

Chapter 13

Conclusion: HIV and AIDS and gender: the challenges for empowerment and change.

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At the beginning of this book we looked at different expectations of what schooling or other educational settings can do in response to two pressing and interconnected problems. How can schools help transform unequal gender relations and in this protect young people against HIV and AIDS and contribute to care for those who are infected and affected. Expectations of what education can do have changed with time as understandings of the nature, dimensions and language associated with the epidemic have developed. An initial concern that education programmes and school curricula teach the bio-medical facts about the disease have shifted towards developing pedagogies that understand young people's sexual behaviour, how this influences their vulnerabilities to contracting HIV and build strategies for reducing risk, appreciating different points of view, and negotiation. But these shifts have not been easy to effect. Sexual behaviour is influenced by complex social and cultural identities and values and this book has drawn some very stark pictures of how unequal and sometimes violent relationships enmesh men and women in disempowering and abusive relationship which schools do little to change. How can education not only teach new knowledge about HIV but promote and support young people to act on that information and change their behaviour, appreciate some of the values associated with gender equality and overcome the prejudice and stigma that so often attaches to people associated with the epidemic?

In framing the argument for the book we looked at different expectations for HIV education programmes attempting to change behaviour about HIV and gender and help young people avoid risk. We looked at what we termed the 'optimistic view' that behaviour change can be taught in schools or other education settings and that learning and teaching can be implemented as intended by those who develop curricula and train teachers. We also examined the view – a more pessimistic one – that unequal gender relations are deeply entrenched within educational settings themselves which constrain

the ability of students and teachers to change and bring about change. The chapters in this book urge us to lean towards optimism by demonstrating that educational settings and institutions – adult learning centres, schools, community education centres – can be empowering and the people who work in them, despite sometimes extreme hierarchies of gender in their society can bring about change. They illustrate 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 all people to HIV infection. Schools can be places where, despite complex histories of discrimination, inequality and poverty, children and adults can question gendered power relations and violence and develop new understandings and expressions of sexuality and social relations. Individuals have complex histories which influence and shape their identities and their actions and acknowledging these may be one way to reflect on how to change those behaviours that put people at risk. Thus we argue against reducing issues of vulnerability to HIV to bald notions of all women as at risk and all men as predators (essentialism). We also suggest that too thin a reading of gender equality as ‘sameness’ with no regard for taken-for-granted power relations that structure what is possible and what is not is not likely to take educational work on HIV and gender far enough. Another way of viewing gender equality - as empowerment – provides a direction we believe needs to underpin all HIV education (Chapter 2). Empowerment here means a concern with confidence and self-expression, the development of emancipatory knowledge, access to resources, actions for transformation and participation in relations of power.

What do the chapters in this book tell us how change for empowerment happens? Under what circumstances and conditions can young people become self-confident, use new knowledge and take decisions about their relationships and sexual behaviour? While there is evidence that, broadly speaking, HIV is less prevalent among more educated populations than was the case in the early stages of the epidemic, suggesting that education does offer some protection (chapter 3), an uncritical acceptance that education is a ‘social vaccine’ acting to protect young people from HIV infection can be misleading. The evidence in this book leads us to ask, rather, what kind of education and under what conditions – what is the nature of the knowledge, the learning environment

and the relationships between students and teachers –promotes attitudes and behaviour which minimise risk?

The first part of the book set the scene; it mapped the challenges and the terrain. The second part of the book provides the insights and recommendations for taking forward an empowering agenda for HIV education for gender equality.

Context and participation

To be effective, HIV and AIDS education must be based on an understanding the broader social and cultural environment in which gender differentiation and hierarchies, power in sexual relationships and the effects of stigma and discrimination operate. It must address the complexities of children’s lives, taking on board shifting forms of the family, given the large numbers of children orphaned by the disease (Kakuru; Boler). This means also developing an in-depth understanding of how the school, the teachers and the students are located in this wider context, and what this means in terms of their vulnerability and risk to HIV as well as opportunities for change.

