Lessons Learned about life skills-based education for preventing HIV/AIDS related risk and related discrimination*

- Life skills-based education uses a combination of participatory learning experiences that aims to develop knowledge, attitudes and especially skills needed to take positive actions on social and health issues and conditions.
- Skills-based health education uses life skills-based education (above) to encourage positive actions to create healthy lifestyles and conditions.
- Life skills is a term often used to describe the particular type of psychosocial and interpersonal skills addressed in life skills-based educaiton (and skills-based health education), along with knowledge and attitudes - for example, communication and interpersonal skills, decision making and critical thinking skills, and coping and self-management skills.

At its best, Life skills-based education is simply good quality education, the principles of which can be used to explore a range of topics, however in UNICEF social and health issues are usually the topics explored - for example, peace education/violence prevention, human rights, citizenship, reproductive health and HIV/AIDS prevention. Gathering a strong evidence base for programming is critical to improving the quality of programs. The following lessons have been derived from research and experience in both developing and more developed nations in relation to HIV/AIDS prevention education in particular[1]. Five key areas of focus are suggested to maximise the quality of programs, and ultimately program outcomes:

- ***Focus on the learner*** coming into the school, their health and nutritional status and ability to concentrate and learn;
- ***Focus on content*** of curriculum and materials offered through schools;
- ***Focus on processes*** employed in the design and delivery of programs, especially teaching and learning methods, and the social forces which shape them;
- ***Focus on the environment*** in which the learning takes place in terms of being healthy, safe and supportive physically and psychosocially within and outside the classroom, in whatever form the classroom may take; and
- ***Focus on outcomes*** in terms of learning achievement and also impact on HIV/AIDS risk.

Focus on the Learner

Relevance

Focus on the risks most likely to occur among the learners, and those that cause the most harm to the individual and society. Some issues attract media attention and public concern but these may not be the most prevalent or most harmful. The program objectives, teaching methods, and materials need to be appropriate to the age, gender, sexual experience, and culture of children and young people and the communities in which they live. Both direct and indirect factors need to be considered; for example, understanding gender and power relations and reducing violence, alcohol and drug use should be integral to programs, along with other factors where they are evident in the lives of learners. Well targeted research, including listening to what young people believe and already know, can help to address motivation for behaviour, and to ensure an acceptable and appropriate program[2].

Recognising the child

Recognise what the learner already knows, feels, and can do, in relation to healthy development and HIV/AIDS related risk prevention. Individuals and communities often have established mechanisms and practices for supporting children and young people to learn and develop, and these should be embraced not overlooked. Encouraging learning from each other - peer to peer, teacher, family and community - integrates the unique and valuable knowledge and experience of learners which can make school programs more relevant and effective. Some learners will be more affected by HIV/AIDS than others, already caring for others who are sick, living with HIV/AIDS or orphans themselves[3]. Working towards ensuring that *all* learners are healthy, well-nourished, ready to learn, and supported by their family and community to access and complete their education, should be the starting point for effective teaching and learning.

Focus on Content

Theoretical underpinnings of programs

Utilise social learning theories as the foundation of the program. Experience has shown social learning theories to be a common foundation for effective HIV/AIDS prevention and broader sexual health education programs[4]. Some common elements exist across these theories, including the importance of personalising information and probability of risks, increasing motivation and readiness for change/action, understanding and influencing peers and social norms, enhancing personal skills and attitudes and ability to take action, and developing enabling environments through supportive policies and service delivery[5].

More than information

Make decisions about the information, attitudes, and skills to include in the program content on the basis of relevance to preventing HIV/AIDS risk and developing protective behaviours. Programs that address a balance of knowledge, attitudes, and skills such as communication, negotiation, and refusal skills, have been most successful in changing behaviour. Programs with a heavy emphasis on (biological) information have had more limited impact on enhancing attitudes and skills, and reducing risk behaviour[6]. Examples of risk factors for HIV/AIDS which need to be addressed include ignorance, discriminatory attitudes to those affected by HIV/AIDS, or lack of access or use of condoms. Examples of protective factors include accessing accurate information, developing positive personal values and peer groups that support safe behaviour, identifying a trusted adult for support, utilising health services, and using condoms if sexually active[7,8].

Interrelationship

Ensure an understanding of HIV/AIDS, characteristics of individuals, the social context, and the interrelationship of these factors within program content. Programs that address just one of these components risk neglecting other significant influences which can limit success. Information is necessary but not sufficient to prevent HIV/AIDS. The values, attitudes, and behaviours of the community as well as the individual need to be addressed along with the basic facts. Responsible decisions by learners are more likely where peer and community groups demonstrate responsible attitudes and/or safe behaviour[9]. Therefore, reinforcing clear values against risk behaviour and strengthening individual values and group norms among teachers, parents, and other gate keepers as well as students, is central to HIV/AIDS prevention programs[10, 11].

