HIV and AIDS IN EDUCATION

A RESOURCE MANUAL FOR INSPECTORS AND ADVISORY TEACHERS

“KNOWLEDGE PROTECTS”

Know the facts, and pass the message on!

ISBN: 99916-69-25-6

Publication date:

This publication forms part of the UNESCO/Japanese Funds-in-trust programme's HIV and AIDS Prevention Campaign, coordinated by NIED. The views expressed, the selection of facts and data presented, and opinions do not necessarily reflect the views of UNESCO.

Table of Contents **Page**

Acknowledgements

We would like to take this opportunity to acknowledge and thank the following people who assisted in the compilation of this manual: Calvin Martin, Mathilda Joseph, Eddie Bezuidenhoudt, Sanet Cloete, Esme Hyman, Anna Hako, and David Sampson, and Bronwen Beukes for the editing.

We also appreciated the technical inputs of UNESCO staff, and last but not least, the inspectors and advisory teachers who made inputs into the draft during the workshop

We appreciated the inputs from our partner agencies, with special thanks to Aune Naanda (UNESCO) and Harumi Toyama (UNESCO).

Any comments, suggestions, additions or improvements will be very much appreciated. At the end of the manual you will find a comments sheet, and an address and email and fax numbers to which you should your comments.

Vision Statement

We have a vision of Namibia as an enlightened, learning society in which all our learners, families, educators and leaders share responsibility for the building of an HIV and AIDS, -free environment in which the rights and dignity of all, including those infected and affected, are respected and honoured

We envisage an integrated and coordinated approach to learning, teaching and managing in which:

- Learners have access to the knowledge, attitudes, values and skills needed to assert their rights to make informed and value-based decisions and participate in the joint planning, monitoring and communication of HIV and AIDS programs and knowledge.
- Schools provide a , safe and conducive environment, which is free of stigma and financial barriers, and in which a legalised code of conduct guarantees a culture and gender-sensitive education.
- An adequate supply of committed educators who are disciplined, positive role models, are trained and equipped to integrate HIV and AIDS education into their teaching and counselling and ensure the active participation of HIV and AIDS infected and affected learners.
- Colleges of Education and other institutions of Higher and Adult Learning commit time and trained personnel to develop and integrate HIV and AIDS courses, undertake research to influence behaviour and provide health support for their students.
- Ministries of Education provide a systemic and coordinated planning and management response to HIV and AIDS improved practice and resource utilisation, partnerships and the creation of a dedicated HIV and AIDS management unit with the vision to guiding education through the crisis.
- Partnerships with local and international resource providers supplement the Ministry's capacity in building an HIV and AIDS free society.

This is a vision we can all subscribe and work towards.
But for this vision to be achieved, there are many challenges to overcome.

Acronyms used in this Manual

AIDS	Acquired Immune Deficiency Syndrome
AT	Advisory Teacher
ART	Anti Retroviral Therapy
ACT	AIDS Care Trust
CAA	Catholic AIDS Action
EFA	Education for All
ELISA	Enzyme-linked immunosorbent assay
FRESH	Focusing Resources on Effective School Health
HAART	Highly active antiretroviral therapy
HIV	Human Immunodeficiency Virus
HAMU	HIV and AIDS Management Unit
IE	Inspector of Education
IEC	Information Education and Communication
LAC	Legal Assistance Centre
MoHSS	Ministry of Health and Social Services
MBESC	Ministry of Basic Education Sport and Culture
MTCT	Mother-to-Child Transmission
MTP	Medium Term Plan
NaSoMa	Namibia Social Marketing
NANASO	National Networking of AIDS Organisations
NACOP	National AIDS Control Program
OVC	Orphans and Vulnerable Children
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of mother to child transmission
RACE	Regional AIDS Committees for Education
RACOC	Regional AIDS Coordinating Committee
STIs	Sexually Transmitted Infections
STD	Sexually Transmitted Diseases
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
VCT	Voluntary Testing and Counselling
WHO	World Health Organization

PREFACE

HIV and AIDS preventive education will become more effective when the commitment and full participation of all actors in preventive education is assured.

The Government of the Republic of Namibia has shown strong commitment to mitigating the effects of the pandemic on the education sector and indeed the society as a whole. The agreed Education Sector Policy on HIV and AIDS of 2003 is a good example of Government's commitment to mitigating the impact on the education sector.

There is a continuing need for HIV and AIDS preventive education and sexual health information and promotion in schools. Successful approaches do not consist of one-off activities, but of multifaceted approaches. Although general knowledge about HIV and AIDS in Namibia seems to be high, behavioural change does not seem to match the apparent level of knowledge. The manual is therefore intended to contribute to the knowledge and skills of school inspectors and advisory teachers, not only in terms of the disease, but also in understanding how to provide the necessary support services to schools in particular and the community at large. The manual is further expected to assist inspectors and advisory teachers so that they can in turn continuously engage in dialogue with school principals, teachers, learners and other education officers on preventive education and information, including the right to information on HV and AIDS services, treatment and medication and various challenges facing society and promoting behavioural change.

Some parents lack the information or confidence to advise young people about responsible behaviours. Therefore, some young people do not receive adequate support and guidance at home. It is therefore expected that through the use of the Manual funded through the Japanese Funds-in-Trust for capacity Building for Human Resources, inspectors and advisory teachers would be able to provide adequate guidance to school personnel on HIV and AIDS preventive education so that they in turn advise learners.

UNESCO would like to thank the National Institute for Educational Development (NIED) for its commitment in developing various educational tools for preventive education of HIV and AIDS in Namibia.

Dr. Claudia Harvey
Director and UNESCO Representative

Introductory Notes

School inspection and advisory support is the " sin qua non" for ensuring quality in education. Inspection and advisory support is often limited to monitoring implementation of the school curriculum and education policies, and rarely are inspection findings used to inform the preparation of staff development strategies and school improvement programmes. As inspectors and advisory teachers, we should become aware of the major current trends and emergent areas of special concern in education. HIV is the virus that causes AIDS, a pandemic that is spreading around the world every day. Schools are key settings for educating children about HIV and AIDS and for halting the further spread of HIV infection. Success in carrying out this function depends upon reaching children and young adults in time to reinforce positive health behaviours and alter the behaviours that place young people at risk.

The success of the prevention education programmes depends heavily on the knowledge, attitudes, values, skills and commitment of its implementers-inspectors of education and advisory teachers (subject advisors). This manual was prepared for inspectors of education and advisory teachers (subject advisors) as a resource to help them analyse basic information, core messages and issues related to HIV and AIDS. This manual contains the basic facts and information needed in the acquisition of knowledge and development of attitudes, skills and practices related to prevention and control of HIV and AIDS.

First read through each unit and pay special attention to all the words and terms which may be unknown to you. Write all the words down and give brief definition of each. Terms are explained in the text or alternatively you can use your English dictionary or look them up in the glossary at the end of this manual to ensure that you fully understand unknown concepts.

The content in this manual is presented as units, and the following extra information is provided:

- Glossary of key terms: A list of the more important concepts. This section has the purpose of focusing your attention on some more important terms which you will find in the units.
- Reference List – a list of useful references has been compiled for easy reference.
- Recommended Websites and Internet Resources in the field of HIV and AIDS for those with access to the Internet.
- List of organizations active in the field of HIV and AIDS in Namibia.

While reading through a unit it is important to be on the lookout for these terms and, if you do not know their meanings, to look them up in the glossary or in a dictionary.

We hope that you will find this book useful. We would like to hear from you so that we can include any additional information you would like included in future editions.

Remember!

Read the manual with an open mind.

- Stop and reflect whenever you feel uncomfortable, worried or concerned.
- Answer the questions for yourself.
- Share what you think and what you have learned with your friends, colleagues and families.

UNIT 1: The Scale and Scope of the HIV and AIDS Epidemic

Welcome to Unit 1. This unit will help you feel comfortable in discussing the HIV and AIDS situation and to understand the status and trends of HIV and AIDS in the world, southern Africa, including Namibia.

Objectives of this Unit

At the end of this unit, you should be able to:

- Understand where AIDS come from.
- Become familiar with the scale and scope of HIV and AIDS in the world, and in Southern Africa, including Namibia.