Education for behaviour change in the context of HIV and AIDS means challenging deeply held values and religious beliefs and practices regarding women’s sexuality and sexual behaviour. The authors in this section of the book illustrate how, through working with not only teachers and students but with key members of the community and its leadership, both religious and secular these values and beliefs can change. Through participatory and inclusive approaches to programme design and collaborative decision making, adult education and school-focused programmes can engender ownership across the community. Chewa elders in Eastern Zambia, whose instruction at puberty put boys and girls at risk of HIV, themselves became active proponents of new ways of teaching (Gordon).

We now have more evidence than ever before of schools as places of unequal gender relations, take-for-granted assumptions about sexuality and gender violence as researchers probe the culture and environment of the school from a gendered perspective

(Leach; Kakuru; Unterhalter et al). Violent or aggressive behaviour in the school mirrors similar behaviours in the wider society and here too there is a need for carefully designed education programmes to transform masculinities which perpetuate violence against women and coercive sex. In the slums of Mumbai, the changes which occurred through the Yari Dosti programme were as a result of meticulous support which built ownership of the programme by young community men themselves (Khandekar).

Poverty is a backdrop for much of the discussion of gender inequalities in this book. Economic poverty constrains educational opportunities and life-choices of the young people in the pages of this book. Despite the abolition of fees in many countries in sub-Saharan Africa and Asia, we still have instances of young girls engaged in transactional sex or commodities like shoes, for status and for access to secondary school and higher grades. The unequal gender relations that have exacerbated the epidemic are themselves intensified by the injustices of global inequality and lack of income for the poorest. Poverty also puts severe constraints on the quality of the education provision, reducing the time poorly paid teachers are prepared to spend on complex subjects relating to HIV and gender, limiting the number of books available for children, and forcing governments to select between the often competing demands for inclusion and equity. Addressing HIV and AIDS may, therefore, be in a queue for policy attention and resources with programmes to redress regional inequalities, provide for the education of children with disabilities or address the needs of refugees or internally displaced people.

Schools as democratic spaces

The second part of this book has expanded our understandings of what good teaching and learning about HIV and AIDS looks like in classrooms and schools. In Chapter 9 Unterhalter et al. illustrate the importance of teachers' creative and proactive engagement with the epidemic. The extent to which teachers are able to recognise and change their own normalised gendered identities and behaviours is important for the way in which they teach and model safe behaviour. The research in schools in South Africa presents a perspective on the development of new caring relationships between teachers and students which makes way for new visions of masculinity and femininity. This kind of

change is not instant and needs ongoing support over time as teachers and facilitators themselves challenge their own beliefs and behaviours and bring their own learning and understanding to support their students. Peer groups, not only for students but for teachers too are important for providing mutual support and mentoring (Gordon, Khandekar) and teacher training, both pre-service and in-service, must engage with issues of gender equality, HIV and interactive, facilitative teaching and learning styles. The authoritarian culture that still dominates schools in much of the world needs to be transformed and standards and codes of professional and ethical conduct implemented. Only then will students and learners feel confident to discuss and debate issues of sexuality and sexual behaviour and on equal terms with teachers and facilitators and in open and democratic spaces (Khandekar; Leach).

Leadership and coordination

As the chapters in this book have illustrated there is a huge diversity of educational responses to HIV in terms of programme and project aims, design and implementation. Across the globe many education programmes have been developed outside of the formal education system and operate on the margins of official education curriculum and practice. Many continue to view HIV and AIDS as a health issue, and those that are more focused on improving the quality of education have only sporadically incorporated a gendered approach (Clarke). As Idogho (chapter 12) documents in the Nigerian context, HIV and AIDS education programmes often develop in a piecemeal fashion with small-scale donor funded programmes. In many countries this has produced a plethora of small-scale uncoordinated interventions developed and implemented by a range of different NGOs and by formal and non-formal departments of Ministries of Education. But this has also created space for the development of innovative programmes that have flourished through strong and effective partnerships between civil society organisations and local and national education authorities. In Eastern Zambia (Gordon) project schools and District Education Officers considered the work of the NGO as crucial for mobilising the community, maintaining motivation and, not least, providing additional funding. Working with existing government structures - such as Parent-Teacher Associations, in-

service training mechanisms and education inspectorate - and ministry strategic objectives was important for ensuring not only ownership but sustainability.

In the non-formal adult education sector, described by Duongsaa in the Thai context (Chapter 10), small scale programmes, however successful and supportive at the local level, need to be complemented through similar approaches in the formal school system and through vocational and skills training to develop a critical mass of people who, through their awareness and new knowledge, are changing their sexual behaviour and questioning the nature of their gendered relationships.

