

2003 INTERNATIONAL POLICY CONTINUING FELLOWSHIPS PROGRAM

AIDS EDUCATION AT SCHOOL: Introducing policy culture change and outlining a draft curriculum

Policy Paper

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Introduction

AIDS education for young people can lead to a delay in the onset of sexual activity, and to the use of safer sex practices among those adolescents who are already sexually active.

Educational programs are designed by curriculum planners. The program content and methods are influenced by cultural norms and social and ethical values. Cultural and social norms and values are to be taken into account when designing and introducing an HIV/AIDS/STD education program.

Educational policy regarding an HIV/AIDS/STD education program is currently underdeveloped in Armenia. Policy makers and planners are concerned about such issues as how to calendar a program, what kind of teachers' training is required, and what additional printed materials need to be developed to ensure the success of the program.

The curriculum planners need to design credible and effective program acceptable not only to students but also to their parents, teachers, school administration, educational policy system, and the wider community. However, curriculum planners often lack examples of policy guidance, curricula, classroom activities and learning materials.

The aim of this paper is to assist policy makers and curriculum planners in designing HIV/AIDS/STD education program for Armenian school system.

Background and current situation

Many countries have undergone development of life skills-based education in response to the need to reform traditional education systems which turn up to be out of date with the realities of contemporary social and economic life. Life skills project in Armenia was implemented as a reply to educational reforms, needed in the face of current social, political, economic and cultural realities and challenges.

To address some weaknesses in the existing curriculum and teaching methods, in 1998 the Ministry of Education and Science in collaboration with UNICEF and the International Institute of Global Education (IIGE) of the University of Toronto, Canada introduced Life Skills into the core school curriculum. It included health education as well as other subject areas such as: an Individual and His/Her Relationships, Making Friends and Having Friends, Human Relationships, Home and Family, Community and Society, Healthy Lifestyle, Environmental Protection, Conflict Management, and Sexual Education. Distinguished features of skills-based health education include the following: 1) Program objectives include individual change to adopt health promoting behavior; 2) Balance in the curriculum is preserved for the development of: a) knowledge, b) attitudes and values, and c) life skills; 3) Participatory teaching and learning methods used; 4) Student-centered and gender-receptive approach promoted.

On September 1, 1999, the "Life Skills" Pilot Project was launched in 16 schools throughout Armenia. Selected teachers participated in specific training seminars on active participatory methods of teaching, and developed lessons and their assessments.

To date, Life Skills education has been introduced in 281 schools, and 525 teachers have been trained as Life Skills teachers. All schools are supplied with life skills teaching materials and audio-visual equipment. Life skills lessons are being taught in grades through 1 to 7.

In addition, education about HIV and other STIs, modes of their transmission and means of prevention as well as information on the harm of intravenous drug use will be soon introduced in the school education programs in Armenia. In particular, one of the components of the National Program on HIV/AIDS is to develop and introduce into schools the HIV/AIDS Educational Program. Introduction and realization of HIV/AIDS Educational Programs in secondary schools and higher educational establishments in the capital and regions of Armenia is funded by the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Educational Program will be introduced in 850 secondary schools for the first year of implementation, and 850 for the second year. National Center for AIDS Prevention and Scientific Association of Medical Students of Armenia local NGO are involved in the implementation of this program in close cooperation with the Ministry of Education and Science.

Issue

Thus, the need to introduce AIDS education in schools is recognized both by the government and implementing organizations. However, curriculum planners often lack examples of policy guidance, curricula, classroom activities and learning materials.

Compiling existing curriculum planning approaches and methods employed by a number of countries can provide essential tools for policy makers and curriculum planners to develop appropriate frameworks for Armenian schools.

The principal first step is to decide where to integrate the program. The program could be delivered 1) as a separate subject or topic, 2) as part of an established subject (e.g. population

education, family life education, health education, and social studies), 3) as an extra-curricular activity, or 4)“infused” in different subjects.

In general, biology is not the best carrier subject, since it puts too much emphasis on biomedical aspects of HIV/AIDS/STD sacrificing preventive and behavioral aspects. The question of where to integrate HIV/AIDS/STD education may require policy decisions at the higher levels of the Ministry of Education.

As to the type and length of the program, a sequential curriculum is suggested while the program divided over two to three years or more. In this case learning can be reinforced at regular intervals; it is not as time-consuming as a one-year program; and students are able to relate knowledge and skills to specific situations encountered at different ages.

Programs on sexuality and HIV/AIDS/STD education are more effective if given before the onset of sexual activity. Information on age at first intercourse should be used by planners in defining the age at which HIV/AIDS/STD preventive education should start.

