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Gender and HIV/AIDS mainstreaming in Ethiopian private higher education institutions: A glimpse at the experience of St. Mary's University

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Abstract:

Sexual Reproductive Health (SRH) problems, including HIV, and gender inequality remain the main challenges affecting adolescents and youth. A survey conducted on some of the Ethiopian Higher Education Institutions identified university students among the vulnerable groups and considered them as the key to the future course of HIV/AIDS epidemic. Some of the risk factors for these students include early sexual debuts and sexual experimentation, unprotected casual sex, multiple concurrent sexual partnership, inconsistent condom use and transactional and transgenerational sex; while vulnerable factors include students' university life style, inadequate access to required services, and socio-economic issues. Above and beyond, deficiencies in parents, schools and community engagement with young people in open discussions about important values of life skill building, sex and sexuality education, HIV/AIDS, unwanted pregnancy emanate from protective behavior and fear that they will encourage young people to engage in sexual activity. These problems contribute to high rate of students' dropout and declining quality of education.

In the fight against these problems, St. Mary's university designed and implemented several anti-HIV/AIDS movements and gender-sensitive programs such as peer education, life-skill education, community conversations, outreach programs, mass events, modeling and reinforcements, etc. The university has also made significant efforts in terms of formulating HIV/AIDS policy, anti-sexual harassment policy and strategy formulation and implementation focusing on preventive, care and support and treatment services. The university accentuates that empowering women and providing sustainable SRH education is a core

action to increase their assertiveness which lead them to be at low risk of HIV and related SRH problems. Further, to make all these efforts sustainable, St. Mary's university adopted an integrated approach of mainstreaming gender and HIV/AIDS into the existing courses of the university than teaching sexual reproductive issues; gender and HIV/AIDS in stand-alone approach. The main purpose of this paper is, therefore, to portray the experience of St. Mary's university in mainstreaming gender and HIV/AIDS issues into the university's curriculum.

Keywords: gender mainstreaming, HIV/AIDS, sexual and reproductive health education

1. Background

Sub-Saharan Africa remains the most seriously affected region in the world with respect to HIV/AIDS. Based on data published by UNAIDS and WHO (2010), 68 percent of the world's HIV-positive people lived in this region. This region also accounted for 76 percent of all global AIDS deaths in 2007. In terms of numbers of people living with HIV/AIDS, Sub-Saharan Africa had 22.5 million people, of whom 1.7 million were newly infected during 2007.

Like most Sub Sahara African countries, Ethiopia is a country most affected by HIV/AIDS and SRH related problems. With the 2.3 % national prevalence rate in the 15 to 49 age group, Ethiopia was experiencing a devastating impact of HIV/ADIS which caused 90,000 deaths and 197,000 new infections annually (MOH, 2007).

Nearly 33% of Ethiopian population is found in an adolescent age group and the issues of Sexual and Reproductive Health problems, including HIV, remain to be the main challenges together with unemployment, and illegal migration for this group of the society (UNFPA, 2009).

Concurrently, gender inequality, lack of sex and sexuality education, stigma, service costs, and provider bias pose formidable barriers to Ethiopian young people's ability to access sexual and reproductive health (SRH) services (IFHP, 2012). Therefore, to impede this problem empowering women is a core action to increase their assertiveness which lead them to be at low risk of HIV and related SRH problems. Thus, this contributes a great deal in decreasing attrition rate, drop outs and similar problems in the higher education institutions.

Research findings show that risky behaviour and predisposing factors conducted in 22 public HEIs in Ethiopia showed that having sex with multiple sexual partners was common (FHAPCO, 2011). Lack of open discussion on Sexual Reproductive Health matters contribute to the high rate of vulnerability not only for HIV/AIDs but also for unwanted pregnancy which mostly ends in illegal abortion. Consequently the effects of all these problems affect the country's plat in general and the education sector in particular.

Therefore, in order to tackle all the aforementioned problems, Ethiopia designed and implements various policies, strategies to bring change in preventive, care, support and treatment services. In this regard, National HIV/AIDS Policy in 1998, Education Sector Policy and Strategy on HIV AIDS in 2009 and the 2009-2014 National Strategic Plan for intensifying multispectral HIV and AIDS Response and the establishment of Partnership Forum for HIV/AIDs in Ethiopian Higher Education Institutions can be sighted as a potential attempt to minimize the epidemic (MOE, 2010).

To reinforce these national commitments towards SRH issues, particularly gender and HIV/AIDS in a more comprehensive and sustainable way the idea of mainstreaming gender and HIV/AIDS in to the universities curriculum becomes a core agenda. The mainstreaming of HIV/AIDS and SHR education in the Ethiopian higher education institutions curriculum provides consistent as well as coherent information and help to bring a more comprehensive knowledge to the students.

