

TOOL 4 **Issues regarding integration of HIV and AIDS education into the official curriculum**

Introduction

Evaluations of the integration of HIV and AIDS education into school curricula highlight the following common shortcomings:

- HIV and AIDS education has been added to already crowded curricula and teachers pay little or no attention to it.
- When it is part of the curricula, HIV and AIDS education is included in one technical subject (for example natural science) and some essential aspects (psychosocial, cultural and life skills) are either not covered or inadequately covered.
- Learning of facts is generally emphasized over acquiring skills that will allow young people to adopt right attitudes and safe behaviours.
- HIV and AIDS education is included in broad subject areas, without being specifically scheduled within these subject areas and therefore it is neglected.
- Curricular approaches and the pedagogical implications of life skills approaches appear to be somewhat blurred and poorly integrated into the curriculum.
- No specific or relevant assessment of learning outcomes, including acquired skills, is carried out.
- Teachers are generally not adequately trained.

With this tool, we address some of these weaknesses, with emphasis on the process of integrating HIV and AIDS education into existing curricula. We look into a number of issues regarding the integration of HIV and AIDS education into the existing curriculum. We also present to curriculum planners and other users, information, advice and practical guidelines to help them to:

- a) choose the most feasible and context-appropriate curricular approach. This tool presents the advantages and disadvantages of different approaches in order to guide users into making informed and appropriate choices.
- b) integrate HIV and AIDS education within a chosen curricula approach.

Factors affecting the integration of HIV and AIDS education into curricula

What is the best way to integrate HIV and AIDS education into existing curricula? Several factors influence the choice of the most feasible, relevant and appropriate implementation mode or curricula approach. This issue is often more crucial with secondary level curricula than primary level curricula since there are more teachers at the secondary level than there are at the primary level. Nonetheless, primary level teachers also require clear and realistic guidelines on how to integrate HIV and AIDS education into school programmes.

The main factors affecting integration of HIV and AIDS education into curricula include:

1. **The stage of curricular reform:** the existing possibilities/opportunities for formally integrating HIV and AIDS education depend on the stage of the curricular reform in a particular country

2. **The structure or framework of the curriculum:** the way the content is organised determines to a large extent the manner and form in which HIV and AIDS education can be integrated. For example. Are subjects organised into thematic blocks (i.e. social sciences, languages, communication, natural science, etc), or as a range of separate subjects (i.e. history, geography, civic education, biology, chemistry, physics, mathematics, etc)?

Thus, the structure of the curriculum would determine the level at which teaching-learning objectives and outcomes are defined: i.e. at the level of an interdisciplinary block or per subject?

3. **Centralised or decentralised curriculum design:** at what level is the curriculum designed, or what degree of flexibility is allowed to localise the content?

The stage of curricula reform and the extent to which the curriculum design is (de)centralised are not addressed here. Instead, the tools included subsequently deal primarily with technical aspects relating to curriculum design.

In the following section, we will look closely at issues which need to be taken into consideration when integrating HIV and AIDS education into an existing curriculum. Most of what follows is more easily applicable in a context of curricula reform.

Integration of HIV and AIDS education into an already crowded curriculum

The existing curricula are often already crowded. In order to increase their relevance and adapt their contents to new needs, there is often pressure to add new learning areas or enhance existing ones.

Potential new areas include HIV and AIDS, human rights, sustainable development, foreign and national languages, etc.

The introduction of new subject areas requires the removal of some other subject areas or a reduction in the allocation of time to existing subjects.

Integrating new learning areas is always challenging. Different countries have attempted to do so using different approaches. It has been found that, within a given curricular structure, HIV and AIDS education is usually integrated using one of the 4 main curricular approaches listed.

