

Freedom as learning

Life skills education and sustainable human development in a world with HIV and AIDS



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In order to fully expand the freedom of people, education needs to be seen in terms of equitable access to learning that enhances capability and viable options with regard to HIV and AIDS.

Education and capability – the unexplored dimension of Education For All

Sustainable development is increasingly seen as a process of expanding the freedoms that people enjoy (United Nations Development Programme [UNDP], 1990). Subsequently, 'unfreedoms', or the deprivation of capability to lead the lives they want to lead and be the person they want to be, now form part of definitions of poverty (Sen, 1999). Learning that provides only literacy and numeracy is thus recognised as insufficient to advance sustainable development and fight real poverty. This shift in thinking challenges our way of looking at education. It raises the question of how to place additional emphasis on developing capacity to reason, and how to achieve learning outcomes that are valued by individuals and can influence their lives (Hoffmann, 2006).

This was the position of the Dakar World Education Forum, which emphasised that an education geared to developing each individual's potential needs to promote the acquisition of skills (United Nations Educational, Scientific and Cultural Organisation [UNESCO], 2000a). Two of the six Education For All (EFA) goals include not only literacy and numeracy but also life skills as a desired learning outcome. EFA Goal 3 calls for equitable access to life skills learning for young people between the ages of 10 and 24, including in the field of HIV and AIDS. Similarly, EFA Goal 6 refers to essential life skills as a desirable and measurable learning outcome of quality basic education. However, this human development dimension of EFA remains largely unexplored. Both goals pose particular difficulties for implementing and monitoring efforts towards EFA, as no global agreement has been reached for a definition of life skills. This lack of consensus has led to the establishment of interventions under the heading of life skills education, but where in fact they either do not focus on skills building, or if they do, are not supported by methodologies conducive to acquisition of life skills.

There is, however, a growing consensus for understanding the notion of valued learning outcomes in the form of skills, based on the four pillars of education: learning to know, learning to do,

learning to be, and learning to live together (Delors *et al.*, 1996; UNESCO, 2000a; United Nations, 2006). This combination of cognitive life skills and non-cognitive skills is supported by a number of educational, behavioural and developmental theories (World Health Organisation [WHO], 2004), such as social learning and social cognitive theories, theories of reasoned action and planned behaviour, and the capability approach, to mention a few. These theories recognise that actions and behaviour are influenced not only by knowledge and non-cognitive skills of doing, but also by cognitive life skills closely linked to resilience. Behaviour depends on perceptions and attitudes of vulnerability and risk, requiring problem-solving and decision-making life skills to use knowledge effectively. It also depends on internal and external risk and protective factors, with internal protective factors relating to life skills for autonomy and a sense of purpose, and the external ones with life skills for social competence and building social support. Corresponding risk factors relate to issues around social norms and peer pressure.

Life skills education – an education fit for children

Life skills education (Figure 1) is a child-centred, participatory and skills-building methodology that develops the ability of children and young people to reason, and that helps them develop agency and social competence in order to act. In other words, it supports learning to know, learning to be, learning to live together as well as learning to do. As a methodology, it can be applied to a number of challenges facing children and young people, such as HIV and AIDS, but also to issues of gender, violence and human rights, etc.

Learning is contextual, and children need to make connections between their own understanding and what is learned in the classroom to construct meaning in their lives. Child-centredness, ensuring participation of children and young people at all stages of programming, is therefore critical, particularly when building HIV and AIDS-related life skills to affect the lives of children and young people. Many initiatives have therefore been taken to engage with young people around appropriate research, consultation and youth-adult partnerships (United Nations Children's Fund [UNICEF], 2006a). For example, in Botswana, the Youth-Adult Partnership and the Telling the Story Project informed institutional reform and the development of a national life skills framework respectively. In Lesotho, studies with young people

were instrumental advocacy and communication tools for the curriculum transformation process. In Swaziland, young people participated in the development of life skills education materials and approach. In Zambia, the Communication for Social Change model was used as a basis for peer education, premised on youth-to-youth dialogue to support youth-to-adult dialogue, thus enabling young people to access services and demand their rights. In Zimbabwe, dialogue with young people informed the development of a comprehensive Basic Education Policy, a revised National HIV and AIDS Strategy and a new life skills education proposal.