1.1 The Epidemic

The first recognised cases of the Acquired Immune Deficiency Syndrome occurred in America in the summer of 1981 when a very rare form of pneumonia, caused by the microorganism Pneumocystis carinii, and Kaposi's sarcoma (a rare form of skin cancer), suddenly appeared simultaneously in several patient. These patient had a number of characteristics in common: they were all young homosexual men with damaged immune systems (Adler, 1988). A clear understanding of the come mechanisms by which the AIDS epidemic is necessary for future prevention work is important.

The factors that allowed it to spread include:
- International travel
- An increase in drug abuse by injecting
- The worldwide trade in donated blood products and the
- Rise in sexual activity outside marriage

1.2 A Global Overview of the Epidemic

Today, almost every country is affected by HIV and AIDS. No country is immune to HIV and AIDS. It is a pandemic wherein both children and adults are affected and have died. The AIDS epidemic claimed more then 3.1 million lives in 2004 and an estimated 4.9 million people acquired the human immunodeficiency virus (HIV) in 2004, brining 39.4 million the number of people globally living with the virus. See the table below:

Table: Global HIV and AIDS Statistics, December, 2004

Number of people living with HIV and AIDS	**Total**	**39.4 million**
Adults Women Chilren under 15 years		37.2 million 17.6 million 2.2 million
People newly infected with HIV in 2004 Adults Children under 15 years	**Total**	**4.9 million** 4.3 million 640 000
AIDS deaths in 2004 Adults Children under 15 years	**Total**	**3.1 million** 2.6 million 510 000

Source: UNAIDS and WHO (2004)

Sub-Saharan Africa remains by far the worst-affected regio, with 25.4 million people living with HIV at the end of 2004, compared to 24.2 million in 2002. Southern Africa remains the worst affected sub-region in the world, with data from selected antenatal clinics in urban areas showing HIV prevalence supassing 25%, having risen sharply from around 5% in 1990. South Africa continues to have the highest number of people living with HIV in the world. An estimated 5.3 million people were living with HIV end-2003 in South Africa-2.9 million of them women.Very high prevalence-often exceeding 30% among pregnant women-is still being recorded in four otheer countries in the region, all with small populations: Botswana, Lesotho, Namibia and Swaziland.

Women and girls make up almost 57% of all people infected with HIV in sub-Saharan Africa. Violence against women is a worldwide scourge, and a massive human rights and public health challenge.

It also increases women's vulnerability to HIV infection. Sex between and older men is common in man countries, including sud-Saharan Africa. Intergenrationl and transactional sex is frequently interwined.

In Southern Africa, povery, mobility, high levels of inequality in status and access to resources between men and women, high percentage of female headed households, and high percentages of household with members living long distances from each othe all cntribute to very high vulnerability of our citizens to HIV and AIDS.

1.3 AIDS Orphans

Over 4 million infants and children under 15 have been infected with HIV since the beginning of the pandemic; mortality amoung children undeer five has increased two to four-fold in many countries. Many people who die of AIDS in Africa leave children behind. AIDS is already pushing hundreads of thousands of orphans to the brink. Many people who die of AIDS in Africa leave children behind. So far, the AIDS epidemic has left behind an estimated 14 million orphans live in sub-Saharan Africa. However, the orphan crisis is not restricted to sub-Saharan Africa. There are an estimated 1.8 million orphans living in South and South-East Asia, 85,000 in East Asia and the Pacific, 330,000 in Latin America, 250,000 in the Caribbean, and 65,000 in North Africa and and Middle East. The rest of this page will concentrate on AIDS orphans in Africa. Already there are, for example, an estimated 1 million orphans living in Nigeria, 890,000 in Kenya and 780,000 in Zimbabwe. These numbers will increase as the epidemic develops. It has been estimated that the number of chilren orphaned by AIDS will rise dramatically in the next 10-20 years, especially in southern Africa. In South Africa alone, it is estimated that, ny 2010, there will be 1.5 million children orphaned as a result of AIDS.

Current status and trends of the HIV and AIDS epidemic in Namibia

All the factors mentioned above contribute considerably to the spread of HIV infection in Namibia. Of particular importance in our country are the following:

- poverty
- high mobility of indiviuals between different places in the country
- cross-border travel
- Wide spread alcohol and substance abuse
- certain cultural practices
- the disintegration of traditional family structures
- intergenerational sex between older men and young women, and
- ignorance

Heterosexual intercourse and mother-to-child transmission are the most common modes of transmission in Namibia.

The most recent sentinel survey of pregnant women done in 2002 revealed that 931 0f 4227 pregnant women were infected with HIV giving a crude HIV prevalence ratio of 22.%.

The HIV prevalence amoung pregnant women ranged from a high of 43% in Katima Mulilo to a low of 9% in Opuwo. The four sites with the highest prevalence were:

- Katima Mulilo (43%),
- Oshakati (30%),
- Grootfontein (30%) and
- Walvisbaai (28%)

HIV prevalence exceed 20% in 13 (62%) of the 21 sites. Only one site, Opuwo (9%), was found to have HIV prevalence remaining below 10%. The highest prevalence was in urban locations (27% to 43%0 and in rural sites close to major movements corridors. Compared to the 2000 sero-survey, an increase in the prevalence ratio was observed in 12 (67%) of the 18 sites, for which data is available, and a decrease in the remaining 6 sites. A decline in HIV prevalence was obseved in Windhoek, Walvisbay, Swakopmund, Engela, Nankudu, and Keetmanshoop.

HIV and AIDS has been the leading cause of death since 1996. In 1999, AIDS was responsible for 26% of all reported deaths, and 46% of deaths in the 15-49 age group. According to the 2001 Population and Housing Census, the number of deaths has increased 80% in the three preceding years. The MoHOSS estimates that in some parts of the country between 50-70% hospital admission are HIV and AIDS - related.

The following table shows relevant MoHSS hospital in –patient data since 1995.

Year	Total admission form all causes	HIV– related admissions	Total deaths from all causes	AIDS related deaths
1995	150 017	1826 (1.2%)	6405	628 (9.8%
1996	163 279	2620 (1.6%)	7473	1125 (15.1%)
1997	163 311	3908 (2.3%)	8283	1539 (18.6%)
1998	157 045	5155 (3.3%)	9810	2179 (22.2%)
1999	153 645	6878 (4.4%)	10 670	2823 (26.0%)
2000	164 295	7376 (4.0%)	12 370	3304 (26.7%)
2001	186 985	6881 (3.6%)	13482	2788 (22.0%)
2002	170 168	9248 (5.4%)	12625	2788 (22.1%)
2003	166 746	9654 (5.8%)	13508	2804 (20.8%

Namibia and its international commitments in the context of HIV and AIDS.

The National AIDS Co-ordination Programme was launched in 1990 soon after independence to co-ordinate and manage HIV and AIDS care and preventative activities. The First Medium Term Plan 1992-1998 was launched in 1992, MTP II in 1999 and MTP III in 2004, as part of governments commitment to to address HIV and AIDS. In Vision 2030, HIV and AIDS is addressed as a cross-cutting issue in each sector, to combat HIV and AIDS in all the different sectors.

Many of the individual policy and strategy elements are in place, for example:

- The Namibian Constitution provides a Bill of Rights that addresses issues of HIV and AIDS and human rights. In addition, various guidelines and procedure manuals have been developed.

- The Namibian Charter of Rights and a code on HIV and AIDS in Employment have been compiled, defining the legal and human rights of PLWHAs and making education for AIDS awareness and prevention available at all workplaces.

- A Sectoral impact assessment and subsequent formalisation of a sectior policy on HIV and AIDS has been completed by the Ministry of Education.

Policies and/or strategies and guidelines have been developed (or are being finalized), for a wide range of health interventions such as Prevention of Mother to Child Transmission, Post Exposure Prophhylaxis, access to Anti-retroviral therapy (ART) and Voluntary Counselling and Testing.Namibia is signatory to a wide range of international and regional agreements, treaties, conventions, declarations and commitments. Two international commitments of particular relevance to the national HIV and AIDS response are the **UN Millennium Development Goals (2000) and the UNGASS Declaration if Commitment on HIV and AIDS (2001).**

In Southern Africa, poverty, mobility, high levels of inequality in income, alcohol abuse, inequality in status and access to resources between urban and rural populations and between men and women, high percentages of female headed households, and high percentages of household with members living long distances from each other all contribute to very high vulnerability of our citizens to HIV and AIDS.

These factors are more comprehensively covered in Unit 4. The immediate causes of Namibia's high prevalence are high rates of unprotected sex with an infected person and mother-to-child transmission are the most common modes of transmission in Namibia. Intravenous drug use is not a common problem and the blood supply is screened.