In doing so, the question of awareness creation on mainstreaming, the objective of mainstreaming, ways of to mainstreaming, and the resource allocation and ownership questions should be answered ahead of time.

2. What is Mainstreaming?

A working definition for mainstreaming HIV/AIDS has been provided by UNAIDS—"a process that enables development actors to address the causes and effects of AIDS in an effective and sustainable manner, both through their usual work and within their workplace" (UNAIDS, 2004). This was commissioned to review the process, results, and challenges of mainstreaming HIV/AIDS prevention activities into the sectors.

In addition to this, Mainstreaming of HIV& AIDS is a systematic and dynamic process of change in policies, strategies, values, norms, power and economic relations surrounding HIV& AIDS within sectors, organizations, communities and households (FHAPCO, 2010).

Table 1. Mainstreaming: Definitions and Principles

What Mainstreaming Is: What Essential	Mainstreaming Is Not about	Principles of Mainstreaming
 How HIV is spread in the sector How the epidemic is likely to affect their sector's goals, objectives and programs Where their sector has a comparative advantage to respond to and limit the spread of HIV and mitigate the impact of the epidemic. 	 Mainstreaming is not about Pushing HIV/AIDS into programs where it is not relevant Changing core functions and responsibilities to turn all sector activities into HIV/AIDS programs Simply introducing HIV/AIDS awareness raising in all our activities All of us having to become AIDS specialists Business as usual 	 Identify a focal person or entry point. Work within existing institutional structures Focus on advocacy, continuous education and capacity building. Mainstreaming cannot be expected to develop on its own. Focus on the domestic as well as the external domain. Identify strategic partnerships. Maintain exceptional action to ensure that HIV and AIDS responses remain relevant and effective as the epidemic evolves

Source: UNAIDS, 2004

3. Why mainstreaming Gender and HIV/AIDS into the curriculum important?

Following the introduction of new HIV/AIDS funding mechanisms into the HIV/AIDS program in Africa—especially through MAP; the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); the Global Fund for HIV/AIDS, TB, and Malaria (GFATM); and private foundations—treatment, including the provision of antiretroviral (ARVs), has become more accessible to low-income countries.

Tertiary education institutions are more vulnerable to HIV/AIDS than other formal intuitions of learning because they cater for sexually active young people mostly between the ages of 18-30 years, with high HIV prevalence (UNAIDS, 2004). Similarly, on the national document developed by FHAPCO in 2011 high schools and tertiary education students are vulnerable and at risk to HIV infection due to various reasons that include practice of unprotected casual sex and multiple sexual partners, lack of comprehensive knowledge about HIV/AIDS and SRH, lack of accesses to SRH services, early sexual debut, peer pressure, and other related factors.

In order to tackle these problems Ethiopian Higher Education Institutions working in collaboration with partner organizations through various strategies to reach students with SRH information and services. These strategies are edutainment sessions, interpersonal communication (peer education); organization of various trainings, talk shows, coffee ceremony, panel discussion, organizing campaign and other related activities.

But due to the fact that, these activities are organized under the umbrella of co-curricular activities and most of them are supported and funded by other partner organizations the uniformity as well as sustainability of these activities should be maintained. Besides, addressing SRH issues in wings, formal curriculum and Co-curricular line, enhance both the accessibility and sustainability of the issue.

It also helps, as the Ministry of Education (2010) stipulates, to comprehensively and sustainably:

- 1. Disseminate knowledge related to HIV/AIDS prevention, care and treatment and gender.
- 2. Reduce the risk sexual behavior of HIV/AIDS among higher education students.
- 3. Avoid HIV predisposing factors.
- 4. Promote the right of women, including girls, to protect from possible risk of HIV infection and give women access to treatment, counseling and support on an equal basis.
- 5. Create conducive environment in which the equality of women is respected and promoted for equal participation in negotiating safer sexual practice where neither sexist behavior nor gender-based discrimination is accepted.
- 6. Provide proactive attention and implementing anti-sexual harassment and violence strategies to minimize the vulnerability of women to HIV/AIDS.
- 7. Advocating and supporting all matters pertinent to empowerment of women.

