

What HIV/AIDS Can Do to Education, and What Education Can Do to HIV/AIDS

by

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Abstract

HIV/AIDS is conceptualised as having the potential to affect education through ten different mechanisms: reduction in demand, reduction in supply, reduction in availability of resources, adjustments in response to the special needs of a rapidly increasing number of orphans, adaptation to new interactions both within schools and between schools and communities, curriculum modification, altered roles that have to be adopted by teachers and the education system, the ways in which schools and the education system are organised, the planning and management of the system, and donor support for education.

Nevertheless, in the face of the epidemic, education can generate hope because of its potential to work at the three levels where AIDS-related interventions are needed:

1. while there is as yet no infection: by providing knowledge that will inform self-protection; fostering the development of a personally held, constructive value system; inculcating skills that will facilitate self-protection; promoting behaviour that will lower infection risks; and enhancing capacity to help others to protect themselves against risk;
2. when infection has occurred: by strengthening the ability to cope with personal and/or family infection; promoting care for those who are infected; helping young people stand up for the human rights that are threatened by their personal or family HIV/AIDS condition; and reducing stigma, silence, shame, discrimination;
3. when AIDS has brought death: by help in coping with grief and loss, in the reorganisation of life after the death of family members, and in the assertion of personal rights

In the longer term, and more generically, education plays a key role in establishing conditions that render the transmission of HIV/AIDS less likely—conditions such as poverty reduction, personal empowerment, gender equity. It also reduces vulnerability to a variety of factors, such as streetism, prostitution, or the dependence of women on men, which are a breeding ground for HIV infection.

In order to realise its potential in these areas, the formal education system must

1. do better what it is supposed to be doing in terms of access and real learning achievement;
2. integrate sexual health and HIV/AIDS education into the curriculum for all educational levels;
3. ensure that every school member is adequately equipped with the relevant life skills, and that adequate learning takes place in the fourth 'R', that is, relationships with oneself and with others;
4. manifest an improved human rights profile—in terms of its own procedures and actions and in terms of the curriculum;
5. extend its mission beyond the strictly academic to include more attention to counselling and care for its members, and to promoting care and compassion for people with HIV/AIDS.

Attending to these things implies that school in the future can no longer be school as traditionally known, that school in an AIDS-infected world cannot be the same as school in an AIDS-free world. The seriousness of the situation in Sub-Saharan Africa calls for the schools to be declared in a state of emergency because of AIDS, requiring emergency-type efforts, emergency-type responses. It calls for the HIV/AIDS crisis to be placed at the centre of each severely affected country's national education agenda.

What HIV/AIDS Can Do to Education, and What Education Can Do to HIV/AIDS

Introduction

The spread of HIV/AIDS in many of the countries of Sub-Saharan Africa has greatly exceeded the most pessimistic projections of a few years ago. At the end of 1998, 22.5 million people in our countries, including one million children, were living with HIV/AIDS (World Bank, 1999). If the 1998 infection rate repeated itself in 1999, the total number of people in Africa living with HIV/AIDS could now be close to 27 million. Across our countries, AIDS is taking a devastating toll in human suffering and death. It is disrupting social systems, exacerbating poverty, reducing productivity, wiping out hard-won human capacity, and reversing development gains. Notwithstanding the catastrophic effects that are already being experienced, the full consequences of the pandemic are still to be felt. The storm has been gathering for almost two decades. In many of our countries, it has yet to break with full force.

Some insight into what this apocalyptic scenario means for a social sector can be gleaned from an examination of the potential multiple effects of HIV/AIDS on education, with special attention to the formal school system. But equally, we can gain the insight that through education there is hope of stemming the apparently inexorable advance of the epidemic and of coping with its casualties. This paper sets out to examine these two aspects, what HIV/AIDS can do to education and what education can do to HIV/AIDS.

The Impact HIV/AIDS Can Make on Education

Analytic Framework¹

When a person is infected with HIV, the immune system breaks down, leaving the individual exposed to the hazards of a multitude of opportunistic illnesses. In the absence of preventive measures, the education system in a country that is as seriously HIV-infected as many of those in Sub-Saharan Africa is also in danger of breaking down and being prey to myriad opportunistic problems. Our first task is to present an analytic framework, with a limited number of examples from Zambia, that will help us grasp the multitudinous potential impacts of HIV/AIDS on the education system of a severely affected country. It is only when civil and public society come to grips with the fact that these are real possibilities, indeed that many are already wreaking havoc, that appropriate action will be taken to control the situation.

