

UK working group on education and HIV/AIDS

HIV AIDS

Life skills-based education for HIV
prevention: a critical analysis

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Life skills-based education for HIV prevention: a critical analysis

This paper was developed for the working group on education and HIV/AIDS, and summarises issues raised at a meeting in London on 17 May, 2004.

Introduction

Over the last decade, there has been increased support for the teaching of life skills¹ to young people, partly due to the perceived limitations of information-based HIV/AIDS education. However, implementing life skills education in schools to date has proved to be problematic, especially in circumstances where approaches to teaching are very formal. This paper will briefly examine the challenges that have arisen in terms of implementation, pedagogy and relevance, and will discuss potential ways to overcome some of these obstacles

1. A brief introduction to life skills

In the two decades since HIV/AIDS was first identified, some very distinct schools of thought have emerged in the area of sexuality and relationships. One of the issues under dispute is based on the extent to which an individual has control over his/her actions and the extent to which this control is 'rational'. Academics in this camp are sometimes known as rationalists, or bounded rationalists. Those

opposed to the idea of such self-determination are often called structuralists. In their view human action is influenced more by underlying economic, social, and cultural structures. In reality, most academics are not as extreme as this dichotomy suggests, but tend to lean strongly towards one camp or the other.

To date, most HIV/AIDS prevention, including life skills work, have been conceptualised within a rationalist framework. The assumption underlying much life skills education is that a person is somehow lacking in certain skills (for example, assertiveness) which, if taught and learned, they would be able to apply in different situations, thereby reducing their risk of HIV infection. For life skills to be effective it is also assumed that an individual will be able to act upon the skills they have learned, something that structuralists argue is often not the case, as we discuss later.

The idea of teaching skills to individuals has its roots in north American and European psychology. This is evident in the notion that it is possible to attempt to correct deficits that are associated with certain psychological disorders, and perhaps more prominently in occupational psychology, where efforts have been made to identify the qualities of successful leadership, and where the skills perceived as necessary to realise this archetype are sometimes packaged and sold under the guise of leadership or management training. Other uses have involved training for media work, interview skills, and so on.

In the early 1990s, when it became apparent that many young people (and adults) were not going to change their sexual behaviour merely because they were told that they should, the international development community – particularly UNICEF – rallied around the idea of teaching life skills as part of HIV/AIDS education. Not only would these life skills allow young people to act

¹ Unless otherwise stated, for the purposes of this paper, life skills refer to life skills for HIV/AIDS prevention.

upon their knowledge, it was also an apparently innocuous intervention which did not explicitly discuss sex and sexuality directly, thereby reducing potential conflict from the sexually conservative factions which are prominent in many high-prevalence countries.

However, in an attempt to make life skills acceptable to governments and communities, the term began to encompass an ever-increasing level of generic skills, leading to the claim that skills as diverse and complex as communicating, listening carefully, income-generating or empathy-building would reduce HIV infection.

These claims were (and continue to be) made largely with very little evidential support. In the mental health field and other areas, there is some evidence that life skills have a positive effect on behaviour, but rarely on sexual behaviour, and almost never in developing countries. The validity of generalising across very different types of behaviour, and across different parts of the world, is highly questionable, especially given the possibility that 'rationality' (and the assumed underlying life skills) may also change its meaning depending upon context.

2. Progress in implementing life skills in schools

Despite the dearth of evidence that life skills lead directly to HIV prevention, the international community has rallied around the importance of life skills in schools. This prioritisation was clearly demonstrated in article 53 of the UNGASS declaration:

'By 2005, ensure that at least 90% and by 2010 at least 95% of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, educators and health care providers.'

The target for 2005 seems unlikely to be met, and it remains questionable whether this particular goal was ever achievable. To have thought it achievable, there must have been a large under-estimation of the obstacles hindering the successful introduction and implementation of life skills curricula.