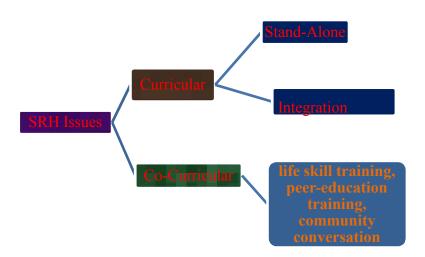
4. Approaches to mainstreaming Gender & HIV/AIDS into the university's curriculum

The whole process of mainstreaming needs full support as well as commitment from the university's management and the faculties as a whole. Because amalgamate of these cross-cutting issues needs ownership, commitment as well as allocation of resources and as a result questions of identification of courses as well as home base departments should be the assignment of the university in general and the faculties and departments in particular.

Therefore, as it is stated in policy framework and strategy developed by Higher Education Institutions' Partnership Sub-forum against HIV/AIDS in Ethiopia there are two ways to mainstream Gender & HIV/AIDS into the curriculum of a higher education institution (MOE, 2010). Besides **Cross-curricular issue** (integrating in a few existing subjects clearly

defined and in a complementary and coordinated approach) and **throughout the curriculum** (integrated in most/all subjects included in the curriculum, with, or without any specific mention of HIV and SRH in subject areas) approaches are also employed.

Fig. 1. Mechanisms to address SRH issues



4.1. Teaching HIV/AIDS as A Stand-Alone Course

According to the Association of African Universities (2009), gender and HIV/AIDS curriculum needs to be de-linked from a personal dimension and be mainstreamed solely as a professional competence with its own theoretical and practical understanding of the epidemic with its unique pedagogy and evaluation system.

In this approach HIV/AIDS issues are addressed as a separate compulsory subject with certain credit hours, depending on the nature of each discipline, for all students graduating from HEIs. In this case, HIV/AIDS issues are addressed solely as a professional competence with

its own theoretical and practical understanding of the epidemic with its unique pedagogy and evaluation system.

Table 2. Advantage and disadvantages of stand-alone approach

Advantages	Disadvantages
 Addresses all campus student The topic becomes more visible, prominent and legitimate. Easier to assign Responsibilities Assessment of learning outcomes is facilitated. Monitoring and the quality of education simplified. Boost commitment. 	 Procedures and issues involved may take a long while to resolve. Absence of expertise. Ownership Risk that only a few aspects will be covered. Start-up cost may be quite high

4.2. Integrating HIV/AIDS into the existing courses

In this approach, first, relevant core competencies are developed for each discipline and mainstreamed or integrated into the relevant existing courses. Besides, the minimum standard that each HEI should follow before mainstreaming of HIV/AIDS into the academic curriculum is noted. These are:

- Each HEI shall ensure that the institutional HIV/AIDS policy has addressed mainstreaming of HIV/AIDS into the academic curriculum.
- Each HEI shall take responsibility and support the designing and implementation of strategies to mainstream HIV/AIDS issues in to the curriculum (as a foundation course) for students at all departments of HEIS or integrate within the existing courses.
- Each HEI shall include HIV/AIDS mainstreaming into the curriculum in the performance evaluation of departments and instructors.

Equally, in this approach gender sensitivity and responsiveness in higher education intuitions are addressed. Women are the most vulnerable and at risk of HIV infections due to biological, socio-cultural and economic reasons. In this regard, the mainstreaming activity should be gender sensitive and responsive.

It is due to the fact that a variety of factors increase the vulnerability of women and girls to HIV including their limited access to economic and educational opportunities and the multiple household and community roles they are responsible for. Compounding women's vulnerability are social norms that deny women sexual health knowledge and practices that prevent them from controlling their bodies.

There is growing evidence that a large share of new cases of HIV infection is due to gender-based violence in homes, schools, the workplace and other social spheres. Not all young people have sex because they want to. In a nationwide study of women 12 to 24 years old, 25% said they lost their virginity because they had been forced (UNAIDS, 2009). Women also find themselves discriminated against when trying to access care and support when they are HIV-positive. In many countries, men are more likely than women to be admitted to health facilities. Family resources are more likely to be devoted to buying medication and arranging care for ill males than females.

While HIV/AIDS is a health issue, the epidemic is a gender issue. Statistics prove that both the spread and impact of HIV and AIDS is not random. It disproportionately affects women and adolescent girls who are socially, culturally, biologically and economically more vulnerable at the same time.

Fig. 2. Implications of the curriculum integration approach



The Curriculum Integration process runs a common four stage towards full adoption into the existing course/module.

- Phase I: Conducting Assessment
- Phase II: Develop a Proposal
- Phase III: Implement and Monitor the Pilot
- Phase IV: Adopt Program

Table 3. Advantages and disadvantages of the curriculum integration approach

Advantages	Disadvantages
Avoiding information overload.	• Loosing subject identity.
• Making learning interesting &	• Requiring interdepartmental
effectives	planning.
Motivating students.	 Resources shortage.
• This adaptation can be done at a	• Carefully analyses the existing

decentralized level.