- a) as a new stand-alone subject,
- b) integrated in one already existing main carrier subject
- c) as a cross-curricular issue,
- d) infused throughout the curriculum

Four main approaches for the inclusion of HIV and AIDS education in the curriculum:

- HIV and AIDS as a new **stand-alone subject**, clearly labelled and including all core aspects of HIV and AIDS education.
- HIV and AIDS, integrated in **one already existing main carrier-subject** containing most of core aspects of HIV and AIDS education.
- HIV and AIDS as a **cross-curricular issue**, integrated in a few existing subjects clearly defined and containing most of core aspects of HIV and AIDS education, in a complementary and coordinated approach.
- HIV and AIDS **infused throughout the curriculum**, integrated in most/all subjects included in the curriculum, with, or without any specific mention of HIV and AIDS in subject areas.

Extra-curricular activities may complement HIV and AIDS education or in some cases, they may be the only HIV-related activities in schools.
(Source: IBE 2005)

Extra-curricular activities may complement HIV and AIDS education or in some cases, they may be the only HIV-related activities in schools.

It is worth mentioning that available literature shows that the terms used to describe the different approaches vary between countries and doesn't always appear conceptually clear (Source: IBE-UNESCO study. 2005. *The Quality Imperative; Assessment of curricular response in 35 countries for the EFA monitoring report 2005*)

In some countries, integration results from an incremental process of inclusion of HIV and AIDS in the curriculum over a number of years but without any strategic overview or capacity to integrate it in an efficient manner.

In some other countries, it may also mean that several approaches are used concurrently: For example HIV and AIDS education is integrated into a main carrier subject and also infused throughout the curriculum.

One undoubtedly notices a shared consensus and recognition of the importance of HIV and AIDS education. There is however disagreement about the best way of including it in the curriculum. The traditional approach to curriculum development (often considered as a purely technical document) and the pressures of an overloaded curriculum often hinder the effective introduction of a new subject. Even when the subject exists formally in the curriculum, it does not benefit from a supportive enabling environment to be effectively taught (i.e. no explicit allocation of time, few or no trained teachers, no assessments of learning outcomes, etc.).

Advantages and drawbacks of the different options

The *Infusion in the entire curriculum* and the *integration in one main existing carrier subject* methods are favoured approaches because they don't require a revision of the structure of the curriculum or a reallocation of time between the different teachers. These approaches are thus technically and administratively simpler and more feasible to accomplish.

However, the curricular approach of *infusing* HIV and AIDS education throughout the curriculum, across a wide range of existing subjects has generally been found to lead to fragmentation, lack of cohesion, lack of visibility and an increased likelihood that no teacher will feel responsible for teaching the part of the subject assigned to him/her.

It is also increasingly true that very often no specific allocation of time and no formal assessment of learning outcomes are defined or imposed. It is therefore simple and easy to ignore the subject/topic especially when curricula are already over crowded.

In order to address the problem of fragmentation and lack of cohesion, teachers should make an effort to collaborate. This would ensure a coherent and comprehensive teaching of the programme. This effort is rarely made. It is even often impossible because of the teacher's allocation of time. (See UNESCO Bangkok & IBE Geneva. 2005. *Leading and facilitating curriculum change: A resource pack for capacity building*).

With regards to teacher training, the *infusion* approach could be extremely costly, and practically not feasible. Indeed, all the teachers would have to be trained to teach HIV and AIDS education, a very sensitive topic that leads to difficult questions from learners. Moreover, many teachers are not adequately trained and not enthusiastic about covering this sensitive topic.

Experience shows that behavioural skill development and internalisation of values and attitudes require practice through learner-centred interactive processes within an atmosphere of tolerance and trust. Sufficient time is hence needed and teachers have to be trained in pedagogical approaches as well as the technical content. To ensure the coverage of all the different aspects related to HIV and AIDS, it is often preferable to

adopt the *cross-curricula* approach. If it is integrated within *several subjects* then coordination is very essential.

It is worth noting that the development of clear and explicit learning objectives and the allocation of teaching time are two major recommendations ensuing from challenges and obstacles encountered with the *infusion* approach.

Table 4.1 reviews key features, main advantages and challenges of integrating HIV and AIDS into the curriculum

- as a new stand-alone subject,
- integrated into one already existing main carrier-subject
- as a cross-curricular issue, integrated in a limited number of subjects, in a coordinated manner

Worksheet 4.1: Table 1 can also be adapted and used as a worksheet, and completed in groups. Each group works on a specific curricular approach with an unfilled table and tries to complete it with regard to ones own experience.

