The Potential Contribution of Schooling to Rolling Back HIV and AIDS[i]

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Abstract: Increasing the salience of schooling in countering the AIDS epidemic suggests the need to confront many of the challenges posed by current education and school systems. The author considers these and proposes the ideal of schools that have been transformed into multipurpose development and welfare institutions that cater, among other things, for both formal and non-formal educational provision. Although this poses many challenges, it can be accomplished through a willingness to think differently, a thorough re-examination of the meaning and purpose of education in a world with HIV and AIDS, the establishment of effective partnerships, and the dynamic involvement of communities.

TEXT

The Heart of the HIV and AIDS Education Issue
Education is integral to overcoming HIV and AIDS. An Africa free of the epidemic will not come into being without the full involvement of education and the school system. Moreover, any weakening of the education system is by that very fact a weakening of a key institution in society's struggle with HIV and AIDS. Success in rolling back the epidemic and its impacts is heavily dependent on an acceptance of these understandings and their translation into practice.

Three misunderstandings lie at the interface between education and the AIDS epidemic. First, the potential of education to play a significant role in reducing HIV transmission is not well recognized. Although broad international policy and advocacy documents are giving increasing attention to the importance of education in the struggle with the AIDS epidemic, this is not yet something that features strongly in national anti-AIDS plans or strategies.

Second, the belief is widespread that if it is to help in reducing HIV transmission, education must do something different, such as include HIV and sexuality education in the curriculum. It is not recognized that the best antidote to the disease that education or schooling can provide is to do more of what it is doing already and to do it better. Doing something different, such as providing sexual and reproductive health education, would undoubtedly help to strengthen education's anti-HIV impact, and clearly, in a society infected with HIV and AIDS, the school curriculum at all levels should deal with the disease and its prevention. Such a strategy would enhance the already considerable potential of schooling to roll back the epidemic. But the first lines of response remain

more schooling and better schooling. Schooling in itself is an effective way of responding to HIV and AIDS.

Third, the power of HIV and AIDS to undermine education is not clearly recognized. The education sector consists of so many individuals—learners, teachers, managers, support staff—that it is singularly vulnerable to the disease and its impacts, but policies and practices that take account of this vulnerability are developing only slowly.

The Problems of Schooling
It has always been incumbent on educators to keep the institution of schooling under review so as to ensure that it responds dynamically to the current needs of individuals and society. HIV and AIDS enhance this responsibility, making it necessary to look closely at the way the institutions of education are responding to needs and expectations. A candid scrutiny reveals many shortcomings in schooling as it exists in several countries today:

1. There is not enough of it. It does not reach everybody. It reaches most learners too late. It reaches them for too short a time. It reaches them in doubtful quality that does not ensure real learning, the development of thinking and problem-solving interests or abilities, or skills in the use of knowledge and learning.
2. For the majority, it leads nowhere. For the few who might be considered lucky, it leads to further academic education. For quite a small minority it leads to improved employment prospects.
3. It is largely academic and bookish, and divorced from the realities and major concerns of life, home and community. It gives most of its attention to intellectual matters, much less to dealing with emotions and feelings (psychological development and needs), to promoting the development of skills (personal, interpersonal, practical), and to forming values and attitudes.
4. Its major concern is with communicating a fixed body of accepted knowledge and understanding—hence it pays much attention to the learning (and memorising) of facts. It is much less concerned with exploring the immediate and personal environment of learners, identifying jointly with them the real-life problems that they confront, and involving them in finding possible ways of dealing with these problems.
5. Its dominant communication and teaching methods tend to be inflexible, unimaginative, formal, and didactic.
6. It is provided mostly by teachers whose work is not adequately appreciated or remunerated by society and many of whom are themselves not well educated.
7. It is almost completely separated from the daily concerns of families and communities, and touches only superficially and in a bookish way on the various work arenas of life (farm, factory, commerce, business, family and small enterprises, etc.).
8. It does little to take account of the real economic situation of the majority of its learners. It does not open up any economic opportunities to them and in general does not provide them with skills that they can put to immediate economic use.
9. Even though it may charge no fees, and in that sense be free, schooling remains inaccessible to many children from poor families or those affected by HIV and

AIDS that cannot afford to forego the child's work in the home surroundings or the potential financial contribution of the child's labour.

10. Although in principle schooling is available on an equal footing for boys and girls, in practice it enshrines major gender differences. In a few countries, participation levels of girls are higher than those of boys, but in the majority of education systems there are more boys than girls; more boys than girls proceed to the higher levels; and more boys than girls have access to post-school education, training and employment opportunities. The de facto situation in several countries is that girls participate in a system that is designed for boys.

11. While it helps many young people to develop sporting interests and skills, schooling seldom makes provision for their recreational or activity needs at weekends and during lengthy school vacations.

12. Schooling as practised tends to make everything school-based, belonging to the different and somewhat artificial world of school, so that there is little carry-over into the concerns and affairs of daily life.

