

# ***PREVENTING HIV TRANSMISSION THROUGH EDUCATION<sup>1</sup>***

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On June 5<sup>th</sup> 1981 the United States Centres for Disease Control published a report about a new disease that was hitting gay men. That report ushered in the AIDS era. Twenty one years have passed since then, years in which the disease has grown to nightmarish proportions, with almost every passing year seeing the need to revise upwards already dire estimates and projections. In 1991, the World Health Organisation expectation was that by the year 2000 HIV infections worldwide would amount to some 20 million. The projection was almost three times short of the mark. Since the epidemic began, more than 60 million have been infected with the virus, at least 20 million have died of the disease, and a conservative estimate is that presently some 40 million people are living with HIV/AIDS.

## ***Education's Significant Contribution to the Struggle with HIV/AIDS***

Currently there is no known cure for HIV or AIDS. Work on the development of a vaccine is proceeding, but none is yet available and the likelihood seems to be that ten years or more will pass before a universally available, affordable and easily applied vaccine comes on to the market. Drugs that hold HIV in abeyance are available, but even with the substantial price reductions that have been effected in the past year, their cost remains very high, their administration requires a well-developed health infrastructure of the kind that several countries do not have, and there are growing concerns about the development of HIV strains that are resistant to the drugs currently in use. Excessive reliance on controlling the epidemic through the provision of antiretroviral therapy for infected individuals also faces massive annual cost increases, since new numbers will be added each year to the ranks of those whose lives are being prolonged by a therapy which must be maintained throughout life.

In this set of circumstances, preventing the further transmission of HIV must be the principal strategy. In its turn, prevention depends very heavily on education. A little reflection will show how every prevention effort, the majority of coping strategies, much of the activity directed towards the mitigation of impacts, and virtually every programme designed to outwit and get ahead of HIV/AIDS, depends in one way or another on education. It is no exaggeration to say that in the current state of scientific knowledge and development, the only protection available to society lies with the "social vaccine of education".

In addition to its saliency as a constitutive element of every information, education, and communication (IEC) approach, formal and non-formal education "offer a window of hope unlike any others for escaping the grip of HIV/AIDS" (World Bank, 2002, p. 2). There are several reasons for saying so:

1. Education, and above all school education, has been shown to be related to the reduction of HIV prevalence rates among young people. Uganda and Zambia have both experienced dramatic declines in the infection rates of the sub-group of 15–19 year-old girls with secondary school education, and in Zambia it has been found that a girl who has dropped

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out of school is three times more likely to be HIV infected than an age-mate who remained in school (Fylkesnes *et al.*, 2001). The precise mechanisms by which education contributes to this change are not yet clearly understood, but they may lie in a combination of enhanced ability to use information, the package of habits and dispositions that learners accumulate throughout their schooldays, the way school education opens one up to future prospects, and the increased opportunities it provides for economic independence (Coombe & Kelly, 2001).

2. Formal school education reaches the majority of young people in a country. Further, it reaches them at an early age when they are in their most formative years. Therefore it has the potential to transmit significantly important HIV prevention and other AIDS-related messages to young people when they are in their most receptive developmental stage.
3. School education is among the most powerful tools for transforming the poverty and gender inequality environment in which HIV/AIDS flourishes. It is universally acknowledged that growth out of poverty and growth in education are almost synonymous. Likewise, the education of both boys and girls contributes significantly to the evolution within a society of an environment where there is less acceptance of gender inequality and female disempowerment.
4. Girls who remain longer in school tend to commence sexual activity at a later age, are more likely to require male partners to use condoms, and marry at a later age (World Bank, 2002). Each of these factors contributes to the reduction of HIV transmission.

