Defeating HIV/AIDS through Education

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History has placed a great burden on our shoulders. As members of the human race and as educators, every one of us here today faces a task that has ramifications for the lives and well-being of countless individuals—adults, youth and children. Each of us bears the lives of others in our hands. The understandings we develop these two days, the decisions we make, the commitment we show, will not be confined to this auditorium but will have repercussions throughout the whole of South Africa and will echo from there into other parts of the continent and the world. Our task is simply described; its execution is difficult and challenging. Our job in these two days—and in the weeks that follow—is to establish a dynamic education coalition against HIV/AIDS that will accelerate the progress of South Africa and the world towards a world without AIDS.

For too long we have been standing by—timid, confused, uncertain, feeling that we were powerless, wanting to do something constructive but not quite sure what. And all the time, men, women and children continued to be infected in their millions, to fall sick in their millions, to die in their millions. We work in the middle of the AIDS killing fields (Akukwe & Foote, 2001). We have daily experience of the passive genocide of our most productive people (Coombe, 2001). We live through a silent holocaust that makes the Jewish Holocaust in Nazi Germany pale by comparison (Nyumbani, 2001). We have let two decades slip through our hands when our response to HIV/AIDS was little more than a scrappy rearguard action against what we saw as an almost insuperable enemy.

The young people today are the AIDS generation (Kiragu, 2001). They have never known a world without HIV or AIDS, no more than they have ever known a world without television or air transport. But AIDS is of much more recent origin than either television or air transport. It was on 5th June 1981, almost exactly twenty-one years ago, that the United States Centers for Disease Control published a report about a new disease that was hitting gay men. That report marked the formal beginning of the AIDS era. It ushered in what we now know as the AIDS pandemic. During the twenty-one years that have passed since then the disease has grown to nightmarish proportions, with almost every passing year seeing a revision upwards of dire estimates and predictions. The challenge to us is to put a halt to this obscene growth of the disease, to say to it in forceful action-backed terms: “Thus far and no further.”

To accomplish this, we must undertake a threefold task:

1. We must harness the huge potential of the education sector to prevent further HIV infection.
2. We must mobilize the sector to offer support and care to those within our educational constituencies who are infected with the disease or are in any way affected by it.
3. We must take steps to keep our own house in order, to protect the education sector itself from the inroads and ravages of the disease, so that it continues to make educational provision in the quantity and quality that is required, while at the same time it exercises its potency to stem HIV infection.

What Has Gone Wrong?

If we are to use the potential of the education sector to defeat HIV/AIDS, it is important that we base our initiatives on some understanding of what has gone wrong, why the AIDS pandemic has got out of hand and why, in particular, the response so far from the education sector has been so limited.

The Inadequacy of Action at International, National and Local Levels

It is unfortunately all too true that in many ways the world, countries and communities, have allowed themselves to get into the current HIV/AIDS crisis almost by default. Notwithstanding the urgency with which warning signs presented themselves, the world (and we as part of it) has stood by and watched a steady, seemingly unstoppable, drift into crisis, disaster and catastrophic human tragedy. Factors that have made a major contribution to the ease with which the disease has spread and the ineptitude of the response include:

1. Lack of leadership and vision at global, regional and national levels. In the few cases where these were available, such as in Senegal and Uganda, the disease made slower progress or receded.
2. Silence and denial at various levels—national, community, and individual. To some extent silence and denial are a primordial and protective human response to situations that are excessively stressful. In the words of the poet, T. S. Elliott, "humankind cannot bear too much reality". But trying to cover up the existence of AIDS, as still commonly occurs in families and communities, and even in some countries, will never lead to mastery over the disease or its impacts.
3. Attitudes, behaviours, insidious associations, and adverse social reactions that discriminate against and stigmatize those with HIV/AIDS and drive acknowledgement of the disease into an underground of silence, secrecy, shame and self-recrimination. Fourteen years ago, Jonathan Mann, the Director of the agency that preceded UNAIDS, spoke of this as the "third epidemic," the other two being the silent epidemic of HIV infection and the manifest epidemic of clinical AIDS, and noted that allowing this third epidemic to go unchecked would ensure that neither of the other two could be controlled (Walrond, 2000).
4. Lack of correct information on how the disease can be contracted, how it can be prevented, and what those infected can do to ensure that they live a longer life of better quality. Even today a significant proportion of young people, in South Africa as elsewhere, do not know any way of protecting themselves against HIV infection, are not aware that oral and anal sex involve extensive HIV transmission risks, and think that you can judge by appearances whether or not a person is HIV infected.
5. Failure by the international community and national governments to commit the human and financial resources needed for a large-scale onslaught on the disease. The Global Fund for AIDS, TB and Malaria, which the United Nations established with considerable fanfare in June 2001 has so far raised less than one-fifth of its target. Doubling the resources currently available to the Fund would represent only about one cent of each US$100 of income in the world's wealthiest countries (Harvard, 2001, p. 18), but in the absence of a sense of international responsibility and urgency this is not forthcoming.
6. Weak capacity to design and deliver response measures.