By the 31st of December 2000, a cumulative total of 82 887 HIV and AIDS cases were recorded in Namibia since beginning of the epidemic in 1986. In 1999 AIDS was responsible for 26% of all deaths and 46% of deaths amoung 15-49 year olds. By the end of 2003 a cumulative total of more than 136,000 HIV and AIDS cases had been reported. The HIV and AIDS epidemic has already reduced the average life span of a new born Namibian by more than a decade. Average life expectancy in the decade between 1991 and 2001 has been reduced from 59 to48 years for men and from 63 to 50 years for women.

Moreover, another results of the epidemic is the growing number of orphans. Povery, HIV and AIDS and sexual abuse have emerged as on of the major threats to chidren in Namibia. The 2001 Census indicates that Namibia had more than 97000 orphans up to the age of 15. It is estimated that by 2001, the country will have over 250000 orphans (40%). As the number of adults dying of AIDS rises over the next decade, an increasing number of orphans will grow up without parental care and love and will be deprived of their basic rights to shelter, food, health and education. If the present trend is not halted, orphans will constitue 10% of our total population by the year 2021. As community members, family and educators we will have to help these vulnerable children with opportunities to develop, learn and live in safety and in a supportive environment.

The National AIDS Co-ordination Programme was launched in 1990 soon after independence to co-ordinate and manage HIV and AIDS careand preventative activities. The First Medium Term Plan 1992 - 1998 was launched in 1992, MTP II in 1999 and MTP III in 2004, as part of governments commitment to address HIV and AIDS. In Vision 2030, HIV and AIDS is addressed as a cross-cutting issue in each sector, to combat HIV and AIDS in all the different sectors.

Summary

The number of people infected with HIV or AIDS at the end of 2003 stands at 5 million. The main concentrations of HIV infections is in the developing world. In sub-Saharan Africa 3 million new infections occurred in 2003, while 2.2 million died. In Africa, people get infected every day. The epidemic can be curbed if appropriate prevention programmes are put into place. In South Africa alone, it is estimated that, by 2010, there will be 1.5 million children orphaned as a result of AIDS. Namibia and the rest of southern Africa are facing an HIV and AIDS crisis of devastating proportions. The HIV and AIDS epidemic is considered the single most important threat to sustainable development and meeting the medium and longer – term goals of the Millennium Declaration and Vision 2030. Poverty, HIV and AIDS and sexual abuse have emerged as one of the major threats to children in Namibia. By 2021, the country will have over 250000 orphans, and if the present trend is not halted, orphans will constitute 10% of our total population by the year 2021.

Questions for Reflection

Review the information in this unit and reflect on the following questions:

1. Where did AIDS come from?
2. Explain the status and trends of HIV and AIDS in the world, Southern Africa, including Namibia.
3. Explain the impact of the epidemic on children.
4. Explain the threat of the HIV and AIDS epidemic to sustainable development goals of the Millennium Declaration, EFA and Vision 2030.
5. What are the immediate causes of Namibia's high HIV prevalence?

In the next unit we will look at Basic Facts on HIV and AIDS and other STDs.

UNIT 2: Basic Facts about HIV and AIDS

Welcome to Unit 2. In unit 1 we looked at the scale and scope of the HIV and AIDS epidemic. This unit provides basic information on HIV and AIDS, which should be useful, which should be useful for Inspectors and Advisory teachers regarding HIV and AIDS. If you need additional information on specific health problems related to HIV and AIDS, you are advised to contact knowledgeable local health professionals. As educators we are required to know basic facts about the virus, its effect on the immune system, how it is transmitted, what one can do to prevent infection.

Objectives of this Unit
At the end of this unit, you should be able to;

- Become familiar with basic terms and understand the seriousness of HIV and AIDS.
- Understand the difference between HIV and AIDS.
- Understand the sexual routes and non-sexual routes of transmission.
- Know how to prevent exposure to blood or body fluids of persons who are HIV infected.
- Explain why is there a relationship between STD's and HIV and AIDS.
- Appreciate own lifestyle, the risk of HIV and what you can do to prevent the spread of the virus.

2.1 Introduction

As educators, inspectors, advisory teachers and teachers we need to be very familiar with the facts about HIV and AIDS so that we can provide accurate information in response to questions that colleagues or young people may ask. As educators we can do much to save our children and families from HIV and AIDS. We are expected to be confident in providing the essential information about HIV and AIDS, however there are no way of being totally up to date with every aspect of the HIV and AIDS epidemic.

Wherever possible, use the support of a trained health professional in dealing with more complex medical issues. It is important that whatever information you communicate is clear, unambiguous and supported by evidence from a medical standpoint. Relevant knowledge of all the aspects of HIV and AIDS is essential.

2.2 What is HIV and what is AIDS?

Many people have heard about HIV and AIDS -it is a topic in newspapers, on television and on radio. However, many people still do not know exactly what HIV and AIDS actually mean. Many people still do not know how to protect themselves. And there are still widespread misconceptions about HIV and AIDS.

HIV is the name of the virus. AIDS is an abbreviation for Acquired Immune Deficiency Syndrome.

It should be noted that **poverty and malnutrition in NO way causes HIV and AIDS,** but these factors further impair the human immune defenses. (Repke & Ayensu, 2001). At present there is **NO cure for AIDS.**

2.3 The immune system and HIV

HIV infection affects the immune system. The immune system is the body's defense against infections by microorganisms (such as very small bacteria or viruses) that get past the skin and mucous membranes and cause disease. The immune system produces special cells called antibodies to fight off or kill these microorganisms. A special weakness of the immune system is called an immunodeficiency. Human immunodeficiency virus (HIV) infects, and eventually destroys, special cells in the immune system called lymphocytes and monocytes.

HIV attacks and slowly destroys the immune system by entering and destroying important cells that control and support the immune system. These important cells are called CD4 or T4 cells. All of us has T-cells in our blood. Healthy people usually have about 1000 of these in every milliliter of blood. Whenever we have a cold, the T-cells kill the cold virus that can makes us sick. The T-cells fight against anything that makes us ill. If someone becomes infected with HIV then, in almost every case, over a period of time the HIV destroys his or her immune system. When a person becomes infected with HIV, the T-cells are attacked and may be killed. Instead of 1000 T-cells, an HIV infected person may have fewer than 200 T-cells in every milliliter of blood. The human immune system cannot defend the body against HIV. HIV starts multiplying in body without any visible symptoms of illness.

HIV keeps multiplying in the body and starts destroying the human immune system. Other disease causing germs enter the body and the immune system is no more able to defend the human body against them. Therefore, more than one disease is caused which cannot be cured any longer. This stage is called **AIDS.**

2.4 AIDS: Its Signs and Symptoms

AIDS is the final stage of HIV infection. Most of the symptoms of AIDS are not caused by the HIV virus itself but by other opportunistic infections, which get past the damaged immune system. There is no way of knowing whether a person is infected with HIV except by having a blood test. The length of time taken for people with HIV to develop AIDS varies widely from person to person. Most people those who are infected with HIV show no symptoms of the disease for many years. These people may remain completely healthy and free from symptoms of the disease, but they have the virus in their blood and are at the risk of developing AIDS at any time in future.

2.5 Sign and symptoms of AIDS

Most people with AIDS suffer from at least one of the following infections:

- Lack of energy, persistent fatigue
- Enlarge lymph nodes
- Frequent fevers and sweating for a month
- Persistent or frequent yeast infections (oral or vaginal)
- Persistent skin rashes tend to occur
- Persistent cough
- Pelvic inflammatory disease in women that does not respond to treatment
- Short-term memory loss
- diarrhoea for more than a month and severe weight loss
- Genital and anal ulcers for more than a month
- Body pain and muscle weakness

Some people develop frequent and severe herpes infections that cause mouth, genital, or anal sores, or a painful nerve disease called shingles. Children may grow slowly or be more often sick a lot. When the CD4 count falls below 200, the person is classed as having AIDS. Death is caused by an opportunistic infection or cancer.

Now that we know how HIV destroys the immune system, we need to become familiar with how HIV is transmitted and not transmitted.

2.6 HIV transmission

How is HIV transmitted?