### ***Strengthening Education's Capacity in the Struggle with HIV/AIDS***

But education, especially school education, can play an even more crucial role in the combat with HIV/AIDS. Already doing well, it can do even better. Enhancing the contribution that education can make to reducing the likelihood of HIV transmission and managing the impacts of the disease requires attention to the following issues:

#### **Expand Access and Improve the Quality of Provision**

Education in the sense of schooling can do nothing to reduce the transmission and impact of HIV/AIDS for children who—for whatever reason—cannot enrol in school. Neither can it promote the knowledge, understanding and attitudes that are fundamental to the reduction of HIV transmission if the quality is so poor that real and meaningful learning achievement does not occur.

Hence the AIDS epidemic underscores the crucial importance of attaining the International Millennium Development Goals that relate to Education-For-All (EFA). These are

1. to ensure that by 2015 every child can access and complete free and compulsory basic education of good quality, and
2. the elimination by 2005 of gender disparities in primary and secondary education.

“Full speed ahead on EFA goals is vital. ... A general basic education—and not merely instruction on prevention—is among the strongest weapons against the HIV/AIDS epidemic. ... An urgent, strategic, and education-centred response ... is of the utmost importance” (World Bank, 2002, p. 6).

It is also important to take steps that will enable children, especially girls, continue in school to the secondary level. What is gained at this level appears to make a crucial difference to the protection of oneself and one's potential partner against HIV infection. Expanded access to secondary education also provides a surer route out of poverty, at both individual and national levels, and through this mechanism provides a more comprehensive defence against HIV transmission.

### **Mainstream HIV/AIDS into Every Aspect of Education**

The potential of HIV/AIDS to devastate the lives of individuals, the economies of countries, and education systems themselves, is too great for the disease and its consequences to be merely bolted on as some additional consideration within the programmes of already over-worked education ministries, departments and institutions. This is the most devastating disease that humanity has ever experienced. Responding to it is not an optional extra, but must be an integral and accountable part of concerns and programmes at all levels, from the office of the Minister down to the humblest village school.

Accentuating the importance of this mainstreaming is the fact that HIV/AIDS places the entire education system and all its institution under profound threat. An education system that does not mainstream HIV/AIDS into every facet of its operations runs the risk of being overwhelmed by the epidemic and the variety of its impacts. It can become so weakened by the epidemic (through the loss of educators, impairment of quality, numerous negative effects on learners, educators and managers, and constraints on resources) that its ability to provide both general education and HIV/AIDS education could be greatly reduced. In the absence of mainstreaming, the one system that has the potential to provide crucial HIV protection to society could find that it was unable to do so because it was itself besieged by a network of interrelated, debilitating, and complex AIDS-related problems.

A practical aspect of this mainstreaming is to ensure that education policies, procedures and regulations are reformulated to take account of HIV/AIDS. It will also be necessary to incorporate HIV/AIDS issues into every aspect of an education ministry's strategic planning process. In severely affected countries, mainstreaming HIV/AIDS will also necessitate dedicated structural arrangements, involving full-time staff possessing considerable authority and backed up with adequate human, financial and material resources, who will maintain the momentum for progress in everything that relates to the interaction between the disease and the education sector.

### **Establish Programmes and Activities on a Continuum from Prevention to Care**

At the sectoral level, provision must be made for programmes that respond to the prevention needs of employees. If the system is to function, all categories of education staff must know about the disease and how to protect themselves against it. This calls for programmes that address HIV/AIDS in the workplace. At the institutional level, there is need for specific prevention education programmes that teach about HIV/AIDS and such related areas as reproductive health (see below).

Realisation is growing that responding to the care and treatment needs of those infected with HIV/AIDS is an essential complement to prevention efforts. There is also growing recognition of the need for attention to the management and mitigation of impacts. Aspects that are of particular relevance to the education sector include responding to the needs of the exponentially increasing number of orphans, catering for learners, educators and education employees who are HIV infected or whose condition has progressed to AIDS, reaching out to and providing support for infected persons in communities, especially those who are relatives of school personnel, and establishing schools as multipurpose welfare and development centres within affected communities.