7. A strong focus on short-term measures aimed principally at behaviour change, but with minimal attention in the context of the disease to the enabling environment of poverty, malnutrition, the powerlessness in many societies of women and young girls, inadequate health support services, lack of job opportunities, and the absence of recreational outlets.
8. Inadequate attention to developing comprehensive strategies that focus on the physical, social, economic, recreational and psychological needs of youth (ECA, 2001). The war against AIDS will be won when it is won among the youth—no sooner, no later.
9. Overriding attention to dealing with the disease at the level of the individual, but with little recognition that the disease was also undermining the ability of systems, organizations and institutions to cater for the needs of individuals and society. Education, health and agricultural sectors have been particularly at risk. The results are already with us in terms of unanticipated shortages in educational provision (UNICEF, 2000), health care systems that are being brought to a standstill (UNAIDS, 2000), and food shortages coupled with the increased production of easier-to-manage but less nutritious food crops (FAO, 2001).
10. Failure in many approaches to be sensitive to cultural and religious perceptions and values, with the result that suspicions, intransigence and conflict over peripheral issues (such as condom use) have tended to overshadow what should be a shared world and community vision of how to respond to the disease.

The Hesitant, Uncertain Education Response to HIV/AIDS

The uncertainty up to fairly recently of the education sector's response to the disease is brought out by the fact that, early in 1994, the International Institute for Educational Planning in Paris produced and disseminated a very comprehensive report on how HIV/AIDS was likely to impact the education sector, but almost six years passed before education ministries began to take on board the contents of that seminal work (Schaeffer, 1994). During these lost years, the AIDS situation in general, and in the education system in particular, grew steadily worse.

The constrained response of education sectors to HIV/AIDS in the 1980s and 1990s was due, among other things, to:

1. Inability to provide for the basic learning needs of every child, youth and adult.
2. Lack of appreciation of the scale of the epidemic and its potential to undermine the education system.
3. Absence of strategic planning for HIV/AIDS in the education sector.
4. Considerable piloting of HIV/AIDS education programmes, but with little coordination between interventions and few, if any, being brought to scale.
5. Lack of teacher capacity to deliver relevant HIV/AIDS education.
6. Uncomfortable recognition by educators and system managers that addressing HIV/AIDS raises questions about their personal HIV status and social behaviour.
7. Concern lest teaching content and activities conflict with community, cultural or religious practices, norms and values.

The tragedy of the past twenty years is that education sectors worldwide, but especially in the most severely affected countries, did not get moving early enough to respond to the demands of HIV/AIDS. When they did begin to take account of the epidemic, they adjusted themselves in an almost random way to its demands, cautiously, hesitantly, timidly. Even today, many have not succeeded in taking on board either the potential of the epidemic to undermine their systems or, equally important, the potential of the system to counterattack and undermine the epidemic. They are still in a state of virtual disarray, inadequate understanding and piecemeal response. They have a multitude of projects that address facets of the disease, but few coordinated, strategic programmes that address the challenges on the scale that is required.

In this climate of hesitation and vacillation, the Call-to-Action, Tirisano HIV/AIDS Programme of 1999 marked a significant advance. However, much of that programme still awaits implementation. It is the responsibility of this Conference to move the process forward and to establish a coalition of partners who will ensure that the education sector in South Africa forges steadily ahead in the implementation of this comprehensive plan.

Education and the Prevention of HIV/AIDS

Against this background let us recall some of the features of HIV/AIDS so that we can better appreciate why, as the World Bank says in a recent report, "education matters" (World Bank, 2002) and why it matters.

Why Education Matters

First, there is no cure for HIV/AIDS, and many scientists believe that because of the nature of the virus there never will be a cure. The antiretroviral drugs suppress HIV activity and influence in the body for as long as they are being taken, but these drugs raise a host of problems relating to their cost, their continued effectiveness, the demands of administration and patient monitoring, dangers of resistance, and the creation of a false sense of optimism. This is not to decry their use, but just to flag that they are not a universal panacea for HIV/AIDS.

Second, there is no vaccine. Work on vaccine development is proceeding in several locations, all of them with relatively small research facilities and funds and with none of the major pharmaceutical companies being involved. The latest word from the International AIDS Vaccine Initiative (IAVI) is that we should no longer think of an AIDS vaccine just as possible but confidently say that it is probable (Berkley, 2002). But it will still be several years before that probability becomes a reality. Moreover, unless action is taken in the very near future to provide the human and physical infrastructure that will be needed for the production and administration of a vaccine to hundreds of millions of individuals, it will be several years after that again before an affordable vaccine becomes universally available.