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The indicator for measuring progress is the percentage of schools with teachers who have been trained in life skills-based HIV/AIDS education and who have taught it during the previous academic year. Feedback from countries to date is confusing, which probably reflects problems with the chosen indicator. First, the results are biased as they depend on self-reporting and, second, it gives no indication of how many teachers have been trained, the proportion of students who have been taught life skills or the format this teaching has taken. Uganda, for example, has reported that 100% of their schools are teaching life skills, while Kenya recently reported 5%.²

It is also likely that, due to the difficulty of defining life skills, there will also be confusion in understanding. The UNGASS indicator may simply be picking up on this confusion rather than effectively measuring life skills implementation.

Even taking into account the aforementioned problems in monitoring life skills in schools, it is clear that many countries have not even begun the complex process of introducing life skills into school curricula. The 2003 UNGASS progress report suggested that only 15 of 30 reporting countries were making attempts to introduce life skills and it is likely that the overall proportion is actually lower.³

The lack of commitment shown to life skills by national governments is likely to be due, in part, to the problems in definition and understanding. Life skills approaches may also be perceived as donor-driven, meaning that many Ministries of Education may not give them sufficient priority in terms of policy development, capacity building or effective implementation.

Furthermore, HIV/AIDS prevention is still viewed by many Ministries of Education as the responsibility of Health Ministries, territorial divides that are frequently deepened by donor funding, as few Ministries of Education receive direct funding for HIV/AIDS work.

Recommendations

- There must be clearer definitions of life skills and what is needed in the curriculum, to reduce confusion in understanding.
- There is a need for greater political commitment at national level from a range of ministries before any life skills curriculum is introduced.
- The current UNGASS indicator for life skills is too general and needs to be better defined, disaggregated by gender, etc.
- International targets must be made in the context of the structural restraints outlined in this paper. Overly ambitious targets should be avoided as they may create despondency and reduce the value of setting targets.

² See national UNGASS progress reports (www.unaids.org/en/events/2003+ungass+nationa+progress_reports.asp)

³ See the *Progress report on the global response to the HIV/AIDS epidemic, 2003* www.undp.org.pl/pliki/ungass.pdf

3. Why the lack of implementation?

In addition to the problems of definition, and the donor-driven nature of life skills education, there are four further areas of concern regarding the introduction of life skills into schools:

- a lack of focus on pedagogy
- the reality of the classroom
- assumptions about youth and 'youthfulness'
- assumptions of rationality and human agency.

3.1. Lack of focus on pedagogy

Although life skills education is based within a rationalist framework for understanding human behaviour, for the approach to work it must also be grounded within a clear and coherent theory of how education can be used to bring about change. In other words, there must be a clear methodology or pedagogy that frames the development (or improvement) of life skills as an educational process.

However, as the woolly and all-encompassing definitions suggest, the pedagogical base to life skills education is weak. Although the arguments for why life skills are needed are fairly well-defined, there is less clarity on what the desired life skills are, and how they can be attained. It is important to identify the easiest and best ways of attaining them, and the pedagogical implications of a strong emphasis on teaching life skills on schools, teachers and teacher education.

It is recommended that no attempts are made to promote life skills in schools until such pedagogy is in place. In reality, the push for life skills education has raced ahead of conceptual clarity, leading to a situation in which the phrase has come to mean nearly all skills-based education, all participatory approaches, and all skills –

however indirectly they may be related to HIV/AIDS vulnerability.

Recommendations

- A clearly defined pedagogical framework for learning and teaching should be the starting point of any educational process. It is important to clarify which skills should be taught in life skills, why these skills are chosen, and how they should be taught.
- Life skills approaches need to be more educationally driven, building upon evidence regarding which educational processes have transformative capacity.

3.2. The reality of the classroom

The life skills curriculum has been designed for schools around the world. However, the realities of formal education systems conflict with some of the pre-requisites for the successful introduction of life skills work.

a) Compatibility of formal education system and life skills education

A fundamental problem with introducing life skills education into schools derives from the difficulties of trying to introduce a certain educational approach into a pre-existing system which is often not conducive to such an approach. Teaching in most classrooms around the world tends to be didactic, non-participatory, inflexible and assessment-driven. In contrast, life skills education is intended to be participatory and responsive, raising questions rather than providing clear-cut answers, and challenging young people and adults to find new ways of relating to one another.