The three ways in which HIV can be transmitted are:

a. Sexual intercourse

Sexual intercourse accounts for about 90% of all HIV infections worldwide, with sex between men and women by far the most common method of spread. The virus can be passed on through vaginal sex (the penis entering the vagina), anal sex (the penis entering the anus) or oral sex (using the mouth to stimulate your partner's genitals).

b. Contact with infected blood

This happens in two ways:

- Sharing needles when injecting drugs
- Through blood transfusions and other blood products

c. Mother to child infection

Mother to child transmission of HIV and AIDS can occur in three ways:

- Before birth, when viruses from the mother's blood cross into the baby's
- During birth, when the baby is exposed to blood and vaginal fluids
- During breastfeeding

Remember. Any practice, which allows penetration of the virus from these fluids through the skin or mucous membranes and into the bloodstream of another person, can cause HIV infection.

2.7 How HIV is NOT transmitted

As we mentioned earlier, HIV cannot survive for long outside the body. This limits the ways in which it can spread. HIV can NOT be transmitted by:

- Sharing food.
- Hugging, shaking hands, social kissing
- Caring for someone who is HIV-positive or has AIDS
- Being together in the same place (e.g. in church, at school, at work, on public transport)
- Sweat, tears
- Coughing, sneezing
- Water or food
- Bites from pets, mosquitoes and other insect
- Sharing the same swimming pools, baths or shower, toilet seats,
- Washing clothes of someone with HIV and AIDS
- Sharing cups, glasses, plates, and other utensils
- Abstaining from sex

Remember that it is completely safe to live, work and spend time with people with HIV and AIDS provided this does not involve blood-to-blood contact or penetrative sex.

The ways in which HIV can be transmitted have been clearly identified. Unfortunately, some widely dispersed information does not reflect the conclusions of scientific findings.

Examples of some myths about AIDS that are common today are:

- You can catch AIDS from toilet seats
- People who have AIDS should be in isolated
- You can catch AIDS from insect bites
- You can't get AIDS the first time you have sex
- If the woman gets ill first, it means that she has been unfaithful
- You can get cured from AIDS if you have sex with a virgin
- It is necessary to avoid touching someone who has HIV or AIDS

2.8 Sexually Transmitted Diseases (STDs)

The term Sexually Transmitted Diseases (sometimes called Sexually Transmitted Infection) describes diseases that can be contracted through sexual intercourse. Some are also transmitted from mother to child before or during birth.

2.8.1 How STDs affect the body

STDs may affect the male and female reproductive tracts. Some STDs, such as syphilis, and HIV, can affect other parts of the body, for example, the eyes, mouth, nervous system and immune system. STDs can affect the unborn child during pregnancy, causing infant death through miscarriage, stillbirth and premature birth. STDs may also infect infants such as gonorrhea during the birth process, causing severe eye infections, which can lead to blindness. Serious complications can occur if STDs are not treated. There is strong evidence that sexually transmitted diseases (STDs) put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STDs.

Persons with HIV are more susceptible for infections. Their risk to become infected with a STD during unprotected sex is therefore higher than a person without HIV. STDs also tend to be more severe and may heal slower than in persons without HIV.

2.8.2 What are the signs and symptoms of STD's?

- Vaginal and urethral discharges
- Itching in genital area
- Burning pain when urinating
- Pain during sexual intercourse
- Genital and /or anal sores (ulcers)
- Swelling of the scrotum or the lymph glands in the groin
- Lower abdominal pain
- Pains in the testicles

2.8.3 What a person can do to avoid STD infections?

- Abstain from sex.
- Be Faithful to one tested partner.
- Use condoms and practise safer sex.
- Test for STDs.
- Seek medical attention and treatment if STD infection is suspected.

Remember, after treatment, using condoms during sex can reduce your risk of getting or passing on sexually transmitted infections.

2.9 How do TB and HIV interact?

Tuberculosis (TB) is a serious public health problem. TB kills people every year than any other infectious disease- yet it is curable. TB is the most common opportunistic infection and the most frequent cause of death in people living with HIV in Africa. TB is a bacterial disease caused by infection with Mycobacterium tuberculosis. It usually attacks the lungs. TB can also enter the blood stream and spread to other organs. TB has a deadly impact on persons living with HIV and AIDS. HIV weakens a person's immune system, leaving the HIV positive person more susceptible to TB and other diseases.

Not all patients who have TB are HIV positive or are living with AIDS. TB will infect not all patients who are HIV positive or living with AIDS. TB is curable if detected and treated properly at an early stage, even in people who are HIV positive. Correct treatment of TB can extend the lives of people living with HIV.

2.10 How to prevent HIV infection

In the previous section we looked at the possible ways of being infected with HIV virus. There are effective ways to protect oneself against infection.The virus can be prevented from entering the body by:

- Abstaining form sex. (not having sex) will prevent the transmission of the disease.
- Being faithful to each other within a marriage or sexual relationship.
- Use a condom or femidom.

Non-sexual exposure to the HIV virus through blood and body fluids can be prevented by:

- Using sterilised (washed, boiled or cleaned with spirits) or new needles and blades for medical, cultural or cosmetic procedures.
- Using gloves or plastic bags over the hands when caring for someone with HIV and AIDS or helping at the scene of an accident.
- Using disinfectant in the water when washing a person with open sores or cuts and wounds of an injured person.
- Washing hands well with soap and water before and after bathing and cleaning the wounds of the patient.

Preventing the transmission of HIV involves a number of other methods such as:

- Public information campaigns that tell people how HIV is transmitted and how to help those affected by the disease.
- Improving access to and the correct and consistent use of condoms.
- Improving HIV testing and counselling services so that those who have HIV protect those who do not.
- Hospitals and health centres by taking care to ensure that all equipment is sterilized and blood for transfusions is HIV free.
- Education programmes that include life skills, both in and out of school.
- The involvement of families and the community in the education programme so the same messages are being given at home, the activities are supported and everyone is involved in protecting children from abuse.
- Developing and using relevant education materials.
- Training teachers and others in the use of methods and materials for effective education on HIV and AIDS.
- Access to child-friendly contraceptive and counselling services.
- Access to voluntary counselling and HIV testing services for children and adults.

Preventing HIV-infected mothers passing the virus to their babies involves:

- HIV testing for pregnant girls/women.
- Counselling for women/couples who are HIV positive.
- Use of drugs during late pregnancy and delivery to reduce risks of transmission and drugs for babies in early infancy.

2.11 Condoms and safer sex

If however one does choose to be sexually active, it is essential to use a condom. Studies have shown that latex and polyurethane condoms give very effective protection against HIV and other STDs that are spread through sexual fluids or blood. To get effective protection, it is essential to use a condom correctly every time they have sex to prevent contact with the blood, sperm or vaginal fluids of an HIV-infected person during sexual intercourse. The Pill and other birth control methods do NOT give protection because they do not create a barrier. Under the influence of drugs (or alcohol), people may be more likely to act irresponsibly forcing behaviours on unwilling partners, or forgetting to use a condom, for example. The more sexual partners one has, the greater the risk of contact with someone who has HIV or another sexually transmitted infection.

Practicing safer sex may also protect you against other sexually transmitted diseases. The only absolutely safe sex is abstinence from any behaviour, which exposes another person to bodily fluids. Use barrier precautions (latex condoms) for anal and vaginal intercource and oral sex. Safe sex means act is 100% safe, safer sex involves finding ways yo be intimate while minimising the risk of STD transmission. There are many reasons why abstinence can be the right choice. Can you think of some reasons why?

2.12 Testing for HIV antibodies

Having an HIV test is the only way to know if you are HIV positive or negative. HIV tests are generally done on blood because the virus is most concentrated in blood. The HIV test looks for HIV antibodies in a person's blood. If these are found, it means that the person is infected. This is known as being HIV-positive.

If no antibodies are found, the person is either free of the virus or has caught it but has not yet produced antibodies. Antibodies take anything between one and six months to develop, and this is called the window period. People who test negative but are still worried can be retested six months later to be sure that they are clear. It is also important that you are not at further risk of getting infected with HIV during this time period. The test is only accurate if there are no other exposures between the time of possible exposure to HIV and testing. If you are HIV negative, it means you have no signs of HIV in your blood. To be sure you should take a second test. If you are HIV positive, it means you have the HIV virus in your blood.