Learning is a social process and children construct meaning in dialogue with others, calling for participatory pedagogy. For life skills building, strong emphasis needs to be placed on those methods that give children opportunities to observe, verbalise, interact and learn from each other in order for them to acquire life skills. Such pedagogy relies on the capacity and motivation of teachers, which requires that teachers are not only trained and encouraged to use participatory approaches in their work, but that they are also protected and cared for within the system. For this reason, different models for training teachers and other life skills facilitators (such as young people) are being used in countries depending on local needs, with some focusing more on content and pedagogy; others more on counselling, peer education and life skills development.

Life skills building requires sufficient time to define and promote specific skills through rehearsal and action, to foster skills acquisition and performance through observation, practice and feedback, and ensuring skills maintenance and generalisation through personal practice, self-evaluation and skill adjustment.

Striking a balance between life skills education and HIV prevention

A common confusion is the belief that life skills education is exclusively used for, or is equal to HIV prevention. By recognising that one is a methodology and the other is an outcome, in which the acquisition of skills being only one part, the link between the two can be clarified. For example, Namibia has supported mainstreaming of the life skills methodology throughout the

national curriculum to be launched in 2007, in which two examinable subjects (Natural Science & Health Education and Social Studies) will become the core carriers for HIV prevention, supplemented by HIV-related content in all other subjects.

Life skills education, as a methodology, has been demonstrated as effective in increasing adolescents' self-efficacy to practise risk aversion and/or risk reduction skills. This is critical for ensuring that young people have the capacity for HIV prevention. Through strengthening the cognitive capacity of young people and increasing agency and empathy, life skills education can also address challenges faced by adolescents living both in a world with HIV and as individuals with HIV. Life skills education methodology for developing abilities for averting risk, can, when properly planned, also address external risk factors and strengthen external protective factors. It can do so by empowering young people with the skills to engage their community around the root causes of their vulnerability, often far beyond the development of individual skills in HIV prevention. In countries with generalised epidemics, such as in sub-Saharan Africa and the Caribbean, where young girls are more likely than boys to become HIV infected, life skills education can address girls' empowerment as well as societal reflection and change with regard to gender-based power structures and violence.

HIV prevention as an outcome also requires increasing young people's access to prevention services such as sexual and reproductive health services, HIV counselling and testing, and sexually transmitted infection (STI) treatment. Comprehensive HIV prevention also needs to support interventions and approaches that help enhance or create the protective and enabling environment which facilitates young people's access and utilisation of HIV prevention information, skills and services.

A school fit for children – enabling and protective learning environments

In many countries with high prevalence and mature epidemics, girls and young women having completed primary and secondary education show lower vulnerability towards HIV infection (UNICEF, 2005; Hargreaves and Boler, 2006). But it isn't enough to get all children into schools and keep them there. In addition to ensuring

Figure 1 The essential life skills required by every child





that children and young people leave schools empowered with life skills to take charge of their own lives in a world with HIV and AIDS, schools must also protect and care for all children in schools, in particular those affected by HIV and AIDS. An increasing number of countries are therefore combining interventions to increase access with social protection measures to ensure that the most vulnerable will benefit from going to school. For example, in countries like Botswana, Lesotho and South Africa, leaders have furthered scholarships, school feeding and pension funds to promote school enrolment and quality education.

The benefits of multiple and targeted coordinated strategies, such as combining a curriculum with youth community service or with school policies, is outlined in Strategy 8 of the Dakar Framework for Action (UNESCO, 2000a). They are also reflected in major education initiatives, from UNICEF's child-friendly schools and the WHO's health promoting schools, to the inter-agency initiative on Focusing Resources on Effective School Health (FRESH). For example, in Swaziland, life skills education addresses risks and vulnerabilities related to HIV, violence and abuse and is provided within child-friendly schools, emphasising the role of schools as centres of care and support (UNICEF, 2006a). A school fit for children is also one that provides the time and space where children and young people can reflect, discuss and develop skills among their peers. To complement the formal school curriculum, school-based clubs can also play an important role in reinforcing the skills acquired through lessons, in filling the gap until a formal curriculum is developed and implemented, and in bridging the gap between in- and out-of-school young people.