Essentially, HIV/AIDS can be conceptualised as affecting education through ten different mechanisms (Box 1). Each of these is developed briefly and is accompanied by an illustrative example or experience from Zambia.

¹This section owes much to Shaeffer (1994).

Box 1: What HIV/AIDS Can Do to Education

HIV/AIDS has the potential to

- ➔ affect the demand for education
- ➔ affect the supply of education
- ➔ affect the availability of resources for education
- ➔ affect the potential clientele for education
- ➔ affect the process of education
- ➔ affect the content of education
- ➔ affect the role of education
- ➔ affect the organisation of schools
- ➔ affect the planning and management of the education system
- ➔ affect donor support for education

1. HIV/AIDS affects the demand for education because of

- fewer children to educate;
- fewer children wanting to be educated;
- fewer children able to afford education;
- fewer children able to complete their schooling.

Thus, by 2010 Zambia's population of primary school age is expected to be about three-quarters of a million less than it would have been without AIDS. Currently, enrolment rates are stagnant, actual enrolments show some decline, and an increasing number of children do not complete primary school. Poverty is a major factor in this, but so also is AIDS and the way it has aggravated, and been aggravated by, that poverty.

2. HIV/AIDS affects the supply of education because of

- the loss through mortality of trained teachers;
- the reduced productivity of sick teachers;
- the reduction in the system's ability to match supply with demand because of the loss, through mortality or sickness, of education officers, inspectors, finance officers, building officers, planning officers, management personnel;
- the closure of classes or schools because of population decline in catchment areas and the consequent decline in enrolments.

In Zambia, the mortality rate for the 15–49 year-old age group is 23 per thousand; for teachers in 1998 it was 70 percent higher, at 39 per thousand. Communities complain about the loss of teaching time due to the prolonged illness of teachers. Although schools in rural areas must make do with untrained teachers, it is necessary to post disproportionate numbers of qualified personnel to urban schools because of their need to be close to a medical facility.

3. HIV/AIDS affects the availability of resources for education because of

- the reduced availability of private resources, owing to AIDS-related reductions in family incomes and/or the diversion of family resources to medical care;
- reduced public funds for the system, owing to the AIDS-related decline in national income and pre-emptive allocations to health and AIDS-related interventions;
- the funds that are tied down by salaries for sick but inactive teachers;

- reduced community ability to contribute labour for school developments because of AIDS-related debilitation and/or increasing claims on time and work capacity because of loss of active community members.

In Zambia, the education sector is carrying an unknown but large number of non-productive persons—teachers who are too ill to teach, but who must remain on the payroll. Meanwhile, reports from communities tell of many being so weakened through poverty, hunger and sickness that they are unable to participate in self-help activities in schools.

4. HIV/AIDS affects the potential clientele for education because of

- the rapid growth in the number of orphans;
- the massive strain which the orphans phenomenon is placing on the extended family and the public welfare services;
- the need for children who are heading households, orphans, the poor, girls, and street children to undertake income-generating activities.

It is estimated that one-third of the Zambian children below age 15 have lost a mother or father or both. A standard coping strategy when there is parental death is to take some or all of the offspring out of school, largely because of the difficulty the surviving family experiences in meeting school costs. In addition, more than 130,000 households (out of a total of 1,905,000) are headed by children, that is, by a girl or boy aged 14 or less.

5. HIV/AIDS affects the process of education because of

- the new social interactions that arise from the presence of AIDS-affected individuals in schools;
- community views of teachers as those who have brought the sickness into their midst;
- the erratic school attendance of pupils from AIDS-affected families;
- the erratic teaching activities of teachers, who are personally infected, or whose immediate families are infected, by the disease;
- the increased risk that young girls experience of sexual harassment because they are regarded as ‘safe’ and free from HIV infection.

Some rural communities in Zambia have shown an aggressive hostility to teachers whom they blame for introducing and spreading HIV/AIDS among their members. There is at least one report of AIDS wiping out almost an entire community, with a teacher (since dead) being named as the source of the disease.

6. HIV/AIDS affects the content of education because of

- the need to incorporate HIV/AIDS education into the curriculum, with a view to imparting the knowledge, attitudes and skills that may help to promote safer sexual behaviour;
- the need to develop life-skills which equip pupils for positive social behaviour and for coping with negative social pressures;
- the need for earlier inclusion in the curriculum of work-related training and skills, so as to prepare those compelled to leave school early (because of orphanhood or other reasons) to care for themselves, their siblings, their families.