With no cure available, no vaccine in immediate sight, and no consensus on how to answer the many questions surrounding drug therapy, we must, in the words of the United Nations, make prevention the mainstay of our response (UNGASS, 2001). But

there can be no prevention of HIV transmission without either the maintenance of behaviour that will protect oneself and others, or the change of existing behaviour so that it becomes protective of self and others. The only way of ensuring this is through education, regardless of the circumstances, age of the individual, or nature of the intervention. To maintain existing 'safe' behaviour or to adopt safe behavioural practices, some form of education is necessary. Given this education, the other supports provided by society can be brought into play. In its absence, they remain useless. For instance,

- At the level of practice, messages about the risks of unprotected sex are essentially educational, as are messages about abstinence or condom use.
- The same is true for messages about fidelity in marriage or about reducing the number of sexual partners.
- This also holds for the ensemble of information, appropriate practice and drug treatment for the prevention of parent-to-child transmission, all of which imply considerable behavioural changes in the context of some minimal education package.

In this sense, education is a crucial and currently essential element in society's armoury against HIV transmission. It is a necessary, integral component in all prevention activities, though not of itself sufficient.

Education, HIV/AIDS and the Young

A second major reason why education must play a crucial role in preventing HIV transmission is because its principal beneficiaries are young people, ranging in age from infancy to young adulthood. It is mostly the young who are in schools, colleges and universities, developing the values, attitudes, knowledge and skills that will serve them subsequently in adult life.

But if education is largely the sphere of the young, so also is HIV/AIDS. About one-third of those currently living with HIV/AIDS are aged 15–24, while more than half of all new infections—about 7,000 each day, or five each minute—are occurring among young people (UNAIDS, 2001).

Recognizing that the young are especially vulnerable to HIV infection, the United Nations has established definite time-bound targets for the reduction of HIV transmission among young people. These targets set clear objectives that should direct our plans and activities in the education sector:

1. By 2005, reduce HIV prevalence among those aged 15 to 24 by 25 percent in the most affected countries.
2. By 2005, ensure that at least 90 percent of young men and women aged 15 to 24 have access to information, education—including peer education and youth-specific HIV education—and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers (UNGASS, 2001, §§ 47, 53).

In these terms, the challenge before us at this Conference is to galvanize our education sector to play its part in bringing about a very substantial reduction in

prevalence rates among school, college and university students from their current very high levels[1].

Will the sector be able to achieve this? Evidence from elsewhere suggests that it will. In Zambia, HIV prevalence among 15 to 19 year-olds in Lusaka dropped from 23 percent in 1994 to 15 percent in 1998 and in Ndola from 21 to 16 percent in the same period. A significant feature of this decline, which was observed both among those attending antenatal clinics and those in population-based surveys, was that it was most marked in those with higher levels of education, whereas there were signs of continued increase in prevalence among the least educated—a girl attending school was three times less likely to be HIV infected than an age-mate who had dropped out of school (Fylkesnes *et al.*, 2001). Something similar was found in Zimbabwe where a large population survey showed that those attending school had much lower prevalence rates than those who were not in school (Gregson, Waddell & Chandiwana, 2001[2]). Uganda has also registered significant success in reducing HIV prevalence among young people, with at least some of the credit for this going to the education sector (Kaleeba *et al.*, 2000).

These achievements show that, at the minimum, formal education plays a key role in protecting young people against HIV infection (Bennell et al., 2002, p.21). Even further, they also suggest that in ways which are not yet clearly understood a general basic education is making its own specific, intrinsic contribution to the reduction of HIV prevalence rates among young people (cf. Coombe & Kelly, 2001; World Bank, 2002). Education does work against HIV transmission. It is an effective "social vaccine".

This has major implications for the sector. First, there is need to ensure that every child and youth can have access to education for a certain minimum number of years. The attainment of the international millennium development goals that refer to education-for-all (EFA) are crucial to overcoming HIV through education. Every young person must be enabled to attend an educational institution for as many years as possible, and within this framework special attention must be given to ensuring the participation of girls over an extended period of years. The achievement of the millennium EFA goals will itself go a long way in responding to the AIDS challenge.

Second, we must ensure that within all educational institutions real and meaningful learning takes place. Basically, this is what we are about as educators, regardless of the level at which we operate. No matter how well attended schools and colleges may be, in the absence of worthwhile learning, they will not contribute as they should to economic independence, poverty reduction, personal empowerment, gender equity. Neither will they promote the knowledge and understanding that 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, becoming street children, living in circumstances of female subordination, and experiencing 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. The same remains true of

[1] In 1998, about 21 percent of women under 20 attending antenatal clinics in South Africa and 26 percent of those aged 20–24 were HIV infected; the corresponding figures for 1999 were 16.5 percent and 25 percent (Whiteside & Sunter, 2000, Chart 4.4)

[2] Referred to in Bennell, Hyde & Swainson, 2002, p. 21.

programmes for those who do not participate in the formal education system. These will accomplish their goals only if they enable learners to incorporate the "useful knowledge, reasoning ability, skills, and values" that will stand by them in life, while enlarging their capacity to protect themselves against HIV infection.

