

EDUCATE GIRLS FIGHT AIDS



A UNAIDS Initiative

**The Global Coalition
on Women and AIDS**

WHAT'S REAL

ISSUE #1

Growing evidence shows that getting and keeping young people in school, particularly girls, dramatically lowers their vulnerability to HIV. By itself, merely attending primary school makes young people significantly less likely to contract HIV. When young people stay in school through the secondary level, education's protective effect against HIV is even more pronounced. This is especially true for girls who, with each additional year of education, gain greater independence, are better equipped to make decisions affecting their sexual lives, and have higher income earning potential – all of which help them stay safe from HIV.²

many barriers that young people, especially girls, face in getting and staying in school, this must become a true global priority.

Education can protect girls from HIV

Studies from around the globe show that HIV infection rates are at least twice as high among young people who do not finish primary school as those that do. In addition:

If every child received a complete primary education, at least 7 million new cases of HIV could be prevented in a decade.¹

- A review of 113 studies from five continents found that teaching about AIDS in schools was effective in reducing early sexual activity and high-risk behavior.⁵



Higher education levels are also clearly correlated with delayed sexual debut, greater HIV awareness and knowledge about HIV testing sites, fewer sexual partners, higher rates of condom use, and greater communication about HIV prevention between partners – all factors that substantially lower HIV risk.

By providing young women with greater economic options and autonomy, education also affords them the knowledge, skills, and opportunities they need to make informed choices about how to delay marriage and childbearing; have healthier babies; avoid commercial sex and other risky behaviors; and gain awareness of their rights.³

In sub-Saharan African and the Caribbean, young women account for 3 out of 4 of all 15-24 year olds living with HIV, and the number of young women living with HIV is rising in every region of the world. Despite some recent increases in overall school enrollment rates, and some encouraging progress toward gender parity in education in southern and eastern Africa, gender disparities in education enrollment, retention, and completion remain high in many countries hardest-hit by AIDS, mostly notably in South Asia and West Africa.⁴

That's why the UNAIDS-led Global Coalition on Women and AIDS has made education for girls a top priority. Given the importance of education as an HIV prevention strategy and the

- In a recent analysis of eight sub-Saharan African countries, women with eight or more years of schooling were up to 87% less likely to have sex before the age of 18 compared to women with no schooling.⁶
- Evidence from Zimbabwe shows that among 15-18 year old girls, those who are enrolled in school are more than five times less likely to have HIV than those who have dropped out.⁷
- Surveys in Haiti, Malawi, Uganda, and Zambia have shown a strong link between higher education and fewer sexual partners.⁸
- Recent household surveys (DHS) in 11 countries show that women with some schooling were nearly five times more likely than uneducated women to have used a condom the last time they had sex.⁹

Yet far too many are left behind

- As of 2001, 115 million school-aged children were left out of primary school worldwide – the majority of which are girls.¹⁰
- In sub-Saharan Africa, overall primary school enrollment stands at less than 60%, and only 20% of appropriately-aged children participate in secondary school.¹¹

- In South Asia, of the 42 million children not enrolled in primary schooling, 5 million more are girls than boys.¹²
- In a survey of 83 developing countries for which there are data, only 50% have achieved gender parity in education at the primary school level, and less than 20% have done so at the secondary level.¹³

AIDS is widening the gap

It is sadly ironic that the deepening impact of AIDS is increasing the number of children deprived of education, as education is the very thing children need most to stay safe from HIV. In AIDS-affected households and communities, the economic and social burden of AIDS often forces children, especially girls, to drop out of school, or to never attend. Many children leave school in order to provide and care for members of their families who are sick and dying – and, if their parents die, for themselves and their siblings left behind.

Faced with these economic demands and without the benefit of the knowledge, skills, and opportunities gained from a completed education, out-of-school girls are often compelled to engage in risky transactional sex, frequently merely to survive. In fact, a study in Swaziland

found that 70% of in-school youth – girls and boys – were not sexually active, whereas more than 70% of out-of-school youth were.¹⁴ This creates a vicious cycle of HIV vulnerability.



AIDS also challenges the capacity and the quality of educational systems. In many places, AIDS is already killing teachers faster than they can be replaced. Zambia estimated that 815 primary school teachers died from AIDS in 2000, or

45% of all teachers trained that year.¹⁵ To ensure that young people attending school get the most out of this experience, educational systems must be strengthened to ensure that schools remain productive and protective environments. This involves increased teacher training and recruiting, as well as confronting issues such as social norms that disadvantage girl students, sexual exploitation by teachers or fellow students, and meeting the growing need for counseling and support services.

“Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach.”

Dr. Peter Piot,
Executive Director of UNAIDS

teachers or fellow students, and meeting the growing need for counseling and support services.