### **Engage Creatively with Others**

In the past the cardinal error was made of treating HIV/AIDS as being primarily a health problem. To treat it as being primarily a problem for education would be to repeat and compound the error. HIV/AIDS is wider than any sector, but touches the entire range of development and human welfare interests. Responding to it likewise demands the widespread participation and interaction of players from various areas of the public sector, as well as the involvement of the numerous organs of civil society. The walls of territoriality that government ministries/departments build for themselves and that the government sector

sometimes uses to effect the marginalisation of NGOs, faith-based communities, community-based organisations, business coalitions, and other partners, must be broken down. It is paramount that in the struggle with HIV/AIDS the education sector manifest the fullest cooperation, sharing of resources and facilities, and collaboration in programme design, implementation and evaluation, with these and other potential partners. The problem of AIDS is too large for the sector or any of its partners to deal with on their own. But working together they can succeed in bringing it to heel.

### ***Characteristics of the Teaching and Learning Response to HIV/AIDS***

In the context of HIV/AIDS an education system has two major tasks:

1. It must maintain itself in a functioning condition that will enable it to provide the services expected of it, in relation to the epidemic and all other areas.
2. It must equip those for whom it has responsibility, above all learners, with the knowledge, skills, attitudes and values that will reduce the likelihood of their acquiring or transmitting HIV infection.

The remainder of this article focuses on the second of these tasks. Moreover, since sexual activity is the principal mode of HIV transmission in Africa, the discussion will centre on this.

### **The Objective of Preventive Education Programmes**

Almost invariably the literature preempts discussion of preventive education by the way it repeatedly speaks about *changing* behaviour, but rarely about *maintaining* behaviour. Thus, UNESCO's strategy for HIV/AIDS preventive education speaks of prevention as "the most patent and potent response, i.e., *changing* behaviour by providing knowledge, fostering attitudes and conferring skills" (UNESCO, 2001, p.10; emphasis added). The presumption appears to be that sexual behaviour, especially among young people, is almost bound to be risky and hence needs to be changed into something safer. This does not sit lightly with the fact that a very high proportion of adults and young people is not HIV infected. In addition, such an approach does not express much confidence in the ability and commitment of the majority of adults and young people to behave in a sexually responsible way.

A more comprehensive approach is to see the ultimate objective of education's concern in this area as being to promote behaviour that will not put an individual or any partner at risk of HIV infection. For many young people, this will involve helping them to maintain existing behaviour patterns that are safe and do not put them at risk of HIV infection. For others it will involve helping them to replace behaviour patterns and activities that put them at risk of HIV infection with those that are safe.

Hence the thrust of educational efforts to stem HIV transmission should be to empower those who participate in programmes to live sexually responsible, healthy lives. This implies understanding, leading to practice, in two areas, sexuality and healthy living. These are the two principal areas around which programmes should be developed. They are central to everything else, and from them must flow the values and attitudes that will manifest themselves in information, practices, skills, and techniques.

This means that in the context of the sexual transmission of HIV, a good preventive programme will begin at the proper beginning, that is, in promoting an understanding of sexuality and relationships. Educators should not hesitate to affirm that both of these are very good and beautiful. They should be enabled to lead learners to appreciate that sexuality is a wonderful, extremely powerful energy, experienced in every cell of one's being as a mighty urge to overcome incompleteness and to find fulfilment in a strong and abiding relationship with another. Recognising the special potency of relationships for adolescents and young adults, educators should be equally forceful in affirming the value and wonder of a

relationship, something that is so valuable that it needs safeguards, whether these be of no sex, deferred sex, or protected sex.

Having sex— or genitality, the physical, genital dimension of sexuality—is a very important aspect of these larger realities of sexuality and relationships. But it is no more than an aspect. It does not exhaust the full notion of sexuality which can work powerfully and constructively even in the absence of the particularised, physical, short-lived bodily encounter with another that constitutes ‘having sex’. In practical terms this means that it would be a mistake for an educator to focus on protection messages, whether these relate to abstinence, condom use, delaying sexual debut or whatever, prior to establishing a good understanding of the meaning of sexuality and relationships. Too often, preventive education programmes focus too early on the knowledge, attitudes and skills involved in immediate sexual practice, without striving to embed these in a more holistic approach that takes account of the roots of human behaviour. It is not surprising, then, to find that the desired practices may be maintained as long as the programmes last, but do not persist when the programmes end.