Integrating HIV/AIDS into the Curriculum

But over and above this, there must be a wholehearted effort to mainstream HIV/AIDS, sexual and reproductive health, and lifeskills education into the curriculum of every learning institution. The objective would be to empower participants to live sexually responsible, healthy lives. This education must start early and it must be done well. This has major implications

First, this subject area must be properly professionalised, with the development of a corps of educators and teacher educators who are the specialised professionals in this field. We invest heavily in the multilevel preparation of teachers for mathematics, science, initial literacy, languages, the arts, and other areas—subject areas that prepare children and young people *for life*. We must also invest heavily in the multilevel preparation of educators for HIV/AIDS, sexual and reproductive health and lifeskills—subject areas that enhance the likelihood that children and young people *will live*. For too long we have toyed with this discipline and in doing so not only have we marginalized it but we have also failed to equip children and the young people who are at grave risk with knowledge, skills, attitudes and values that could mean the difference between life and death for large numbers of them.

Further, as a professional discipline in its own right, HIV/AIDS, sexual and reproductive health and lifeskills education must be fully integrated across the curriculum (Tirisano HIV/AIDS Programme, Project Two) and into the educational system. It is not an optional extra. It is not an add-on. It is not something that can be picked up in spare moments of a biology or social studies lesson. It is a crucial stand-alone area that necessitates separate timetabling, the support of appropriate materials, and the provision of all the backup guidance, training, teacher support structures, monitoring and evaluation that other subjects receive (Bennell *et al.*, 2002).

Finally, because HIV/AIDS, sexual and reproductive health, and lifeskills education transcend more freely than any other discipline the boundary between what goes on inside and outside an educational institution, this subject area calls more strongly than any other for the involvement of communities and parents on the one hand and social and health services on the other. This is where coalition, the unifying principle of this Conference, must come in. Educators cannot do everything alone. They need the support of parents and communities and the assurance that they approve of the contents and methods of what they teach. They do not want to be in uneasy conflict with them or with their cultural or religious perceptions. Educators also need to have health and social service providers working alongside them in this area, providing guidance, counselling, testing, services, supplies and referrals that go beyond what educators as such can be expected to provide.

There are two further reasons why partnerships involving these various constituencies are of such importance. They bridge the divide between school and community or home, thereby making what is incorporated through education more real and relevant to life outside of school; and, secondly, they ensure that everybody speaks with one

voice—no matter what its source, the message to the young is always the same, a factor that continues to be critical to the success Senegal and Uganda have experienced in coping with HIV/AIDS.

Clearly, going down this road of wholehearted integration of HIV/AIDS and lifeskills education into the curriculum entails massive changes. It also entails major sacrifices, such as foregoing curriculum time for other subjects, and new ways of doing things, such as bringing the community more purposefully on board when designing the curriculum and possibly even for certain teaching activities. If this leaves some of us feeling uncomfortable, let us remember the words of the United Nations Secretary General, "this unprecedented crisis requires an unprecedented response" (United Nations, 1999).

For us in education, radical curriculum overhaul is part of that unprecedented response. The world with AIDS is not the same as the world without AIDS. Education and the curriculum, in a South Africa that is reeling under the massive impacts of HIV/AIDS, cannot be the same as in an AIDS-free South Africa. And it may well be that we will never see an AIDS-free South Africa unless we take the bold steps needed to adjust our education and curriculum systems. Education can cure us. It is the social vaccine that can lead us progressively to a world without AIDS—but not in its present form, not unless we make the necessary changes, not unless we adjust it purposefully for use as a channel for preventing the transmission of HIV infection.

From Prevention to Support and Care

Prevention alone is not a complete response to HIV/AIDS. Prevention may be the mainstay of our response since successful prevention education will reduce the numbers who become HIV infected and eventually cause them to taper off. But we still have to face the legacy of the past two decades of confused and inadequate response. Our heritage today is one of broken lives, distressed people, and orphaned children. The grief and the anguish of the men, women and children of our time surround us on every side. Our milieu is one of physical and psychological pain and suffering, multiple bereavements, mourning and heartbreak, dehumanizing poverty, lost opportunities, unfulfilled hopes, shattered dreams.

The education sector cannot stand aside from this. Those who are suffering are its own clients and providers, whether they are themselves infected with the disease or whether they are members of the great multitude of those who have been affected by it in one way or another. Let us remember that unlike other sectors in society, the education sector is highly person-intensive. Its fundamental technology of one teacher with a class of fifteen to fifty students has remained the same for thousands of years. Educators and education support personnel constitute the largest proportion of public service employees. The vast numbers of students to whom they reach out constitute a significant proportion of the population. All told, an education sector may well involve a quarter or more of a country's population. Because it is so person-intensive an education sector is particularly vulnerable to the way HIV/AIDS can scythe its way through its personnel and operations, affecting the present adult generation in the persons of educators and support personnel and the coming generation in the persons of learners.

The outcomes are there for us to see. There may be debate about precise numbers and percentages, but none of us can deny the reality that HIV/AIDS is having a catastrophic impact on educators and learners. We see this in

- The increased mortality of teachers and education support personnel.
- The discontinuities in classroom and learning activities because of teacher and learner sickness.
- The anxiety so many experience regarding their HIV status, yearning to know about it, fearing to hear about it.
- The trauma and distress brought into the classroom by children who are in daily contact with the dehumanizing illness of a parent or other loved adult.
- The termination of studies by older students who have progressed to clinical manifestations of AIDS.
- The sense of disorientation, catatonic detachment and second-rate status of orphaned children who have never known the "time of joy and peace, of playing, learning and growing" that the World Summit for Children saw as being their prerogative (UNICEF, 1990).

