



Improving educational access of vulnerable children in high HIV prevalence communities of Malawi: The potential of open and flexible learning strategies

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ABSTRACT

Many children in Malawi have poor access to learning and are at risk of exclusion and early dropout. In the context of HIV/AIDS, formal schools need to become more flexible and responsive to children's lives. Introducing an educational model that integrates open and flexible learning strategies with conventional schooling, this paper highlights the potential of such an approach to enhance learning experiences, bring psychosocial benefits and improve retention of vulnerable pupils in high HIV prevalence communities in rural Malawi. This paper also argues that effective innovation requires strategies to create an enabling environment and promote an inclusive philosophy within schools.

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1. Introduction

A rights-based approach to access to primary education, as enshrined in the international goals of Education for All (EFA), goes beyond narrow definitions based solely on enrolments. Instead, it requires commitment to providing equitable access to learning – and ensuring completion – for educationally marginalised groups, including children and young people affected by HIV/AIDS (Barrett et al., 2006; Lewin, 2007a; UNESCO, 2008, 2010). Lewin (2007b:33) argues that initial access – measured by enrolment – cannot be meaningful unless it leads to secure enrolment and regular attendance, equitable opportunities to learning and resultant progression through the grades at the appropriate age. Conversely, exclusion refers not only to non-enrolment or permanent dropout from schooling, but can take the form of temporary withdrawal, irregular attendance and enforced absenteeism, as well as poor participation and performance – a form of ‘silent exclusion’ (Gilmour and Soudien, 2009).

In Malawi, a small, low-income, land-locked country in sub-Saharan Africa (SSA), impressive gains in enrolment achieved since the introduction of Free Primary Education (FPE) in 1994 (Castro-Leal, 1996), have been undermined by a persistent pattern of high repetition and dropout (Kadzamira and Nell, 2004). Household survey data has consistently shown that approximately 20% of children of primary school-going age do not attend school (National Statistics Office Malawi, 2000, 2005; National Statistics Office Malawi and UNICEF, 2007). Government figures estimate the survival rate to Standard 8 (the final year of primary schooling) as

less than 40% (Ministry of Education Science and Technology, 2009). Thus, large numbers of children are denied access in its broadest sense. Evidence from the region suggests that a disproportionate number of those excluded are likely to be orphaned children and others made vulnerable by HIV/AIDS. Studies have indicated that orphaned children are significantly less likely to be enrolled in school, attend less regularly and progress more slowly (Bennell, 2005; Case et al., 2004; Evans and Miguel, 2007). However, there is also evidence to suggest this is often highly contextualised and country-specific (Ainsworth and Filmer, 2006). In Malawi, household survey data report a narrowing of the gap in net enrolment rates for orphans *vis-a-vis* non-orphans (National Statistics Office Malawi, 2005, 2006, 2009). Yet findings from an earlier school-based survey indicate higher absenteeism and withdrawal amongst orphaned children (Bennell et al., 2002).

Parental death is only one of many difficulties to arise as AIDS impacts on children's lives, and focusing on orphan status excludes consideration of the accessibility of schools for children directly affected in other ways,¹ such as those living with chronically ill parents or guardians (Bennell, 2005). Recent cross-national reviews of studies from SSA reveal a range of economic, social and psychological factors that impact on the educational access and attainment of children affected by HIV/AIDS (Joint Learning Initiative on Children and HIV/AIDS, 2009; Pridmore, 2008).

¹ An assumption of this paper is that orphan status alone is not necessarily a useful criterion for exploring the challenges to equitable access presented by HIV/AIDS. For the purposes of this paper, the term ‘children affected by HIV and AIDS’ includes, but is not limited to, those having lost a parent or guardian to AIDS; children with parents or guardians who are in poor health or chronically ill as a result of AIDS-related illness, children living in households affected by HIV/AIDS or those who themselves are HIV positive.

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Research also suggests that not enough is being done in schools to support vulnerable children (Bennell, 2005; Kendall and O’Gara, 2007; Moleni, 2008; Pridmore and Yates, 2006; Robson and Sylvester, 2007) and that, in Malawi, *ad hoc* school-level policies and un-sanctioned practices can further contribute to their exclusion (Moleni, 2008). Pridmore and Yates (2006) note that education sector responses to HIV/AIDS tend to focus on curriculum-based interventions and teacher training, rather than direct support for those affected by HIV/AIDS. Kendall and O’Gara (2007) argue that Free Primary Education (FPE) alone is not sufficient to ensure inclusion of vulnerable children in the context of HIV/AIDS.

