The relationship between change in curriculum content and pedagogy was not straightforward – some teachers used whole class discussions to participate in superficial ways.

The team are currently completing analysis and will be writing up the research between June – October 2012. Discussions are also underway to plan how the research could be implemented on a larger scale.

Impact on individuals

- Students in many of the schools grew in confidence and developed leadership skills; some also became ‘peer educators’ within their schools.
- Teachers also grew in confidence, both in their ability to teach about sexuality and HIV/AIDS and in their ability to lead the CDG. The change was most significant in the teachers who were most lacking in confidence at the start of the project.
- For many of the teachers, discovering the extent of pupils’ sexual knowledge led to increased openness and a change in beliefs about what is appropriate to discuss with pupils. However, this change was not universal.
- In some schools, most notably in Kenya, the project led to changes in the relationships between students and teachers with pupils being increasingly able to confide in their teachers about personal problems.
- The community stakeholders experienced different levels of change in their beliefs about what is appropriate to share with children regarding HIV/AIDS and sex education. Many of them also put their new beliefs into practice within the home by talking more openly with their own children.

Publications

Publications from ASKAIDS Phase One include:


Consulting pupils about HIV/AIDS and sex education

ASKAIDS Phase Two is an action research project that explores whether consulting pupils can be used to impact upon curriculum content and pedagogy and the possibility of using young people’s knowledge to build a ‘hybrid curriculum’ which incorporates pupils’ in-school and out-of-school sexual knowledge. Analysis shows that the project did indeed impact upon curriculum content and pedagogy. Impact could clearly be seen at different levels, not only inside the classroom, but also on the attitudes and beliefs of individuals. The research is being conducted in six countries: Botswana, Ghana, Kenya, South Africa, Swaziland and Tanzania.

Introduction

Sub-Saharan Africa remains the region of the world most severely impacted upon by HIV/AIDS. Education, and HIV/AIDS education specifically, is now seen as one of the primary means for prevention in the absence of a cure or vaccine; consequently, it has become known as the ‘social vaccine’. However, education for HIV prevention is a highly challenging endeavour and the challenges of teacher preparation and appropriate resources are well known.

ASKAIDS Phase One, conducted in Kenya, Tanzania and South Africa, aimed to examine the sources, contents and processes of children’s community-based sexual knowledges and ask how these knowledges interact with AIDS education programmes in school. The project found that children have high levels of sexual knowledge and were often exposed to ‘live sex’ in their communities. However, teachers and other adults see young people as innocent and fear talking to them on sexual matters. They are caught in a range of cultural and professional tensions. At school factual information is given and prohibitive discourses propagated. There is, therefore, a misfit between HIV/AIDS education and pupils’ lives leading education to be seen as irrelevant. Pupils wanted the opportunity to talk more openly with teachers about HIV/AIDS, sex and sexuality. This was very difficult for teachers who face many barriers in communicating with pupils about sexual matters.

Outlook

The team are currently completing analysis and will be writing up the research between June – October 2012. Discussions are also underway to plan how the research could be implemented on a larger scale.
Research Team:
- Commonwealth Centre for Education, Cambridge: Colleen McLaughlin (Principal Investigator), Susan Kiragu, Mary Cobbett
- South Africa: Sharlene Swartz (Co-Principal Investigator) and Duncan Scott (Human Sciences Research Council, Cape Town)
- Botswana: Sana Mmolai (Faculty of Education, University of Botswana)
- Ghana: Georgina Oduro
- Kenya: Susan Kiragu, Angela Githitho-Muriithi (up to March 2011)
- Tanzania: Shilini Walli and Musa Mohammed (Institute of Educational Development, Aga Khan University, Dar es Salaam)
- Swaziland: Eunice Mthethwa (National Curriculum Centre, Manzini)

Project Aims
The fundamental concepts underpinning the work of Phase 2 are that:

- Teachers are key and particularly teacher agency, i.e. the confidence and ability of the teacher to do this work in complex sociocultural settings. We therefore need to build on and explore supporting teachers’ work in the classroom. Our ways of working should nurture teacher agency.
- Dialogue between pupils, teachers and stakeholders could potentially be a way of addressing sociocultural tensions. As such, we are exploring the possibility of gaining a sociocultural agreement in local contexts.
- A hybrid curriculum i.e. one that incorporates and uses young people’s informal, formal or school knowledge, is worth pursuing.
- Consulting pupils is productive and powerful.
- It is important to aim for sustainable development, i.e. one that is realistic and fits with the local context and is not dependent on external support. It should be a frugal innovation.