To date, not enough thought has gone into how to bridge the gulf between these two different educational processes. Indeed, it is often assumed that teachers will just be able to teach a radically different curriculum in life

skills, with a minimal package of in-service training, often delivered through a 'cascade' approach. Expecting teachers to adapt to a different type of teaching, still within the confines of a classroom, is often unrealistic especially given the ever present pressures on teachers and the curriculum.

There has, moreover, been little assessment of how teachers are actually teaching life skills, although anecdotal evidence suggests that they are becoming ambivalent towards the subject. One possible reason is that teachers are required to play to cultural forms that people know and respect, and are thus expected to teach in traditional ways which are incompatible with the life skills approach. Not feeling comfortable with a participatory approach, teachers are left wondering what to do, with the consequence that something as non-participatory as watching a video is now being defined as participatory.

b) Life skills at the margins of the curriculum

Because life skills education has generally been donor-driven, it has been largely imposed upon schools from the outside. As a consequence, the life skills

curriculum is often not put through the general curriculum planning and review process, and instead is simply 'bolted on' to the main curriculum. The problem here is that school curricula need to be reviewed and adapted holistically, otherwise they become overburdened (as is the case in many countries), reducing the potential benefits of any HIV/AIDS education.

Moreover, if the introduction of the life skills curriculum is viewed as a separate process from that adopted for wider curriculum development, there is likely to be less sense of ownership by curriculum developers and teachers.

To compound these problems, formal education is increasingly assessment-driven, while life skills cannot usually be assessed. Indeed, given the participatory aims, formalising the approach through assessment may give excessive structure to something that should be flexible.

Possibly as a result of these multiple problems, life skills are often given a marginal role within the curriculum, and left to extra-curricular activities such as 'anti-AIDS clubs' which, although perhaps more conducive to participatory methodologies, are limited in scope. These are also likely to be non-compulsory and will have a reduced coverage.

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c) Unhealthy schools

Other elements of the formal education system make the introduction of life skills education problematic. First, many schools are distinctly 'unhealthy' – they may be physically in poor shape, with poor sanitation; they may be environments in which the opinions of young people are not respected or taken seriously; and they may be places that tolerate or even encourage sexual harassment. Such conditions are not conducive to the introduction of a participatory approach, which assumes child-centred learning and positive role models. More effort needs to go into planning how life skills can be introduced to schools when the learning environment operates within a different regime of teaching and thinking.

d) A wider crisis in education

At the same time as advocating more additions to the curriculum, international pressure led many governments in the 1980s to cut public spending, undermining the ability of the education system to implement life skills effectively. Classes are often too large, and schools are under-resourced. This wider crisis in education has rendered many teachers unmotivated and unable to cope.



Stuart Freedman/Network/ActionAid UK

Furthermore, there is a crisis among teachers, who are often under-paid, over-worked and under-trained. Teachers require a distinct type of training to teach life skills – yet pre-service and in-service teacher training in many poor countries is vastly inadequate, producing a weak platform upon which to introduce specialist life skills training and support.

Recommendations

- More effort needs to be placed on introducing a participatory approach into a non-participatory system. There is a need for research to look at the circumstances under which life skills can be suitably adapted to the formal education system.
- Whole-school approaches are needed, which take into account the reality of the school. From this vantage point, life skills can be introduced.
- Life skills curricula should be developed and reviewed as part of a wider curriculum reform.
- Life skills require highly skilled and motivated staff with in-depth understanding of issues. A massive injection of resources is needed to train teachers to deliver life skills and to support them in their work.
- For life skills curricula to succeed, the wider crisis in formal education must also be addressed.

3.3. Assumptions about young people

Life skills curricula look surprisingly similar throughout the world, with each country focusing on the same skills and similar ways of imparting these skills. Young people are the target audience, and it is assumed that they think, act and learn in the same way.