In particular, for HIV prevention to be effective, the learning context of the life skills methodology needs to be further articulated, as well as be able to strengthen the capacity of young people to influence and impact on other key components of a comprehensive response – such as school policies and learning friendly environments, access to youth-friendly health and social services, school-community partnerships, mass media campaigns, and public HIV policy development and implementation.

Challenges for effectiveness – life skills education learning outcomes

Life skills education has met with some valid and thought-provoking critiques that need to be taken seriously (Boler and Aggleton, 2004). For example, the difficulties in providing any evidence of the impact of life skills education as well as its cost-effectiveness are both being questioned.

Life skills education being a methodology, its effectiveness needs to be assessed based on the level of outcome which was built into the design of the intervention. This point is often missed in the discourse on the effectiveness of life skills education. When a life skills intervention is not designed to build capacity for an explicit behaviour, for example, increased capacity for correct and consistent condom use, it should not be judged to be ineffective when this outcome does not occur. As noted above, part of the confusion is the assumption that the life skills methodology is the key and primary intervention for effective HIV prevention with and for young people. Even if a young person has obtained the skills for condom negotiation, use and acquisition, he or she will not be

able to put these skills into practice if no condoms are available, or if their external environment contradicts or penalises this practice. It is also important to link life skills education outcome assessments with the context within which it is delivered, through process assessment concerning the learning environment and the potential links to care and support services (UNICEF, 2006c).

Poor life skills intervention design and setting goals linked to the reduction of national HIV incidence may be one of the factors which have created the perception that life skills education can have an impact on factors far beyond the scope of the intervention. Assuming that quality is being controlled for, an important message for programme planners would be to measure and assess the short and longer term life skills learning outcomes with indicators that capture and measure improvements in individual's capacities and skills levels (and ability to sustain the practices). Many of these indicators have yet to be developed, and this should be a priority among practitioners and promoters of life skills education.

Notwithstanding, over a decade of experiences shows that targeted life skills education does have an effect on the following: knowledge; attitudes, skills and behaviour on such varied issues as violence, the use of alcohol, tobacco and other drugs; high risk sexual behaviour that can result in pregnancy or STI or HIV; and emotional disorders and bullying (UNESCO, 2000b; WHO, 2004). A recent cross-country analysis of curriculum-based sex education and HIV-prevention programmes has identified a list of common characteristics of effective programmes. These characteristics should remain when scaling up programmes and adapting them to other contexts (Kirby *et al.*, 2006). This analysis shows that as long as it is clearly established towards which HIV-related goals a life skills education programme is striving, with activities designed to address both the risk and protective factors impacting this goal, and with an environment that supports both the acquisition as well as the use of specific skills, life skills education can promote learning outcomes that change lives in this regard. These learning outcomes included relevant knowledge, awareness of risk, values and attitudes, self-efficacy to refuse sex, use condoms, and avoid unprotected sex, and behavioural intentions – the very factors determining behaviour. None of the sex and HIV education curriculum-based programmes evaluated by these studies increased sexual behaviour. To the contrary, effective curriculum-based programmes can delay initiation of sex, as well as reduce the frequency of sex, decrease the number of sexual partners, and increase the use of condoms among those already sexually active.

Strategic challenges – differentiated approaches

Within the discourse on life skills education, many supporters see it as being easier and most effective to form an individual's behaviour rather than change that individual's existing behaviour. Therefore, not surprisingly, they advocate for the intervention to start at an early age. This is especially the case in formal education, which has the advantage of reaching a large population, albeit a heterogeneous one. A vast majority of countries also tend to initiate formal life skills education already at the primary level. Some countries even include a life skills approach at pre-primary levels, such as Angola, Cambodia, Iran, Mozambique and Thailand (UNICEF, 2006b).

A number of countries only start formal life skills education for HIV prevention (see Figure 2) at secondary levels, often losing the advantage of reaching a large population due to drop-out. Another disadvantage is the need to focus on the more difficult task of behaviour change, rather than behaviour development, which is especially so in countries where sexual initiation starts early and/or where there are high numbers of over-age students. Therefore, the quality of design, content and implementation will be even more critical to ensure effectiveness of the intervention.