- It is possible to achieve a comprehensive coverage of the topic in a coordinated manner.
- Generally, it enables teachers to complement one another with their skills and competencies.
- Sharing of responsibilities.
- Comprehensive.

curriculum.

- It is also necessary to reorganize each subject in order to make space and allocate time for HIV and AIDS education.
- · Lack of coverage.
- The cross-curricular approach involves training a larger number of teachers.
- Dissatisfaction and work load of instructors.
- Assessment of learning outcomes is more complicated.

5. A glance at the experience St. Mary's University

St. Mary's University (SMU), established in 1998, is a prominent Ethiopian institution of higher learning located in the capital of Ethiopia. From the outset, SMU set up as its mission the provision of quality instruction for its students, research works, academic material production, as well as professional consultancy for the growing needs of Ethiopia and its citizens. Recognizing the complexity of the current world and the multi-ethnic heritage of Ethiopia, the university promotes an atmosphere of openness, tolerance, mutual respect and cooperation (www.smuc.edu.et).

As a higher education institution SMU gives due attention for crosscutting issues. Equally, the resource allocation in the campus to realize the execution of curricular and co-curricular activities is incorporated in the strategic direction of the university. In this regard, the governance of the university identifies areas that can bring change in the lives of the students as well as the whole community in the university. For instance, offices designed to give full-fledged Student Support Services such as the Gender and HIV/AIDS Prevention & Control Office, the Guidance and Counseling Office, the Student Wellness office and the University's First Aid Clinic works towards the realization of students overall achievement in eradicating communicable diseases, mal-adaptive

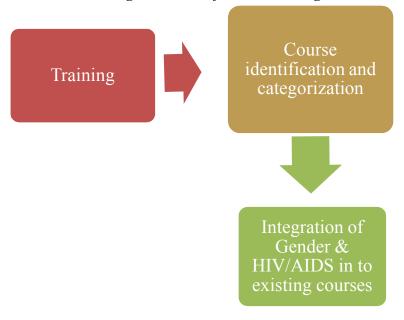
behaviors, gender inequalities in the university, creating favorable campus environment and strive to make them competent and responsible citizen.

Above all these facts, these offices are working to support students through various trainings including life skill trainings, peer education trainings, panel discussions, assertiveness trainings, edutainment programs, sports events, different campaigns, question and answer sessions, establishing clubs to create awareness as well as to equip students with the necessary knowledge, skills, and work towards, behavioral change.

Though these activities are carried out to create understanding about SRH issues still it needs comprehensive approach to maximize the accessibility, sustainability and the uniformity of the issue in a holistic manner.

Moreover, SMU is a member of the Higher Education Partnership Forum and participate in various national policy developments together with other public universities in the country. As a result the idea of mainstreaming gender and HIV/ AIDS in to the university's curriculum was begun in 2005 E.C. and activities such as training on mainstreaming was carried out as a startup phase during this academic calendar.

Fig. 3. Phases of Mainstreaming at SMU



In 2006 E.C. the activities were sustained and departments were engaged in course categorization. At this juncture, the Department of Common Courses, the Department of Management, the Department of Accounting, and the Department of Marketing categorize courses based on the appropriateness as primary, secondary and tertiary courses. Accordingly, Introduction to Psychology, Civics and Ethical Education and Sophomore English are courses integrated and mainstreamed by the Department of Common Courses, while Project Management, Public Finance & Taxation, Accounting for Government & other NFP Entities and Risk Management are courses in the Department of Accounting. Similarly, the Department of Management has identified eight primary, seven secondary and four tertiary courses for integration and mainstreaming.

6. Lesson Learnt

 Mainstreaming Sexual Reproductive Health issues in to the university curriculum foster the application of comprehensive knowledge, attitude and practice on HIV/AIDS prevention, care & support and SRH and related problems.

- It is also a key to achieve MDGs, and provide SRH services across the country without any discrimination to gender or other condition in general and to the young women in particular.
- Support from the management of the University is an asset for the process as well as the implementation phase.
- It also helps to deliver these cross-cutting issues in a sustainable and comprehensive manner.
- The issue of SRH will be a shared responsibility and ownership to realize the intended objectives.
- Challenges related to the process of mainstreaming can be alleviated through motivating and coordinated effort.
- Making in place the following elements in the mainstreaming activity will enhance the smooth and effective realization of objectives:
 - (a) Appointment of an HIV/AIDS focal point;
 - (b) Working closely with consultant/nongovernmental organization (NGO) for technical implementation of activities;
 - (c) Focus on behavior change communication
 - (d) Avail and promote SRH services.

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