Table 4.2 reviews key implementation issues for each of these three curricular approaches, including the following aspects:

- A. Identify and integrate HIV and AIDS education in the curriculum (Tool 5)
- B. Make links with broader educational goals (Tool 5)
- C. Revise time allocation and create space in the existing programme for the new contents (Tool 5)
- D. Rethink the learning process in cycles over years rather than in school year (Tool 5)
- E. Adapt the pedagogical approaches (Tool 6)
- F. Rethink the development of learning assessments (Tool 7)
- G. Consider the implications on teacher training and support to school staff. (Tool 8)
- H. Organise schools' life in such a way that HIV and AIDS learning will be fostered. (Tool 9, in development)
- I. Appraise, adapt and develop appropriate material (Tool 10)

This table aims at raising users' awareness on the importance of a multidimensional approach. It also allows the introduction of issues which will be systematically covered in Tools 5 to 10.

Table 4.1: Key features, main advantages & challenges of main curricular approaches to integrating HIV and AIDS education into the curriculum

HIV and AIDS education taught...	...as a new stand-alone subject	...in one existing main carrier subject	...as a cross-curricular issue included in a limited number of existing subjects
<p>1. Key features of the curricular approaches</p>	<ul style="list-style-type: none"> • A new subject is created. The topic is clearly labelled and a specific time allocation is defined and assigned in the official school timetables. The subject is supposed to address all relevant issues relating to HIV and AIDS education. 	<ul style="list-style-type: none"> • Teaching and learning of most of the relevant material is addressed within the framework of one main carrier subject. 	<ul style="list-style-type: none"> • HIV and AIDS education is integrated in a limited number of subjects which bear a close affinity to the topic (in no more than 1/3 of the total number of subjects in the curriculum, i.e. 3 to 5 subjects). • HIV and AIDS education within these few subjects is clearly defined and divided across selected subjects.
<p>2. Main advantages of the curricular approaches</p>	<ul style="list-style-type: none"> • The topic becomes more visible and as such becomes more prominent and legitimate. • It becomes possible to recruit and train suitable teachers. • As HIV and AIDS education is concentrated in a single subject, it is easier to assign responsibilities and to ensure that it is actually taught. • Can be cost-effective as there are usually a limited number of teachers to train and support. • The trained and highly specialized teachers can play the role of resource persons and leaders towards school staff and pupils. • Specific timetabling of the subject does not in itself guarantee quality of teaching-learning on the subject, but it does make it possible to cover important issues which would not naturally arise in other subjects. • Assessment of learning outcomes is facilitated. 	<ul style="list-style-type: none"> • It is relatively straightforward where and when to include the topic in the curriculum and subsequently, which teacher will be primarily responsible for supporting this kind of learning. • Fewer teachers need to be trained than when using the cross-curricular approach. • Can be cost-effective as there are usually a limited number of teachers to train and support. • The trained and highly specialized teachers can play the role of resource persons and leaders towards school staff and pupils. • Assessment of learning outcomes may be facilitated. 	<ul style="list-style-type: none"> • It is generally not necessary to revise the curriculum. One can use the existing space to manoeuvre. This adaptation can be done at a decentralised level. • By integrating HIV and AIDS education in a number of subjects, it is possible to achieve a comprehensive coverage of the topic, provided this is done in a coordinated manner. • Generally, it enables teachers to complement one another with their skills and competencies. • Generally, sharing of responsibilities for delivering the various aspects of the topic can foster collaboration among teachers. • It enables learners to see the significance of HIV and AIDS education from different perspectives and approaches. • As the topic of HIV and AIDS is covered by many teachers, its visibility in school is enhanced and it becomes the responsibility of many teachers.