Recent research in countries such as Tanzania⁴ criticises the (almost universal) assumptions that:

- young people are ignorant and need to be enlightened
- the most efficient way to do this is to target them
- young people form an undifferentiated category.

Significantly, young people is not a homogenous category: there are gender differences for a start, HIV/AIDS is a strongly gendered phenomenon. This does not mean that it displays a different profile in men and women, or that it is a problem that particularly affects women. Instead, gender is a relational concept requiring us to investigate the ways in which women and men relate to their same-sex peers in order to assert their commonality or diversity in relation to the opposite sex.

Generic life skills curricula often fail to address these gender issues simply because they fail to recognise the contextuality and mutability of sexual identity, behaviour and meanings, which vary considerably from culture to culture, as well as over time.

Young people do not live in a vacuum divorced from the world outside, nor are they socialised in such: they develop complex strategies to deal with the complex social structures in which they live.

⁴ See Baylies, C. and Bujra, J. (2000) *AIDS, Sexuality and Gender in Africa: Collective strategies and struggles in Tanzania and Zambia* (London: Routledge)

Research in countries such as Tanzania has shown that the sexual behaviour of young women is not only influenced by the power of men but also by older women. As a result, working only with younger women without also targeting men and older women would be inherently limited.

Massive cultural differences between and within countries further jeopardise the notion of addressing the needs of all young people in similar ways. Life skills (and other rationalist models of behaviour change) stress the importance of risk perception. Yet concepts of risk vary between different sub-groups of young people. For instance, for a young person living in war or civil conflict, many things in life may be risky, and HIV/AIDS may be low on their scale of risk priorities. Moreover, young people with limited prospects have few ways to express their independence, and may do so through behaviour that others perceive as risky.

Young people growing up in rural and urban areas also live in very different contexts. In parts of eastern Africa, urban young people often experience relative freedom compared to their rural counterparts, where hierarchies of family and community frame and regulate (or at least attempt to) all sexual activity.

We have highlighted a few of the broad differentiations within the category of young people. These are generalisations, and local contexts for young people differ in even more complex and subtle ways. If these contexts are not taken seriously, educators risk speaking to a fictional world. In the hands of poorly prepared and hard-pressed teachers, life skills education appears to offer an instant 'one-size fits all' panacea, but complex problems require complex solutions.

Recommendations

- There is a need to take local contexts into account. A combination of prevention efforts are needed, which should always be multifaceted and fine-tuned to the context, and be cognisant of the power structures within communities.
- Policy-makers should not be frightened of social complexity, but should view it as the raw resource with which to work.

3.4. Rationality and agency

Returning to rationalist versus structuralist interpretations of human behaviour, life skills assume that individuals have rational control over their actions. However, evidence clearly suggests that young people live within a complex web of social and cultural interactions, which frame their decisions and actions. Political, economic and cultural constraints mitigate against the success of HIV/AIDS prevention efforts. By focussing on the individual, life skills approaches tend to downplay the significance of these constraints.

The rationalist framework is also individualistic, assuming that individuals have the freedom to learn and act, to become self-autonomous and self-empowered, and to have 'agency' over their own actions. While such a view may fit the nature of some western societies, in which the idea of an individual being in control of his or her actions tends to dominate, this is not the case in other countries. Instead, collectivism and solidarity are the norm, and individual's self-identity is very much incorporated within that of the group, be it family, village, community, etc.

Thus, as the Brazilian educator Paulo Freire highlighted, attempts to empower the individual should be accompanied by social solidarity and collective empowerment.⁵

Recommendations

- There is a need to take seriously the structural barriers that affect susceptibility to HIV, including poverty, gender, age, and race.
- The suitability of an individualistic approach needs to be assessed in contexts where a spirit of collectivism prevails.
- Future programmes and interventions should be based on theories that take the realities of young people's lives, with all their complexities, as the starting point.