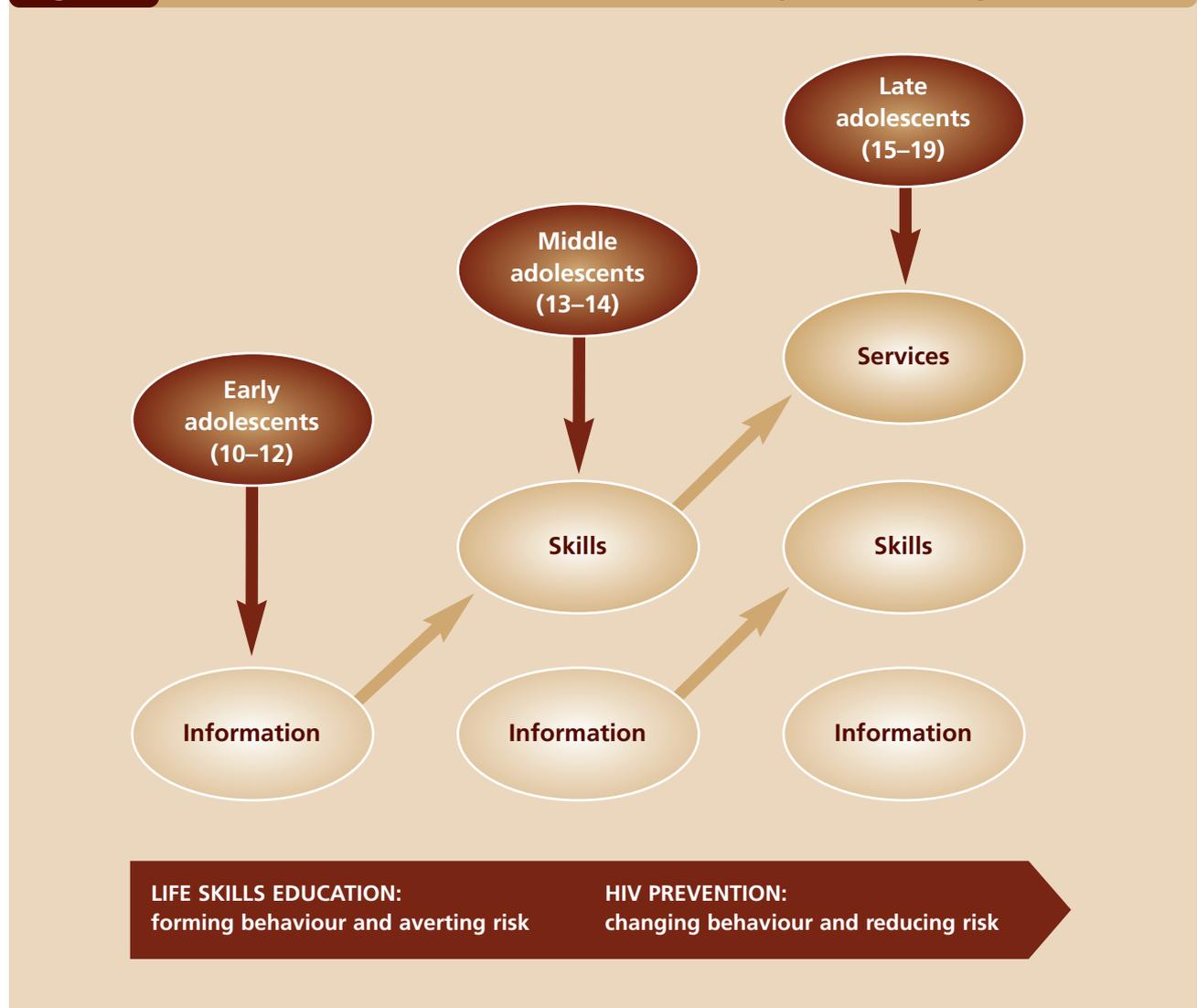
In addition, in low and concentrated HIV epidemics the majority of most-at-risk young people will not be in school. In these cases, there is greater need for life skills interventions designed to be used by out-reach peer workers targeting most-at-risk adolescents and young people in a variety of risk settings. Again, this would be only one part of comprehensive HIV prevention, and therefore it would be much more cost-effective to integrate the skills development components (say for condom negotiation and the use of clean needles and syringes) within a comprehensive HIV out-reach package of prevention information, skills and services.

