

Working Paper

ENHANCING HUMAN SECURITY THROUGH GENDER EQUALITY IN
THE CONTEXT OF HIV/ AIDS EPIDEMIC

ROLE OF EDUCATION

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HIV/AIDS IN INDIA: A GROWING THREAT

The rapid spread of HIV/AIDS in the last two decades of the 20th century has created a global crisis. HIV/AIDS has emerged as the single most challenge to public health, human rights and development in the 21st century. International efforts to fight against the disease have brought the complex nature of HIV/AIDS into focus. Issues of governance – not just political and administrative nature of the governance – but those relating to empowerment and building individual capacity to meet developmental needs in the face of the HIV/AIDS crisis have been raised by various international forums. Between 1999 and 2001, the number of people living with HIV/AIDS in the world increased from 33.6 million to 40 million, and no continent or country has been spared from the growing pandemic.

Since 1994, Asia has seen a 100% increase in the spread of HIV/AIDS. Although the South Asian region has a relatively low adult prevalence rate of 0.6% as compared to that of Sub-Saharan Africa with 8.8%, the region has the second largest population of people living with HIV/AIDS (PLWHA) in the world. Because 25% of world's population lives in South Asia, a slight increase of prevalence rate has devastating consequences in the region. Rapid growth in the number of PLWHAs in the region highlights an emerging need to address the underlying causes of growing epidemic, as well as how to contain the spread of the HIV virus. There are several common features associated with the spread of HIV/AIDS in South Asian countries. Some of these common features include:

- high rates of poverty and consequent poor living conditions
- gender inequality
- high levels of illiteracy coupled with a lack of preventive knowledge
- increased labour migration, immigration, human trafficking and displacement

The majority of people who are most affected by above-mentioned issues comprise of those from socio-economically poor and disadvantage groups both in the urban and rural areas.¹

The spread of HIV/AIDS in India is alarming. Since the first case of HIV/AIDS was reported in 1986, the number of PLWHA in India has grown every year. Around 4 million people are currently estimated to be living with HIV/AIDS.² There are a number of socio-economic factors that accelerate the Indian HIV epidemic, yet many of the trends that characterize the global HIV/AIDS crisis are also applicable to India. Some global trends that are applicable to India are as follows:

- Rapid spread of the virus to all segments of the population
- Infection at the prime age of the life: 89% of the cases are reported in the age group of 18 to 40 years – a group that is sexually active and economically most productive.
- “Feminization” of HIV/AIDS: women living with HIV/AIDS rose from 41% in 1997 to 47% in 2000
- Increasing number of mother-to-child transmission: HIV is spreading among low-risk women, resulted in the increase of the number of newborns infected with the virus
- Orphaned children – the number of children orphaned due to AIDS or those with living with one parent reached 14 million by 2001
- Heterosexual intercourse becoming the major mode of transmission: 80% of new HIV cases are transmitted through heterosexual intercourse

(Source: Report on the Global HIV/AIDS epidemic, UNAIDS, 2002)

¹ HIV/AIDS and Development in South Asia, 2003 Regional Human Development Report, UNDP

² AIDS Epidemic Update, 2003, WHO/UNAIDS

Multiple Characteristics of HIV/AIDS

In order to understand the challenges HIV/AIDS poses to human security and women in particular, it is essential that HIV/AIDS be understood as a:

- Gender Issue
- Human Rights Issue
- Developmental Issue
- Multi-Sectoral Issue

The UN General Assembly Special Session on HIV/AIDS (UNGASS) held in June 2001 made clear that HIV/AIDS is a global emergency, and that HIV/AIDS is one of the most formidable challenges to the enjoyment of human rights, as well as undermines the socio-economic development throughout the world.³ HIV/AIDS is a multi-disciplinary, multi-dimensional problem with social, economic, political and developmental implications for individuals, families, societies and governments. It therefore has linkages with a large number of disciplines and sectors. Experience gained by Governments and organizations in evolving and implementing policies and programs for prevention and control of HIV/AIDS has established beyond doubt that it is not a public health issue alone. The gender dimension of HIV/AIDS is discussed in detail in the following section.