Focus on Processes

Garnering commitment

*Ensure advocacy from the earliest planning stages to garner commitment,*and influence key national leadership and to mobilize the community to overcome the key barriers. In too many cases, policymakers are not aware of key information such as the extent of HIV infection, sexually transmitted infections, teen pregnancies and other sexual health problems among young people. Advocating with accurate and timely data can convince national leaders and communities of the importance of prevention, from an early age. It can also help ensure that programs focus on the real health needs, experience, motivation and strengths of the target population, rather than on problems as perceived by others[1213]. Communicating the evidence, listening and responding to community concerns, and valuing community opinions can help garner commitment, while effective resource mobilization will underpin the effectiveness of such efforts[14,15,16].

Coordination and intensity

Coordinate education programs with other consistent strategies and processes over time that are based on research, effective teaching and learning practice and identified learner needs.
Strategies that may enhance the effectiveness of education programs include policies, health services, condom promotion, community development and media approaches. Education programs work best in the context of other consistent strategies over time. Because the determinants of behaviour are varied and complex, and the reach and effect of any one strategy (e.g., school-based education) will be limited, there is a need for coordinated multi-strategy approaches to achieve the necessary intensity of efforts to yield sustained behaviour change in the long term[17,18].

Teaching and learning methods

Employ a range of teaching and learning methods with proven effects on relevant knowledge, attitudes, skills, and risk behaviour. While there is a place for lectures, interactive or participatory methods, which include opportunities to use knowledge, examine attitudes and values, and practice skills, have been proven more effective in changing key HIV/AIDS related risk behaviours such as delaying sex, increasing confidence or using condoms, and in reducing the number of sexual partners[19,20]. Unilateral or single strategy approaches, such as testimonials alone, or information alone, have failed in many cases because they ignore local needs and tend to be based on unevaluated assumptions. Analysis of learner and teacher needs and broader situation assessment should be an important source of information for shaping programs.

Preparation and training

Deliver programs through trained and supported personnel within or attached to the school. A lack of ongoing training and support at both pre-service and in-service levels is an often cited reason for poor implementation, and ultimately, poor program outcomes. While a well trained classroom teacher is in many ways an optimal person to deliver the program, they may not be easy to find and the system or community may not provide sufficient support. Training and support needs to be provided to teachers and others, including young people themselves, if they are to be effective educators[21,22]. Such training needs to address personal knowledge, attitudes and skills as well as professional needs to equip educators to facilitate change and support students and other colleagues. No matter who delivers the program, the regular classroom teacher needs to be involved and links need to be made with other activities and other aspects of the curriculum to reinforce learning across the broader school environment.

Participation

Develop mechanisms to allow involvement of students, parents, and the wider community in the program at all stages. A collaborative approach can reinforce desired behaviour through providing a

supportive environment for school programs. The participation of learners, with others, in the design and implementation of HIV/AIDS prevention education, including parents, community workers, people living with HIV/AIDS and peer education, can help to ensure their specific needs and concerns are being met in a culturally and socially appropriate way. It can also foster commitment or ownership of the program, which can enhance sustainability[23].

Timing and duration

Ensure sequence within grade levels, progression across grade levels, and continuity throughout schooling. Learning activities about HIV/AIDS need to be regular and timely. They should start early, promoting positive protective factors (see *More than information* above) from the first years of school, and addressing specific risks one to two years before students are exposed to these risks. Research with adolescents suggests that the duration of single-issue or -themed programs (eg. HIV/AIDS prevention) should be at least 5-8 hours for intensive sessions (eg. one day course, small group facilitated), to 15 hours for regular classes over a school year, although in practice programs may only be able to accommodate 8-15 hours[24,25,26,27]. Where separate issues or themes are to be covered (eg. violence prevention, reproductive health, HIV/AIDS and STI prevention), some additional time needs to be added, although overlap is likely among related issues (eg.a comprehensive health education program). The age and stage of the learner need to be taken into account, with the curriculum moving from simple to complex concepts, and later lessons reinforcing and building on earlier learning. Education and other prevention efforts, need to be sustained over time to ensure that successive cohorts of children and young people are protected and are able to protect themselves from HIV/AIDS risk.

Placement in the curriculum

Place HIV/AIDS prevention education in the context of other related health and social issues, such as reproductive health and population issues relevant to children, young people and the community in which they live. For example, "carrier subjects" within the existing formal curriculum can be useful **entry points** by accommodating the necessary balance of knowledge, attitudes and skills *together*. Examples of carrier subjects include health education or civic education, or population education. Programs which are "integrated" or "infused" thinly throughout a curriculum rather than within a discrete, intensive module have been generally disappointing[28,29,30]. Programs that are part of the national curricula and officially time-tabled the advantage of greater coverage as well as greater likelihood of training, support, and actual delivery. Where non-formal approaches are utilised, they should be clearly linked to other school-based activities and issues, such as human rights, gender, early pregnancy and reproductive health, violence and bullying, and general health promotion. Whether formal or non-formal approaches are employed, isolated or one-off programs should be avoided, as they tend to be unable to address the complexity and interrelationship of the full range of relevant issues.