Challenges in sector responses – scaling up interventions and ensuring sustainability

Serious concerns are also raised regarding the programming of life skills education in isolation from other policy and budgetary processes (Boler *et al.*, 2004; Global Campaign for Education [GCE], 2005). In a large number of countries, life skills education has been driven by the HIV and AIDS epidemic. Interventions have therefore been promoted and established in a crisis-management mode – responding to the epidemic as if it were a passing emergency and not the massive and long-term problem that it has proven itself to be.

To respond to this, new ‘sector-like’ responses have been installed, following the ‘Three Ones’ approach: one national HIV/AIDS authority, one national strategic plan and one monitoring and evaluation system. However, integration in these national HIV and AIDS plans of life skills education, alongside comprehensive HIV prevention and other interventions, is not

Figure 2 Life skills education for adolescents can help in HIV/AIDS prevention





enough to ensure sustainability, as it doesn't necessarily ensure the buy-in from the responsible sector – the Education Sector.

Specific national Education Sector plans and policies for HIV and AIDS are also being developed. These Education Sector HIV and AIDS plans and policies aim to mitigate the impact of the epidemic on the Education Sector and provide the blue-print for a comprehensive Education Sector response within a support framework that alongside life skills education, addresses issues of children affected by HIV and AIDS, care and support interventions including protection, counselling and treatment, as well as solid workplace policies that ensure that teachers and other staff are enabled to take care of their own lives and that of the children and young people in their care. This is, for example, the case in Botswana, Jamaica, Kenya, Namibia, Nigeria, South Africa and Rwanda.

A number of countries have developed broad national Education For All (EFA) action plans integrating the six EFA goals described in the Dakar Framework for Action. Self-reporting from countries shows high levels of recognition of the importance of life skills education, with 75 countries (out of 78 having responded to the survey) reporting that they are covering EFA Goal 3 on relevant learning and life skills programmes in their EFA plans (UNESCO, 2004a). However, to ensure sustainability in funding and implementation of comprehensive approaches, and their increased coverage, life skills education for HIV prevention needs to be part of wider democratic education sector strategic plans. The last decade has seen changes towards broader sector-wide planning in education and Sector-Wide Approaches (SWAps) and Education Sector Strategic Papers (ESSPs). It is through integration within these existing sector specific plans and policies that sustainability and coverage have the best chances of being achieved and becoming firmly rooted in official curricular programmes and materials, and in related teacher training.

In spite of these not always met criteria, life skills education is increasingly being integrated in national curricula, as a methodology infused throughout the curriculum or as a new stand-alone topic. According to a recent Education Sector Global HIV/AIDS Readiness Survey, out of 70 countries, 59 report having life skills or life orientation programmes in their education systems at primary level, and 58 at secondary levels – covering issues such as health promotion, family planning, health and family life education, personal and social development, religious education, physical education and, in some countries, also HIV/AIDS awareness (UNESCO, 2004b). The way of integrating life skills education into the curricula varies greatly. According to an on-going survey in 70 countries (UNICEF 2006b), most countries tend to have opted for life skills infused throughout the curriculum, such as the life skills approach being developed in Pacific island countries, or infused into another topic of the curriculum, such as in the Health and

Family Life Education common curriculum in the Caribbean Community and Common Market (CARICOM) states. Other countries have focused on life skills education as a stand-alone topic solely (Armenia, the Democratic Republic of Congo, Guatemala, Lesotho, Malawi, Moldova, Montenegro, Nicaragua, Romania, Sri Lanka, South Africa, The Gambia, Uganda and Vietnam). A more limited number of countries such as Afghanistan, Brazil, Cambodia, Eritrea, Iran, Jamaica and Somalia have opted for a combination of life skills mainstreaming and a stand-alone life skills topic (UNICEF 2006b).

It is important to bear in mind that policies and curricula are only crucial first steps for scaling up school-based life skills education. In order to be effective in developing risk aversion and risk reduction capacities among children and young people, quality life skills education methodologies need to be planned and implemented carefully and within an enabling and protective environment with links to care and support services – with a circle of support approach both within the school as well as within the sector. Also, school-based efforts are far from being the sole response to combating HIV incidence and the pandemic, and do not respond to reaching especially vulnerable or most-at-risk children and adolescents. By understanding and recognising its strengths and weaknesses, life skills education can significantly contribute both to achieving the Millennium Development Goal on HIV and AIDS and the EFA goals of life skills learning and quality education, as well as to furthering sustainable development in general.