The education sector has a responsibility to take account of this multi-faceted situation of distress in which so many of its learners, educators and support personnel find themselves. It must position itself to respond to the special need for care and support that HIV/AIDS is creating in learners. Likewise it must respond to the need for care and support that the epidemic is creating in educators and education personnel. But in both cases it must do so in accordance with its own proper character as an education sector. Because it is so person-intensive, the education sector cannot separate itself from health concerns. Neither can it divorce itself from the provision of social services. But it must make its own characteristic response, as a provider of educational services and as a major employer, to the differing needs for care and support that learners and educators infected with or affected by HIV/AIDS experience.

Regarding learners, the sector must above all else make a coherent response to the challenges presented by orphans and those experiencing the trauma, discrimination and financial difficulties that all too frequently arise when there is AIDS in a family. It must also take account of the needs of learners who are HIV infected.

Responding to the Orphans Challenge

HIV/AIDS is bringing a massive increase in the number of orphans. Currently there are some 12.5 million learners in all learning institutions combined. One projection is that in a few years time, there will be more than 3.5 million children under the age of 15—more than 30 percent of this age group—who will have lost one or both parents, mostly because of AIDS (Hunter & Williamson, 2000). It can be expected that social and financial problems will make it difficult for a significant of these to participate in schooling in the ordinary way. As they grow into late adolescence, many will not have family structures for their support through higher education, as we are experiencing to our cost in Zambia. The learning capacity of those who participate in educational programmes may be severely impaired by their sense of personal loss, their uncertain status in the households of relatives or friends, and their experience of being set adrift in life before their due time.

Faced with so great a challenge, which is escalating by the day, the education sector must be prepared to guide a rapid extension of actions directed towards immediate and long-term solutions that respond to the educational and human rights needs of orphans and other vulnerable children. This should be done right now, when there is time, before the dimensions of the problem grow so large that they become unmanageable. We have let AIDS become virtually unmanageable. We should not let anything similar happen with orphans. This is a special challenge at the moment not only for the Department of Education but also for universities, colleges of education, and individual schools. Collectively they must devise an adequate educational response to ensure that in imaginative and creative ways children orphaned by HIV/AIDS, or vulnerable for any other reason, can be educated in a way that will help to compensate them for their human loss while preparing them for a full and satisfying human life.

For the education sector, this means paying attention to the following:

- Ensuring that children of school age in communities seriously affected by HIV/AIDS have the opportunity and financial means to receive education of good quality.
- Paying particular attention to the school and education needs of girls who are frequently required to assume a disproportionate share of the responsibilities associated with caring for siblings and parents who are ill.
- Supporting community pre-school facilities and programmes, with a view to giving older siblings the time and opportunity to attend school.
- Supporting community schools and other innovative forms of educational provision for orphaned and disadvantaged children.
- Making use of information and communication technologies, including interactive radio and other forms of distance education, with the twofold objective of bringing education out to children who are unable to come in to school and of providing some compensation for the AIDS-related loss of qualified teachers.
- Putting ‘orphanhood’, the strengthening of family and community caring/coping capacity, and coping with HIV/AIDS trauma at the centre of the research agenda in universities and social research units. It is estimated that at least 99 percent of the children who have been orphaned and otherwise made vulnerable by AIDS are living within their extended families and communities, though often with great hardship (CID, 2001), but the scientific understanding of coping strategies and tolerance limits is not commensurate with the scale of the problem.
- Determining whether it would be desirable and productive to establish orphans and vulnerable children desks at central, provincial and district levels to maintain the momentum of the response to the orphans challenge.

Some further observations are in order in relation to responding to the orphans challenge. One is that here, possibly more than in any other area, there is need for a dynamic coalition of all partners. This is not something that the education sector can address all on its own. The response must be based on the collaborative involvement of central and local government institutions, NGOs, faith-based organizations, and communities themselves. Second, there is need for a bottom-up approach to dealing with orphans and other children made vulnerable by HIV/AIDS. Very rightly, the majority of orphans live in communities and so must be supported by community-

based initiatives. The various partners, including the education sector, should promote and support such initiatives. But these must remain initiatives of the community, developed at the local level and not in central or local government offices or in the offices of NGOs or faith-based agencies.

Thirdly, the education sector could contribute to forestalling growth in the magnitude of the orphans problem by spearheading a campaign to keep mothers alive. In the circumstances of HIV/AIDS, keeping mothers alive means being prepared to provide antiretroviral treatment not only to HIV positive pregnant mothers, but also to all HIV positive mothers with young children who still stand in need of their mothers' care. Without the mother the family falls apart. It is essential that mothers be enabled to stay alive and thereby prevent the disintegration of the family and the burgeoning in the number of orphans. The provision through life of antiretroviral therapy for these mothers will be at significant economic cost. But it is a cost that will pre-empt even more costly economic and social outlays if families fall apart and orphan numbers continue to swell.