Multi-sectoral partnerships

The discussion of the development of partnerships and government response in Nigeria (chapter 13) raises the question of how are government's responding to the diversity and lack of coherence across the sector? The Nigerian case indicates the complexities of building a strong national response: time needed for dialogue and building common ground, negotiation of differences and developing consensus - or not – with civil society, donors and government often working together in a state of creative tension. The diversity of international donors with their own interests, strategies as well as funding for HIV and AIDS education suggests that at times 'partnership' may be no more than an aspiration. While there are a number of different initiatives for developing school HIV and AIDS curricula, learning materials and teacher training approaches engaging differently with NGOs, donors and publishing houses, as described in Zambia (chapter 8), competition and turf protecting may overwhelm collaboration and partnership.

The bringing together of coalitions and NGO networks from across sectors, as well as linking across ministries, is important for good HIV education. The Nigeria case illustrates a trajectory of partnerships development from within the health sector to include also the education sector. Now, Idogho (chapter 13), raises the challenge to women's organisations to add their voice and experience to the campaigning and advocacy for HIV education which has gender equality at its core. Government too must

secure the link through engaging Ministries of Women or Departments for Women's Affairs, where they exist.

Ministries of Education have, with support from donors, adopted different strategies for mainstreaming gender equality through policies and workplace practices, often through establishing gender units within national and line ministries. However, the work of these units is not being seen or felt in education sector responses to HIV. The capacity of ministry staff, teacher educators and teachers in gender analysis, gender planning (and budgeting) and action for gender equality is low and until it is improved across the education sector there is little hope of strong gender equitable policies or transformatory practices for HIV and AIDS education. Putting gender at the heart of education sector HIV responses will take time and money, which will be dependent in turn on political will and commitment as well as leadership. Leadership is needed from the top - central government and heads of ministries – as well as at the school through motivated and capable headteachers and religious leaders. Expertise in gender analysis is needed too but not only tucked away in a Gender Units with no resources and no status.

Evidence-based policy making – rhetoric to reality

As Clarke reminds us, without a specific policy in place it is very difficult to achieve a coherent, comprehensive and scaled up response to HIV and AIDS through education. Currently very few governments have developed specific detailed policies on HIV for the education sector and those that have limited coverage of gender-related issues and specific interventions (Chapter 7). Developing a policy is an opportunity for discussion and engagement of civil society in development process. Having a policy is a means of demanding greater accountability from civil society and the myriad of small scale projects that often do not prioritise the time or have the resources to document their learning or share their experiences. A policy should provide the framework needed for scaling up NGO and government collaborative programmes which have proved their effectiveness and quality through extensive monitoring and evaluation over time (such as described in Zambia). And a policy is important to guide curriculum development, teacher training and workplace HIV policies at all levels of the system. As a statement of

intent, civil society organisations and their national coalitions can use policies to hold government accountable for their implementation. Odogho (chapter 13) shows how slow progress has been, how limited the current resources and capacity are for both for delivery and for monitoring and evaluation and how much remains to be put in place. Clarke outlines some very concrete steps that governments can take, stressing, like Idogho, the importance of alliances with civil society and multi-sectoral approaches.

Good policies are built on good knowledge and learning about what work well. There is an urgent need for well-documented and evaluated fine-grained studies of local initiatives that are built with the ownership and support of community, students and teachers for policy making and planning at a national and international level. Funding needs to be earmarked for evaluation studies to develop an evidence base on what works in gender and HIV education (Clarke). Longitudinal studies are needed to monitor and track changes in attitudes and behaviours which take time.

The book set out to show that while gender inequalities in society generally, and particularly within the education sector, are driving aspects of the epidemic and contribute to limitations in the work of 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. This will enhance work on preventions and supports care for people who are infected and affected. We do not report exemplars as fuller documentation and analysis of the strategies is required. But we do highlight some of the creativity, connection and self criticism that we think are key dimensions of the challenge for the education sector working on gender inequality in education in the context of the epidemic. We see this collection as a beginning, an acknowledgement that school is not a simple social vaccine, but it is an important social space for working towards gender equality and empowerment.