Why HIV/AIDS is a Gender Issue

Around the world, women are more vulnerable to HIV infection than their male counterparts because of the physiological, economic, socio-cultural reasons. At the end of 2001, women consisted of almost 50% of people living with HIV/AIDS in the world, increasing the share of women from 41% in 1997.⁴ India has not seen the equal share of men and women living with HIV/AIDS yet, however the percentage of women among people living with HIV/AIDS is rising sharply as the epidemic matures.

Physiologically, women are more vulnerable to HIV/AIDS, because semen has higher concentration of the virus than vaginal fluid, and risk of transmission through unprotected sex is two to four times that of men for women. Limited access to information, education and health services keeps women from learning how to protect themselves from the virus. Indian society expects women to be unaware about their sexuality and unskilled in sexual relationships, thus negotiating condom use remains as an immense challenge for many women. Economic dependence on their male counterpart also makes women hesitant to negotiate safer sexual practice within marriages, even when they suspect their husbands are having sex outside of marriage. Women and girl children are also likely to bear the burden of care for their family members living with HIV/AIDS, thus the socio-economic impact of the epidemic on women is enormous. Some studies also show the greater impact of HIV/AIDS on women, that when infected with the virus, women face severer stigma and discrimination from the society. Gender inequity in access to AIDS care, especially to the ARV treatment in resource-scarce setting, is also the growing gender concerns in the epidemic of HIV/AIDS.

Men in India are also vulnerable to HIV/AIDS due to their culturally defined gender roles. Indulgence with high risk behaviour such as drinking, drug use, and sex with commercial partners are often considered as a symbolic act of macho-ism. Male-to-male sexual

³ Para 2., Declaration of Commitment, UN General Assembly Special Session on HIV/AIDS, June 2001

⁴ UNAIDS, *ibid.*

relationships are either a taboo or “immoral”, if not classified as an inhibited act. Such discrimination against men who have sex with men prevent them from seeking much needed HIV/AIDS information/education.

Although the Government of India is implementing the national AIDS control programme, gender sensitive approaches to the epidemic are yet to be developed or strengthened. Gravity of impact and challenges HIV/AIDS poses on women – whether they are infected or directly affected by HIV – must be further understood by key decision makers in the field of HIV/AIDS to accelerate gender-sensitive HIV/AIDS responses. Some gender dimensions of HIV/AIDS that are specifically concerns to India are:

- Social construction of sexuality that makes both men and women vulnerable – i.e., socially proscribed men’s behaviour that involves risk taking, the widely held view that women should be virgins at marriage, etc.
- Women’s low socio-economic status – women’s power to negotiate safe sex practices within marriage/relationship and in commercial sex are limited
- Early marriage – close to 60% of women in rural areas get married before they are 18 and become mothers before they turn 19
- High patronage of commercial sex – vulnerability for both men and women
- Culture of silence – taboos in discussing sexuality especially for women, barriers for reproductive/sexual education and information
- High incidence of violence against women, including sexual exploitation, human trafficking and domestic violence – safe sex practice in violent situation is almost non-existent
- High fertility – unprotected sex among regular partners
- Low use of condoms as a method of family planning
- High population mobility/migration (in-country and cross-border)
- Rapid globalization, economic growth – changing social values and norms
- Burden of care on women at both household and community level, for the lack of institutional care facilities for AIDS patients
- Growing feminization of poverty – poverty is both a cause and consequence of HIV/AIDS

Why Education Matters to HIV/AIDS

Education matters because it has been recognized as a vehicle for reducing people’s vulnerabilities to HIV/AIDS. It is also crucial because in many parts of the world, education itself is being threatened by the disease for trained teachers are dying of HIV/AIDS, and children cannot attend school due to lack of resources. The World Education Forum held in Dakar in April 2000, recognized the “enormous potential that the education system offers” to contain the spread of HIV/AIDS and alleviate its impact on society. The high vulnerability of HIV/AIDS among the Ministry of Education’s target groups also makes its role important both for preventing its spread and for mitigating its impact. These groups are:

Adolescents (14-19 years):

Young people are often unable to protect their sexual and reproductive health for lack of access to information and health services to meet their specific needs. The economic condition of the family often forces them to exchange sex for goods, money or protection. This is true of a large number of street children. It is internationally agreed that adolescent girls, especially those living on the street, are much more vulnerable to contracting HIV/AIDS.

Findings on awareness and attitudes of young people (15-24) surveyed by NACO found that only half of the adolescent respondents were aware of prevention of HIV/AIDS, and those educated beyond Class Eight had the highest levels of awareness. While studies in India show that approximately one in four unmarried adolescent boys report that they are sexually active, most adolescents have no or extremely limited accesses to formal/informal education on HIV/AIDS prevention. Sexual and reproductive health education is not yet fully integrated in the school curriculum. Various modules of life skill training that focus on the specific needs of adolescent have been developed or introduced to India, however initiatives to utilize such training modules have been limited in scale.

Socio-economically disadvantaged:

Education policy focuses on these groups and aims at reaching out to all through formal and non-formal programs. Although HIV/AIDS affect every sector of the society, the marginalized and poorer segments of the society are at greater risk of HIV infection than the more affluent sectors of society. Lower socio-economic status also deprives people of access to facilities and services including health care and education; services that empower people to strengthen communities and to cope with rapidly changing societies. Faced with the aforementioned challenges in addition to limited occupational choices and unsafe living conditions, many are exposed to a higher risk of HIV/AIDS infection. Furthermore, many international studies suggest that women and girls belonging to marginalized and deprived groups are at greater risk of HIV/AIDS than their male counterparts.⁵ Their high vulnerability is due to economic dependency on men that makes it difficult for them to negotiate safe sex practices, as well as their lack of decision making power in other domains. It is internationally recognized that HIV/AIDS leads to further impoverishment of the poor and in a highly endemic form reverses the gains of development and national growth.

Women

The attainment of women's equality is one of the primary aims of education policy and programs. The HIV/AIDS epidemic is being seen as a gender issue especially in countries like India where traditional and cultural norms perpetuate gender discrimination and inequities. The following data would establish women's vulnerability:

- 40% of new infections in 2001 were among women and globally the percentage of women living with HIV/AIDS increased from 41% in 1997 to 47% in 2002. Women comprise 1.5 million out of the 3.97 million PLWHA's in India.
- Due to socio-economic, cultural and biological factors, girls and women are showing a higher rates of HIV/AIDS infection compared to men. (UNIFEM, South Asian Regional Office New Delhi, 2003)
- It is well known that inequalities among males and females also affect their access to facilities and services. The result is that for want of equal opportunities for education their literacy levels are low. Similarly, the access to medical aid is poor, they have limited decision-making powers, lack the power and ability to negotiate safe sex and hence are more vulnerable to infection.
- Women are at greater risk on account of physiological vulnerabilities. Risk of unprotected sex is 2 to 4 times that of men in the case of women.
- Adolescent girls who are sexually active are at greater risk because of immature genital tracts and scanty vaginal secretions, which often act as barriers to HIV. They

⁵“Report on the Global HIV/AIDS Epidemic, 2003”, UNAIDS

are highly vulnerable to contracting infections when crimes are committed against them.

- Women undergo more blood transmission during childbirth. It is reported that more than 50% of all married women in India are anemic and therefore face greater risk of contracting HIV/AIDS.

Linkage between Gender, HIV AIDS and Education

Education is said to hold the key to growth and development and is basic to empowerment of individuals, society and the country. It is important to study education policies in order to understand how they enable individuals and societies to withstand and counter discriminating practices and adverse situations. The National Policy on Education acknowledges that education is fundamental to material and spiritual development. It expresses a commitment to gender equity and focuses on girls' education. It spells the need for empowering women through vocational training for economic independence and self-reliance. Disparities in educational standards of men and women, the limited opportunities for training & skill development adversely impact on women's capacities not only to adequately provide for families but also prevent themselves and their families from increasing their vulnerability to HIV/AIDS.

The feminization of poverty, lack of security and sustainable means of livelihood, increasing incidence of violence against young girls and women, early marriage, unsafe abortions, inadequate roles in decision-making and control of resources further increase their vulnerabilities. The impact of HIV/AIDS is much more severe in the case of women who as care givers have to bear the burden of looking after the people living with AIDS and in case of death bear the economic burdens of looking after people in the family. The lack of training and skills further accentuates the adversities and affects their capacity to earn adequately. The additional economic burden on account of increased expenditure of health care due to HIV/AIDS often forces families to withdraw children, especially girls, from schools. The pressures of additional needs in terms of both time and money often make girls and women indulge in commercial sex for quick money.

Studies indicate that the level of education in women is linked to the information they access about HIV/AIDS. The Second National Family Health Survey (NFHS- 1998) found that only 18% of non-literate women had heard of HIV while 54% of women with a primary level of education had heard of it. The level of education, therefore, positively and strongly influences the awareness regarding HIV. While awareness and knowledge by themselves are not adequate to prevent the spread of HIV/AIDS, they certainly empower people and help them to make choices for protecting themselves. Income levels and educational attainment the capacities of people and therefore have a positive impact on the protective measures which need to be taken for reducing the risk of HIV

Education, Gender Equity and HIV

The close linkage between education, gender equity and HIV/AIDS is apparent from the fact that there is an overlap of HIV AIDS vulnerable groups and that of the Education Ministry's target groups. The age group most infected with HIV virus is between 18 to 40 years; the most vulnerable amongst them are the young and specially the women.

Education is accepted as an important tool for attaining gender equity and equality. The gaps in literacy rates amongst males and females are vast. The low level of literacy and the consequent lack of knowledge is largely responsible for greater vulnerability of the illiterate poor. Studies conducted by organizations in this regard in different parts of the country establish that women are less aware of the consequences of HIV/AIDS and are less informed about the methods of prevention than men. Studies indicate that the level of education in women is linked to the information they access about HIV/AIDS. A study analyzing HIV/AIDS awareness and prevention amongst women in India from the NFHS found that 18% of non-literate women had not heard of HIV while 54% of women with a primary level of education, had heard of HIV/AIDS. The BSS Survey conducted by NACO reveals that the poorest awareness was among rural women in Bihar (20.6%) and UP (24.4%) (BSS survey, NACO, 2001) It is apparent that the more educated are more aware. Though awareness does not necessarily transfer itself into safe sexual practice, information and knowledge improve capabilities of individuals to better understand the risks involved in behavior patterns and empower them to take preventive and corrective measures.

Gender equity is essential for prevention of HIV/AIDS. The main objective of education policy is to provide education to all without discrimination on the grounds of caste, creed, sex or religion. HIV/AIDS poses a threat to the policy of Education For All and thus affects the right to education guaranteed by the Indian Constitution. Stigma and discrimination against PLWHA affects the rights of the children to education. In Kerala, children were denied admission in schools on the ground that they were infected by HIV/AIDS virus.

The gendered face of HIV/AIDS is integrally connected to the fact that women bear the major brunt of psychological, social and economic onslaught related to loss of livelihoods, poverty and care of the sick. Gender norms impact the way in which infected men and women are perceived thus influencing ways in which individuals cope with HIV/AIDS. There is thus a gendered differential impact of HIV infection. While HIV positive men focus on themselves and are entitled to care from their wives, mothers, daughters and even mother's-in-law, the women focus on their children and are expected to stay and care for the husband. Women experience dual stigmatization as a widow particularly of a positive person. On the death of the husband, the wife is often thrown out or sent back to her natal family. Gender implications of HIV/AIDS are varied and vast. (Source: Women, Vulnerabilities and HIV/AIDS- Draft Working Paper- April 2001).

Women constitute the poorest of the poor due to gender insensitivity, discrimination, and lack of social status. These reduce their access to resources, education, training and labour markets and results in the denial of basic rights. 44% of the world's illiterate women are in South Asia. The region accounts for one-third of the world's maternal deaths. (World Bank, 2000). Education policy aims at reducing disparities, alleviating poverty and raising the standards of living through its programs. Gender inequalities which ignite the spread of HIV can be specifically targeted through educational programs to prevent the spread of the epidemic.

The division of labour within the communities is also based on gender. Women's roles are generally as unskilled, manual, ancillary workers, occupying a low social status. Studies have shown that women put in many more hours of labour than men (Acharya Bennet, 1991; Asia Foundation 2001). Lack of education, skills and vocational training limits their capacity to generate higher income required to meet the increased costs due to HIV/AIDS. The level of education, its quality and content for people at large and women in particular, is significant not only for generating awareness and imparting knowledge about various aspects of HIV/AIDS, but also for containing its spread and countering its impact.

In India, 91% of the economically active women work in the informal sector. The impact of the infection is also more severely felt by the women in the family. Women living with and/or directly affected by HIV end up fending for the family, repay debts, and afford hospital costs of the spouse. Positive women in monogamous relationships within the household bear a greater burden of the epidemic. In a study compiled by the Lawyer's collective in India with their clients, out of the 67 positive women respondents, at least 60% were economically dependent and unemployed. 56% of the women were widows. Women's problem ranged from divorce to a share in the matrimonial home and custody and guardianship for children. (Lawyer's Collective, 2001). The low socio-economic status of women, coupled with low educational levels make them easily vulnerable to HIV/AIDS.

In order to respond to the HIV/AIDS epidemic in a comprehensive and coordinated manner to meet the multifaceted needs of those affected and prevent others, specially the vulnerable segments from acquiring the virus, a multi dimensional and multi disciplinary approach is necessary. Both the causes and trends of HIV/AIDS epidemic establish that the disciplines other than health have a greater role to play in containing the spread of the virus. The primary cause of HIV/AIDS is sexual transmission of virus, which is governed by the social environment, traditional practices, and behavior patterns of the individuals. Gender inequality, discrimination and social exclusion therefore play an important part. Educational standards and access to information, economic status, behavioral pattern and social significance contribute in unequal measure to determining the nature and space of the spread of the virus. Needless to say, therefore, that on account of the close linkage between education and women's status, the interventions through policies and programs of the Ministry of Education can better prepare the people - those infected by HIV and others - to meet the challenges that the epidemic is posing for the nation.

National Policy of Education:

In view of the above it is necessary to study the policy plans and programs of the Government Ministries and Departments that have a bearing on HIV/AIDS with a view to enhance our understanding of their relevance, role, and responsibilities to the epidemic. The review of policies and programs will further facilitate the introduction of gender perspectives in plans and programs with a view to reduce gender disparities that are responsible for the unequal flow of benefits to women and other weaker sections. All Ministries do not have an explicit policy for HIV/AIDS, even though their programs directly or indirectly enhance or limit the capacities of individuals to reduce risks of HIV infection. While practically all Ministries can empower some segment of the population to enhance their security, a few Ministries have been selected for study initially.

Education plays a vital role in the empowerment of people and in enabling them to acquire knowledge, skills and vocations for growth and development. Knowledge also helps people to face the challenges that society and community poses and to protect themselves from the adverse impacts of diseases and adversities. In the context of HIV/AIDS therefore, it is important to examine the national policy of education and assess the role it plays in preparing people to face the threat the HIV/AIDS epidemic is posing before the country.

The National Policy as it exists today was adopted in 1986 and further modified in 1992. The Policy is a comprehensive document that states that education is fundamental to all round development - material and spiritual - and is essentially for all. It furthers the principles and

goals of socialism, secularism and democracy enshrined in the Constitution and is the ultimate guarantor of national self – reliance.

The Policy is a comprehensive document stating that education is a right to all individuals and a fundamental component of human development. It's not only the ultimate guarantor of national-self reliance but furthers the principles and goals of socialism, secularism and democracy as enshrined in the Constitution. The policy spells out the principles on which the national system of education rests and states that access to education is available irrespective of caste, creed, race or sex. It aims at promoting equality by providing equal opportunities and by removing prejudices due to ascribed status' that are transmitted and ideologically upheld by the social and cultural environment. Life-long education is a goal of the education process which pre-supposes universal literacy.

The NPE emphasizes the removal of disparities by attempting to equalize educational opportunities. It aims at improving the status of women by neutralizing gender distortions of the past in the hopes of creating a gender sensitive education system that will foster the empowerment of women and prioritize the removal of women's illiteracy. This interventionist educational strategy proposes to do this through developing new curricula, training teachers, decision makers, administrators and by actively involving other institutions.

One of the main objectives of the NPE is to ensure that scheduled castes and tribes and socio-economically disadvantaged groups have equal access to and the ability to penetrate all levels of education. The policy also recognizes the needs of other marginalized castes, minorities and students with special needs such as those with physical and mental disabilities.

Considering adults comprise a large portion of the illiterate population, the NPE has adopted an adult literacy program through the National Literacy Mission. Apart from literacy, mass literacy campaigns include functional knowledge and skills that are geared towards developmental programs and national goals such as poverty alleviation, family planning, promotion of women's equality, universalization of primary education, basic health-care, and environmental conservation.

In regards to elementary education, the policy emphasizes universal access and enrolment, universal retention up to 14 years of age and substantial improvement in the quality of education to enable all children to achieve essential levels of learning. It emphasizes a child-centric approach and requires that at least 50% of the teachers hired are women.

Through the non-formal education program, the NPE proposes to strengthen and enlarge its coverage by implementing more modern technological aids and improved learning environments. Special emphasis has been placed on adopting strategies for ensuring retention of children in schools at the grassroots level and for providing free and compulsory quality education to all up to the age of 14 .

The policy also aims at introducing a systematic, well-planned and rigorously implemented vocational education program. In doing so, apart from both formal and non-formal, need based vocational programs to cover regular students, neo-literates, youth, school dropouts and unemployed, it includes health related vocational courses to facilitate training and education of appropriate categories of health manpower, and establishment of courses or institutions to cater to the special needs of women, rural and tribal students and other deprived sections of the society.

In the field of higher education, the policy aims at redesigning and strengthening courses and programs in order to meet the dynamic demands necessitated by the specialization of developmental needs. The policy outlines procedures and methods for planning and coordinating higher education with states and other institutions and also supports research and training facilities.

In order to cater to the diverse requirements of different categories of people and to augment opportunities for higher education, the open learning system of national and State Open Universities and Open Schools have been initiated. Keeping in view the changes in the economy and social environment and advancements in production, management and science and technology, the policy aims at reorganizing technical and management education to meet the challenges both in the organized and unorganized sectors of the labour force.

The NPE proposes to devise formal and non-formal programs for technical education of women, other marginalized sectors and those with physical and mental disabilities. It focuses on 'self-employment' as a career option and encourages research on a concurrent basis and for developing new and indigenous technologies and enhancing production and productivity for development. The policy also gives priority to promoting efficiency and effectiveness, mobilizing resources, training manpower and strengthening & providing other infrastructure including professional institutions, societies and other organizations.

The policy emphasizes the need to reorient content and educational processes in a positive manner so as to ensure that cultural perspectives and value education work to strengthen development and to fulfill Constitutional commitments. Modern communication technologies are to be utilized for spreading useful information, training teachers, improving quality, generating awareness about quality and status of life – to distant areas and deprived sections of the population, both in the formal and non-formal sectors.

The policy deals with the issues of planning and management of education at the national, State, district and local levels and lays down systems for the long term perspectives that will integrate education and the country's development and manpower needs, decentralize education while introducing institutional autonomy, mobilize resources including people, NGO's and inducting more women in planning and management of education and making the whole process accountable towards fulfilling objectives.

The ultimate objective of the policy is to treat education as a crucial area of investment for national development and strengthen, restructure the educational infrastructure to enable it to play a dynamic multi-faceted role.

The national policy on Education is a comprehensive policy which provides for both formal and non formal educational opportunities not only for elementary, secondary, higher and technical education, but also life-long education to equip the illiterate masses, adults, deprived segments, groups and women to face the challenges life poses in a better manner by removing traditional prejudices and discriminations, ensuring equality and upgrading skills through various programs. The aims and objectives of education policy of ensuring gender equality, empowering women and societies can, with appropriate interventions be achieved through educational programs, dissemination of information and knowledge regarding health and other needs necessary to prevent, control and counter the spread of HIV/AIDS.

In this context an examination of schemes and programs implemented by the Education Department for attaining its objectives of gender equity, education for all, women's education

for upgrading skills and alleviating poverty, life-long education etc. appears necessary. This will help in identifying entry points through which interventions for controlling and preventing the spread of HIV/AIDS epidemic and meeting the challenges, can be made. As we know, HIV/AIDS in India has spread to all areas including the rural, and has infected groups without any discrimination of caste, creed or religion. The poor and illiterate, and women are at greater risk of contracting the disease. In order to effectively combat the epidemic, it is necessary to reach out to all segments of the population irrespective of age and to empower them to face the challenge with information, knowledge, skills, capacity and confidence. The Department implements a large number of schemes. However, two schemes that have the largest reach to the people of all ages belonging to different groups including those vulnerable to HIV/AIDS and can empower societies to address the issues relating to HIV/AIDS in a positive manner are:

- 1) Schemes for Adult Education
- 2) Scheme for Central support of Teacher Education

Schemes for Adult Education comprise

National Literacy Mission:

It was launched in 1988 with the objective of achieving a sustainable threshold level of 75% literacy rate by 2005 AD. It targeted the 15-35 age group comprising of the neo-literates, dropouts of primary schools/non formal education programs, and drop outs/ left outs of literacy campaign. The emphasis is on imparting functional literacy to the target group for self reliance in the three Rs. It also seeks to generate awareness of causes of deprivation, improve skills to raise economic status and general well being, and imbibe values regarding gender equality, small family norms etc.

National Literacy Mission adopts the campaign approach to achieve its objective through the total literacy campaign, post literacy program and continuing education program.

The Post Literacy Programs aim at preventing regression to illiteracy, upgrading literacy skills of drop outs and non-achievers to make them self-reliant and enable learners to acquire life skills for economic self-reliance.

The system of continuing education for neo literates aims at providing life long learning opportunities to all people beyond basic literacy and primary education. It concerns all neo literates who complete functional literacy, post literacy in TLC, school dropouts, pass-outs of primary schools and NFE programs, and all other members of the community interested in availing opportunities for life-long learning.

Under the scheme Continuing Educational Centers (CEC's) and Nodal Continuing Education Centers (NCEC's) are established and target specific functional programs such as the following are implemented:

- Equivalency Programs – are designed as an alternative education program equivalent to existing formal, general or vocational education.
- Income Generating Programs for participants to acquire or upgrade their vocational skills and take up income-generating activities.

- Quality of Life Improvement Programs aim to equip learners and the community with essential knowledge, attitudes, values and skills to raise their standard of living.
- Individual interest Promotion Programs to provide opportunities for learners to participate and learn about their individually chosen social, spiritual, healthy physical and artistic interests.

Scheme of Support to NGO's in the field of Adult Education:

The objective is to secure extensive involvement of NGO's in National Literacy Mission. NGO's are provided financial assistance to impart functional literacy in accordance with NLM strategy and to take up programs for post literacy and continuing education and for eradication of illiteracy.

Scheme of Jan Shikshan Sansthan (Institute of People's Education) is the old scheme of Shramik Vidyapeeth. With enhanced financial support, the scheme now concerns both urban and rural areas. Its objective is to:

- Offer vocational and skill development programs for neo-literates in both industrial/urban and rural areas.
- Organize training programs for key Resource Persons, master Trainers, and Trainers in vocational courses and also for neo-literates.
- Develop programs on a polyvalent or multi-dimensional approach to adult education.

The Jan Shikshan Sansthan represents an institutional framework for offering non-formal, adult and continuing education programs to disadvantaged groups. It gives priority to socio-economically backward and educationally disadvantaged groups including SC & ST, women, girls, oppressed migrants, slum/ pavement dwellers and working children.

The scheme covers the target group, which corresponds with the age group at highest risk of HIV/AIDS. Socio- economically backward, illiterate, women, children on street, in slums and working are the ones who need to protect themselves from the HIV infection. It is, therefore, necessary that the Adult Education programs in conformity with their objectives of attaining gender equality, skill development for economic self-sufficiency of life skills and other training for general well being should:-

- Impart knowledge and information to all their target groups through each scheme regarding the causes and consequences of HIV/AIDS and the gender dimensions of it.
- Give information about ways of preventing the spread of HIV to people in the age group of 15-35 and other members of society – about the ways in which the infection is transmitted with special focus on vulnerabilities of women.
- Prepare special modules to educate them through TLC, continuing education and Jan Shiksha Sansthans and other programs about health needs, safe sex and sexual practices.
- Since women's equality is an objective of education policy – special focus should be on generating awareness regarding inequities, stigma and discriminations, which perpetuate gender inequalities with a view to remove them.

- Skill development and vocational training are important for empowering women to meet the challenge which HIV/AIDS infection in the family imposes on them. Lack of skill, burden of care and additional expenses on health needs can be met if women are provided with skill and vocational training through the Jan Shikshan Sansthan and other training programs.
- The Education Dept. through its formal and informal systems can take up advocacy for reducing the burden of care on women and families with other Ministries and local institutions. Support services for care of PLWHA can be provided by them so that families are not forced to pull children out of school for caring for them and women are able to earn as per the need.
- The Dept. of Education can utilize the existing Govt. and NGO training institutions for training of key resource persons – local leaders, Panchayati Raj members etc.- in HIV/AIDS so that they can play a role in preventing the spread of HIV.
- If inputs in the form of information packages and modules pertaining to issues concerning HIV/AIDS can be included in the teaching curricula of all adult education programs, people generally, and women specifically can be empowered to protect themselves and their families from HIV/AIDS infection. Packages should include information on physiological, epidemiological causes, socio-cultural traditions which make certain groups more vulnerable to HIV infection and gender inequalities which are the root cause for its fast spread to women and poorer segments of HIV.
- Vocational training and skill upgradation facilities for improving employment opportunities of illiterate, economically poor women and for increasing their income through specially designed programs should be provided on a large scale. Women's capacities to better withstand the socio-economic challenges of PLWHA or families affected by HIV/AIDS can be adequately enhanced and the adverse impact contained through appropriate facilities.
- Education Department should through their technical training programs improve the capacities of women. The adverse economic impact of HIV on households can be contained.
- A package on basic health needs, sexuality concerns, traditions and beliefs that stigmatize women and encourage discriminatory practices can be included in the curriculum of formal and non-formal institutions. The knowledge can empower women and help curb the spread of disease and ensure equality for them which alone can stem the tide of HIV/AIDS epidemic.

Schemes for Teacher Education

Quality of teachers and content of the curriculum are crucial for good and life-long education. Teacher training has therefore formed an important part of Education Department's programs from the very beginning.

The centrally sponsored scheme of Restructuring and Reorganization of Teacher Education of 1987 has been revised to make teacher education institutes more functional and productive and improving the quality of teacher education. Central funding to support Teacher

Education has been made flexible to enable States to address their specific needs for achieving the targets and objectives.

The scheme is complementary to Sarva Shiksha Abhiyan and proposes to strengthen the DIETS and SCERT's to ensure that the program for universalisation of primary education meets its goals, especially those related to quality of education that includes girls and women's education, eradication of inequalities and discriminatory practices of life long education. These are crucial for protecting the groups at risk of HIV from acquiring the disease.

As teachers wield influence on children and other segments of population they teach through various programs, it is important to ensure quality training for them to fulfill the objectives of education policy and programs. To train people to raise living standards and alleviate poverty, it is necessary that teachers are adequately informed about the socio-economic changes and challenges that communities and country faces on a regular basis. If the objectives of education are to be achieved, teacher's role is not only crucial for mitigating the socio economic inequities, gender inequalities, traditional practices and lack of knowledge about health, sexual practices, diseases and epidemics but also for playing an active role in forming public opinions for ensuring all round development and growth in consonance with the socio-economic changes that are taking place in the society. The content of training curriculum must be appropriate and need based. In order to ensure that it reflects the requirements of the time, it should be updated and revised on a regular basis. Training should equip teachers to identify the needs of different groups and specially women to enable them to modify and revise the teaching-learning material

The thrust areas in Teacher Education are:

- Development and strengthening of Teacher Education Institutes
- Training of teachers, pre-service as well as in-service
- Professional development of practitioners, i.e. teacher educators, managers and others
- Assessment of teachers and ways of testing achievement levels

Central support to Teacher Education is provided for:-

- Activities undertaken by State Governments and teacher education institutes established or supported by the State Governments and
- Activities to be undertaken by numerous other organizations including universities, research institutions and non-government organizations

Training programs for teachers - pre and in-service – and for other key resource persons, local leaders etc. must include information on all the above issues so that through formal and non-formal programs for illiteracy eradication, skill upgradation and vocational training they can create an environment conducive to safe and healthy living. The knowledge should equip the teachers to empower people with knowledge to protect themselves, their family members and siblings from infections like HIV/AIDS. In this regard State Institutes of Training (SCERTs) must assess and identify social issues and needs for inclusion in the curriculum to improve living standards of people and prepare and disseminate updated training material for teachers.

DIETS and District Resource Centers are responsible for upgrading teaching – learning processes for quality education, developing district specific teaching learning material,

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supporting programs for improving and increasing community involvement in elementary and adult education. They must provide inputs in training that will improve the capacities of teachers to disseminate knowledge about HIV/AIDS and other social issues which empower people and strengthen capacities to cope with problems and adversities.

Technical support to TLC, local bodies, NGO's for awareness education on socially relevant issues including women's status and HIV should be provided and special and regular programs for updating the teachers, trainers and local leaders and resource persons' knowledge organized on a regular basis in a decentralized manner.

DIETS, DRC's and SCERT's should sensitize personnel from different organizations and fields within their jurisdiction to generate awareness about the HIV/AIDS epidemic and the measures required to contain it.