Table 4.1: Key features, main advantages & challenges of main curricular approaches (continued)

HIV and AIDS education taught...	...as a new stand-alone subject	... in one existing main carrier subject	...as a cross-curricular issue included in a limited number of existing subjects
<p>3. Main challenges of the curricular approaches</p>	<ul style="list-style-type: none"> • In order to introduce new subjects to the curriculum, space must be created. The procedures and issues involved may take a long while to resolve. • It is critical that the topic as well as the assessment of learning outcomes is made mandatory otherwise there is a likelihood of teachers not giving it the needed attention. • There is the risk that only a few aspects will be covered (areas where the teacher feels comfortable). • Learners may have difficulties integrating lessons learned into their everyday practice and/or relating information to other topics taught at school. • A single teacher, even if very motivated and well trained, has often neither the skills nor the knowledge to teach all the different aspects of HIV and AIDS education. • It is essential to train teachers in a very professional manner. • One would have to choose motivated teachers already convinced about the importance of HIV and AIDS education, and ready to cover all its aspects in their teaching. • The start-up cost may be quite high due to the need for training specialized teachers. • It will however be necessary to support and raise all teachers' awareness on HIV and AIDS and teach them how to prevent it. 	<ul style="list-style-type: none"> • It is necessary to redefine aspects that have to be covered by the subject, or to increase time allocated to this subject (and decrease time elsewhere). When one allocates time for HIV and AIDS education, one has to decrease time allocated to other topics. Resistance at different levels may be encountered. • HIV and AIDS education does not have enough visibility, and there is a risk that it may disappear among a lot of other topics included into the main carrier subject. • It is worth noting that integration in one existing subject increases the risk of the topic not being taught comprehensively. For example, if it is integrated in natural science, the focus may be on scientific aspects neglecting among others, eg. The social or relational dimensions of sexuality, communication skills, etc. • It is difficult to ascertain whether teachers already assigned to the main carrier subject are motivated. • A single teacher, even if very motivated and well trained, has often neither the skills nor the knowledge to teach all the different aspects of HIV and AIDS education. • It is essential that the learning outcomes are made part of the mandatory examinable subject areas otherwise there is a risk that teachers will not give HIV and AIDS education the needed attention. Furthermore, examination pressure may lead to the use of the time slot reserved for HIV and AIDS education to prepare learners for the examinable subjects. 	<ul style="list-style-type: none"> • It is necessary to carefully analyse the existing curriculum, in order to select the subjects, and then organise the objectives and the contents in a coherent and comprehensive manner. It is also necessary to reorganise each subject in order to make space and allocate time for HIV and AIDS education. • HIV and AIDS education may not have enough visibility and there is a risk of it disappearing among a lot of other topics within the selected subjects. • The cross-curricular approach involves training a larger number of teachers. • The sharing of the responsibility of teaching the topic (described previously as an advantage) could also be expressed as a disadvantage: shedding of responsibility and the difficulty in verifying whether teachers have undertaken the work assigned to them. • Among teachers already assigned to the selected subjects, it may be difficult to find enough competent, motivated and convinced teachers. • This approach also requires close and consistent coordination to avoid repetitions and ensure coherent coverage is achieved across the selected subjects. • Assessment of learning outcomes is more complicated.

Worksheet 4.1: Key features, main advantages & challenges of main curricula approaches to integrating HIV and AIDS education into the curriculum

HIV and AIDS education taught...	...as a new stand-alone subject	...in one existing main carrier subject	...as a cross-curricular issue included in a limited number of existing subjects
B. Strong points – advantages			
2. Weak points – challenges and difficulties			
3. Observations			

Table 4.2 Key issues to be considered for an optimal integration of HIV and AIDS education into the curriculum