Zambia's official policy states that “recognising the importance of education and the formation of attitudes in relation to HIV/AIDS, the Ministry (of Education) will ensure

close attention to this matter through health education programme(s), the development of life-skills, ... sexuality and personal relationships programmes, and the activities of Anti-AIDS clubs” (MOE, 1996, p. 77).

7. HIV/AIDS affects the role of education because of

- new counselling roles that teachers and the system must adopt;
- the need for a new image of the school as a centre for the dissemination of messages about HIV/AIDS to its own pupils and staff, to the entire education community, and to the community it serves;
- the need for the school to be envisaged as a multi-purpose development and welfare institution, delivering more than formal school education as traditionally understood.

The Zambian education policy endorses the role of the school as a health-affirming and health-promoting institution for all pupils and, through them, for the community from which the pupils come and for the families which they will eventually establish. It also undertakes that it will introduce HIV/AIDS counselling for teachers and other education personnel.

8. HIV/AIDS affects the organisation of schools because of the need to

- adopt a flexible timetable or calendar that will be more responsive to the income-generating burdens that many pupils must shoulder;
- provide for schools that are closer to children's homes;
- provide for orphans and children from infected families, for whom normal school attendance is impossible, by bringing the school out to them instead of requiring them to come in to some central location;
- examine assumptions about schooling, such as the age at which children should commence, the desirability of making boarding provision for girls, the advisability of bringing together large numbers of young people in relatively high-risk circumstances.

The problems experienced by orphans in attending normal schools have given a strong impetus to the development of community schools, which operate on a more flexible timetable and which can be more accommodating to the special needs of orphans, street children and those whom AIDS-related causes have induced to abandon the normal school system.

9. HIV/AIDS affects the planning and management of the education system because of

- the imperative of managing the system for the prevention of HIV transmission;
- the loss through mortality and sickness of various education officials charged with responsibility for planning, implementing, and managing policies, programmes and projects;
- the need for all capacity-building and human resource planning to provide for (a) potential personnel losses, (b) developing new approaches, knowledge, skills and attitudes that will enable the system to cope with the epidemic's impacts and will monitor how it is doing so, and (c) establishing intra-sectoral epidemic-related information systems;
- the need for more accountable and cost-effective financial management at all levels in response to reduced national, community and private resources for education;

- the need for sensitive care in dealing with personnel and the human rights issues of AIDS-affected employees and their dependants.

The capacity of the education ministry's professional and administrative units, at national and sub-national levels, has been severely eroded in recent years. The Ministry has indicated that the general aim for its workforce is to prevent HIV infection and to help those already infected to live positively.

10. HIV/AIDS affects donor support for education because of

- donors' concern to promote capacity-building and develop a self-sustaining system, both of which are inhibited by the widespread incidence of HIV/AIDS;
- donors' concern lest the effectiveness of their inputs be undermined by the impacts of the epidemic;
- donor uncertainty about supporting extended training abroad for persons from heavily infected countries.

In a positive vein, the World Bank has recommended that assistance to capacity building be specially directed to the countries most severely affected by AIDS (World Bank, n.d., p. 21). Negatively, those wishing to participate in training programmes in some industrialised countries may be required to undergo a medical examination. In certain cases, this has resulted in apparently healthy individuals being debarred from entering the country in question.

The Apparent Power of HIV/AIDS to Undermine Education

The examples that have been brought forward are merely illustrative. In some areas the evidence is not yet rigorously based, and some is anecdotal. Doubtless, other severely affected countries can amplify the picture, regrettably confirming what we have delineated here. Likewise, as more focused qualitative and quantitative studies are conducted, ever more of these effects will surely be detected. But what we have considered is sufficient to show that HIV/AIDS is creating a host of problems that threaten to overwhelm the very fabric and structure of educational organisation, management and provision as we have known it. The crucial questions are, what to do about it all, how to stem the tide. The second part of this paper deals with these issues.

The Impact Education Can Make on HIV/AIDS

In the absence of curative drugs and prophylactic vaccines, the only way currently available for dealing on a large scale with HIV/AIDS is through developing appropriate standards of behaviour, with information being translated into behaviours that promote a healthy state of mind, body and spirit (Siame, 1998). In this and in other AIDS-related areas, education can be a powerful ally.

Education Generates Hope

In the 14th century, at the time of the Black Death in Europe—another period when it seemed that an incurable sickness was set to wipe out much of humanity's achievement—a popular allegory personified death as a devouring monster, consuming every living creature. But as it did so it consumed an individual who possessed within the principle of indestructible life. Thinking it was making its greatest conquest, death swallowed up this individual, only to find that it had swallowed the one poison that could destroy it. The result was a progressive weakening and the ultimate destruction of death's lethal power.