WHAT WORKS



In the face of these challenges, many innovative AIDS programs are making a difference around the globe. The time has come to take these efforts to scale, expanding and replicating what works to give girls the tools they need to

protect themselves from HIV. *Ensuring access to education, especially for girls, is HIV prevention.*

The effectiveness of education as an HIV prevention strategy, which the World Bank calls the “window of hope,” rests upon two key components: (1) greater access to schooling and (2) using schools as a natural place to reach young people with AIDS education and life skills training – practical tools that help them stay safe.

Innovative programs on access to education include:

- The most successful strategy for increasing access to education and lowering HIV vulnerability, particularly for girls, has been the elimination of school fees, which otherwise put education out of reach for many families. In Tanzania, the removal of school fees more than doubled primary school enrollment. Kenya saw enrollment jump by 22% in the first week alone with their abolition. In Uganda, girls’ school enrollment leapt by over 30% when school fees were dropped, including a near doubling for the poorest economic fifth of girls.^{16/17/18}

While these are encouraging results, the majority of countries, including many of those hardest hit by AIDS, have yet to eliminate school fees. To help expand these efforts, and to ensure that the quality of education is maintained as enrollment numbers increase, schools must be supported to build the capacity needed to absorb a rapid influx of new students. In addition, other financial barriers – including compulsory school uniforms, textbook charges, and activity fees – must be removed to ensure accessible education for all.¹⁹

“Education is the most powerful weapon you can use to change the world. It is also a weapon that the world cannot do without in the fight against AIDS. Education saves lives.”

Nelson Mandela

- The Mnjolo community in Malawi has effectively used community dialogues to engage the broader community in promoting education for girls. Markets and meetings of parents’ and teachers’ associations have been used as key opportunities to focus attention on HIV and the harmful traditional practices that lead girls to drop out of school and increase their risk for HIV infection. Since the program’s inception,



WHAT'S NEEDED

school enrollment in the Mnjolo community has increased by 50% and no further drop outs were recorded. These dialogues are now being used to support life-skills training in schools.²⁰

- “Umoyo” (which means life) is a one-year school and training program for girls in Lusaka, Zambia. Orphan girls, all of whom have been affected by AIDS and a few of whom are HIV+, are chosen by their communities to take part in the program. More than 400 girls have participated thus far. After receiving counseling, the girls enter an academic and vocational training program. More than 80% of program graduates engage in further training, employment, or running small businesses – opportunities that enable them to provide food and school fees for their brothers and sisters. With education and economic assets of their own, these girls are better equipped to stay safe from, or cope with, HIV.²¹
- In India, the Better Life Program, initiated by the Center for Development and Population Activities (CEDPA), works to empower in- and out-of-school young women. The program includes skills building through formal and non-formal education, vocational training to promote economic opportunities, and referrals to age-appropriate reproductive health services. Program participants show greater awareness of how to prevent HIV infection, and substantially higher levels of educational attainment, vocational skills, economic empowerment, autonomy, and self-confidence than those who did not take part. Those who complete the program are also more likely to delay marriage until age 18 or older, report more use of condoms, and exhibit stronger health-seeking behavior.²²

It is clear that increasing access to education for girls is not only doable, it is being done. The challenge now lies in expanding these and other successful programs to reach the many more still in need.

Governments worldwide have committed to meeting the Millennium Development Goals (MDGs) on universal completion of primary education and eliminating gender disparity in primary and secondary education; the UN Declaration of Commitment on HIV/AIDS goals for reducing the number of new HIV infections among young people; and the Education for All (EFA) goals for increasing access to education. Yet concrete action to match these commitments and to address the linkage between access to education and HIV prevention has been far from adequate.

Already, the global community has “missed the mark” by failing to meet the MDG goal of equal access to education for girls and boys by 2005, and collectively we are unlikely to meet the goal of reducing the number of new HIV infections among young people. To accelerate progress, we need dramatically increased leadership and resources at all levels, particularly from the education and health sectors, to give young people the knowledge, attitudes, and skills they need to prevent HIV. This means building the capacity of educational systems to increase access to education for all, integrating comprehensive, age-appropriate, and gender-sensitive HIV prevention information into the educational curricula at all levels, and protecting the rights of children and teachers living with HIV.



Actions Schools Can Take

- Provide teachers with the curricula, materials, and training opportunities they need to effectively teach AIDS education in schools;
- Create safe and supportive learning environments for students, especially girls, by instituting policies of zero tolerance of sexual exploitation and implementing clear guidelines for responding to such allegations;
- Support young people in contributing to their education and communities; and
- Organize parent-teacher groups or community committees to make schools safer and more welcoming for girls and to support the importance of AIDS education for young people.

Actions National Governments Can Take

- Address the need for AIDS education in schools as part of national education strategies and the need for increased access to education as part of national AIDS strategies;
- Eliminate school fees and related costs, and provide support services, including school-feeding programs, to increase attendance;
- Develop curricula for AIDS education in schools and policies to address sexual exploitation in schools, and support their national implementation;
- Gather accurate data on school enrollment and retention rates for both boys and girls; and
- Urge all international donors to support the linkage between AIDS and education, both in the programs they fund and in the technical assistance they provide.