2.13 Basic Counselling

HIV and AIDS counseling is a crucial component in HIV and AIDS management and was identified as one of the strategies in the Medium Term Plan II (MTP II) of Namibia, which was launched in 1999. The Ministry of Health and Social Services developed HIV and AIDS Counselling Guidelines to enhance counseling services to people who are infected with and affected by AIDS. By offering psychological and social support through HIV and AIDS counseling the infected and affected people continue to contribute to the welfare of their families, communities and nation at large.

Counselling provides a person with different kind of healing.The main functions of counseling are:

- To give comfort and support.
- To listen and provide the person or their families with someone to talk to.
- To help a person or their loved ones to cope by offering hope and showing care.
- To provide information.
- To make referrals, as needed

The different types of counseling are:

- Prevention counseling
- Pretest counseling
- Post-test counseling
- Ongoing support

A trained counsellor will explain to the person who wants to be tested what the test is, how it works and what the outcome of the test could be. Before a person is given the results of the test, the counsellor will again discuss the possible test results; provide information about how to live positively, and give information about support and referral or how to continue to be positive if the result is negative.

2.14 Treatment for HIV and AIDS

At present **there is NO cure for HIV and AIDS.** However there are a number of drugs available that are used to slow down the development of the disease. These drugs, called Anti-retroviral (ARV) drugs are used to treat HIV disease and in some instances to prevent further HIV infection. There are different classes of drugs but all act to prevent replication or reduce the rate of replication of the virus and so slow the progression of the disease and prolong the survival of infected persons.

Some doctors prescribe a combination of drugs to stop the virus from reproducing itself and spreading. When drugs are used in combination, it is known as HAART (Highly Active Antiretroviral Therapy). Some traditional healers claim that they can cure AIDS.

Some traditional remedies can help people feel better by strengthening their immune systems. Traditional remedies can help AIDS sufferers because they relieve some of the symptoms. But they cannot cure AIDS.

As school inspectors and advisory teachers, you need to encourage educators who are HIV-positive or sick with AIDS to find out more about access to anti-retrovirals. They should study the cabinet statement and the guidelines for medical aids for providing drugs to infected people and people living with AIDS. Help educators to access accurate information about side effects of these drugs and what is involved in complying with treatment.

2.15 What is the role of anti-retrovirals?

Because HIV belongs to a group of viruses called retroviruses, treatment to fight HIV infection is known as antiretroviral therapy (ART). Antiretroviral treatment is not a cure for HIV and AIDS, but the provision of affordable ARV treatment can effectively break the current connection between HIV and AIDS, and can turn HIV and AIDS into a chronic manageable disease. ARV's could help improve the conditions of people living with AIDS (PLWAs) if administered at certain stages in the progression of the condition, according to international standards. However, these drugs are costly for universal access and they can cause harm if used incorrectly and if the health systems are inadequate.

Summary

HIV is a retrovirus. Retroviruses not only invade living cells, but also take over and pervert their reproductive equipment. Only semen, vaginal fluids, blood, and breast milk of an infected person can transmit HIV. A person does not die of AIDS, but of one or more opportunistic infections that occur as a result of damage to the person's immune system. HIV infection is the most powerful factor known to increase the risk of developing TB. Anyone with TB is in a high risk group for HIV. Sexually transmitted diseases (STDs) affect the sexual organs and can seriously affect other organs. The treatment of STDs has become one of the most important strategies for containing the HIV and AIDS epidemic. . It is well – established fact that living positively can delay the onset of symptoms and extend the period of wellness in a person who is infected People with HIV and AIDS needs treatment care and support. Anti-retroviral drugs are used to treat HIV disease and in some instances to prevent HIV infection AIDS does not discriminate-everybody is vulnerable.

Questions for Reflection

Review the information in this unit and reflect on the following questions:

1. What is HIV and what is AIDS?
2. What is the common way of becoming HIV infected and getting AIDS?
3. What are some of the other ways through which HIV can be transmitted?
4. Explain what will happen to the immune system when it is attacked by HIV?
5. What are the signs and symptoms of AIDS?
6. Why do we call the diseases associated with HIV infection "opportunistic 'disease?
7. How can we assist people with HIV and AIDS to live positively?
8. What are STDs, and name the reasons why the presence of STDs makes a person more vulnerable to HIV infection.
9. Why is the combination of HIV and TB so dangerous?
10. How can a person be protected from getting HIV and AIDS in ways other than through responsible sexual behaviour?
11. Why is it important to counsel HIV and AIDS infected and affected people.
12. What role can inspectors and advisory teachers play in promoting HIV prevention?

In the next unit we will look at HIV and Nutrition.

UNIT 3: HIV AND HEALTHY LIVING

Welcome to Unit 3. In the previous unit we looked at some facts about HIV and AIDS, and other STDs. In this unit we will look at how eating a balanced diet and avoiding physical exhaustion are important and can help make people living with HIV and AIDS feel better and stay healthier. Understanding the basics of good nutrition and planning daily meals is important in helping others by teaching them how it can be done.

Objectives of this Unit

At the end of this unit, you should be able to:

- Understand why good nutrition is important for people living with HIV and AIDS.
- Understand the link between nutrition and HIV and AIDS.
- Describe the effect of poor nutrition and other previous infections on the course of HIV infection.
- Explain the role of educators regarding good nutrition.
- Guide schools on school feeding programmes and the importance of nutritional support for learners who are HIV positive.
- Examine the basic aspects of positive living.

3.1 Introduction

The relevance of nutrition is being recognized more and more by all those involved in HIV. This section has been written as a guide and focus on issues about HIV and AIDS and nutrition. Food can be a very powerful medicine. Food cannot cure AIDS, nor does it treat the virus, but it can certainly improve fitness and quality of life for People Living with HIV and AIDS .Food can be used to manage or lesson the impact of conditions associated with HIV and AIDS.

3.2 Maintaining good nutrition

3.2.1 What is nutrition?

This section describes how important good nutrition is for achieving and preserving health. Nutrition is the process by which your body provides materials for its structural and functional needs (Romeyn 1995). To combat the body against malnutrition you should have enough nutrients. These are mainly found in the food.

3.2.2. Weakened immune system

HIV, poor nutrition and alcohol abuse are the primary underlying causes of weakened immunities. As HIV attacks the immune system, it contributes to the preventable disease burden by making HIV-positive people susceptible to infections and thus giving infections the opportunity to spread more widely (CCA, 2004). Like HIV, malnutrition is both a preventable condition in itself as well as a causal factor behind susceptibility to other preventable conditions and diseases. Infection with HIV damages the immune system, which leads to other infections such as fever and diarrhoea. These infections can lower food intake because they both reduce appetite and interfere with the body's ability to absorb food .As a result the person becomes malnourished, loses weight and is weakened. Nutrition education gives a person a chance to build up healthy eating habits and to take action to improve food security in the home, particularly with regards the cultivation, storage and the cooking of food.

The people who live the longest with HIV are very careful about what they eat and they take very good care of their health.Lots of whole fresh fruit and vegetables, whole grains, beans, herbs, nuts, seeds, and sprouts keep the immune system stronger. Because water is scarce in Namibia, it is difficult to grow many vegetables and fruits. However, it is very important to eat as many fruits and vegetables as one can. Although good nutrition is important for everyone, it is even more vital for HIV-infected persons. Optimal nutrition optimize immune function, maintains health, ensures normal growth and development and improves quality of life. Nutritional problems, such as weight loss and malnutrition, have always been associated with HIV-infection in both adults and learners.

3.3 What nutrients does the body needs?

This section looks at the different nutrients the body needs in order to grow, repair tissue and regulate body functions.

The six main types of nutrients needed are:

- **Proteins** (body building foods such as meat, fish, chicken, eggs, diary products, beans)
- **Fats** (concentrated energy foods such as oil, butter, margarine, avocado etc.)
- Vitamins and minerals to help the immune system fight infections, fruits and vegetables. Vitamins tablets can also greatly improve your life expectancy. High doses of vitamin C have been found to help protect the immune system from the HIV virus. We all need vitamin C every day since the body cannot store it.

- **Water.** Drink plenty of clean and safe water: Though not a basic nutrient, cool clean water is important for life. A person needs eight cups of fluid per day, and more should be taken during hot days, while working, sweating or suffering from diarrhoea, vomiting or fever. Fluids can also come from juices, soups, vegetables and fruit as well as meals that have gravy or sauces. Teas and coffee with a meal can reduce absorption of iron from food. Alcohol can also interfere with the action of medicines.