In our current situation, death is HIV infection and AIDS. The individual with the principle of indestructible life is education. As the first part of this paper has shown, HIV/AIDS appears to be in the ascendancy and to have virtually overcome education, swamping it with a wide range of problems. But education is indestructible. It is buoyant. It is resilient. It will not be put down. The picture and prospects are so grim that they seem to undercut hope, but education stubbornly refuses to give way in the face of so much tragedy and suffering.. It has the extraordinary ability to forestall tragedy and to help its clients begin again after being touched by tragedy. Education shows that there is hope. At the opening of the Eleventh ICASA Conference in Lusaka on 12th September this year, an 8-year-old girl, Tsepo Sitali, addressed the participants. She said:

As you talk about the problems of HIV/AIDS, think about us, the children. ...We are trying to reach you, trying to tell you something, to draw your attention to how we feel...We have our dreams... We ask you to help us realise these dreams. The name Tsepo in my language means hope. When we do meet again, perhaps soon, I hope you will bring good news that there is hope, hope for us little children of Africa (<http://www.hivnet.ch.8000/africa/af-aids>).

Our response from this Education For All Conference should surely be: “Yes, Tsepo, there *is* hope, and that hope lies in education.” The long, arduous and costly search for a HIV vaccine must continue, but in the meantime every one of our communities is equipped with a structure that can boost society's immune system, the structure of education which is not being exploited to the full. By the very fact of sending a child to school, parents expect the school to work the wonder of transforming the young person from being a child into being an adult. Equally the schools, and the entire education sector, can work the wonder of reducing the spread of HIV/AIDS, transforming young people into individuals who are temperamentally immune against infection. The vaccine may still be a long way down the line; but to Tsepo and all young people we can say that through education we can immunise them, we can equip them intellectually, affectively, morally, so that they can make sound decisions, deal with pressures, keep themselves free of HIV infection, and extend compassion, solidarity, and care to all who are affected by the disease.

Why Work with Young People is of Such Special Importance

At the outset, it can help to remind ourselves of the many reasons for taking special steps to stand by our young people, whether in or out of school, whether in the formal school system or in other types of educational undertaking:

1. They are very numerous—the school-age population of more than 230 million accounts for over 30% of the people in Sub-Saharan Africa.
2. They are very vulnerable to HIV/AIDS—UNAIDS estimates that in 1998 alone, 590,000 children under the age of 15 became infected, while by the end of that year one-third of the 33 million people in the world living with HIV were young people aged 15–24 (UNAIDS, 1999a).
3. They are crying out for help as they suffer from the experience of HIV/AIDS, some in their own persons, many in their families and among their friends, many as orphans.
4. They are young, idealistic, optimistic, hopeful. They want to make a world for themselves and they want that world to be a better place than that which they have inherited from us. At the Lusaka ICASA Conference, the message from adolescents was: “If you adults want to crawl, then crawl; if you want to walk, then walk; if you want to run, then run. But for heaven's sake don't stop us young people from moving on” (Session 14/B/T1).
5. They are at a period of sexual awakening, learning and experimentation, and need extensive help and support in making constructive use of their new-found powers.

6. Most important, they are the window of hope for the future—even though some may already be HIV-infected, the overwhelming majority are not. The general picture is that in heavily infected countries, the individuals most likely to be HIV-free are those in the 5–14 year age group, that is, those who should normally be in primary school. This is where hope for the future really lies. The challenge that formal and non-formal educational provision faces is to work with these disease-free children to enable them remain so.

Reaching out to Youth through Formal and Non-Formal Education

The concern is with both formal and non-formal education. Many of the better-documented programmes and interventions, especially those that rely on peer education and peer counselling, are in the latter category. Work outside the formal school setting, with various youth, club and religious groups, can be especially productive because participants take part freely, without any coercion. Their interest and commitment are reasonably well assured from the outset, though the fact that they are self-selected could mean that successes may not be generalised without further ado to other groups.

The self-selection factor could also mean that the positive outcomes of anti-AIDS clubs and similar groups in schools might not extend beyond the actual membership, though in this case the participants may experience rather more pressure from their peers and from the school authorities to take part in such activities.

But the greatest potential is in an AIDS education programme that is integrated into the curriculum of the formal school system. Undoubtedly, this faces the challenge that many students, being part of a captive audience, may regard it as just another school subject. But despite this challenge, there is the great merit that in principle every child between the ages of seven and fourteen attends, or is meant to attend, school. This sets the school system apart as a social structure with virtually limitless potential in the struggle against HIV/AIDS, because the formal school system is unique in that it can reach every young person. If AIDS is to be conquered, every young person must be reached.

