Girls’ Education and HIV Prevention

Introduction
Educating girls is a global priority, especially as two-thirds of young people living with HIV around the world are female.¹ Recent research has shown that educating girls dramatically reduces their vulnerability to HIV. Studies show that HIV infection rates are at least twice as high among young people who do not finish primary school as among those who do.³ Yet around the world, more than 41 million girls are out of school.³⁶ Despite numerous international commitments to the right of all children and young people to free and compulsory education, there are still major gender disparities in enrolment at all levels in low-income countries, which are often hit the hardest by AIDS. Girls are often the last to enrol in primary school and the first to drop out. Fewer girls succeed in reaching secondary school.

Current Situation
For every additional year in school, girls are better equipped to make decisions affecting their sexual behaviour and they have higher earning potential – factors that have been proven to substantially lower the risk of HIV infection:

- In a recent survey, girls who had completed secondary education had a lower risk of HIV infection and practised safer sex than girls who had only finished primary education.⁴
- Evidence from Zimbabwe shows that 15 to 18-year-old girls who are enrolled in school are five times less likely to have HIV than those who have dropped out.⁵
- In Swaziland, a study found that 70% of in-school youth – girls and boys – were not sexually active, whereas more than 70% of out-of-school young people were sexually active.⁶

And yet, in spite of the recognised benefits of girls’ education:
- Only 59 countries had achieved gender parity in primary and secondary education by 2005.⁷
- In sub-Saharan Africa, only 17% of girls are enrolled in secondary school.⁸
- In that same region, young women account for three out of every four 15-24 year olds with HIV.⁹

The international community has made numerous commitments to getting more girls into school, yet concrete action to match these commitments and to address the linkage between access to education and HIV prevention has been lacking. Already the global community has missed the mark by failing to meet the Millennium Development Goal of equal access to education for girls and boys by 2005. If current trends continue unchanged, only 18 out of 113 countries that missed the Education for All (EFA) gender parity goal at primary and secondary level in 2005 stand a chance of achieving it by 2015.¹⁰ The Education for All Fast Track Initiative (FTI) – designed to accelerate progress towards universal access for boys and girls by 2015 – needs to do more to garner the resources needed from donors.

Advocating for Change
Given the importance of education as an HIV prevention strategy and the many barriers that girls face in getting to and staying in school, the following steps are needed to make sure progress on girls’ education remains an urgent international priority:

- **Education for All (EFA):** national governments should implement and monitor their national EFA plans of action (or equivalents) to ensure that girls’ education is a priority.

- **Fast Track Initiative:** the FTI should be expanded in order to achieve all of the EFA goals. Donors should fill the immediate resource gap ($510 million) and fulfil their promises in filling the long-term gap of $10 billion. All FTI funding must be long-term and predictable, committed over ten years.¹¹

- **Abolishing school fees:** national education plans should work towards ending school fees and other hidden costs as part of well-planned education reform strategies to encourage girls to attend school. The abolition of all forms of school fees is the single most powerful way to increase girls’ access to schooling. (When governments abolished school fees in Kenya, Tanzania and Uganda, an extra 8 million children enrolled in primary school.)¹²

- **Quality of education:** education systems should ensure that steps are taken to address the quality dimensions of education (i.e. educational processes, curriculum content, learning environments) that may be further challenged by the AIDS epidemic. (Uganda, for instance, first rallied support from agencies and donor countries that worked cooperatively within a single education programme.)¹³

- **Sharing the burden:** the crisis in girls’ education and the urgency to halt the spread of HIV requires action by a variety of ministries, not only education ministries. (For example, safe water and adequate sanitation are as crucial to getting and keeping girls in school as desks, books and pencils.)