- **Carbohydrates** (energy foods such as omahangu, maize, bread, samp, rice, other porridges and cereals, sugar)

- **Calcium and magnesium.** Calcium helps you to maintain a good body temperature. Calcium is obtained from certain food, especially milk, root vegetables (e.g. potatoes and sweet potatoes) seeds and nuts. Magnesium is contained in dark green vegetables A combination of both calcium and magnesium makes it easier for the calcium to be absorbed. To stay warm one should take calcium and magnesium –rich foods.

3.4 The link between Nutrition, HIV and AIDS

It is known that nutrition and the function of the immune system are linked. HIV is affecting the immune system and lowers the body's resistance to many different infections. A poor diet and nutrition have the same effects on the body. A healthy and balanced diet provides food in the right amounts and combinations that are safe and free from disease and harmful substances. This applies to everyone-whether they are HIV positive or not. When a person is HIV positive, taking control of what one eats is even more important. HIV attacks the body's immune system that means the body is less resistant to fight infections and is more likely to suffer from many different diseases.

Food will not destroy the HIV virus; however, health eating helps them to live a healthier life. Eating good food helps to strengthen the immune system and can make them feel better, look better and stay healthier. The CD4, or T-cells, is the cell of the immune system that causes our body to fight infection. It is the T-cells that the HIV kills, causing us to lose the ability to fight off infections. A normal healthy person will have between 500 and 1600 T-cells per milliliter of blood. Less than 500 is below normal, below 200 is considered an AIDS diagnosis. Below 100, and the body is no longer able to fight off most infections. Namibians love meat. It tastes good, but it does not have many vitamins. Meat is mostly protein and fat. Only about 4-10 % of our food needs to be protein. Try to grow your own fruit ad vegetable.

Many vegetables can be grown from seed and you can buy the seeds in Namibia. Spinach, cabbage, broccoli, cauliflower, beetroot, sweet potatoes, carrots, garlic, onion, squash, pumpkins and pumpkin seeds, tomatoes and peppers are excellent choices. Try starting a small garden plot. A garden may be a great way to help grow more healthy food in addition to what you can do at home.

3.5 Why is nutrition important for people living with HIV and AIDS?

Preventing weights loss: One of the signs of the onset of clinical AIDS is a weight loss. A healthy balanced diet, early treatment and infection and proper nutritional recovery after infection can reduce weight loss and lessen the impact of future infection. Reinforcing treatment: a person may be receiving treatment for opportunistic infections or combination therapy for HIV. These treatments and medicines may influence eating and nutrition. Good nutrition will reinforce the effects of any medication, herbal intake or use of supplementary pills. Maintaining good health: when nutritional needs are not met recovery from illness will take longer. During this period the family will have the burden of caring for the person, paying for health care and absorbing the loss of earnings while the person is unable to work. Good nutrition can help to extend the period when the person with HIV and AIDS is well and working.

3.6 Food safety

Food safety is an issue of great importance for people with HIV and AIDS. Food poisoning can occur when we eat food or drink water, which contains large amounts of harmful bacteria. Preventing food poisoning is of special concern to a person with HIV infection or AIDS. Because it causes diarrhoea, nausea and vomiting and leads to weight loss. It is important to pay careful attention to food safety when buying, preparing, serving and storing foods.

Some useful guidelines are:

- Use safe, clean water for drinking and preparing food
- Boil water for at least 5 minutes to make it safe
- Wash hands with soap and water before and after food preparation or eating
- Wash fruits and vegetables with clean water
- Cook food thoroughly
- Avoid storing cooked food for more that 24 hours
- Thoroughly reheat food that has been kept more than 2 hours after being cooked
- Store water and food in clean containers

People with HIV and AIDS have a weakened immune system and may become seriously ill if safety precautions are not taken.

3.7 Other Essential tips for Living with HIV and AIDS

- **Exercise:** It is important for people living with HIV to exercise too. Exercises make a person feel more alert, help to relieve stress, build muscle and stimulate appetite. Walking, running, swimming or dancing are all suitable exercises and people living with HIV and AIDS should choose the exercises they enjoy and that suit their situation.
- **Rest:** We need lots of sleep to be healthy. People living with HIV need extra rest so their body has the time and energy to fight the illness. Try to sleep for eight hours and rest whenever you are tired.
- Always practise safer sex. Medicine cannot cure AIDS. One can still get a sexual disease or re-infected with HIV, which will waken the immune system and you can infect someone else.
- **Avoid drinking alcohol, home brewed beers, tobacco** and **drugs.** These can weakens the immunity and health, and they also affect the way medicines work and prevent the body from absorbing nutrients from healthy food.
- Achieve and **maintain a healthy body weight.**
- Eat small amounts of food at a time

3.8 Caring and supporting for infected and affected persons

A good place to start showing your care and solidarity may be within your group, your family, with acquaintances or colleagues. When someone you know has HIV and AIDS, you may feel helpless. You may be afraid of intruding on your friend's privacy or simply not know what to say or do. Here are some tips on how you can help. If you know that someone in your group has HIV or AIDS, it is important to make sure that friends who are already aware of his or her condition know that it is safe to touch, hug, share food and be together socially.

At the same time, confidentiality should be respected. It is important to show that your regard for this person has not changed, and that you can continue to share friendship or joint activities in the same way as before. If the person is sick, he or she will certainly need other forms of support, such as help with cooking, shopping, taking medicines, going out, cleaning or simply talking about his or her feelings. HIV and AIDS related discrimination and stigmatisation also often occurs at the workplace. If you know a colleague who has HIV or AIDS, you may be able to help by making him or her as well as other colleagues aware of the rights of people living with HIV and AIDS at work. One concrete way to address such discrimination and stigma at the workplace is to advocate for behaviours and conducts which are consistent with international human rights standards.

3.9 Care and Support Needs

People living with HIV and AIDS need the following:

- Love and attention
- Nutritious food
- A clean, healthy environment
- Social and psychological support
- Medical care when sick
- Treatment of for STDs and TB
- Treatment of opportunistic infections
- Antiretroviral therapy

3.10 Positive Living with HIV and AIDS

Positive living is very powerful in the fight against HIV. Living positively is about hope, about living with the virus and not about dying from it. It means doing everything possible, both mentally and physically, to help the immune system cope with the virus (or any illness)in order to live as well and as long as possible. Some medications are powerful and helpful in the fight against HIV, but they can never replace an attitude of positive living. This means taking control of aspects of your life such as:

- Eating a good diet whenever possible
- Staying as active as possible
- Getting sufficient rest and sleep
- Reducing stress as far a possible
- Seeking medical attention for any health related problems
- Avoid tobacco, drugs, alcohol and other harmful substances
- Monitor your health
- Find people to talk to for emotional support
- Avoid other infections

3.11 Herbal treatments and remedies

People with HIV and AIDS often become more frustrated with the management of the disease. Many are willing to try anything in the hope of staying healthy and living longer, some visit traditional healers for advice. So far there is no hard evidence that traditional medicines can treat HIV and cure AIDS. However they say the certain traditional medicines and herbs may help to treat many of the symptoms of the opportunistic infections that are part of AIDS. While some of these medicines are undoubtedly helpful other may be dangerous because they may do more harm than good.

3.12 Role of Educators regarding good nutrition

Educators have the opportunity to provide correct nutritional information and to help parents and learners understand the importance of selecting nutritious food according to what is available locally, what is culturally acceptable and what can be afforded. The educator also needs to be aware of those learners and families who, due to poverty, are unable to provide sufficient food for their learners. Those learners should be included in school feeding programmes or any other community facilitated and organisations providing nutritional support. The educator can also educate learners and parents about ways to provide good nutrition while keeping cost to a minimum.

3.13 Maintaining the health of infected learners.

The relationship between nutrition and HIV is widely documented-children and caregivers in households affected by HIV are at risk of experiencing hunger for a number of reasons and nutritional status is major factor determining HIV disease progression. Children experiencing orphan hood are for example at increased risk of acquiring various health conditions-such as malnutrition and TB-by virtue of the socio-economic vulnerability associated with HIV and AIDS. Improving nutritional status can improve life expectancy and quality of life in children and adults and can extend the period in which HIV positive adults are able to provide care and support to their children.

People with HIV and AIDS, including children, should eat as much as possible in order to boost the immune system, gain weight and prevent the body from wasting or consuming muscle protein instead of fat. By adhering to general hygienic principles in a school, hostel or home, the spread of most disease-causing micro-organisms can be limited. It is important that there are guidelines are adhered to as the educator will usually not know who in the school is HIV-infected and who is not, and therefore these guidelines will benefit the health of everyone.