The fact that the formal school system must deal with a captive audience highlights the need to make sure that content and methods of presentation, as well as audience involvement, are first rate so that whatever their age students will feel personally engaged in the material, internalising it in a way that will affect their subsequent behaviour. What is needed is knowledge that will inform behaviour in the right direction. AIDS awareness among young people is generally quite high, but the quality of knowledge is not always such that it can motivate. What is needed is to engage the student's affectivity, thereby contributing to the development of a set of personally held principles and guidelines that will help the student make the right choices.

What Education Can Do

In the short and medium term, and very specifically, education can impact on the disease and its consequences through its potential to work at the three levels where AIDS-related interventions are needed (Box 2):

1. First, and in certain respects, the most important, *while as yet there is no infection*, education can work to reduce its likelihood by developing values and attitudes that say yes to life and no to premature, casual or socially unacceptable sex and sexual experimentation. This it can do by providing information and inculcating skills that will help self-protection, promoting behaviour that will strengthen the young person's capacity to prevent personal disaster, enhancing

- capacity to draw others back from the brink, and reducing the stigma, silence, shame, and discrimination so often associated with the disease.
2. Second, *when infection has occurred*, education can strengthen the capacity of those who experience AIDS, whether in themselves or in their families, to cope with the problem. It can show care for the infected student (or teacher), promote care and attention for infected family members, speak out on behalf of the threatened human rights of an infected pupil, teacher or family member.
 3. Third, *when AIDS has brought death*, education can assist the student or teacher in coping with grief and loss. It can help in the reorganisation of life in the aftermath. It can help the affected individual contend with loss of a cherished relative, with orphanhood, with possible ostracism, with economic disarray, with the need to forge a totally new future after the death of a salient family member. It can give support in the assertion of personal rights.

Box 2: What Education Can Do to HIV/AIDS

In the short and medium term:

while as yet there is no infection, education has the potential to

- provide *knowledge* that will inform self-protection
- foster the development of a personally held, constructive *value system*
- inculcate *skills* that will facilitate self-protection
- promote *behaviour* that will lower infection risks
- enhance *capacity to help others* to protect themselves against risk

when infection has occurred, education has the potential to

- strengthen the ability to cope with personal infection
- strengthen capacity to cope with family infection
- promote caring for those who are infected
- help young people stand up for the human rights that are threatened by their personal or family HIV/AIDS condition
- reduce stigma, silence, shame, discrimination

when AIDS has brought death, education has the potential to

- assist in coping with grief and loss
- help in the reorganisation of life after the death of family members
- support the assertion of personal rights

In the long term, education has the potential to

- alleviate conditions, such as poverty, ignorance, gender discrimination that facilitate the spread of HIV/AIDS
- reduce vulnerability to the risk situations of prostitution, streetism, dependence of women on men.

In the longer term, and more generically, education plays a key role in establishing conditions that render the transmission of HIV/AIDS less likely—conditions

such as poverty reduction, personal empowerment, gender equity. It also reduces vulnerability to a variety of factors, such as streetism, prostitution, or the dependence of women on men, which are a breeding ground for HIV infection.

The Correlation between HIV Infection and Level of Education

Before developing some ideas on the potential role of education in combating HIV infection and the impact of AIDS, it is necessary to face up to one troublesome issue, namely, the positive correlation that regularly appears between HIV infection and level of education. The probability of having a non-regular sexual partner, and hence the risk of contracting STDs and HIV, rises with the level of education (Filmer, 1998; Ainsworth & Semali, 1998). An early Zambian study found a strong linear relationship between level of education and HIV infection—the percentage of infected persons in a hospital population rose monotonically with the level of education. This could be occurring because higher levels of education are associated with higher income and greater mobility, factors that can contribute to greater sexual promiscuity. It could be because those who are in an education system establish transient relationships to compensate for the almost necessary deferment of a stable partnership in marriage. It could be because schooling has engendered a more liberal set of values, freeing the individual from inhibitions and restrictions transmitted through family and community systems.