Responding to Trauma

HIV/AIDS also affects learners through the trauma, silence, prejudice and discrimination frequently associated with it. Trauma and psychological distress may arise from the experience of seeing a parent or other loved adult enduring remorseless suffering and a dehumanizing death, from anticipatory grief in the face of one's impending orphan status, from observing the physical deterioration of a teacher or fellow-student, from the repeated occasions for mourning and grieving in the school or community. Prejudice, frequently symptomatic of fear, and discrimination arise from the negative and judgmental attitude shown by some towards HIV/AIDS and those affected by the disease. Even in the absence of any overt discrimination, learners from affected families may experience subtle forms of prejudice manifested in their being isolated or in having to bear the taunts and derision of their colleagues.

The experience of trauma or discrimination may lead some young people to discontinue their education or be erratic in participation. Others may find that they are not able to learn as they ought. Educators and school heads may be at a loss as to how they should cope with the emotional, psychological and resulting behavioural problems that students may present.

Clearly, there is great need for an enlarged cadre of guidance and counselling personnel, qualified to provide the assistance that is needed, and with the space and time to do so in the way that is required (Bennell *et al.*, 2002, p. 46). Appropriately qualified professional counsellors in educational settings should be enabled to extend their services both to learners in distress and to educators who need assistance in school-related matters or who are themselves enduring AIDS-related psychological turmoil.

Expanding the cadre of counselling personnel will require enlarged and possibly revamped programmes in universities and training institutions. It will also require national and provincial education departments to re-examine their staffing norms. Hard decisions may have to be made that give priority to this area, ahead of more traditional concerns. The education departments and the training institutions may also need to consider the appropriateness of including training in counselling skills (and

ability to provide lifeskills and HIV/AIDS education) as an integral part of all pre-service teacher preparation programmes. The crisis situation in schools and institutions calls for some such crisis response.

Responding to the Needs of Infected Learners

It is necessary to face the sad fact that already many students, in institutions of learning at all levels and perhaps even more so in non-formal educational programmes, are HIV-infected. Moreover, these numbers will increase. A small percentage of those to whom their mothers transmit the virus perinatally may survive to school-going age and beyond, carrying infection with them through school days and further. The unfolding picture of extensive child abuse reveals another potential channel whereby children and minors can become infected with HIV. In addition, the Human Watch and other reports have documented the extent of coerced sex and rape to which girls are exposed, the heavy involvement of teachers and male schoolmates, and the way this can be linked to HIV infection (George, Finberg and Thonden, 2001; Coombe, 2002; Jewkes *et al.*, 2002). There has also been some documentation of the incidence of HIV in tertiary institutions, in addition to evidence of its progression to AIDS in certain cases (Chetty, 2001; Kelly, 2001).

The picture that emerges is of a significant number of children in primary and secondary schools who are infected with HIV, a relatively small number (mostly in secondary schools) who show signs of AIDS, a comparatively high percentage in tertiary institutions who are HIV positive, and because of the time lapse between HIV infection and clinical AIDS, a much lower percentage who have progressed to AIDS.

What response can the education sector and institutions make to the special needs of these learners? Perhaps the first need is to establish an atmosphere of acceptance and welcome where there will be no suspicion, no anxiety on anybody's part, and certainly no stigma or discrimination. It may take considerable skill to educate all members of a school community, as well as parents and other stakeholders, to this, but the human dignity of infected learners cannot be upheld with anything less. The full integration of HIV infected learners into the life and affairs of a school or college affirms in a powerful and natural fashion the principle of inclusion of people living with HIV/AIDS enunciated at the African Development Forum in 2000 (ECA, 2001).

There will also be need to make special provisions to enable those whose learning is interrupted by illness to make up for lost time and catch up on lost opportunities. Responding to this need can be a very practical expression of acceptance. Since this makes its impositions on educators and, through them, on other learners, it may also be the touchstone by which the humanity of an institution can be gauged.

Educational institutions can also use one specific curriculum area to manifest support for those who are HIV infected. This is by putting emphasis in appropriate parts of the curriculum on the importance of a healthy lifestyle. Healthy living is one way of slowing down the progression from 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 is also a universal message, which is of value to all learners, irrespective of their HIV status. But for the infected, it could also be a life-saving message since, given the developments in vaccine technology, living in a healthy way might help keep a learner alive until such time as a vaccine applicable to infected persons becomes available.

Finally, having ascertained that this is what parents or guardians would want, the school or college should establish systems that would allow the social, welfare and medical providers play their proper role when their services are specifically needed. It would be valuable to explore the possibility of involving the wider community of parents, and of community and faith-based organizations, in aspects of these services, such as in providing transport. This would be integral to the education coalition against HIV/AIDS.

Providing Support for Educators

In addition to counselling, the education sector must consider what other forms of support it can provide to educators who are affected by AIDS. The sector is the largest employer in the country. There is no reason to think that its employees are less infected with and affected by HIV/AIDS than those in other areas of formal employment. In fact there are some grounds for thinking that they may be more so. What support can the sector offer in a situation of personal HIV infection, or where this is occurring in educators' families, or where they encounter it in the classroom?