Research Questions

Overarching question
Can we build a hybrid curriculum in AIDS education through dialogue and consultation and what impact does that have on teachers, pupils, stakeholders and the curriculum?

We are interested in these sub-questions:

- What use is made of the young people’s and the stakeholders’ knowledge?
- What difference do dialogue and consultation make to the curriculum’s content and pedagogy?
- What are the obstacles and facilitators of the process for teachers?
- How can we develop teachers’ agency and confidence?
- What are the obstacles and facilitators of the process for pupils?
- Are there gender differences?
- What are the obstacles and facilitators of the process for stakeholders?
- What outcomes are there of the process?
- How does the Toolkit work?
- Does this make a difference in what children know, feel and do?
- What are the implications for teacher education and preparation?
- What are the implications for HIV/AIDS education in schools in their particular settings and can we make any recommendations for Sub-Saharan Africa?

Activities and research methodology
In each country we are working with three primary schools (a total of 18 schools across six countries). The main thrust of the process is that:

- The participating teacher in each school establishes a Curriculum Development Group to consult, negotiate with and be supported by.
- They use the toolkit to consult pupils.
- With the support of an HIV/AIDS consultant and the stakeholders, the teacher works to develop his or her HIV/AIDS education curriculum, reflecting and refining along the way.

The Curriculum Development Group consists of:
- the teacher of the participating class
- 2 stakeholders (1 male and 1 female) from the local community of the school
- 4 pupils (2 male and 2 female) from the year 6 class that will be the focus of the work
- the HIV/AIDS consultant who is supporting the teacher with specific HIV/AIDS information
- the researcher who is observing and recording the process.

The Curriculum Development Group Process
The CDG establishes ways of working and plans activities to consult pupils in the participating class to help establish what the pupils know and what sort of HIV/AIDS Education they want. The pupils’ needs and desires are discussed in the CDG meeting and lessons planned on the basis of this. Each lesson is then reviewed in the subsequent CDG meeting and a new lesson planned.

The research process
In each country a researcher is exploring the process to enable an understanding of the impact of the project at different levels. The following data was collected in each school:

Before the process – baseline data
- A rapid ethnography before the start of the process to provide a picture of the broader context of the school.
- Observations of normal HIV/AIDS lessons
- Semi-structured interviews with all participants (CDG pupils, teacher, stakeholders and consultant) to capture their initial views about HIV/AIDS education
- Two focus-group discussions with a group of girls and boys from each participating class
- A questionnaire for all the pupils in the participating class and the teacher to provide baseline data on knowledge about and attitudes towards HIV/AIDS.

During the process
- Qualitative and quantitative observations of the HIV/AIDS lessons to capture changes in content and pedagogy
- Recordings and observations from the CDG meetings
- Termly semi-structured interviews with all participants.

After the process
- Semi-structured interviews with all participants
- A repeat of the questionnaire for pupils and the teacher
- Focus-group discussions with the same groups of pupils

Findings
The action research process was completed in December 2011 and data analysis is ongoing. Initial analysis shows that the project did indeed impact upon curriculum content and pedagogy in all the countries. Impact could clearly be seen at different levels, not only inside the classroom, but also on the attitudes, beliefs and (in some cases) behaviour of individuals. The nature of the change that occurred was different across the country contexts as well as between different schools within each country. Broader cultural contexts, the specific contexts of the school and the individuals involved clearly impact upon the nature of change.

Impact on curriculum content and pedagogy
- A ‘final dialogue’ in each country which provides opportunity for participants from all the schools to discuss and reflect on their experiences.
- Use of new pedagogical methods such as drama, group work and poetry
- More opportunities for students to ask questions and set the agenda
- Increased openness about sex in most of the schools
- Pupils’ out-of-school sexual knowledge brought into the classroom in some schools e.g. transactional sexual relationships, sexual abuse.