But even in this regard there are signs of hope. Very recent evidence from Zambia shows a substantial decline in HIV prevalence among younger people in both urban and rural areas (Fylkesnes & others, 1999). In Lusaka, HIV prevalence in the 15–19 year-old age group fell over the past five years from 28 to 15 percent, while in a rural area it fell from ten to five percent. A consistent finding, restricted to urban areas, was a marked decline in prevalence rates among 15–19 year-olds with medium or higher educational backgrounds. On the negative side, the trend was for HIV prevalence to increase amongst young people at lower educational levels. This suggests that the correlation between HIV infection and level of education is no longer linear as in the past. It also suggests that education may be realising its expected impact of reducing transmission, though so far the effect is limited to medium and higher levels, and is not yet seen to be operative at the primary level.

How Education Can Modify the Transmission and Impact of HIV/AIDS

If it is to reduce the likelihood of HIV transmission, strengthen the capacity of infected and affected individuals to cope with their situation, and support bereaved and disoriented school members and their families, the formal education system needs to do certain things. It should

1. do better what it is supposed to be doing in terms of access and real learning achievement;
2. integrate sexual health and HIV/AIDS education into the curriculum for all educational levels;
3. ensure that every school member is adequately equipped with the relevant life skills, and that adequate learning takes place in the fourth 'R', that is, relationships with oneself and with others;
4. manifest an improved human rights profile—in terms of its own procedures and actions and in terms of the curriculum;
5. extend its mission beyond the strictly academic to include more attention to counselling and care for its members, and to promoting care and compassion for people with HIV/AIDS.

(1) Ensure Access and that Real and Relevant Learning Occurs

This Conference is concerned with the way in which countries have adopted in practice the World Declaration on Education For All. Two of the fundamental articles of this Declaration are particularly relevant in the context of the encounter between education: and HIV/AIDS:

1. Every person shall be able to benefit from educational opportunities designed to meet their basic learning needs (Art. 1).
2. Whether or not expanded educational opportunities will translate into meaningful development ... depends ultimately on whether people actually learn as a result of those opportunities, i.e., whether they incorporate useful knowledge, reasoning ability, skills, and values (Art. 4).

Education in the sense of schooling can do nothing to reduce the transmission and impact of HIV/AIDS for children who, for whatever reason, are denied access to school. It can work only with children who attend school. Hence the AIDS epidemic underscores the crucial importance of universalising access to primary school. It also underlines the tragedy of Africa where, in 1995, an estimated 40 percent of children were not enrolled in school and where, on present trends, the number of children not attending school seems set to increase dramatically in the coming years (Oxfam, 1999).

Second, attention to real learning achievement is necessary on two grounds. First, as the World Declaration states, if there is no real and worthwhile learning, then no meaningful development occurs. No matter how well attended, the schools will not contribute as they should to poverty reduction, personal empowerment, gender equity. Neither will they promote the knowledge and understanding which are fundamental to the reduction of HIV transmission. Those leaving school will remain a prey to the poverty trap which will see many of them being sucked into prostitution, streetism, gender subordination, and other ways of life that will increase their risk of HIV infection. They will also remain much weaker than they should be in the face of HIV risks. Second, if there is real learning achievement then it becomes more likely that school messages about HIV will be taken on board, that learners will incorporate the “useful knowledge, reasoning ability, skills, and values” that will contribute to their protection against HIV/AIDS.

(2) Integrate HIV/AIDS and Sexual Education into the School Curriculum

Good quality sexual health and HIV/AIDS education is needed in order to equip young people with the information which they rarely get from their parents or senior family members, which they no longer get from traditional training such as is customarily provided at the time of initiation, which they frequently pick up haphazardly from peers and books, and which they sometimes augment by high-risk experimentation. This education should go beyond the biological facts to include many aspects of behaviour and ultimately of attitudes and values.

It is nothing new that a school should seek to influence behaviour and inculcate values. That it should do so is regarded as part of its traditional role. It consciously seeks to influence students through its curriculum and through the values that the curriculum embodies. We need to have a clearer perception of “education as being the process of identifying the valuable, opening it to others and, yes, inculcating it into them” (Greenfield, 1991, p.194). This view is reinforced by the modern approach to the school as an organisation. Contemporary theory recognises that organisations, from the simplest village school to the most complex multinational, are built on marshalling people around values, those learned concepts of the desirable which have motivating force and which serve as criteria against which we appraise and evaluate actions (Beare, Caldwell &

Millikan, 1989). Through its sexual health and HIV/AIDS programmes, the school should also seek to help each student to develop a personally held value system which will empower the young person to make correct and safe choices, while at school and throughout life.