Going to scale

Establish early partnerships, with leadership from key Ministries, for a vision of national program coverage of high quality. Without such a vision and political commitment, activities will not move beyond pilot program status. Political investment of Ministries of Education and Health are central to establishing large scale school-based programs. In most cases, links with other Ministries particular to the setting, non-formal mechanisms, and the community will be necessary to reach the overall goal of national coverage with high quality programs[31,32].

Focus on Environments

Inclusive

Meet the special needs of AIDS infected and affected, and other vulnerable children and young people. School-based programs can provide a safe and supportive environment for children and young people living with HIV/AIDS or otherwise affected, within HIV/AIDS related programs and within the broader context of a child friendly school. HIV/AIDS affects children long before their parents die - during a possibly long period of illness, through death and bereavement. Children and young people need the care and protection of trusted adults, especially when faced with such dire circumstances, a role which teachers themselves and others in the community will need to be trained and supported to provide. Schools need to help to meet special psychosocial needs during these times, and to get necessary assistance for nutrition and accessing health and other social services. Strong school-community networks can help to relieve the economic strain and address increased vulnerability, especially for girls, and for orphans[33].

Consistency of message

Ensure messages and related processes are consistent and coherent across the school environment. Finding ways to encourage open communication among learners, teachers, families, and the broader community is essential to recognising and clarifying the many myths and misunderstandings that exist in relation to HIV/AIDS. In addition, school policies and practices that reinforce the HIV/AIDS related objectives maximise the potential for success - for example, utilise participatory and skills-based teaching and learning approaches across the curriculum, rather than only in HIV/AIDS programs, to reinforce learning[34].

Conflict, crisis and chronic instability

Incorporate the special needs of children and young people in unstable, conflict and crisis situations into HIV/AIDS programs. For many children and young people, instability and adversity are normal conditions. In such situations - where families are dislocated, social services are disrupted, and normal protective mechanisms are not working, vulnerability to HIV/AIDS and related risks are increased. Essential policies and corresponding practices must be in place to ensure that quality HIV/AIDS related programs are delivered which embrace the special needs that emerge[35].

Focus on Outcomes

Effectiveness

Well implemented programs, which employ the principles noted here, work. The largest body of research available, mostly from North America, shows that educating about delaying sex and safer sex can be effective and does not increase sexual activity[36]. By contrast, programs which address only abstinence have been found to be less effective than those that also focus on reducing risks for those who are sexually active[37,38]

The goal

Focus on prevention and reduction of HIV/AIDS related risks as the overall goal. Program objectives should focus on key behaviours and conditions that are linked to achieving the goal, such as avoiding unprotected sex and unsafe drug use, delaying the onset of sexual activity, abstinence, non-use of intravenous drugs, and providing inclusive, healthy and protective learning environments, for example through policy implementation, provision of safe water and sanitation, provision of key health services through schools, and genuine school-community partnerships[39]

Realising outcomes

Consider the full range of available strategies known to contribute to the program objectives. Some strategies are marginalised because of lack of understanding, political, religious, or cultural issues; for example condom use or needle exchange programs. Gathering all the available evidence from credible sources is important to choosing the most effective and acceptable strategies, and to adapting them wherever possible. Some strategies are used because they are popular, fun, or interesting, but, unless they are also linked to the achievement of the objectives, the value of such approaches for achieving the intended outcome is questionable[40]..

Long term view

Select programs, activities, materials and resources on the basis of an ability to contribute to long term positive outcomes of reducing HIV/AIDS risk among learners and in the school environment. Some approaches may attract media and public attention in the short term, but these may not be the most effective, especially where they are not coordinated with existing strategies. A coordinated series of short term programs linked with longer term outcomes should be given priority over superficially attractive stand alone, one off or quick fix alternatives. While reducing HIV/AIDS related risk needs to be the immediate focus, comprehensive programs[41] can expect to yield benefits well beyond HIV/AIDS.

Research, monitoring and evaluation

Evaluate program objectives, processes, and outcomes using realistic indicators, and allowing enough time for results to be observed..

At the outset, an evaluation plan and monitoring mechanisms should set the stage for measuring the degree to which progress is made towards the objectives over time. Common problems including setting objectives that are too ambitious, and indicators that are too difficult to collect or do not accurately reflect what the the program is attempting to change. Monitoring and evaluation processes need to be appropriate for evaluating knowledge, attitudes, skills, and behaviours. In general, much more process evaluation than outcome evaluation information is collected, and probably only a fraction of that is reported[42]. Accurately assessing and reporting the extent to which the program was implemented as planned, or adapted appropriately, is equally important as the ultimate outcome - changes among learners[43].

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