

Section Ten:

The Important Role of Trade Union Leaders, Their Constituency, Teachers and Students in HIV/AIDS/STI Prevention

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Why do trade union leaders, their constituency and teachers need to be involved?

- 1. Trade union leaders and teachers play a crucial role within the school system to combat expansion of the disease by promoting and providing health education and education for the prevention of HIV/AIDS.**
 - Their students are increasingly at risk. (An estimated 33 million people alive today are infected with HIV or have AIDS. At least one third are young people ages 15 – 24.)
 - Trade unions can take action to ensure that all education personnel receive initial in-service and preservice training on HIV and AIDS, and overall aspects of comprehensive school health.
 - Teachers and trade union leaders can foster discussion and break the silence of HIV/AIDS/STI, sexuality and other important health issues within the community and among families.
 - Many teachers may have personal and family experience with HIV and AIDS. Therefore, they can advocate for the need for prevention and care, and they can stand for their own rights as trade union leaders and members.
- 2. Educators have a unique opportunity to influence children's and young people's ideas about sex and relationships before students take risks.**
 - Teachers can encourage students to remain abstinent, or if they are sexually active, to adopt safer sex behaviours by implementing effective programs and serving as role models and leaders in their schools and communities.
 - By adopting safe and responsible sexual practices themselves, teachers can protect themselves from HIV and help many others to do the same.
 - Teachers can provide education to adolescents before they are faced with sexual decisions, to help them acquire knowledge, attitudes, values and skills needed to avoid HIV/STI.
- 3. AIDS has directly impacted the education sector primarily by affecting the following: 1) demand for education; 2) quality of education; 3) management of education systems. Education can impact the further spread of AIDS through prevention efforts.**

IMPACT ON DEMAND

- As AIDS has increased in certain parts of the world, school enrolment figures have declined. The most affected areas are beginning to witness a decrease in overall demand for education in terms of school enrolment. In countries like Swaziland, Zambia and Zimbabwe, the number of children of primary school age will be more than 20 percent lower than pre-AIDS projections by 2010.

- The number of learners who have dropped out of school has increased, and access to school has often been limited or denied to many young people because of additional AIDS related demands. These include: coping with personal illness, caring for family members (girls in particular are withdrawn or drop out for this reason), trauma related to illness or death, discrimination and stigma, reduced family income resulting in the need to work and/or declining financial support from families. A high percentage of drop outs will potentially be orphans with few incentives for entering the education system.
- The high morbidity and mortality rates of teachers and administrators have severely affected the supply of educational services in schools and vocational centres including universities. In Zambia for example, the mortality rate for the 15-49 year old age group is 23 per thousand; for school teachers in 1998 it was 70 percent higher at 39 per thousand. There is a need for education systems to develop mechanisms to effectively address and avoid high costs and disruption resulting from teacher absenteeism, due to personal illness or care taking responsibilities.”

IMPACT ON QUALITY

- In countries that are heavily affected, education systems are struggling and the quality of teaching and learning is increasingly inconsistent. Schools are struggling to cope with irregular teacher attendance, poor health and the depletion of trained teachers.
- The rapid expansion of the AIDS epidemic in all regions, and in particular Africa and Asia, as well as other threats to healthy development around the globe have created hazardous conditions to the educational, social, economic and even political stability of nations.
- Inadequacies in educational curricula have not encouraged the discussion of sensitive issues surrounding AIDS.
- The increase in the use of intravenous/illegal drugs, a major factor in the transmission of AIDS, requires a comprehensive approach in designing school health programmes and new approaches in instruction and health services to address drug prevention.

IMPACT ON MANAGEMENT OF THE EDUCATION SECTOR

- High staff turnover due to HIV has eroded the quality of education in certain sectors. This problem affects classroom teaching and reduces the pool of qualified teachers in the classroom.
- The increasing mortality of educational planners and supervisors has weakened oversight of the education system. The emergence of AIDS has diminished the value of long term planning.
- There is increasing importance and priority to develop relationships and partner with organisations of health care professionals.