School feeding and HIV and AIDS

School feeding often refers to the provision of meals to children in school. It can include a mid-morning snack or drink, a hot lunch or rations to families. School feeding is vital in the context of HIV and AIDS. Food is lften the main need of poor families affected by HIV and AIDS. School feeing is particulary crucial in the light of the growing number of orphans and children made vulnerable to HIV and AIDS. School feeding ensures that poor chilren get an education, which can have a positive and significant impact on HIV prevalence rates. School feeding can enhance HIV prevention education by attracing children, especially girls, to school. School feeding also serves as a important entry point for broader, community-based HIV and AIDS work.

There are many reasons why school feeding is important:

- Education: School feeding attracts children to school, helps to keep them there and enables them to get and education.
- Child development: School feeding helps to build children's immune systems, fight micronutrient deficiencies and prevent physical and mental stunting.
- Child malnutrition: Giving take home rations to encourage girls' schools attendance can have a long-term effect on reducing child malnutrition.
- Orphans and Vulnerable Children: Orphans and vulnerable children are more likely to not enroll in school; enroll late; attend school irregularly; or drop. Out of school earlier than other chilren. Family take home rations for this group helps to ensure their enrollment and attendance.

It is recommended that the comprehensive care of HIV-infected learners include:

- The prevention of unnecessary infections through the maintenance of a hygienic environment
- The prevention of common illnesses through immunization
- The early recognition, diagnosis and treatment of any illness or complications.

3.14 Ways is which educators can prevent the transmission of illness

- Make sure that all learners' immunizations are up to date
- Make sure water is safe for drinking
- Wash hands frequently
- Implement universal precautions to prevent unnecessary exposure to blood or blood contaminated body fluids(blood, semen, vaginal secretions, amniotic fluids, breast milk and any other body fluid containing visible blood)
- Keep hostels, schools and home environments clean.

Good health for any learner or adult is a combination of preventing unnecessary risk and illness as well as promoting the general well-being and holistic development of the person. To do this in the school situation, the educator needs to create a caring atmosphere with a particular focus on good health and nutrition practices in a space free from safety and environmental hazards.

Summary

Food cannot cure AIDS, nor does it treat the virus, but it can certainly improve fitness and quality of life for People Living with HIV and AIDS (PLWA's). Nutrition education gives a person a chance to build up healthy eating habits. Good nutrition is essential for achieving and preserving health. So far there is no hard evidence that traditional medicines can treat HIV and cure AIDS. However they say the certain traditional medicines and herbs may help to treat many of the symptoms of the opportunistic infections that are part of AIDS. While some of these medicines are undoubtedly helpful other may be dangerous because they may do more harm than good.

Questions for Reflection

Review the information in this unit, and discuss the following questions:

1. Explain the relation between HIV and nutrition.
2. Describe the lifestyle changes necessary to protect the nutritional status of people living with HIV and AIDS.
3. Describe how HIV and AIDS affects the nutritional status of individuals.
4. List the reasons why good nutrition can help extend the live of people living with HIV and AIDS.
5. Describe the effect of poor nutrition and other previous infections on the course of HIV infection.
6. Explain the role of educators regarding HIV and healthy living.
7. Describe the link between Nutrition and HIV and AIDS.

In the next unit we will look at Influencing Factors that affect, and cause the spread of HIV and AIDS.

UNIT 4: CONTRIBUTORY FACTORS TO THE SPREAD OF HIV INFECTION

Welcome to Unit 4. In Unit we briefly mentioned some of the factors that contribute to high HIV prevalence. In this unit we will look at the factors that affect, and in some cases cause, the spread of HIV and AIDS in order to understand the HIV and AIDS epidemic.

Objectives of this Unit
At the end of this unit, you should be able to;

- Develop an understanding of the contributing factors and other critical risk factors associated that affect, and cause the spread of HIV and AIDS.
- Develop an understanding other critical risk factors associated with HIV and AIDS.
- Examine how gender relationships contribute to increasing HIV infection
- Develop an understanding of the contributing factors that affect, and cause the spread of HIV and AIDS.
- Examine how gender relationships contribute to increasing HIV infection
- Suggest how the different contributory factors that exacerbate the spread of HIV and AIDS could be addressed.

4.1 Introduction

As with any other infectious diseases, it is also greatly influenced by the social, cultural and economic context. Aspects of that context are relevant to HIV transmission include poverty, gender, culture, etc. It is crucial to be aware of factors that affect and in some cases cause, the spread of HIV and AIDS in order to understand the HIV and AIDS epidemic. It is everyone's responsibility to work to address these factors if we are going to succeed in turning the tide of this disease. We need to explore these contributory factors that exacerbate the spread of HIV infection and suggest responses or interventions to the epidemic. If these factors could be understood, then, they could perhaps be changed.

"Contributing factors" are factors that affect, and in some cases cause, the spread of HIV and AIDS. There are several such factors affecting the spread of HIV and AIDS. These factors may change depending on the time frame and affect individuals differently, depending on their circumstances.

4.2 Some of the prominent contributing factors today are:

a. Socio-Cultural Beliefs and Practices

The root cause of Namibia's high HIV prevalence are cultural beliefs that accept people having multiple sexual partners and encourage women to show that they are fertile before getting married; negative cultural perceptions of the sexual rights of women. These are things that the majority of people within a culture and/or society believe in and/or practice. Some Namibians believe that having multiple sexual partners is culturally acceptable (Talavera & Shapumba). Because Namibia has so many different cultures and ethnic groups, it has many different sets of socio-cultural beliefs and practices. Some of these beliefs and practices can be harmful by putting people at risk for HIV infection. Examples of potentially harmful beliefs and practices are:

- women and girls having babies out of wedlock to prove their fertility; married men (and women) having sexual partners outside of the marriage;
- the expectation that men should have many girlfriends;
- the belief that condoms are bad or not "manly"; the belief that having sex with a virgin will cure someone of HIV and AIDS;
- and the fact that in some cultures it is taboo to talk about sexual matters because this prevents people from communicating about previous sexual partners, current partners, getting tested, using condoms, etc.

It is important that one addresses socio-cultural beliefs and practices in order to begin reducing the number of new HIV infections. The best way to address harmful beliefs and practices is to inform people about which ones can be harmful and why. It is not effective to say a belief or practice is right or wrong; if you appear to be judging someone's culture, they will not respect what you are saying. A more effective approach is to use scientific information as the basis for determining what may be harmful and what may not. For example, you can say something like "The cultural expectation that men should have many girlfriends can be harmful because the more partners someone has, the higher his chances of becoming infected and infecting others are." This statement is based on scientific fact rather than a judgment of whether the practice is "good" or "bad". HIV and AIDS education, especially those for young people, needs to take account of culture and traditions.

b. Stigma and Discrimination

Due to the stigma associated with HIV and AIDS, the rights of people living with HIV and AIDS are frequently violated solely because they are known or presumed to have HIV or AIDS. Some people feel that by stigmatising and discriminating against people with HIV, they will keep the disease from harming themselves. In fact, stigma and discrimination not only violate people's rights but also are a major cause of the continuing spread of HIV and AIDS.

There is a direct relationship between stigma and discrimination and the spread of HIV and AIDS. Infected person feels shame and goes into denial. In order to stop the spread of HIV and AIDS, it is critical that stigma and discrimination against HIV-infected and affected people is stopped.Many Namibians do not want to get tested for HIV because of the stigma and discrimination associated with HIV and the fact that AIDS treatment is available for very few Namibians. Namibia is a country with a rich culture of caring for those in need and standing up for human rights. There is no reason why our society should abandon these deeply held convictions when it comes to people infected and affected by HIV and AIDS.

c. Gender inequity and inequality

HIV is spread primarily through sexual contact, and the unequal power relations between the sexes are one of the contributory factors. Decisions about when, where and how to have sex rest more with men than with women. Gender differences affect risk and vulnerability factors for HIV and AIDS in many ways. Women and girls are unable to insist on condom use without fear of a negative reaction from the man, including violence; women/girls who carry condoms may be viewed as a sign of promiscuity or as having the disease; women/girls (including those who are married) are often unable to refuse sex without fear of "punishment" from the man; and women/girls are unable to demand faithfulness from their partners. These situations are the result of gender inequality but expose both men and women to the disease because both partners engage in risky behaviours.