Actions International Partners Can Take

- Mobilize education resources to help national governments eliminate school fees and related costs, expand teacher recruitment and training, and accelerate progress toward the rapid realization of gender equity in education, including through support for the Education for All – Fast Track Initiative²³;
- Mobilize AIDS resources to help national governments to: implement comprehensive age-appropriate AIDS education in the schools; develop new evidence-based and gender-sensitive AIDS curricula, which include interventions that make the “ABC” (Abstinence, Be Faithful, and Condom Use) prevention approach work for women and girls; provide HIV-related counseling, referral services, and treatment options for students and teachers; and reduce stigma and discrimination;
- Maximize coordination between AIDS and education resources and remove any barriers to linking or integrating these essential services²⁴; and
- Gather data and monitor access for girls to both education and AIDS services at the global level and in the AIDS programs international donors fund.

- ¹ "Learning to Survive: How education for all would save millions of young people from HIV/AIDS," Global Campaign for Education, June 2004: 4.
- ² <http://www.unmillenniumproject.org/documents/Gender-complete.pdf>, p. 37.
- ³ World Bank, Window of hope, xvii, 3.
- ⁴ "Education for All Global Monitoring Report 2003/4: Gender and Education for All, The Leap to Equality," UNESCO 2003.
- ⁵ Kirby, D., et al. 1994. "School-based programs to reduce risk behaviors: A review of effectiveness," Public Health Reports 109 (3): 339-61.
- ⁶ Gupta, N., and M. Mahy, "Sexual Initiation among adolescent girls and boys: Trends and differentials in sub-Saharan Africa," Archives of Sexual Behavior, vol. 32, no.1, 2003: 41-53.
- ⁷ "Girls, HIV/AIDS and Education," UNICEF, December 2004: 15, with data gathered from Demographic and Health Surveys 2000-2001, HIV/AIDS Survey Indicators Database, [<http://www.measuredhs.com/hivaids>].
- ⁸ M. Wambe, S. Gregson, C.A. Nyamukapa, G.P. Garnett, J.J. Lewis, P.R. Mason, S.K. Chandiwana, R.M. Anderson. "HIV infection and reproductive health in teenage women orphaned and made vulnerable by AIDS in eastern Zimbabwe," paper presented at XV International AIDS conference in Bangkok, Thailand.
- ⁹ Data compiled by the Global Campaign for Education from DHS website, <http://www.statcompiler.com>, for 11 countries where AIDS modules are now included in DHS questionnaires.
- ¹⁰ "Progress for Children: A Report Card on Gender Parity and Primary Education," UNICEF, Num 2, April 2005: 3.
- ¹¹ Ibid: 5.
- ¹² Ibid: 4, 14.
- ¹³ "Education for All Global Monitoring Report 2005," UNESCO, 2004: 103-104.
- ¹⁴ Whiteside, A., Hickey, A., Ngcobo, N., Tomlinson, J., "What is Driving the HIV/AIDS Epidemic in Swaziland?", Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, 2003.
- ¹⁵ "Education for All Global Monitoring Report 2005: The Quality Imperative," UNESCO, 2004: 114.
- ¹⁶ Burns, B., Mingat, A., Rakotomalala, R. 2003. "Achieving Universal Primary Education by 2015: A Chance for Every Child," Washington, D.C.: World Bank.
- ¹⁷ "Progress for Children: A Report Card on Gender Parity and Primary Education," UNICEF, Num 2, April 2005: 10.
- ¹⁸ Deininger, Klaus. 2003. "Does Cost of Schooling Affect Enrollment by the Poor? Universal Primary Education in Uganda," Economics of Education Review 22 (3): 291-305.
- ¹⁹ Don Bundy and Raja Bentauet Kattan, "User Fees in Primary Education," Presentation for the World Bank Human Development Network, June 16, 2005.
- ²⁰ "Facing the Future Together: Report of the Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa," UNAIDS, July 2004.
- ²¹ Fleischman, J. "Strengthening HIV/AIDS Programs for Women: Lessons for U.S. Policy from Zambia and Kenya," Washington, D.C.: the Center for Strategic and International Studies: 15.
- ²² CEDPA, "Adolescent Girls in India Choose a Better Future: An Impact Assessment," Washington, D.C.: CEDPA, 2001.
- ²³ The Education For All – Fast Track Initiative, which brings together over 30 bilateral donors, developing countries, development banks, and international agencies, is a key global initiative helping to increase access to basic education, which can be used to help governments develop HIV strategies as part of their national education strategies.
- ²⁴ For example, in Zambia, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has established a girls' scholarship fund using both African Education Initiative (AEI) funds and matching PEPFAR funds. PEPFAR funds are also being used in Zambia to train teachers on HIV prevention and some programs have incorporated training on gender-based violence.



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Joint United Nations Programme on HIV/AIDS
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