HIV and AIDS education taught...	...as a new stand-alone subject	...in one existing main carrier subject	...as a cross-curricular issue included in a limited number of existing subjects
Anticipate and resolve the potential challenges			
	→ One of the critical issues of this approach is that one needs to make sure learners understand the linkages between this stand-alone subject and other relevant subjects in the curriculum. E.g. linkages between the module on basic knowledge and natural sciences and/or biology.	→ One of the critical issues of this approach is ensuring the time that is meant to be dedicated to these contents is not used for teaching other issues.	→ One of the critical issues of this approach is that one needs to make sure that teaching-learning on this subject is closely coordinated to ensure coherent coverage across the selected carrier subjects.
A. How does one identify and integrate HIV and AIDS education into the curriculum?	<p>Possible titles of a new stand-alone subject on HIV and AIDS: 'Sexual and Reproductive Health', 'Family life and health education', 'Family, Health, Education, 'HIV and AIDS and Us', etc.</p> <p>Irrespective of the specific contents of the subject, the choice of the title is important because it enhances the visibility. The title has to be culturally acceptable and explicitly stated.</p> <p>The essential contents, as defined in Tool 5, should however remain the same, irrespective of the title.</p>	<p>One will need to study the curriculum to see which subject is the most appropriate for the contents of HIV and AIDS education, defined in Tool 5.</p> <p>The following subjects are examples of possible relevant subjects that are generally included in the curriculum for the 10-12 age group:</p> <ul style="list-style-type: none"> ▪ Family life/health education ▪ Social studies/social sciences ▪ Civic education/moral education ▪ Biology/Natural Sciences <p>It is however obvious that it will be difficult to cover all aspects of HIV and AIDS education in one main existing subject.</p>	<p>One will need to examine in the curriculum existing learning areas that have a link to the subject of HIV and AIDS:</p> <ol style="list-style-type: none"> a. Identify where elements of the various modules are located. b. Select the subjects (a maximum of 4 if possible) c. Suggest ways in which minimal recommended contents of HIV and AIDS & SRH education – as defined in Tools 5 and 10 – could be reinforced or integrated into these subjects.
B. Links with overall educational goals	Ensure that clear links are established with the broader educational goals defined in the Curriculum Framework. i.e. the way in which HIV and AIDS education is integrated into curriculum contributes to the achievement of the overall educational goals.		

Table 4.2 Key issues to be considered for an optimal integration of HIV and AIDS education into the curriculum (continued)

HIV and AIDS education taught...	...as a new stand-alone subject	... in one existing main carrier subject	...as a cross-curricular issue included in a limited number of existing subjects
<p>C. Time allocation and creating space for new contents in existing curriculum</p>	<p>One will have to allocate teaching hours for this new subject and integrate it into the official school timetable.</p> <p>It will thus be necessary to revise the overall curriculum in order to make space and time for this new subject.</p> <p>This will require revising existing subjects and defining what is absolutely essential for young people to learn and what may be less relevant.</p>	<p>One will have to allocate teaching hours for HIV and AIDS education within the main carrier subject. These hours will have to be clearly assigned in the school timetable</p> <p>It will be thus necessary to revise the main carrier subject in order to make space and time for these (new) contents.</p> <p>If no additional time is scheduled for this main carrier subject, it will be necessary to revise the carrier subject, keeping only what is essential for young people.</p>	<p>It is critical that 'dedicated and scheduled time' is allocated within the various carrier subjects and the school timetable.</p> <p>It will be necessary to revise the overall curriculum in order to make space and time for the modules within the various subjects.</p> <p>It is possible this will require revising existing subjects and defining what is absolutely essential for young people to learn and what may be less relevant (relative to education on HIV and AIDS).</p>
<p>E. Organisation of learning per cycle</p>	<p>Currently, learning objectives and official curricula are most of the time structured by school year periods. A learning cycle from 2 to 4 years is suggested. Irrespective of the chosen curricular approach, it is necessary to spread the objectives and contents over 2 or 3 years, depending on the structure of the existing curriculum (See Tool 5)</p>		
<p>E. Adapting pedagogical approaches</p>	<p>At the end of the day, teachers are the ones to implement curriculum reforms in the classrooms. These changes in curriculum can be difficult for teachers, especially as schools and teachers are increasingly expected to: be sensitive to socio-cultural and gender issues, promote partnerships with the community, promote tolerance, use new pedagogies and adjust assessment practices to be consistent with new pedagogies and learning areas.</p> <p>Therefore, the integration of HIV and AIDS education and sexual & reproductive health into the school curriculum certainly requires a careful evaluation of the needed reforms of teacher education in order to provide teachers with the necessary professional tools and support to fulfil their task. Furthermore, most teachers find teaching about HIV and AIDS and sexual & reproductive health challenging. It is therefore essential that they are adequately trained and supported.</p> <p>(See Tool 8, which addresses the main implications of the integration of HIV and AIDS education and sexual & reproductive health for teacher training and support)</p>		