- **Targeted financial mechanisms:** conditional cash transfers have been used as effective incentives for parents to enrol children in school so girls are not forced to leave school in order to work or to care for younger siblings. (A programme in Mexico that paid a monthly stipend, if children regularly attended school and family members visited clinics for nutrition and hygiene education, improved girls’ school enrolment from 67% to 75%.)¹⁴ Transparency, credibility, effective targeting and delivery, and stringent administrative procedures are key elements for success.¹⁵

About the UNAIDS IATT on Education
The UNAIDS IATT on Education was created in 2002 to support accelerated and improved education sector responses to HIV and AIDS.

It is convened by UNESCO and includes as members UNAIDS Cosponsors, bilateral agencies, private donors, and civil society partners.

It has as specific objectives to promote and support good practices in the education sector in relation to HIV and AIDS and to encourage alignment and harmonisation within and across agencies to support global and country-level actions.

For more information on the IATT on Education: http://www.unesco.org/aids/iatt
• School feeding and nutrition programmes can reduce the burden on HIV-affected families and free up girls to pursue their education. (The World Food Programme Found that in some places when families received food rations for sending their daughters to school, girls' enrolment tripled.)

• Health education: the education sector response to HIV and AIDS needs to be prioritised and all schools should provide comprehensive sexual health education with a special focus on HIV and family planning. Promoting condoms is a message that is working and should be encouraged.

• Life skills education: skills-based HIV and AIDS education fosters behaviour that reduces the risk of HIV infection and tackles broader factors that make girls particularly vulnerable. Analysing customs and gender roles, questioning myths and stereotypes as well as receiving accurate information are powerful tools in HIV prevention. (A study of effectiveness in KwaZulu-Natal Province in South Africa found that young people exposed to life skills education were more likely to use condoms than those who were not.)

• Child-friendly schools should foster gender equality, promote positive role models and challenge negative gender stereotyping, as well as provide a safe school environment for girls. Zero tolerance should be shown towards sexual violence. Flexible class schedules can help to reach girls who may otherwise miss school because they are caring for ill family members or working to supplement the household income. (BRAC in Bangladesh has successfully increased girls’ enrolment by scheduling classes in two hour blocks, six days a week.)

• Teenage pregnancy: schools need to respond to the problem of teenage pregnancy by providing comprehensive sex education to reduce pregnancy and improve sexual health. Part of the response should include policies on how to encourage teenage mothers to return to education.

• Non-formal education programmes can ensure basic literacy, numeracy and life skills for girls and young women outside of formal school systems and transition them back into schools through equivalency or “second chance” programmes.

Key Questions
1. What programmes are in place and what funds are being committed to ensure that girls’ education and HIV prevention are priorities, at national and international levels?
2. At a national level, are education plans in place to abolish school fees and to make sure the quality of education is maintained in the face of surging enrolments and other challenges?
3. What linkages are being made between the health and education sectors at a national level?
4. What measures are in place to make sure that all children – both girls and boys – receive comprehensive sex, educational, health, and nutrition programmes, flexible class schedules?
5. What measures are being taken to encourage girls to stay in school (e.g. conditional cash incentives, school feeding and nutrition programmes, flexible class schedules)?
6. What measures are being taken to make sure schools are more child-friendly places (e.g. are policies in place to challenge sexual violence in schools and to encourage reporting of abuse)?
7. What policies are in place to encourage teenage mothers to return to education?

Looking Forward
In order to reduce the impact of HIV and AIDS, the first priority must be to get more girls into school. To encourage girls to stay in school, education systems must be transformed to challenge gender stereotypes, train girls in skills to enhance their economic opportunities, reinforce girls’ participation and empowerment and promote knowledge and skills related to their sexual and reproductive health and rights.

Change is under way in many countries, both in terms of improving education about HIV and AIDS and increasing access to schooling. Some governments are abolishing school fees. But even without fees, many school districts will have to offer incentives to families to make it financially feasible for them to send their daughters to school. Efforts to keep all children in school and make it easier for girls to attend will dramatically prevent the spread of HIV and other diseases.

Overview of IATT Activity

6 UNAIDS Inter-Agency Task Team (IATT) on Education. 2006. Quality Education and HIV & AIDS. Paris: UNESCO.