HIV epidemic in terms of particular orientations with regard to policy and planning and maps some of the challenges to ensuring greater responsiveness and a more transformative agenda.

In Chapter 3 James Hargreaves and Tania Boler undertake a systematic review of literature on young people, risk and HIV and consider what the research evidence indicates about whether school does provide a form of protection against HIV infection. Doris Kakuru's chapter looks at the extensive national level response by the government of Uganda and examines what success there has been in taking energetic policy commitments down to the level of the school. Fiona Leach alerts us to the emerging research on forms of violence girls and boys encounter in school and some of the gender dynamics embedded in these. She considers some of the links between these studies illuminating the hierarchical and often violent school environment and the need for HIV and AIDS education to address these broad contexts of gender differentiation and power in sexual relationships for it to be effective. In the last chapter of this section, Tania Boler presents data from a study of orphans in South Africa, drawing out gender differences in terms of educational outcomes of orphaned boys and girls and providing new evidence to link gendered patterns of parental death with increased sexual vulnerability. All the chapters of the first section warn that too optimistic a turn to schools to protect against HIV and AIDS must be tempered by an acknowledgement

of the forms of gender, class and race inequalities that are associated with the provision of education.

Section Two addresses some initiatives that have attempted to change the marked gender inequalities in schooling that either exacerbate or fail to ameliorate the effects of the epidemic. David Clarke reviews the international response by multilateral and bilateral organisations showing how money can be linked to addressing gender equality in policy, planning and practice. Gill Gordon looks at work in Eastern Zambia where the school has become the hub for a participatory approach that engages community groups and teachers and students. The programme engages them in analysing and understanding the complex and specific social factors that put them at risk of unsafe sex and supports them to develop actions to overcome factors that prevent them from leading enabling and healthy lives. Elaine Unterhalter, Amy North, Rob Morrell and their co-authors chart how teachers in South Africa have responded with care and concern to the ravages of the epidemic on their schools and how this suggests the emergence of new gendered identities and the opportunities that the school itself provides for proactively engaging with the epidemic, even though old hierarchies are slow to change.

The chapters by Usa Duongasa and Sujata Khandekar and colleagues look at adult education and the non-formal sector. Duongsaa, drawing on her work in Thailand, takes the case of a young woman – Pimjai – to illustrate the way in which HIV and AIDS, poverty and lack of education is putting women at risk of infection. Pimjai provides an inspiring example of determination to overcome stigma and inequality through counselling others and becoming an advocate for women's rights. Khandekar examines a research and community mobilisation programme for young men in Mumbai. Through participatory research with community youths the programme sets about changing concepts of masculinity, ways of understanding gender, power and identity in order to address violent gendered behaviour by young men which puts them and their partners at risk of HIV and AIDS. Omokhudu Idogho charts the development of HIV and AIDS education projects and programmes in Nigeria through an examination of different partnerships that have been driving change. It outlines the importance, as well as the tensions and challenges, of bringing together the health and education sectors to form multi-sectoral partnerships but warns that until women's rights organisations join the partnership, the unequal gendered power relations which underpin the HIV and AIDS epidemic will continue.

In our conclusion we assess the expectations of HIV and AIDS: the 'optimistic' approach which assumes that behaviour change can be taught in school or educational setting as if apart from the gender relations of the wider society; and the 'pessimistic' approach whereby the inequalities within schools place young people at severe risk, unable to challenge or counter these forces. We consider some of the research, policy and practice challenges of persistent gender inequalities and the indications that steps can be taken to make gender equality a reality in the face of the ravages of the epidemic.

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