Incorporating these areas is also integral to the universal right to education. Article 26 of the United Nations Declaration on Human Rights proclaims the right to an education that is directed to the full development of the human personality. Since HIV infection inhibits the possibility of such full development, the right to education includes the right to the knowledge and skills needed for HIV prevention. Such a right can only be exercised if the school curriculum deals effectively with sexual health and HIV/AIDS prevention and care. The Jomtien Declaration defined the basic learning needs, which should be met for every person, as including the content required by human beings in order to survive (Art 1). In our AIDS-scarred world, sexual health and HIV/AIDS education are a prerequisite for individual and community survival.

Fears are sometimes expressed that integrating reproductive health and HIV/AIDS education into the school curriculum will increase sexual activity among youth, thereby potentially aggravating rather than alleviating the problem. On the basis of what has been investigated, these fears appear to be unfounded. In a comprehensive literature review, UNAIDS found that

of 53 studies that evaluated specific interventions, 27 reported that HIV/AIDS and sexual health education neither increased nor decreased sexual activity and attendant rates of pregnancy and STDs. Twenty two reported that HIV and/or sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and STD rates. Only three studies found increases in sexual behaviour associated with sexual health education (UNAIDS, 1997, p. 5).

The UNAIDS study concludes that there is little evidence to support the contention that sexual health and HIV education promote promiscuity.

The review also reported study findings that

- responsible and safe behaviour can be learned;
- sexual education is more effective when it occurs before puberty;
- effective programmes encourage openness in communicating about sex;
- programmes need to be sensitive to the different requirements of boys and girls, but in all cases they should take account of the social context in which sexual behaviour takes place and of the personal and social consequences of such behaviour;
- effective programmes equip young people with skills to interpret the conflicting messages that come from adult role models, television, other media and advertisements (UNAIDS, 1997, p.27).

It should be noted, however, that the studies in question were evaluations of school-based programmes in industrialised countries, principally in the United States. Little more than anecdotal evidence is available to show that reproductive health education leads to delayed sexual activity and safer sex in developing countries. There is urgent need for more rigorous evaluations of such programmes in African settings, research that might well commence in countries such as Uganda which have adopted a forthright and quite explicit approach to integrating HIV/AIDS and sexual education into the school curriculum.

(3) Promote the Development of Life Skills

Quite apart from the HIV/AIDS epidemic, schools have a responsibility to help students develop skills which equip them for positive social behaviour and for coping with negative pressures. The Zambian Ministry of Education sees a core set of these life-skills as including “decision-making, problem-solving, creative thinking, critical thinking, effective communication, interpersonal relationships, self-awareness, stress and anxiety management, coping with pressures, self-esteem, and confidence” (MOE, 1996, p. 43). The Ministry also calls for the investment of time and resources in the fourth ‘R’, that is, seriously conducted human relations education and the development of interpersonal skills that will lead to a better understanding of oneself and of others (*ibid.*, p. 56). Promoting these skills is the responsibility of all who are concerned with the education of youth. It is doubly so because of the HIV/AIDS crisis.

The UNAIDS review of research highlighted the importance of the skill of interpreting the conflicting messages that come from adult role models, television, other media and advertisements. Society creates an almost impossible task for young people, expecting them to behave in a certain way but confronting them with social norms, expectations and role models that point in a very different direction. The young are expected to know how to protect themselves, but information about sex has to be acquired furtively and almost by osmosis, while sexual behaviour is kept under wraps. At the same time, masculinity tends to be associated with extensive sexual knowledge and practice, femininity with naïveté and inexperience. The models placed incessantly before the young through advertisements, in the media, and through the entertainment industry glorify the physical aspects of sex, but say little about the arduous task of building enduring human relationships which support and are supported by sexual practice. A critical life-skill that schools should seek to develop in today's young people is the ability to interpret and challenge these and other social norms that put pressure on them to run their lives on the pleasure principle and to experiment with sex, with the attendant increase in the risk of HIV infection.

(4) Establish a Vigorous Human Rights Approach

Human rights and HIV/AIDS are intimately connected. “An environment in which human rights are respected ensures that vulnerability to HIV/AIDS is reduced, those infected with and affected by HIV/AIDS live a life of dignity without discrimination, and the personal and societal impact of HIV infection is alleviated” (UNAIDS, 1998, page 5). It is all too easy for educational institutions to fall into the trap of denying access to students infected or affected by HIV, whether because of their HIV status, because of pressure from the parents of non-infected students, or because their HIV status makes it difficult for the students in question to meet attendance requirements or pay educational costs. It is tempting for the institutions to restrict the participation of infected students in certain curricular and extra-curricular activities. As noted earlier in this paper, schools and the entire educational system need to be constantly on the alert to ensure that the care, employment, privacy, and other rights of infected teachers and education employees are not violated.