⁵ See P. Freire's work on agency and transformation, e.g. (1989) *Pedagogy of the Oppressed* (New York: Continuum Press) or (1992, 1994) *Pedagogy of Hope: Reliving Pedagogy of the Oppressed* (New York: Continuum Press).

4. Implications for the life skills education

On the whole, life skills education downplays the structural constraints on people, and how these constraints mitigate against HIV prevention efforts, leading us to ask how educators could and should deal with underlying structural constraints.

There are two main options here. The first is to try and accept the local reality of the target population, and to tailor education efforts within that context. This could involve different strategies for different sub-groups: for example, different approaches and content for young men as opposed to older men or young women. Assuming that change is difficult, and by taking the realities of the different populations (in all their complexities), as the starting points of programme development, it may be possible to identify the path of least resistance to change.

However, the immediate criticism of this approach is that, although it is sensitive to structural constraints, it does not attempt to change these underlying structures, thus inherently limiting its scope and longevity.

A second option is to attempt to simultaneously change the underlying structural constraints: that is, tackle issues of poverty, gender inequality, marginalisation, and so on, while also

working with the individual. This way of thinking is increasingly common in development circles, and the idea of HIV/AIDS as a development issue is gaining momentum. However, if the primary objective is to reduce HIV incidence, tackling the underlying structural barriers first is perhaps not the easiest and quickest way of combating the epidemic. For those whose primary goal is to reduce poverty, or gender inequalities, then using the HIV platform is a useful tool.

The question which remains unanswered is whether or not mass behaviour change is possible without wide-reaching structural change. Some researchers point to the success of some family planning interventions which, they argue, were not accompanied by interventions at the collective level. However, in almost all the countries where family planning programmes took hold, there were simultaneous upheavals in terms of politics, culture and globalisation. It therefore remains an empirical challenge to ascertain what factors mediated this behaviour change.

What is clear is that the sustainability of any change is inherently undermined by structural factors such as political will, economic development and gender norms. It therefore becomes important to target the individual in the short term while taking a longer-term perspective by tackling the collective.

Jenny Matthews/ Network/ ActionAid UK



Conclusion

The introduction of life skills as a method to prevent HIV has raised a number of conceptual and practical challenges. First, there are difficulties in the definition of life skills –in terms of defining which skills should be taught, and how they should be understood and taught in terms of pedagogy.

Second, the introduction of life skills into the formal education system frequently creates problems due to the inherent conflict in educational approaches, and the reality of many schools in poorer country settings.

Finally, certain assumptions underlying life skills education need to be assessed with respect to local contexts. Life skills education is based on a notion of reasoned action. While this may make sense in an economistic and rationalistic culture, it does not in contexts where people, especially young people, can exercise very little choice.

The concept of skills in life skills, moreover, assumes that individuals have access to the resources and power they need to change their lives. Life skills education may also ignore the local contexts in which young people live their lives. By ignoring these diverse contexts, the relevance of life skills education is greatly reduced.

In conclusion, it is important to stress that the goal of this paper has not been to undermine the importance of skills-based and participatory approaches to HIV/AIDS education. However, it is our hope that the analysis offered here serves as a note of caution that the successful implementation of such approaches in schools requires far more effort than has currently been provided.

UK working group on education and HIV/AIDS

Education for all (EFA) will not be achieved unless we, the international education community, recognise the HIV/AIDS epidemic to be a global emergency and react accordingly.

The working group on education and HIV/AIDS consists of researchers, practitioners and policy makers working in the fields of education and sexual health. The group provides an informal opportunity for UK-based partners to discuss and build upon research on the interfaces between education and HIV/AIDS.

The purpose of the working group is threefold. First, it aims to build upon current research. Second, it aims to engage people working on education at all levels to prioritise HIV/AIDS as an issue that should not be ignored. And finally, to strengthen links between education and HIV/AIDS networks.

This paper summarises discussions from the third meeting of the working group, chaired by Roger Ingham.

The three presenters who contributed to the meeting were: Peter Aggleton, Janet Bujra and David Clarke.

Design by Dilhan Attanyake and Marion Khamis

For more information:

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