The amount of time to be allocated for the program should be decided based on the following considerations:

- Participatory teaching methods require more time than teacher directed methods;
- Teacher capabilities and experience in AIDS or sex education vary;
- The amount of time the Ministry of Education and Science and school administration are willing to give to the program;
- The extent to which some topics are taught in other subjects.

Options for Consideration

The following options are possible to integrate HIV/AIDS education into school curriculum:

1. Comprehensive school health education program

AIDS education cannot be isolated from a comprehensive health education program addressing whole range of problems such as use of alcohol and other drugs, teenage pregnancies, poor living conditions, violence, and unemployment. In fact, many of the skills and attitudes that young people need to prevent infection with HIV/STD, are life skills that will be useful in responding effectively to a wide range of other problems that they may face as they grow up. Thus, in the context of Armenia, HIV/AIDS/ sex education program should be an integrated part of the larger Life Skills education program aimed at adoption of healthy life style skills enabling a student to deal effectively with the demands, challenges, dangers, and pressures of everyday life.

2. AIDS Education as a separate subject

An educational program dealing with STD, HIV and AIDS requires that students have an understanding of their own physical and emotional development during adolescence, so that they

can gain insight into their own and others' sexuality. AIDS and sex education in schools should be careful of children's early experiences and be based on their developmental needs and desires. It should provide consistent messages; be persistent and progressive, and support children as they move from childhood through puberty and adolescence into adulthood. The elements of AIDS education are mutually dependent. Knowledge alone will not encourage sexual and emotional health and well-being. Appropriate consideration of values, attitudes and beliefs is strongly related to the development of personal and social skills and the acquisition and understanding of correct and unbiased information.

3. AIDS Education as an extracurricular activity

Extracurricular school-based AIDS education program engages students and teachers in thinking about HIV/AIDS in their own communities, discussing their attitudes and behaviors, and developing preventive skills. However, there are a number of limitations pertinent to extracurricular education activities as compared to AIDS education included as a part of the national curriculum. Several studies have evaluated extracurricular AIDS education programs and found that the programs generally are poorly implemented by trained teachers and had little overall effect. In particular, classes were irregular and generally unscheduled, there was no significant improvement in knowledge scores at the end of the program, students had never been involved in student activities, teachers were reluctant to tackle controversial and unfamiliar topics for fear of antagonizing parents, and teachers lacked sufficient classroom time to implement the education package due to curriculum overload.

Recommended actions

Thus, unless teachers are obliged to address the subject, school-based AIDS education may fall short due to incomplete implementation. To ensure the effectiveness of the AIDS program, it is recommended that policy-makers:

- incorporate AIDS education fully into the national curriculum and examine it as part of life-skills education
- introduce courses on participatory teaching methods at teacher training institutions and during in-service training programs.

HIV/AIDS curriculum planning process should include the following main steps:

1. Making a situation assessment

In order to select objectives and classroom activities, it is important to gather information about the target audiences – those for whom the program is intended, and those who influence the program or whose informed involvement is necessary. The information gathered will enable planners to develop learning materials that are relevant to the students and acceptable to most sections of the community. It will provide powerful support to advocacy about the need for AIDS education at meetings with parents and community leaders.

2. Defining the type of program

The program can be offered during one school year or divided over two to three years or more (sequential curriculum). A sequential program is preferable, because learning can be provided at regular intervals.

3. Selecting objectives

Learning objectives need to be defined to guide the selection of the topics to include in the curriculum. Objectives should be identified bearing in mind the following: 1) The behaviors that put young people at risk of infection with HIV/STD that are most prevalent in the country; 2) Whether some topics have been taught in other subjects (e.g. Family Life Education may have a unit on delaying sex); and 3) Ability of students and teachers.

4. Making a curriculum plan

When the relevant objectives are selected, the next step is to make a curriculum plan. Objectives can be repeated at other grades if a sequential program is used, but student activities may be different. Basic Knowledge of HIV/AIDS/ should be taught mainly in the early grades and emphasis on this should gradually decrease in later years. Also, degree of difficulty of each activity should be assessed – some activities are easier than others. The curriculum should include some information on condoms. Classroom activities on condoms and on saying no to unprotected sex are also strongly recommended. If a sequential approach is used, it is recommended to start slowly in the early grades and increase awareness in the later grades.

5. Planning for material production

The learning objectives and the teaching methods used in the program will influence the type of materials needed. It is recommended to largely base the program on participatory methods, as these are known to facilitate the learning process. The type of materials will depend on finances, and on the availability of duplicating equipment. It should be planned to produce student materials, teacher materials, and materials for parents/family members. Student materials may include sets of student activities for individual use and for use in small groups, and a booklet with essential information for individual use. Materials for teachers should include a teachers guide with basic information and instructions for student activities, as well as various teaching paraphernalia.