Provisions for dealing with the many-faceted aspects of human rights and education need to be developed and implemented by education ministries and teaching and research institutions. At the school level, social science and other disciplines that deal with human rights need to extend their treatment to HIV/AIDS applications, such as the right to marry and found a family, the right to privacy, the right to work, the right to expression and information, and the right to the highest attainable standard of physical and mental health (UNAIDS, 1998, pp. 40–51).

Part of the schools' human rights programme should surely be to bring HIV and AIDS out into the open, to contribute to breaking the silence, the secrecy, the stigma, the shame that are associated with AIDS. The Executive Director of UNAIDS reminded the Lusaka ICASA Conference that

stigma remains our most significant challenge in AIDS. It make prevention through education very difficult. ... (It) undermines the political support we know is so necessary. Therefore eliminating stigma must be central in the response to AIDS. It is a key way to break the silence and move the response forward (Dr. Peter Piot, Address at Opening Ceremony, Eleventh ICASA Conference, Lusaka, 12th September, 1999).

AIDS in itself is a calamity for an individual, a family, a community. It does not need the inhuman response of aggravating it through stigma, silence and shame. Through its sexual health and HIV/AIDS programmes, through equal treatment for all its members, through vigorous action against petty hole-in-the-corner teasing and bullying of those infected or affected by the disease, through arranging for people living with AIDS to address the school community, through role-playing and drama presentations that bring HIV/AIDS out into the open, through consistent manifestation that it is ashamed of the shame itself, the school can counter the silence and reduce the stigma and discrimination surrounding HIV/AIDS. By doing so, it moves the response forward.

(5) Increase the Attention Given to Care, Counselling and Compassion

AIDS has greatly increased the number of orphaned school pupils, the number who are living in households containing an infected member, the number who have lost or may shortly lose a grandparent or other close family member, and the number who have had to change home and possibly school because of various AIDS effects. Tragically, it has also increased the number of school pupils who are themselves infected by AIDS—in 1995, a newspaper report stated that out of 63 secondary school pupils who donated blood in a Zambian hospital, only 11 were not HIV infected (Times of Zambia, 21st July, 1995). Situations such as these point to the urgent need that school children have for more guidance, counselling and psychological support. Referring back once again to Article 26 of the United Nations Declaration on Human Rights, the full development of the human personality of these young people requires that they be provided with the special counselling and psychological support they need so badly in this situation. This, in turn, requires that the school extend its mission beyond the strictly academic to include more attention to counselling and care for its members.

Important life-skills in the HIV/AIDS area include showing compassion and solidarity towards infected individuals; and caring for people with AIDS in the family and community (UNAIDS, 1999b, p. 18). As a significant and ubiquitous social service provider the school cannot remain aloof from the tragedies that affect families, and possibly some of its own members, in the community it serves. Instead, it can translate its health and hygiene studies programmes into action by training in home-based care for children from all families; it can modify its social studies and works programmes to include activities in support of affected families; it can extend its religious education programmes to the practical and universal manifestation of the human compassion and concern that are at the heart of all true religion.

Put HIV/AIDS at the Centre of the National Education Agenda

All of the foregoing may sound as if we are greatly extending the school curriculum and throwing the whole system topsy-turvy, so that it is no longer school as we have traditionally known it. This is a correct impression. The world with AIDS is not the

same as the world without AIDS. The school in an AIDS-infected world cannot be the same as the school in an AIDS-free world. Quoting once again from Dr. Piot's opening address to the Lusaka ICASA Conference, "the time is now to declare AIDS in Africa a state of emergency, requiring emergency-type efforts and emergency-type resources". The time is now to declare our schools in Africa in a state of emergency because of AIDS, requiring emergency-type efforts, emergency-type responses. The time is now to put the HIV/AIDS crisis at the centre of our national education agendas.

Taking the proposed and other measures may help to stem the advance of the infection, may help to make infection more bearable, may help to make the impact of the infection more manageable. Refusing to take this or comparable action means burying our heads in the sand, hoping that somehow the storm will pass. But it will not pass. In fact, it is worse than anticipated, and unless we take appropriate measures it will get even worse again. What then will our response be to little Tsepo Sitali and the millions of other African children who are looking to us to give them hope—"when we do meet again, perhaps soon, I hope you will bring good news that there is hope, hope for us little children of Africa"? That hope is education, education that responds imaginatively to the crisis and not necessarily education as we have known it. Let us commit ourselves to the necessary changes and transformations. Let us put HIV/AIDS right there at the centre of the national education agenda. Let us bring hope to the children of Africa and the world.

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