Table 4.2 Key issues to be considered for an optimal integration of HIV and AIDS education into the curriculum (continued)

HIV and AIDS education taught...	...as a stand-alone subject	... in one existing main carrier subject	...as a cross-curricular issue included in a limited number of existing subjects
<p>H. Implications for assessment</p>	<p>It will be necessary to develop a strategy for the assessment of the learners' learning outcomes in the field of HIV and AIDS education. This assessment will have to take into account the objectives specific to HIV and AIDS education (Acquisition of skills). The assessment will also have to be adapted to the organization of learning in the cycle from 2 to 4 years (see tool 7).</p> <p>The pedagogical material at the disposal of teachers must recommend strategies and assessment tools for the essential aspects of HIV and AIDS education (such as defined in Tool 5).</p>		
<p>G. Implications for teacher training and support</p>	<p>Versatile teachers will need to be selected, trained and supported to teach HIV and AIDS & SRH education.</p> <p>These teachers should be if possible already motivated to teach these sensitive issues.</p> <p>They should be able to cover all the contents and clarify to learners the linkages between the 4 thematic modules and other subjects of the curriculum.</p>	<p>All teachers teaching the selected carrier subjects will need to be trained and supported to teach on HIV and AIDS, and specifically on the contents that will be integrated in their subject (e.g. A social science teacher will be specifically trained on Human Rights, Solidarity, etc. in relation with HIV and AIDS education).</p> <p>It is also necessary to motivate teachers and ensure that they also teach the sensitive aspects of HIV and AIDS education.</p> <p>Teachers will have to be able to cover all the contents. They will also need to clarify to learners the linkages between the 4 thematic modules and other subjects of the curriculum.</p>	
<p>H. Organise schools' life in such a way that HIV and AIDS learning is fostered. (Tool 9, in development)</p>			

Table 4.2 Key issues to be considered for an optimal integration of HIV and AIDS education into the curriculum (continued)

HIV and AIDS education taught...	...as a stand-alone subject	... in one existing main carrier subject	...as a cross-curricular issue included in a limited number of existing subjects
<p>I. Implications for material development</p>	<p>Appropriate new material has to be placed at disposal of teachers. If this material does not exist, it needs to be developed.</p> <p>Each material has to be organized in a coherent manner and has to cover all the essential themes defined in Tool 5 in order to facilitate the teachers' work. Furthermore, it has to include adapted pedagogical activities.</p> <p>In the process of compiling existing material or developing new materials, it is important to include references to other, relevant subjects in the curriculum to support learners to make linkages with these other topics (e.g. lessons on human rights in social studies, communications skills practiced during language lessons etc.).</p>	<p>One has to include into existing pedagogical material of the subject all the essential themes related to HIV and AIDS education.</p> <p>New materials may need to be developed to cover all the essential themes of HIV and AIDS education.</p> <p>In the process of compiling existing material or developing new materials, it is important to include references to the issues addressed in the main carrier subject as well as in other relevant subjects in the curriculum to support learners to make linkages with the other topics.</p>	<p>New materials should be developed (These materials may be based on compilation of existing materials, as listed)</p> <p>In the process of developing new materials, it is important to include references to the other carrier subjects in the curriculum to support learners to make linkages between topics.</p>

RESOURCES TO GO FURTHER

1. **“Skills for Health: Skills based health education including life skills. An important component of a Child-friendly/Health-Promoting School”**, Chapter 4, 2003, WHO

- Document available in [English](#)

- Website: http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf