Transformative Model of Life’s Skills Basic Education for Gender Impact of Violence, Sexual Coercion and Vulnerability to HIV Aid through Distance Mode of Teacher Training

Prof. Dr. M. Zafar Iqbal
Dean, Faculty of Education
Allama Iqbal Open University,
Islamabad, Pakistan
dr_zafar7@hotmail.com

ABSTRACT
The challenges facing the developing world in seeking long-term solutions to prevent the transmission of HIV are daunting. Youth and adolescent in Pakistan are prone to numbers of novel problems due to changing social norms and values. These include HIV/AIDS, sexual transmitted infections, use of drugs, violence sexist attitude and sexual coercion. It is thus imperative to equip the adolescent of Pakistan with necessary life skills to deal effectively with challenges of life and not letting it drift away towards the failure in life. Education system in Pakistan lacks the ability to inculcate life skills through its traditional teaching-learning process. It was and is need of the time that educational programmes with appropriate learning environment are necessary for the development of life skills using the Life Skills Based Education (LSBE) approach thus empowering adolescents in challenging situations. Whole of this scenario demands for the development of this “Life Skills Basic Education. The study aimed at identifying the activities for the secondary school teachers which they can plug into the daily classroom teaching for inculcation of life skills in adolescents. Pre and post tests were conducted on sample of 341 teachers who were given training through distance mode of AIOU on 10 modules developed for this purpose. The nine modules included on Communication skills, Negotiation skills, Assertiveness skills, Interpersonal skills, Empathy, Decision making/problem solving, Critical thinking, Managing stress, coping with emotions and self awareness (internal locus of control). The manual focused on various approaches to address risk behaviours of adolescents and to sensitize the participants on adolescents’ risk behaviour, learn basic concepts related to sexuality, violence among adolescent transmitted infections including HIV and core of life skills. The post test indicated a significant difference transformative index (TI) of 2.05 on all the 25 parameters of LSBE with 204.11 percentage gain maximum 821.96% for decision making skill.

PREAMBLE
Youth and adolescents make up a large segment (45%) of population. Youth and adolescents in Pakistan are facing a numbers of problems on account of changing like societal norms. These problems include HIV/AIDS, sexual transmitted infections, use of drugs, tobacco, alcohol, etc. unemployment, delinquent behaviour and discrimination. Violence, gender abuse and sexist attitude also pose an attitude challenge due to changing roles of men and women in our society.

It is imperative to equip the adolescents of Pakistan with necessary skills of life to deal effectively with challenges of life and not letting it drift away towards the failure in life. Life skill education improves the health of adolescent by promotion of physical, mental and social well being particularly, where health problems are related to behaviour. Behaviour is related to inability to deal effectively with stresses and pressures in life. Enhancement of life skills could make an important contribution to the promotion of health and well-being, since behaviour is more and more implicated as the source of health problems. In this way they can lead healthy life styles and contribute positively to society rather than adolescent becoming a burden on it.

Few health issues have been more challenging to community values and capabilities than HIV/AIDS. The devastating impact of the global epidemic on the social, economic and demographic stability of whole nations in Africa, Asia and Latin America is a major constraint in development. More than 34 million adults and children are now living with HIV/AIDS (UNICEF, 2000). Nearly 19 million people have died in the epidemic so far. There is still no cure. Being a girl or a boy, a woman or man, influences the nature of
the risk for contracting HIV/AIDS and how a person experiences it. Social and economic powerlessness and low status females then males in the root cause greater vulnerability of females to HIV infection resulting in their disadvantaged position in coping with it and their greater suffering from its effects.

The rate of infection among women and girls has been increasing most rapidly in recent years (for example, from 41% in 1997 to 47% in 2000 worldwide; from 1% in 1984 to 24% in 1994 in Brazil). In Sub-Saharan Africa, the rate among women (12.2 million) has already surpassed that of men (10.1 million), and AIDS is now a leading cause of death among women aged 20-40 in Europe and North America. Half of all new HIV infections are in young people aged 10 to 25, with adolescent girls in some places as much as five times more at risk than adolescent boys. Leading global institutions working in HIV/AIDS prevention agree that programmes must address these social, economic and political factors if they are to be successful. Gender is the recommended tool of analysis.

Life skills have been defined by WHO as “abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life”. They represent the psycho-social skills that determine valued behaviour and have a range from reflective skills such as problem-solving and critical thinking, to personal skills such as self-awareness, interpersonal skills. Practicing life skills leads to qualities such as self-esteem, sociability and tolerance, to action competencies to take action and generate change, and to capabilities to have the freedom to decide what to do and who to be. Life skills are thus distinctly different from physical or perceptual motor skills, sexual coercion as part of the cycle of domestic violence represents a serious threat for HIV infection among partners in general, and gay and bisexual men in particular.

Life skills-based education combines learning experiences that promote the acquisition of new knowledge and attitudes as well as the skills to change behaviours. Such skills are particularly effective in the context of supportive communities and environments and cover areas ranging from alcohol, tobacco and drug use prevention, to nutrition, reproductive health and HIV/AIDS prevention.

A UNICEF’s view, life skills-based education is a critical component of quality education. To clarify the term "life skills" and to offer guidance on implementing life skills-based education, UNICEF has created a special website. It showcases promising examples of life skills-based education around the world, catalogues studies that have evaluated skills-based programmes and provides practical tools and materials for those ready to implement such programmes.

The gender perspective examines female and male roles, responsibilities, opportunities and resources within the context of the distribution of power between women and men. A gender perspective is a critical tool in health matters related to sex because it aims for both women and men to be able to make informed and free sexual and reproductive decisions and gives them the means to do so. But it is not a neutral instrument nor does it seek to exchange the places of dominance and subordination. Rather, it promotes equality, and comprehensive human development. Women’s empowerment is a key objective of any gender oriented development process and, moreover, of any development process aimed at achieving equity and sustainability.

Gender equality, empowerment and the advancement of women and girls are both gender and human rights goals. Combining gender and rights in the areas of sexuality and reproduction is critical.

For HIV/AIDS educators the challenge is to understand gender differences and discrimination in social relations and to address this vulnerability and direct HIV/AIDS related risk in their work.

The most important determinant of success of an educational programme like adolescence education is the teacher. As has been envisaged in the General Framework of Adolescence Education, efforts will be made to integrate elements of adolescence education in syllabi and text-books of relevant subjects being
taught at different stages of school education. Even when this task is accomplished, the knowledge in these elements can be imparted effectively only through teachers. However, the role of teachers in adolescence education assumes critical significance because of still more important reasons.

Most of the elements of adolescence education are very sensitive, delicate and value-laden. Interaction with students on these elements can be effective only when a holistic approach is adopted. The entire school environment is to be made congenial to the imparting of knowledge in these elements to students. Beyond all the abstract arguments put forth in favour of the introduction of adolescence education in the school curriculum, it is the human factor, the personal interaction that can make this educational programme successful; and that human factor in a school environment is most predominantly personified in the teacher.

PURPOSE OF THE STUDY
The aim of this research crystallizes from the need to develop LSPRE generic for package secondary school teachers which could be within the ODL system of AIOU seeking the collaboration of relevant stakeholders particularly those of the teacher's associations. The objectives followed naturally: To facilitate several forms of the collaboration for developing the open distance learner in life skills training. To provide a deep motivation through grounded in domain expertise of life skills which may produce an immersive pedagogical environment for teachers. To measure the enhancement in the achievement of integrating life skills with usual classes subject teaching.

METHODOLOGY
The study purpose was to identify the activities to the secondary school teachers which they can plug into the daily classroom teaching for inculcation life skills in adolescent. Pre and post tests were conducted at the beginning and at the end of the training respectively. The assessment provided the information at individual and group levels.

SAMPLE
341 secondary school teachers were randomly selected from the Islamabad models schools, 178 were male and 163 female. Four months (one semester) training of AIOU on nine modules was conducted and these teachers plugged Life Skills Based Education in their daily teaching for 4 months. Pre-test and post tests were conducted in the classes where the teachers plugged these LSBE.

Table 1: Showing Frame for the Study

<table>
<thead>
<tr>
<th>Teachers</th>
<th>Population</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1272</td>
<td>178</td>
</tr>
<tr>
<td>Female</td>
<td>963</td>
<td>163</td>
</tr>
<tr>
<td>Total</td>
<td>2235</td>
<td>341</td>
</tr>
</tbody>
</table>

DELIMITATIONS OF LIFE SKILLS TRAINING

1. **Social Skills**: including
   - Communication skills
   - Negotiation skills
   - Assertiveness skills
   - Interpersonal skills
   - Cooperation skills

2. **Cognitive Skills**: including
   - Decision-making
   - Critical-thinking skills

3. **Emotional Skills**: including
   - Managing stress
   - Managing emotions
   - Self awareness

TRAINING PACKAGE

1. **Teacher's Manual**
   The Teacher’s Manual developed aimed at integrated the compulsory subjects such as Urdu, English, Social studies and Islamyat. The Teacher's Manual was based on two chapters and ten modules. Basic knowledge and information related to life skills,
sexually transmitted infections and HIV, and adolescent issues narrated in the chapters. Each module focused on one life skill. Each module described basic concepts and principle of the life skill, followed by two to three activities. The objectives, process and relevant material for each activity was included. Each module included plug-in-points for specific activities. The plug-in points guides and facilitates the teachers to identify specific lesson where the life skill can be linked. However, the individual teacher can come up his/her ideas of integrating the activities and information with the lessons.

2. **Students’ Workbook:** The student workbook meant to be provided to the students. The workbook had additional two to three activities on each life skill. The activities were practices with children in schools, along with formal curriculum and as co-curricular activities.

3. **Microteaching:** Lessons were delivered, observed and evaluated using microteaching equipment (video camera, TV, VCR etc)

**TREATMENT:**
The training was based on principles of adult learning through distance education with drawing on experiential, participatory approach. The training included intense tutorial work with tutors. The tutorial opted small groups or work in peers. The modules were developed in such a way that gives basic information on life skills and reproductive health and provided opportunity for developing life skills of participants for addressing reproductive health related issues, both in workshops and tutorial meetings settee in community and study centers respectively. The training provided in tutorial meeting, workshops included following methods:

- Brainstorming
- Discussion
- Questions & Answers Method
- Presentations
- Group work
- Case studies
- Role Plays
- Practicum

The training based on ten modules was conducted for 4 months through distance education. The pre-test and post tests observations on 25 item schedule developed on 5-point scale were conducted at the beginning and the end of the training. The researcher assessed the change in the level of knowledge by comparing the two observations. Trained teachers were asked to develop lesson plans in the subject of their choice while integrating the activities for the inculcation of at least two life skills. Then they were required to teach to 10th or 11th grade student using microteaching. The post-test observation was done during microteaching. Formal evaluation on various aspects of training was conducted at the end of the training that identified the weaknesses and strengths to improve the modules and upcoming trainings. The tutorial meetings, workshops and individual assignments helped in formative evaluation.

**DATA ANALYSIS**
Data was analyzed using percentage gain of integrating the life skills into teaching by trainees alongwith calculating the transformation index of each group of male and female trainees separately alongwith the aggregate. The following is the fundamental formula which was used to find out transformative index, in this study:

**Transformation Index**

\[
(TI) = \frac{M_{Post} - M_{Pre}}{S}
\]

In this formula, \(M_{Post}\) is Mean of pre-test observation score, \(M_{Pre}\) Mean of post-test observation score and \(S\) is Standard Deviation. A transformation index of 1.0 indicated an increase of one standard deviation. Transformation index are often expressed as percentiles of percentage improvement to help with interpretation of what particular transformation index means. For example, an transformation index of 1.0 indicates that 341 of the treatment group (teachers) transformed their teaching so as to inculcate the particular life skill in adolescents upto 25%.

Table 2 indicates that there is 204.11% increase in the overall transformation with the manipulation of life skills by teachers the percentage gain for information on HIV/AIDS for males (384.62%) is less than those of females (441.67%). Achievement
of females teachers in inculcation of decision making skills (728.57%) is maximum while that gain for gender roles was 960.50% by males against an aggregate of gain on this parameter. However percentage gain remained minimum (103.06%) on the parameter of respect for females transformative index (TI) of 2.1 on the inculcation of biological risks information on the part of teachers indicates a positive sign for LSBE through ODL.
Table 2: Showing the net gain and transformative index of teachers in integrating the life skills in tier teaching of different subjects

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>PERCENTAGE GAIN</th>
<th>TRANSFORMATIVE INDEX (TI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>Pre-test</td>
<td>Post-test</td>
<td>PG</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>2314</td>
<td>11214</td>
</tr>
<tr>
<td>Transmission of epidemic</td>
<td>3026</td>
<td>10858</td>
</tr>
<tr>
<td>Prevention from epidemic</td>
<td>3738</td>
<td>8366</td>
</tr>
<tr>
<td>Youth violence and delinquency</td>
<td>3382</td>
<td>10146</td>
</tr>
<tr>
<td>Drugs abuse</td>
<td>5518</td>
<td>12282</td>
</tr>
<tr>
<td>Adolescence as general</td>
<td>6230</td>
<td>12638</td>
</tr>
<tr>
<td>Gender sensitivity</td>
<td>2136</td>
<td>8366</td>
</tr>
<tr>
<td>Biological risks</td>
<td>4628</td>
<td>10680</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30972</td>
<td>84550</td>
</tr>
</tbody>
</table>

Integration in teaching the activities on:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Male</th>
<th>Female</th>
<th>Aggregate</th>
<th>TRANSFORMATIVE INDEX (TI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills</td>
<td>1958</td>
<td>7298</td>
<td>272.73</td>
<td>1956</td>
</tr>
<tr>
<td>Negotiation skills</td>
<td>1602</td>
<td>8366</td>
<td>266.67</td>
<td>1304</td>
</tr>
<tr>
<td>Assertiveness skills</td>
<td>4984</td>
<td>11748</td>
<td>135.71</td>
<td>978</td>
</tr>
<tr>
<td>Interpersonal skills</td>
<td>5162</td>
<td>11392</td>
<td>120.69</td>
<td>1793</td>
</tr>
<tr>
<td>Cooperation skills</td>
<td>3738</td>
<td>10502</td>
<td>180.95</td>
<td>5379</td>
</tr>
<tr>
<td>Decision-making</td>
<td>5874</td>
<td>9434</td>
<td>60.61</td>
<td>1114</td>
</tr>
<tr>
<td>Critical-thinking skills</td>
<td>1068</td>
<td>5162</td>
<td>383.33</td>
<td>2445</td>
</tr>
<tr>
<td>Managing stress</td>
<td>712</td>
<td>4806</td>
<td>575.00</td>
<td>978</td>
</tr>
<tr>
<td>Managing emotions</td>
<td>3738</td>
<td>7298</td>
<td>95.24</td>
<td>1467</td>
</tr>
<tr>
<td>Self awareness</td>
<td>2848</td>
<td>9256</td>
<td>225.00</td>
<td>973</td>
</tr>
<tr>
<td>Sexist attitude</td>
<td>5874</td>
<td>8010</td>
<td>36.36</td>
<td>3423</td>
</tr>
<tr>
<td>Gender roles</td>
<td>890</td>
<td>9434</td>
<td>366.00</td>
<td>1114</td>
</tr>
<tr>
<td>Tolerance</td>
<td>1958</td>
<td>7654</td>
<td>290.91</td>
<td>5053</td>
</tr>
<tr>
<td>Violence control</td>
<td>2136</td>
<td>7476</td>
<td>250.00</td>
<td>2119</td>
</tr>
<tr>
<td>Respect for females</td>
<td>2314</td>
<td>7654</td>
<td>230.77</td>
<td>6031</td>
</tr>
<tr>
<td>Indiscriminate behaviour</td>
<td>3738</td>
<td>11392</td>
<td>204.76</td>
<td>3749</td>
</tr>
<tr>
<td>Gender sensitivity</td>
<td>1602</td>
<td>8544</td>
<td>433.33</td>
<td>2608</td>
</tr>
<tr>
<td>TOTAL</td>
<td>50196</td>
<td>142934</td>
<td>184.75</td>
<td>43358</td>
</tr>
<tr>
<td>Cumulative</td>
<td>81168</td>
<td>227484</td>
<td>180.26</td>
<td>68460</td>
</tr>
</tbody>
</table>

PG stands for percentage gain
LIMITATIONS
1. Only one cycle of microteaching could be observed.
2. A score of extraneous variables may have distorted the findings.
3. Many of variables could not be controlled which could have effect on conclusion.

CONCLUSION
The study concludes that there is substantial impact of integration of life skilled based activities into teaching of career subjects if teachers are properly trained with this focus in mind. Training of teachers ensures the competence and challenge patriarchal attitudes and behaviours of teachers particularly male teachers.

This relates to the diagnosis of learning needs, developing the learning package, execution, harnessing new technology, updating the learners’ skills and linkage with transformative model.

RECOMMENDATIONS
As a consequence, the study recommends that, transformative model of teacher training through open and distance system may be successful if it:

- Includes accurate and appropriate information on HIV/AIDS, risks and vulnerability and gender in all teacher training programmes, from in-house workshops through university courses.
- Provides all the information teachers require, in durable packaging, especially in rural areas where recommended texts may be difficult to access due to availability and cost.
- Establishes face-to-face, component, life skills-based training programmes for teachers and provide a back-up of substantial content and methodological guidance in training materials, including guidelines on how to conduct participatory lessons and activities.

It also emphasizes that this model may be properly tested as an operative model at national/international level. Hopefully it may prove a building block for achieving the desired goals. The study may be extended to larger numbers and more number and types of teachers in the second phase. ODL institutions may replicate study on larger sample and then make part of their system. The experiment may be conducted on longitudinal basis such that all the teacher trainees may be included in it.

BIBLIOGRAPHY
3) APAC-VHS. (na) Training of Peer Educators in STD and HIV/AIDS Prevention. Training manual from the AIDS Prevention and Control Project (APAC), Voluntary Health Services (VHS): a joint project supported by USAID and the Government of India. Ayadar, India: VHS. Email:apacvhs@vsnl.com
9) Collins, J. and Rau, B. (na) AIDS in the context of development, (no
place/date of publication provided) 
See: www.JUstiGeafnca.org/aids7.html


37) Introducing Change in the Curriculum: Life Skills in ESAR (1999, Nairobi: ESARO)