The second basic area for consideration is healthy living. Conditions of poverty facilitate HIV transmission partly because the body’s defence mechanisms are already run down through malnutrition, the legacy of other illnesses, a heavy burden of parasites (especially from malaria), and vitamin and trace element deficiency. When HIV succeeds in gaining admission to such an impoverished body its task is greatly facilitated because the defence system is already low. The individual can become infected in circumstances where a better nourished and healthier individual would be able to ward off the infection. Increasing attention to host susceptibility to HIV infection is opening new avenues for understanding the spread of the virus and for the design of effective prevention strategies (Stillwaggon, 2000). What appears to be emerging is that maintaining a healthy way of living is in itself a substantial step in the direction of preventing HIV infection.

Healthy living is also a significant step in the direction of slowing down the progression of HIV to clinical AIDS. All other things being equal, infected persons who maintain a healthy life style are likely to enjoy more years of life than infected persons who do not take balanced nourishing meals, who smoke, take alcohol or use drugs, and who do not take adequate exercise and rest.

Information about the significance of living in a healthy way is an important message that educators can always communicate, without fear of giving any offence to parents or other stakeholders. It could also be a life-saving message since, given the developments in vaccine technology, it might contribute to keeping an infected person alive until such time as a vaccine applicable to infected persons becomes available. But it is a message that is rarely communicated in the context of HIV/AIDS and that may be glossed over even in health science programmes.

### **The Context for Preventive Education Programmes**

If it is to be effective a preventive education programme must be rooted in the context of the lives and circumstances of the target audience. Certain aspects of that context are vitally important, since by establishing conditions that facilitate the transmission of HIV they actually run counter to what the programmes are trying to communicate. Areas that merit special attention include the school situation, the culture of the home and community, poverty and gender.

In principle the school should provide a health-affirming and safe environment within which learners and educators can develop and fulfil themselves in performing their teaching-learning tasks. In practice the school environment may be neither health-affirming nor safe. Overcrowded, inadequately furnished, poorly lit, with no assured source of clean water, with minimal sanitation facilities (if any), the school may well be the antithesis of a health-

affirming environment. The situation is made worse by the hunger with which many learners (and several educators) begin the school day and with which they must cope during their learning exercises, while that same hunger and malnutrition have the physiological effect of accentuating learning difficulties. By being centres where boys and girls may find themselves being coerced into sex, with teachers or with fellow-learners, schools also fail to provide the safe haven they should. School should be a safe and happy place for children and adolescents, who should feel that this is where they really want to be. But for far too many, attending school is something negative, all too often being little more than an occasion for experiencing lassitude, pressures, anxiety, fear, and abuse. HIV prevention programmes that take place in a school setting must try to ensure that their messages take account of these real conditions that learners experience.

Educators are usually aware that a knowledge and information gap exists between the home and school. However, they do not always make allowance for an equally wide but frequently much deeper gap between the values, attitudes and behaviours promoted in the school and those enshrined in the totality of life in the community and home. Underlying this gap there may even be a radical difference in philosophical outlook. Bridging this gap can be crucial for the effectiveness of HIV preventive education programmes. The school may treat of HIV/AIDS (and other diseases) as being caused by an identifiable virus. However, the community and home may see the cause lying elsewhere, with spirits, or with powers and forces that are under the control of certain individuals (cf. UNECA, 2000, §§36–40). The traditional approach, which interprets diseases and their causes in terms of the cultural world of taboos, obligations, and sorcery, may be much more influential in shaping behaviour than the rational explanations of modern science. But this cultural perspective is rarely taken into account. This is not a plea to abandon the scientific approach, but a call to root HIV preventive education (and other programmes) more firmly in the *Weltanschauung* or world-view that has pre-eminent value in motivating the personal behaviour of learners.

Poverty, with its concomitants of inadequate employment opportunities, lack of recreational outlets, and a pervasive sense of hopelessness and ennui, creates a fertile ground for activities conducive to HIV transmission. One who lives in poverty lives for the present. The future is remote and unreal. The long latency period between the time of initial HIV infection and the eventual manifestation of AIDS makes it difficult for young people, but more especially for those who are poor, to appreciate the consequences of their current actions. More than others in the population, the poor may adopt a fatalistic attitude towards infection, seeing it as almost inevitable that they should receive the worst things in life. They may also believe that HIV care and treatment will not be for them and in consequence may not seek such help as might be available. The HIV preventive education programme must take account of these realities. While poverty issues may be addressed in other school disciplines or out-of-school programmes, the prevention programme should also take special note of their significance across the entire prevention to care spectrum.

Because of their lower social and economic status, many women and young girls cannot negotiate sexual encounters, experience pressing need to maintain relationships with a sexual partner, no matter what may be happening, and may be required by a variety of economic and other circumstances to engage in commercial sex activities. Each of these circumstances increases their vulnerability to HIV infection. Other social circumstances, such as domestic abuse, widespread coercive sex, rape, and child abuse, also increase their HIV risks. Because of these factors, the inequality and lack of empowerment that women and girls experience in numerous areas of sexuality and human relationships can be fatal (Commonwealth Secretariat, 2001). This is the context within which those passing through preventive education programmes will live. Hence it is a context that must be to the fore in the delivery of the programmes, while at the same time stringent efforts are made to root out misconceptions, false attitudes, and harmful practices.

The gender aspect of the context must also recognise that in many respects AIDS is a man's disease, though women bear the brunt of the impacts. The disease was first observed in men, it has been transmitted worldwide by men, and it is kept going by men. Part of the reason for this lies with false images of masculinity and what it means to be a man. A worthwhile programme will explore these images and help participants to develop an image of manhood that finds its expression and fulfilment in a more caring and respecting attitude towards women and girls.

### **The Content of a Comprehensive Preventive Education Programme**

Ideally, the content of comprehensive HIV prevention programme, whether delivered through schools or otherwise, should extend to the following areas:

- Sexuality and relationships, leading to a good understanding of what sexuality means, its role in relationships, and the norms for a healthy sexuality.
- Manifesting respect and regard for others in a spirit of equality and power-sharing between males and females that extends to all areas of life.
- Knowledge and understanding of HIV/AIDS, the modes of transmission, what infection does within the human body, how it progresses, and how it can be treated.
- Popular misconceptions, errors and myths relating to HIV/AIDS.
- A core set of psycho-social life-skills for the promotion of the health and well-being of learners. These should include decision-making, interpersonal relationships, self-awareness, stress and anxiety management, coping with pressures, the negotiation of contentious situations, assertiveness, and attitudes of self-esteem and self-confidence.
- Knowledge and understanding of how to manage and protect one's reproductive health.
- The role and value of abstinence, the development of positive attitudes towards this, and the skills that enable one to abstain from sexual activity.
- The meaning of protected sex, the role it plays in preventing HIV infection, the skills that are implied, and how to access and use condoms and other supplies.
- Other HIV risk-reducing factors, such as delayed sexual debut, reducing the frequency of partner exchange, avoidance of casual sex or the management of such encounters to protect against HIV transmission.
- Fidelity in marriage and management of marriage relationship if HIV is present.
- The desirability of voluntary counselling and testing, and the importance of early presentation of potential STDs to the appropriate health services.
- The meaning of a healthy lifestyle, its role in making an individual less susceptible to HIV infection, and its role in promoting the quality of life and extending the survival years of an individual who is HIV infected.