13. Schooling creates a separation between those with school education and those denied the opportunity to attend school, often leading to the latter being cast in a subordinate, second-rate role.

What is Needed

HIV and AIDS make it more difficult, but also more urgent, to respond to these problems. If they are to achieve their full potential in countering HIV and AIDS, the education sector and the system of schooling must respond to each one of them. In addition, in the face of HIV and AIDS, good education will only be possible by creative responses to the numerous challenges implied in the current models of educational provision. As a basis for such responses there is need for:

1. A clearer vision of the purposes and functions of schooling, in all circumstances but especially in the circumstances of HIV and AIDS.

2. Good quality formal schooling available for every child so that there is no longer need for alternative forms or special provisions (such as community schools or interactive radio programmes for orphans or other children at risk).

3. Mechanisms that will compensate families in need for the labour foregone when their children attend school.

4. An earlier start to schooling for all children in order to
   a. compensate for socialisation deficiencies in the home background,
   b. begin early to rectify gender-biased and other negative orientations that may have been acquired during the early years of socialisation in the home, and
   c. ensure that children are well-informed from the earliest possible age about HIV and AIDS and how to avoid it.

5. More years of schooling for every child (e.g., up to age 16–18), particularly in light of the evidence that those actually attending school are much less likely to be HIV infected.

6. Better schooling available for all children. School becomes a place where children want to be because it is a place where real learning takes place in an atmosphere that is enjoyable, interesting, challenging, and safe.

7. Schooling that is more relevant, with the curriculum relating in a meaningful way to real life circumstances, to vocational and survival needs, to the concerns of families and communities and to what is going on among them.
8. Strong community involvement with the school so that the gap that tends to separate school from community is closed.
9. A close working partnership between the school and community that ensures adequate recreational facilities/provision so that "young people may have something to do when they are doing nothing".
10. The school enhancing learners' job and economic prospects through its dynamic involvement with communities and enterprises and its contacts with work-related arenas of life.

The Ideal Scenario

The social setting in which education or schooling could make its maximum positive contribution to the struggle against HIV and AIDS is one where there is full community recognition that HIV and AIDS pose a major community problem, for young and old alike; that the energies of the community must go into ending the dominance of the epidemic and the sicknesses and deaths it brings; and that good schooling is a powerful and effective community-based way of bringing this about.

The ideal situation would see:
- Every child attending a good quality school for a sufficient number of years.
- A school in every community
- Every school a multipurpose community development and welfare centre.
- Schools well resourced with the necessary materials and supplies.
- Teachers well respected, trustworthy community leaders who are adequately compensated.
- The fusing of formal and non-formal educational provision, by embedding both types into the school structure and programmes.

In the ideal situation, the curriculum would centre round:
- Literacy (in and through a local language and later in a major or dominant international language), numeracy, basic scientific principles and understanding.
- Psychosocial life and health skills.
- Life-affirming values and attitudes.
- Production/vocational skills (making good what society has lost through the premature AIDS deaths of young adults; preserving institutional memories; transmitting endangered agricultural and other skills).
- Issues of relevance to the immediate community or families of learners.

With the full cooperation and involvement of the community, the school would seek to be a health-affirming and health-promoting institution. Among other things, this means that, working jointly, the school and community would ensure that the school
- had good water and sanitation facilities;
- provided a meal for every child;

- attended to the health needs of all school children (through de-worming, micronutrient and vitamin supplementation, care for sight and hearing, sexual health care);
- was safe, supportive, gender sensitive and child-friendly;
- was free from violence, rape, sexual harassment, corporal punishment and psychological abuse (mockery, sarcasm, belittling, etc), yet maintained proper discipline and control;
- provided skills-based health education appropriate to the age of the learner;
- participated in the provision of care and support for HIV and other infected or affected members of the community, thereby giving learners practical education on HIV and AIDS and its impacts and expanding their empathy and compassion;
- excluded all forms of stigma and discrimination, while manifesting much compassion and humanitarian concern.

Given this conceptualisation, the school would be transformed into a centre for real and meaningful learning and a place where every child would want to be. It would also be an institution that works in close relationship with health, social welfare, agricultural, labour and other services. Hence it would become a multisectoral focal point for community action against HIV transmission and for community care and support of the infected/affected. In addition, the school would become a recreational centre for the entire community but with special facilities/concerns for young people, and would serve as the community base for educational outreach to those who have been or are being bypassed by the educational system. The combination of these various activities and perspectives should establish the school as an institution strongly positioned to dissolve the barriers of silence, secrecy, stigma and discrimination that surround HIV infection and AIDS-related illnesses.

Such schools would be at the service of their communities, while communities for their part would be vigorously caught up in their schools. Strong school-community bodies would be well placed to identify any who are in need (orphans, handicapped, HIV infected/affected, widows, malnourished, very large families), to determine the community's own response to these needs, and to access agencies (NGOs, government agencies, faith-based organisations, etc.) that can support their response to the identified needs.