6. Developing students' activities

Developing the student activities is one of the most important tasks in curriculum development process. The bottom line is that these activities need to be best suit our culture and country. Important considerations to be taken into account while developing students' activities include the following: 1) Student activities have to be culturally relevant to the day-to-day life of young people, and in particular the stories or scenarios must correspond to real risk situations; 2) Language should be understandable and appropriate for young people, no difficult medical terms used; 3) Illustrations in the examples should be drawn from real life situations.

7. Developing the teachers' guide

The Teachers' Guide should be composed of the background information for teachers, and teacher instructions for each student activity included in the curriculum. The following issues need to be considered: 1) Type of teachers expected to use the program; 2) Teaching methods

should be decided on the basis of facilities available (blackboard, duplicating) and teacher training in participatory methods; 3) Sensitive issues within a country of which teachers should be aware; and 4) Additions that would help teachers administer the program.

8. Validating the curriculum

Once the curriculum is designed, it is important to pre-test and validate it. For the pre-test, it is recommended to try out the activities with students and teachers in some selected schools. During the pre-test, the reactions of students, the skills needed by the teachers, the time needed to give the instructions and complete the activities, and the kind of class management that is most appropriate should be noted. To check out how realistic the instructions given to teachers in the teachers' guide, it is recommended to try the activities using different methods, e.g. group work and blackboard, group work and discussion. This exercise helps take into account the availability of materials in the classroom. After the field test, the students' activities and teachers' guide need to be revised.

9. Planning for teacher training

Teachers need to understand what is known about HIV/AIDS/STD so that they can give reliable information about them to students and communities; they also have to confront their own feelings, especially of fear of the disease, and about people with AIDS; they have to feel comfortable with the issues raised in the program, particularly those related to human sexuality and sexual behavior; and they have to try out the classroom activities described in the program. It is strongly advised to assess the accuracy of teachers' knowledge, their attitudes and levels of comfort with sensitive topics, before designing a training program. Such an assessment has been already conducted by me in the confines of my IPF fellowship project in 2002.

10. Designing the program's evaluation.

To assess the effectiveness of the program about HIV/AIDS, impact and process evaluation should be planned and implemented. By carrying out an impact evaluation study of the program, the education system will be able to determine whether there have been measurable effects on the students' knowledge, attitudes, skills and behavioral intent as a result of the program; demonstrate to education officials, general public and teachers that effective program can be carried out; make a case for obtaining additional staff or funds; and increase the support to the program of teachers, parents, and communities in general. By carrying out a process evaluation study, the education system will be able to determine which program components are most successful; assess the acceptability of the program to teachers and incorporate their suggestions as appropriate; determine the level of difficulty of the materials and revise accordingly; assess the receptivity of students, parents and school administrators to the program; determine the appropriateness of the teaching methods.

Implementation Issues

Financial Impact

Funding for introduction of HIV/AIDS/sexuality education in schools is provided by the Global Fund to Fight AIDS, Tuberculosis, and Malaria. While many policy-makers acknowledge the

necessity of HIV/AIDS/sexuality education, the government hardly will provide enough funding for effective implementation of the proposed actions.

Changes in Legislation and Regulations

Appropriate changes in the regulations and provisions have been made and new educational standards developed by the MOES to introduce AIDS education in school. These changes included development of normative documents delineating procedures and conditions under which HIV/AIDS education program is introduced in the school, provision of consultations regarding development of guidelines, instructional materials, and teacher manuals.

Monitoring and Evaluation

As the pilot school-based HIV education program is ready for implementation, monitoring and review arrangements should be assumed to ensure ongoing assessments and evaluations and to undertake corrective measures if needed. Evaluation enables to plan future work more constructively.

Communications Analysis

Young people need information and skills in order to avoid getting infected by HIV and other sexually transmitted infections. Education about sex and AIDS does not encourage young people to have sex; rather it makes them realize the risks involved and enables them to make responsible decisions about delaying sex or protecting themselves. AIDS education is most effective if given before young people become sexually active.

Governmental support is necessary to formulate positive public opinion regarding HIV/AIDS school-based program. Policy makers at all levels, school administrators and teachers need to be involved into aggressive advocacy efforts to gain parents' support and interest, as well as the support of the community in general.

Information about the school starting a new program on AIDS education should be delivered to parents through a series of lectures and individual meetings organized by the schools. It is important to convey to the parents that their children will learn about AIDS and how to protect themselves from getting this disease, and other sexually transmitted diseases.

As the early results of the evaluation of pilot programs on AIDS education become available it should be communicated to the parents and the general public, as well as to the scientific community in a form of public lectures, publications in journals and other scientific literature, articles in newspapers, and large scale mass media activities.