Whilst in Malawi, and the region, non-formal and complementary education programmes offer a second-chance to the educationally marginalised (DeStefano et al., 2006; Durston and Nashire, 2001; Mhlanga, 2008; Streuli and Moleni, 2007), the extent of their contribution to delivering education for all remains under debate (Hoppers, 2006). In addition, there are concerns that in the absence of strong links and equivalency with formal systems, such programmes run the risk of evolving into parallel institutions perceived as inferior to mainstream education (Hoppers, 2005; Lyon and Rosati, 2006; Rose, 2009). Meanwhile, there has been a growing call from the international community for formal schools to become more inclusive, flexible and responsive to the lived realities and coping strategies of children’s lives (Guarcello et al., 2006; Harber and Davies, 1998; Molteno et al., 2000; UNESCO, 2008, 2010). Given the seriousness of the threat posed by HIV/AIDS in the region, together with the instrumental importance of education in mitigating its impact, there is a real need to develop new, more flexible models of schooling that reach out to those affected (Boyer and Carroll, 2003; Carr-Hill et al., 2002; Hepburn, 2004; Kelly, 2000; Pridmore and Yates, 2005). As such, responses to the HIV epidemic can provide a real opportunity for wider educational transformation (Aggleton and Weeks, 2009; Hepburn, 2001; Kelly, 2000; Pridmore and Yates, 2006). The research on which this paper draws – the SOFIE² project – seeks to inform this debate by exploring the potential of ODFL to enhance educational access and attainment in high HIV prevalence countries.

2. What can Open, Distance and Flexible Learning offer?

Open, Distance and Flexible Learning (ODFL) groups together a set of concepts and strategies that reflects shifting trends in education delivery. It emerges from early engagement with distance education and open schooling as means to expand access to education and, in recent years, encompasses the convergence of multi-media and ICT options with more conventional teaching strategies. Distance Learning can be defined as an educational process in which a greater proportion of the teaching and learning takes place when the teacher is removed in space and/or time from the learner (Perraton, 2007). ‘Openness’ is complementary, but not synonymous with distance education. It refers more broadly to policies and practices that permit access without restrictions and reduce barriers to learning (Unterhalter et al., 2000).

Despite the success of open and distance education models to support educational access at secondary and higher levels of education, similar initiatives to support basic education in low-income countries are limited, focused mainly on the delivery of

non-formal adult basic education projects and in-service training programmes (Dodds, 2006; Yates and Bradley, 2000). Unterhalter et al. (2000:31) note that whilst the 1990s was “a decade of unprecedented international concern with expanding access to education and using new approaches for the design and delivery of education”, there was relatively little uptake of ODFL strategies to support basic education, due, at least in part, to concerns about the appropriateness of materials, supervision and the poor development of socialization skills. In recent years, there has been a move towards championing more integrated approaches that underline the importance of learner support, collaborative learning and better linkages with formal systems (Creed et al., 2005; Perraton, 2007; Yates, 2000).

The emergence of Flexible Learning, both as a practice and a concept, offers such possibilities; with its emphasis on the appropriate use available teaching methods (including face-to-face, multi-media and/or ICT) to optimise learning opportunities and best meet the needs of learners (Kember, 2007). However, despite much rhetoric surrounding the use of ICT, current advances in information technology have had little impact on educational provision in low income countries such as Malawi (Yates, 2008). In these contexts, greater flexibility in delivery would require consideration of low cost and sustainable alternatives.

ODFL has been presented as an important strategy in HIV prevention (Commonwealth Consortium for Education, 2003; Perraton, 2000), and, to date, several important education and youth-based HIV prevention and behavior change programmes in SSA have been successfully supported by ODFL strategies and resources (see Pridmore and Yates, 2006). Yet, drawing on lessons learned from their study of ODFL initiatives in South Africa and Mozambique, Pridmore and Yates (2005) argue strongly that ODFL also has an important role to play in HIV/AIDS mitigation. They highlight the potential of ODFL to support the schooling of vulnerable young people through, for example, a more flexible delivery of curriculum content to prevent learners falling behind when unable to attend classes and by providing opportunities for psychosocial support.

As with any educational intervention, the integration of ODFL into conventional schooling will be grounded in – and influenced by – the context, structures and relationships met in school communities. This paper reports on the implementation of an innovative school-based intervention (the SOFIE model) that complements face-to-face delivery of the curriculum with a package of ODFL strategies and resources, within a framework of school support and community action.

3. Methodology

The empirical research on which this paper is based took place in Malawi between April 2008 and December 2009, under the auspices of the SOFIE project. Data collection and analysis followed a sequential mixed methods design, using both qualitative and quantitative strategies and methods in two distinct phases (Creswell and Plano Clark, 2007). Two rural districts (Phalombe and Mzimba South) were selected as research sites according to agreed criteria that included high HIV prevalence rates, high primary dropout rates and contrasting socio-cultural contexts. The first phase of the research was essentially exploratory in nature. Multi-site, condensed case studies of four schools and their communities were conducted to build in-depth, ‘thick’ descriptions of the factors influencing the schooling of vulnerable children, focusing on those affected by HIV/AIDS. Several methods and multiple sources of data were used. District education staff and representatives of community-based organizations (CBOs) active in the study areas were an integral and invaluable part of the research team.

² ‘Strengthening Open and Flexible learning for Increased access to Education’ (SOFIE), a three-year collaborative research project funded by the DFID/ESRC Joint Scheme, with the purpose of strengthening ODFL systems and structures to increase educational access and attainment of vulnerable children and young people in high HIV prevalence SADC countries. Towards this, the SOFIE project developed, trialed and evaluated a more open and flexible model of education that used ODFL to complement and enrich conventional schooling. See <http://sofie.ioe.ac.uk>.

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