References

- Boler, T. and Aggleton, P. (2004). *Life skills-based education for HIV prevention: a critical analysis*. UK working group on education and HIV/AIDS, London.
- Delors, J. et al. (1996). *Report to UNESCO on Education for the 21st Century – Learning: The Treasure Within*. UNESCO, Paris.
- Global Campaign for Education [GCE] (2005). *Deadly inertia: A cross-country study of educational responses to HIV/AIDS*. GCE, London.
- Hargreaves, J. and Boler, T. (2006). *Girl Power: The impact of girls' education on HIV and sexual behaviour*. Education and HIV series 01. ActionAid International, Johannesburg.
- Hoffmann, A.M. (2006, in print). *The Capability Approach and educational policies and strategies: Effective life skills education for sustainable development*. AFD, Paris.
- Kirby, D., Laris, B.A., and Roller, L. (2006). *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries*. FHI Working Paper Series No. WP05-03, Family Health International, Research Triangle Park.
- SEN, A.K. (1999). *Development as Freedom*. Oxford University Press, Oxford.
- United Nations Development Programme [UNDP] (1990). *Human Development Report*. Oxford University Press, New York.
- UNESCO (2000a). *The Dakar Framework for Action*. UNESCO, Paris.
- UNESCO (2000b). *EFA 2000 Assessment: Thematic Study on School Health and Nutrition*. UNESCO, Paris.
- UNESCO (2004a). *Survey Report Update on Planning and Implementing Education For All*. UNESCO, Paris.
- UNESCO (2004b). *Report on the Education Sector Global HIV/AIDS Readiness Survey*. UNESCO/IEP, Paris.
- UNICEF (2005). *Girls, HIV/AIDS and Education*. UNICEF, New York.
- UNICEF (2006a). *Unpublished report*. UNICEF-ESARO, Nairobi.
- UNICEF (2006b). *Unpublished survey*. UNICEF, New York.
- UNICEF (2006c). *Assessing Child-Friendly Schools*. UNICEF-EAPRO, Bangkok.
- United Nations (2006). *Indicators for Education for Sustainable Development*. UNECE (ECE/CEP/AC.13/2006/5/Add.1), Geneva.
- World Health Organisation [WHO] (2004). *Skills for Health*. WHO, Geneva.

Biographical notes

Anna Maria Hoffmann is UNICEF's global HIV/AIDS and Life Skills Education Project Officer on HIV Prevention of the Education Section at UNICEF Headquarters in New York. She has 15 years' experience working in HIV/AIDS and Education at the international level. She began her work in 1991 with UNESCO as a Swedish Associate Expert on HIV/AIDS and Education, and has worked on interagency collaborative projects in health promotion and education, ranging from comprehensive health education and schools health in liaison with Education For All (EFA). She joined UNICEF Headquarters in 2005. Ms Hoffmann has extensive experience designing and implementing programmes linked to girls' education, health- and life-skills education and global approaches to school health.

Rick Olson is UNICEF's Global Team Leader on HIV Prevention with and for adolescents, based at UNICEF Headquarters in New York. He has 17 years' experience working in public health, mainly focused on HIV prevention with young people. He began his development work in

1989 with World University Services of Canada, serving as a Social Mobilisation Officer and HIV Communication Officer with the Ministry of Health in Malawi. From 1993, he joined UNICEF in Malawi, running their prevention and care programme with the Malawi National AIDS Control Programme. In 1998, he joined UNICEF Namibia as the Project Officer (HIV/AIDS) responsible for the Adolescent HIV Prevention Programme. This supported a national HIV media campaign with young people. A national peer-facilitated life-skills intervention (My Future is My Choice) provided training to over 130,000 young people over a five-year period. Adolescent-friendly health services were established in 18 of Namibia's 24 health districts. Since 2003, he has been the global advisor in UNICEF Headquarters, responsible for all aspects of primary HIV prevention with and for adolescent children, supporting HIV-prevention programmes in 166 countries. Mr Olson has extensive experience designing and implementing programmes, and developing behaviour-change, communication, life-skills and peer-education materials.