Perhaps the basic thing is for the sector to demonstrate care and concern through its regulations, procedures and systems. These range from those governing absenteeism and time off, through those that relate to the workplace, to those concerned with medical schemes, disability, retirement and death benefits. Clearly every one of these may need to be adjusted in the light of what HIV/AIDS is doing or could do to sector employees. It would not be appropriate for an outsider to go into details on any specific area, but the following broad issues deserve consideration:

- The desirability of wide consultation and the involvement of educators and support staff in AIDS-occasioned reviews of regulations, procedures and systems. Of particular value here would be inputs from educators who are themselves living with HIV or AIDS.
- Measures to protect educators against burnout due to AIDS-related work overload or stressful working conditions.
- Making provision for the speedy appointment of replacements and substitutes when staff are ill or die so that, among other things, an undue burden will not be placed on institutional managers and other surviving staff.
- Express recognition of and allowance for the way women employees remain responsible for providing much of the health and child care in the home and for holding a family together in time of crisis, death or financial difficulty.
- Ensuring that local administrators and institutional heads have sufficient autonomy to make humane staff-related decisions in response to the potentially surprising or unexpected effects of HIV/AIDS.
- The provision of credible HIV/AIDS education-in-the-workplace programmes for staff in all institutions and education offices.
- The development of every education establishment as a health promoting and health affirming institution with systems in place to ensure access to treatment for opportunistic infections and tuberculosis.

- The possibility, including the cost-effectiveness, of providing educators with antiretroviral treatment, or of having this included in medical schemes, in view of the scarcity value of many of them and the crucial role that all of them play in the prevention through education of HIV transmission.
- Vigorous and sensitive public relations efforts to ensure that every educator perceives the sector as caring and concerned.

Caring for the Education Sector Itself

The Threat to the Sector

HIV/AIDS places every system and institution under profound threat. The epidemic and the variety of its impacts have the potential to overwhelm them, debilitating them in somewhat the same way as they debilitate individuals. When a person is infected with HIV, the immune system slowly but inexorably breaks down, leaving the individual vulnerable to the hazards of several opportunistic illnesses. The disease does something similar to institutions and systems. In the absence of appropriate protective measures, these are likely to experience various problems that can develop to the stage where institutions or systems are no longer capable of functioning in the way they ought. Ironically, the very system that should be strengthening society's ability to protect itself against HIV/AIDS may itself be in danger of succumbing to the disease, as the following considerations show:

- HIV/AIDS has negative effects on learners. Numerically they are fewer. Financially, they are less able to support their education. Psychologically, they are less well able to learn and may not even want to be educated. Socially, many of them are orphans, some of whom may be heading households.
- HIV/AIDS has negative effects on educators. Deaths are very numerous. Many experience frequent and progressively more extended bouts of sickness that prevent their proper functioning. Many experience sickness in their family. In institutions where deaths are numerous and replacements inadequate, morale is low.
- HIV/AIDS has negative effects on departments and agencies responsible for the provision of education services. It does not spare technical, supervisory and managerial staff. Dealing with it absorbs a disproportionate share of the scarcest and most valuable resource possessed by these bodies, the expertise and time of their staff. In addition, because HIV/AIDS creates new and competing resource demands at national community and household levels, resources for education are under threat.
- HIV/AIDS has negative impacts on the quality of education provided. Learning achievement, the very touchstone of quality, is rapidly eroded by frequent teacher absenteeism, shortages of teachers in specialised areas such as mathematics or science, intermittent learner attendance, considerable educator and learner trauma, inability to concentrate on learning activities because of concern for those who are sick at home, repeated occasions for grief and mourning in school, in families, in the community, a widespread sense of insecurity and anxiety among both educators and learners.

Taking Action to Safeguard the Sector

Faced with the immense task of responding to these and other negative impacts, the education sector has the formidable task of ensuring adequate levels of quality education that take due account of the epidemic. Protecting HIV/AIDS-threatened education systems, so that they can continue to provide and, where necessary, expand education and training, requires efforts directed at stabilizing the system, mitigating impacts on learners and educators, and responding creatively and flexibly to the varied, demanding and surprising imperatives of the disease (Coombe & Kelly, 2001).

Stabilizing the system means that departments and providing agencies must ensure that even under attack by the pandemic, the system works so that teachers are teaching, children are enrolling and staying in school, older learners are learning, managers are managing, and personnel, finance and professional development systems are performing adequately.

Mitigating the pandemic's potential and actual impact on all learners and educators (and therefore on the system as a whole) implies ensuring that those affected and infected by the disease can work and learn in a caring environment which respects the safety and human rights of all. Of major concern here would be efforts to make the system fully and patently inclusive by challenging all forms of AIDS-related stigma and discrimination, providing for the most extensive possible participation by persons living with HIV/AIDS, and rooting all provision in strong human and child rights frameworks. A further concern would be to bring it about that each and every learning institution is a haven of safety for all who are associated with it, with zero tolerance for violence, harassment or sexual abuse.