4. Students and families are often dealing with issues about the spread of HIV.

- Some parents rely on schools to educate their children and provide accurate information in ways they themselves cannot.
- Community based programmes in collaboration with the education and health sectors can work together to address the concerns of parents and other community leaders and minimise resistance to HIV prevention efforts in schools.
- Schools can provide education and information to parents and other community members to support their efforts to determine appropriate and effective ways to prevent HIV infection among young people.
- Students and families with HIV and AIDS often suffer from isolation and discrimination and are excluded from social interaction with others in the community.

5. Male teachers have a particular responsibility towards their students.

- Male teachers have a particular responsibility to be respectful to their students, schoolgirls and female teachers.
- Having sex with students betrays trust. It may be unlawful.
- Having sex with students shows disrespect for the rights of women and girls.

What can trade union leaders, their constituency and teachers do to prevent HIV/AIDS/STI?

In the classroom teachers can:

- Help young people acquire the knowledge, attitudes and skills to delay sexual intercourse and/or avoid infection.
- Teach behaviours that will empower children to make healthy choices related to sex (such as abstinence or condom use) and other health issues.
- Teach boys and girls to respect themselves and one another, and impress on all children the idea that sexual intercourse may only proceed when there is mutual consent.
- Provide children with opportunities to learn and practice life skills, such as decision making and communication skills, which can strengthen other important areas of child and adolescent development.
- Provide education to young people to reduce the fear of AIDS and their fear of people who have AIDS.
- Integrate effective HIV/AIDS education into other appropriate subject areas such as reproductive health, home economics, family life, social studies and science.

Outside the classroom trade union leaders, their constituency and teachers can:

- Advocate within their union for training and resources needed for teacher education, skills development and health services.
- Advocate with local and national governments for the best opportunities to provide education for school and community based settings.

- Take part in national and community initiatives to prevent HIV/AIDS/STI.
- Develop and implement policies that support the provision of HIV/AIDS education.
- Provide training to other education personnel who can take responsibility for teaching about HIV/AIDS/STI prevention.
- Educate community members and parents and work with them to determine the most appropriate and effective ways to prevent HIV infection among young people.
- Take action to ensure that teachers infected with the disease as well as other workers are protected by labour laws and that there is no discrimination on the grounds of being HIV positive.

What do students need to prevent HIV/AIDS/STI?

- Students need youth-friendly, accurate information about HIV/AIDS/STI. Young people aged 10 – 24 account for more than 30 percent of all people in the developing world, where the epidemic is concentrated. If HIV prevention efforts fail to reach young people, developing countries will face staggering human and economic costs in AIDS cases.
- Students need access to accurate information, life skills and services that enable them to protect themselves against HIV/AIDS.
- Students need freedom from coerced sex, rape and other forms of exploitation.
- Students need opportunities to develop in supportive environments, with a solid backing of caring from their family, school and community.
- Students have a right to education, skills, employment, health confidentiality and protection from discrimination (including discrimination based on HIV status, sexual orientation, gender and age).

What can students do to prevent HIV/AIDS/STI and related discrimination?

- Young people are still at the age of experimentation and can learn more easily than adults to make their behaviour safe or to adopt safer practices from the start.
- Students can help take the shame out of AIDS where it is still stigmatised. They can bring kindness and practical help to those already infected with HIV or living in a household touched by AIDS.
- Students can become leaders and a force for change in their own households, in the lives of their peers, and in the wider community when their efforts are supported by adults who recognise the tremendous resource they offer.
- Students can take on roles as educators and mobilizers in local community groups and religious organisations.

**TEXT FROM THE FOLLOWING SOURCE WAS DIRECTLY INCLUDED
AND/OR ADAPTED TO CREATE THIS DOCUMENT:**

UNAIDS Program Coordinating Board Report, *HIV/AIDS and the Education Sector*, Ninth Meeting, Geneva, Switzerland, 25-26 May, 2000.