Some observations are in order about this comprehensive programme. First, learners should be introduced to it while they are still very young, some would say from the day they commence school. While it may be necessary to begin at a later age for those who are already in the school system, HIV/AIDS-related forms of education should start as early as possible with younger children, and certainly well before they enter the period of puberty. Summary findings from 17 countries, presented to the ADEA Biennial Meeting, held in Arusha in September 2001, showed that "countries want programmes to be proposed to students before they become sexually active" (ADEA, 2001, p. 7). This means that students should be introduced to HIV preventive education no later than middle primary school. Even earlier would be better. Later would be too late. But whatever is presented to children must be appropriate to their age and grade. It would be foolhardy and counterproductive to expose young children to matters that were beyond their comprehension and experience.

Second, there is need to remain sensitive to the concerns of parents and community leaders. These may express the fear that some elements in the programme that has been outlined might lead learners to increased sexual behaviour and experimentation. They need to be reassured

that the overwhelming weight of evidence is that this form of education does not lead to an explosion in sexual activity. On the contrary, careful investigations, in Africa and elsewhere, have found that it contributes to delay in the onset of sexual activity, increased recourse to abstinence, reduction in the number of sexual partners, and a lessening of the incidence of STDs and unwanted pregnancies (Gachuhi, 1999; UNAIDS, 1997). Open discussion with the representatives of parents, and with cultural, traditional and religious leaders, can help to ensure that the messages are communicated within a framework that accords with the best values from these traditions. The participation of these groups in the actual communication process may well be one of the best ways of ensuring that significant parties are all speaking with one voice, a factor that is crucial to the translation of programme messages into practice.

### **Methodology, Channels, and Communicators**

Education about HIV/AIDS and related areas is not an optional extra. It is a matter of life and death. Because of this it is vital that it secure the wholehearted engagement and commitment of learners and educators. Moreover, this commitment must be real and personally assimilated. It must engage the whole person, including but going beyond academic, intellectual knowledge to the spheres of action and behaviour. This makes this kind of education different from all others. In the field of education and communication it is a concrete example of the observation that life in a world with AIDS cannot be the same as life in a world without AIDS. With AIDS it can no longer be business as usual.

These considerations have a direct bearing on the methodologies and channels adopted for HIV preventive education programmes. It is crucial that these be interactive and participative. There should be no room for passive learning, and even less for rote learning and memorisation. This is one reason why it can be inappropriate to rely almost exclusively on incorporating elements from the programme into examination subjects as a way of monitoring whether they are being taught and learned. The enduring challenge to such an approach is the risk that the teaching and learning will focus on the examinable aspects, and that they will concentrate on getting much into the head, but comparatively little into the heart.

The challenges from HIV/AIDS are so all-encompassing that they call for an equally wide variety of prevention education approaches. As far as possible a number of these should be used simultaneously, with each approach reinforcing the messages that come from the others. Members of this family include such approaches as:

- formal classroom teaching-learning activities of a highly interactive nature;
- programmes for learners and/or educators provided by NGOs and other agencies;
- extra-curricular activities, programmes, and societies/clubs/circles/guilds falling within the normal framework of school activities;
- youth-oriented purpose-designed programmes within communities;
- broader community education activities;
- intensive short duration workshop-like activities;
- programmes organised by non-school bodies (sports, youth, social service, church, and other organisations).

Special mention must be made of approaches that capitalise on the power of the media and entertainment industries to reach and exert significant influence on large numbers. Probably the most sophisticated example of these is Soul City, the South African NGO which makes comprehensive use of television, radio and print presentations in a conscious effort to promote socially acceptable behaviour, in all that relates to HIV/AIDS as well as in other fields. The effectiveness of these multimedia campaigns appears to be greatest when they are combined with face-to-face communication, such as through peer education in small groups (Kiragu, 2001). Less sophisticated examples are street theatre and village drama presentations. If properly conceived and presented these can make a highly significant contribution to enhancing the knowledge, skills and positive attitudes of those who are less likely to

participate in more organised programmes. There is room also to learn from the Caribbean where “Caribbean popular music has been at the forefront of discourses on AIDS” (Howe, 2000, p. 88). Music, song and dance present rich potential as channels for HIV preventive education messages.

The fact that HIV/AIDS strikes at every part of a community and society points in the direction of making the most extensive possible use of the expertise available to communicate about it. Teachers have an obvious and important role, but to play this role they need to be assisted with training, resources and the support of dedicated HIV/AIDS educators and supervisors. Significant formers of opinion within society or communities are also important. These include not only civic, traditional, community and religious leaders, but also those with ‘personality’ status, such as politicians, entertainers, and sports stars. A comprehensive HIV prevention programme will also make room for inputs from, and interaction with, parents, professionals, those from the health and legal sciences areas, and those with an understanding of the devastating impacts that HIV/AIDS can make on individuals, families, social service provision, economies and countries.

Two other groups are critically important: peers and persons living with HIV/AIDS (PLAs). The involvement of peers is of the greatest importance in programmes for young people. Young people listen more readily to one another than to adults. They also ‘hear’ one another in a language and argot that adults do not use. The strength of peer influence is such that every effort should be made to capitalise on it for the purposes of HIV prevention. Ideally, the involvement of young people themselves in prevention education programmes would embrace two aspects. First, young people themselves should have a large say in the content of what is to be presented. Nobody knows their needs, aspirations and concerns better than they. Second, they should play an important role in the actual presentation of material, a point that is itself related to ensuring that presentations are interactive and participative.

Nobody has a more intimate knowledge of HIV/AIDS and understanding of what it can do than those who live with the disease. PLAs who have had the courage to speak openly about the disease have made significant contributions to efforts to halt the spread of HIV infection, expand understanding of the impacts of the disease, and make care and treatment more widely available. They have also helped to underline more sharply the injustice, discrimination and stigmatisation that silence and denial frequently cloak. Their involvement in HIV prevention education programmes can have the twofold benefit of transmitting a message from within the maelstrom of the disease and of purifying the venomous atmosphere of hostility, condemnation and stigma that poisons the lives of so many PLAs. In the latter sense, the participation of PLAs in programme design and provision would help, as it were, to ‘normalise’ their status and ensure their human rights.

### ***Speaking with One Voice***

In conclusion, it cannot be stressed too strongly that, if HIV preventive education programmes are to be effective, everybody should speak with one voice. There should be no conflicting messages. Conflict and lack of unanimity lead to confusion and lack of action.

The sexual transmission of HIV occurs through behaviour that takes place in very private circumstances. It is also behaviour that is deeply instinctual, giving physical expression as it does to what is probably the most basic and powerful of human energies. Advocacy to modify, shape or change that behaviour is not always welcome. However, it may be effective if the content of the messages is consistently the same. It stands a considerable chance of being ignored if conflicting messages are received. Thus, if one group advocates condom use while another group decries this as immoral, or if one group advocates abstinence while another group disparages this as impossible, the effect will be to leave individuals not

knowing what they should do. And in such circumstances the majority will continue to behave in the way they always did.

Senegal and Uganda have shown a better way forward. They agreed to sink differences by approving a common menu of approaches from which every group could choose whatever best fitted in with its philosophy and ideology, and agreeing to stay silent about approaches that caused misgiving or offence. In no case did any group belittle or condemn the approach adopted by others. This allowed government, civil society, traditional leaders, and faith organisations to convey non-conflicting messages, a fact that is believed to have made a very positive contribution to the success of these countries—Senegal in containing the spread of HIV, Uganda in rolling back prevalence rates.

In several counties people have become so confused about AIDS, where it originated, what causes it, how it can be prevented, that they have ceased to hear the messages that are being conveyed. In their suffering they are crying out for clarity and unanimity from their teachers and leaders. Every educator has a bounden duty to ensure that they are answered appropriately and that the answers are not in conflict with one another. The sufferings of people, the cry of the poor, and the future of much of the human race demand no less.

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