Mitigation efforts should also be addressed to providing counselling services; making provision for voluntary counselling and testing; working with social welfare and health ministries to provide learner-friendly services and adequate supplies; and ensuring responsiveness to the special needs of infected or affected learners and educators.

An education system responds creatively and flexibly to HIV/AIDS when it continues to provide meaningful, relevant educational services of acceptable quality to learners within and outside the formal system, in complex and demanding circumstances. This creative response will require a policy and management framework that can make things happen. Key components of this framework include:

- Committed and informed political and educational leadership.
- Broad-based multisectoral management partnerships with other government sectors, non-governmental organizations, faith groups, community groups, and the private sector.
- A policy and regulatory framework that includes common understanding about the nature of the pandemic and its potential impact on education, as well as guidelines, regulations and codes of conduct which clarify the responsibilities of implementers.
- Strategic and operational planning processes which lead to realistic and realizable operational plans.
- The appointment of senior full-time mandated HIV-and-education managers at all levels and within major institutions.

- Capacity building at all levels of the system, and adequate provision for personnel replacement and training.
- An HIV/AIDS-in-education research agenda that can develop understanding of the multi-faceted impact of the disease on the system and that provides for the regular monitoring of a set of benchmarks and crisis indicators.
- Adequate budgetary provision with streamlined access to resources.

In essence this means that at central and provincial levels the Department of Education must commit itself to a major exercise in strategic planning for its response to HIV/AIDS. The same holds for non-governmental bodies that provide educational services, whether through formal or non-formal systems, as also for universities and other major semi-autonomous educational bodies. In the absence of a strategic framework, the response to the epidemic is likely to be haphazard and ad hoc. The strategic approach ensures better coordination and more comprehensive incorporation of issues, while the process of developing a plan generates understanding, ownership and commitment to outcomes.

The Way Forward

On the basis of the considerations raised in this paper, a number of principles and activities emerge that can constitute a powerful and dynamic response from education and training sectors to HIV/AIDS. Doing something about all of these would see an education system really doing something about AIDS. Likewise, acting in the ways that are proposed would protect the education system so that it does not collapse under the onslaught of the pandemic.

The principles and actions are as follows:

1. Get every child, especially girls, into a school or appropriate educational programme, and keep them there for as long as possible.
2. Expose learners to a curriculum that takes full account of HIV/AIDS realities, be these in the sphere of life skills, sexual and reproductive health, cultural, traditional and moral imperatives, changing economies, the loss of skills by society, the need for school leavers to engage in economic activity at a very young age, or wherever.
3. Take steps to ensure that each class has a teacher, that arrangements and resources are in place to cover replacements and substitutes, and that all serving and new teachers come to be comfortable with the curriculum modifications which must be made in a total response to HIV/AIDS.
4. At the school or institutional level, work very closely with communities and parents, arranging for the school community to serve the HIV/AIDS needs of the local community and for the local community to participate with the school in the delivery of its HIV/AIDS-responsive curriculum.
5. At district, provincial and national levels, form broad-based partnerships that will bridge the gap with NGOs, the private sector, faith communities, and relevant government departments, and that will ensure the participation of every part of society in supporting the efforts of schools and communities.

6. Within education departments at central, provincial and lower levels, establish AIDS management units that will have the authority, resources and time to get things done.
7. Get good information on what is happening in the system, through impact and response assessment studies, and through the regular collection of HIV/AIDS-related data.
8. Develop planning, management and financial systems that will incorporate HIV/AIDS-related projections and data from the sector.
9. Review and update all legislation, policies, regulations and procedures to ensure that they are relevant to the HIV/AIDS situation and that they are friendly to people living with HIV/AIDS.
10. Institute AIDS-in-the-Workplace training, information and support programmes at all levels and within institutions, basing provision and activities on a continuum that runs from prevention to care.
11. Expend considerable effort in building capacity at all levels for planning, management, resource management, resource mobilization, and speedy but transparent financial disbursement, in response to identified HIV/AIDS priorities and needs.
12. Coordinate, monitor and evaluate all that is going on, and disseminate to practitioners information about HIV/AIDS in the system and about good practices for its control.

Three further simple principles provide guiding frameworks for these activities and interventions: be open, be committed, be confident:

1. Be open to what is new, untried or unusual. Recognize that the disease and its impacts can be surprising. Be prepared to question and adapt all that already exists, since an education system with AIDS differs greatly from an education system without AIDS.
2. Be committed. Recognize that the gravity of the situation requires dedication and commitment, often beyond the call of duty, from every educator and official, but most especially from those of senior or executive rank.
3. Be confident that education can do it. Education can make a difference. The future need not be the same as the past (Whiteside and Sunter, 2000, p. xi). The future can be brighter and better, and education has a significant role to play in making it so. The statistics are bad, so bad that this may be our darkest hour. But remember, after winter summer comes, after the night day comes, after the storm a perfect calm ensues. Be confident that education can usher in this new bright, calm, era of an AIDS-free world and be proud that you can be part of such a movement.

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