In such a setting, schooling would be relevant, exciting, attractive, and very powerful against HIV and AIDS.

Inhibitors, Obstacles and Problems
Achieving this ideal faces several theoretical and practical difficulties. First there is the problem of poor vision and conceptualisation shown by:
- Lack of vision for what education could be and could accomplish.
- Inadequate thinking about educational possibilities and how to operationalise these.
- All-round failure to appreciate the scale or scope of the problems that beset the educational sector.

- Effective and pervasive denial (a) that HIV and AIDS could undermine education, and (b) that education could protect against HIV.
- Inadequate steps to help change teachers or thinking.

There is also the considerable paralysis of the status quo. This is so heavily entrenched that education ministries and providers are reluctant to consider even the possibility of radical transformations. They are further constrained by major non-HIV problems—such as the struggle for funds, issues of management, structural reorganisation, the provision of infrastructure, and the imperative of meeting the expectations and standards of other people—that dominate attention and capture most thinking time. The result is the belief that what has served in the past will continue to serve in the present and for the future. This implies an unspoken conviction that the provision of education/schooling through the current modalities is (a) the best possible model, and (b) the only model possible (in other words, the existing model is seen as if cast in tablets of stone).

The achievement of a more ideal and inclusive form of educational provision that would respond better to the challenges arising from HIV and AIDS is also impeded by the absence of genuine multisectoral partnerships. Other sectors tend to show reluctance to share some of their roles with education, while the education sector is reluctant to relinquish some of its own roles or to branch out in new directions (such as closer cooperation with agriculture and social welfare sectors, or involvement with the community in the provision of home-based care). Communities and families often feel that they are not involved or adequately consulted about what they want from education, especially in relation to HIV and AIDS. While the benefits of decentralisation are acknowledged in theory, in practice the majority of ideas, solutions and policies are centrally determined. This leads to a demoralising sense of tokenism in partnerships, with little more than superficial and formal involvement of non-Ministry of Education collaborators (especially those that do not command much by way of financial resources).

In addition, it is necessary to acknowledge the major resource constraints that affect educational systems in several low-income and some middle-income countries. In many countries, the backbone of educational provision is a corps of teachers whose education and training are quite limited. These are the unsung heroes of our times who succeed in very unfavourable circumstances in enabling young people bring some of their innate abilities to the surface and in equipping them with the basic tools of a modern education. But their limited education and training does little to help them become receptive to the possibility of change or to the need to adapt educational provision to the conditions created by HIV and AIDS. Furthermore, ensuring and managing their human and financial resources for the current modality of educational supply are major problems for most public and private providers of education. It is possible that a radically reformed system would aggravate these problems.

Agents and Incentives for Change
The most significant agents for change are communities themselves faced with the devastation and deaths that AIDS leaves in its wake. The catalyst that is needed is a

highly active response to the disease and the epidemic on the part of ordinary people, especially women and mothers.

The example of The AIDS Support Organisation (TASO) in Uganda shows what can be done, especially when women take the lead. The important contributions made by TASO since its establishment in 1987, with its stress on prevention efforts, advocacy against discrimination and stigma, and pioneering of community-based approaches for the care of people living with HIV and AIDS, have been critical to the success of Uganda's confrontation with the epidemic. The work was not confined to TASO but spread to other groups (see Box 1) and to schools, creating a climate where community intolerance of the epidemic and its impacts generated effective community action to overcome it.

Box 1: The Community Response in Uganda

'In the climate of social, economic and political regeneration which gripped Uganda in the late 1980s and early 90s, new ideas about how to address the HIV epidemic were able to take root and, within a relatively short period of time, to bear fruit. Nowhere have the results been more apparent—and more sustained—than at community level. The HIV epidemic in Uganda has triggered an enormous response from families, community groups, religious institutions, NGOs, community groups and other sections of society. … Many local support groups were started in response to the death of family members, neighbours or friends, and some then grew into larger, more broadly based organisations.'

Source: *Open Secret. People Facing up to HIV and AIDS in Uganda*, by Noerine Kaleeba, Joyce Namulondo Kadowe, Daniel Kalinaki and Glen Williams, Strategies for Hope Series, No. 15. London: ActionAid, July 2000, p. 19.

Perhaps the most significant actors for change are those who are in most immediate contact with their communities, who deal directly with them without any intermediary. Such would be some traditional leaders, certain community representatives, prominent personalities in the community (especially women such as Noerine Kaleeba in Uganda), and many religious leaders. Mobilising and empowering these to ensure that HIV and AIDS remain a burning issue that should be acknowledged, discussed and acted against remain major challenges. Going further, so that these see the salience of the school as a multipurpose community development and welfare centre from which community action on behalf of prevention, care, support, and impact mitigation would be energised, coordinated and driven, is an even greater challenge. Avoiding these challenges is a recipe for a bleak future. Confronting them promises hope.

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