Until both men and women change their attitude, HIV and AIDS will continue to spread among both women and men. Irrespective of risks some men believe that they do not have to use condoms and that they have right to sex, particularly with their wives and transactional relationships. Girls are conditioned to accept gifts in exchange for love and sex.

Women's economic dependence on male earners increases their vulnerability to coerced sex. Some traditional practices increase women's risk of conducting HIV and AIDS. Addressing gender inequality is integral to address the HIV and AIDS epidemic.

d. Sexual Violence

Studies revealed that violent and coercive male behaviour, combined with young women's limited understanding of their bodies and of the mechanics of sexual intercourse, directly affect their capacity to protect themselves against STDs, pregnancy and unwanted sexual intercourse. Communication between partners on sexual issues is non-existent, and conditions and timing of sex are defined by male partners, giving young women little or no opportunity to discuss or practice safer sex. Media reports indicate that the rape of infants and elderly women is becoming more common. Women and children who are raped are at increased risk of HIV infection.

e. Poverty

HIV and AIDS is not a disease of the poor, but the poor are more vulnerable to the transmission of HIV and its more rapid development into AIDS. Poverty influences the spread of HIV and AIDS because it can cause people to resort to risky behaviour in order to survive financially. Where job and livelihood prospects are absent, people tend to lack hope for the future and see no reason for protecting themselves against a disease. For many people, young and old, the immediate problems of a life of poverty are so overwhelming that they outweigh concerns about contracting HIV and AIDS. Examples of this are prostitution, sugar daddies/mommies, and being involved in a sexual relationship (including marriage) in which one or both partners are not faithful. While poverty plays a role in spreading the disease, it is important to note that in many people who become infected with HIV are not poor. The disease is taking a heavy toll on skilled, educated people with well-paying jobs, including teachers, police officers, and military personnel. Therefore, while poverty is certainly an influential factor in spreading HIV and AIDS, it is often not the main cause.

f. Alcohol/Drug Use and Abuse

Alcohol and drug use and abuse contribute to the spread of HIV and AIDS by impairing people's judgment, causing people to not use condoms, causing behaviour such as rape and violence, and causing people to not care who they have sex with. Alcohol and drugs can also exacerbate feelings of loneliness and low self-esteem and make someone feel the need for emotional and physical satisfaction more than usual. In these moments of emotional vulnerability, people are more likely to put themselves at risk to gain some short-term gratification.

g. Access to Condoms

If someone is sexually active but wants to stay safe and protected, it is essential that they have access to condoms. As you will learn in Unit 6 the National Policy on HIV and AIDS for the Education Sector requires that all schools make condoms available and that they educate both teachers and learners about how to use them. As an inspector or advisory teacher, it is your responsibility to ensure and monitor that schools implementation the Policy. You must check to make sure that they not only have condoms in the school but that they make them available in a way that ensures confidentiality. Again, there is no point in encouraging someone to be protected if the tools to stay protected are not available. You have the opportunity to ensure that these tools are available.

h. Lack of Productive Activities

We all know that when there is nothing productive to do with our time and energy, we are more likely to turn to destructive behaviour to fill the void. This is most evident among young people. Young people have enormous amounts of energy and they are eager to be productive citizens. Given that many communities in Namibia lack resources to establish after-school programmes and activities, it is important for the school to step in and provide a way to keep young people engaged. The most effective activities are those that provide something interesting and engaging for young people to do but also develop positive character traits and build self-esteem along the way.

Examples of such activities are sports, arts/drama clubs, debate teams, AIDS awareness clubs, leadership programmes, choirs, cultural performance groups, support groups, and after-school clubs in which young people have a place to just "hang out," do homework, and do a variety of the above-named activities. As an inspector or advisory teacher, you could assist schools to develop action plans to implement these activities.

i. Ignorance and Feelings of Invincibility

Although most Namibians are aware of HIV and AIDS, many do not understand exactly what it means and how it can affect them. In addition, there is a feeling among many people that "this won't happen to me." Therefore, too often people do not take the necessary precautions to ensure that they are protected from infection. It is important for you as an inspector or advisory teacher to make it clear that anyone who has been or is sexually active may be at risk for the disease. Conversely, it is also important for people to know that it is not inevitable that they will get the disease. More than 75% of Namibians do not have the disease. This is important for people to remember so that they will take precautions to prevent themselves from infection. If people think it is inevitable that they will get it, they will not take precautions. If they think they can stay safe, they will be more likely to protect themselves.

j. Youth and Peer influence

Many young people feel compelled to behave in ways that will be approved by their peers. They are very sensitive to the opinions of their peers and are reluctant to deviate from peer norms. This heavy influence of peers has negative aspects. Some may engage in sexual practices, including those that risk transmitting HIV, because their peers can influence their colleagues to desist from sexual activity or take the measures needed to protect themselves against HIV transmission. Education and communication programmes towards HIV prevention amongst young people are more likely to succeed if they involve the participation of young people themselves or those close to them in age. Because the messages are not coming from outsiders but from peers themselves they are more readily assimilated into the peer culture and norms.

Summary

It is important that one address socio-cultural beliefs and practices in order to begin reducing the number of new HIV infections. Socio-cultural beliefs and practices, stigma and discrimination, gender inequality, poverty, alcohol/drug abuse, access to condoms and other services, lack of productive activities, particularly for youth, ignorance and feelings of invincibility are several such factors affecting the spread of HIV and AIDS in Namibia.

order to stop the spread of HIV and AIDS, it is critical that stigma and discrimination against HIV-infected and affected people is stopped. HIV and AIDS is not a disease of the poor, but being poor facilitates the transmission of HIV and its more rapid development into AIDS. Anyone who has been or is sexually active may be at risk for the disease. Education and communication programmes towards HIV prevention amongst young people are more likely to succeed if they involve the participation of young people themselves or those close to them in age.

Questions for Reflection

Review the information in this unit and reflect on the following questions:

1. What are the cultural factors that exacerbate the spread of HIV and AIDS in Namibia?
2. How do gender relationships contribute to increasing HIV infection?
3. Suggest how the different contributory factors that exacerbate the spread of HIV and AIDS could be addressed.

In the next unit we will look at providing a safe and supportive environment for teachers, orphans and children infected and affected by HIV and AIDS.

UNIT 5: PROVIDING CARE AND SUPPORT FOR EDUCATORS AND LEARNERS INFECTED AND AFFECTED BY HIV and AIDS

Welcome to Unit 5. In unit 4 we looked at the contributing factors that affect, and in some cases cause, the spread of HIV and AIDS. This unit will try to explore why care and support are important, and how you as managers can support schools in their attempts to create a culture of care.

Objectives of this Unit
At the end of this unit, you should be able to;

- Explain the qualities of a conducive environment for sexual health and HIV and AIDS
- Explore why care and support are important, and how you as managers can support schools in their attempts to create a culture of care.
- Encourage and promote school-based support systems at schools.
- Understand the legal and constitutional implications in terms of the rights and responsibilities of learners, the school, community in policy documents, such as the Namibian Constitution, the Education Act and the National Policy on HIV and AIDS for the Education Sector.
- Understand the concept of orphans and vulnerable children.
- Understand the concepts “infected” and ‘affected” learners.
- Map community and other resources that can be mobilized in support of orphans and vulnerable children.
- Understand that learners who are infected with or affected by HIV and AIDS may experience barriers to learning and development and to assist schools to address these barriers.
- Promote academic support to infected and affected learners.

5.1 Introduction

HIV and AIDS are a developing issue and the largest single management challenge facing education. HIV and AIDS will impact every aspect of management, teaching and learning for decades to come. A culture of respect and care can be a powerful tool for the prevention and management of HIV and AIDS in the whole education sector. Therefore, as educators and managers we need to help create care and support teachers and learners. The education sector has a fundamental role to play in prevention, care and support activities related to HIV and AIDS affected educators and learners. It is helpful to have a good relationship with the people in your area of work. In our response to the challenge of HIV and AIDS, we should use existing policies and Legislation like the Constitution, the Education Act and the National HIV and AIDS Policy for the Education Sector to establish and strengthen a culture of care and support.

As educators we need to realize that all learners and teachers have a right to lead a normal life, to have quality of life and reach their potential. All educators have a responsibility to equip themselves with the necessary skills to care for and support these learners in the most effective way. The National Policy on HIV and AIDS for the Education Sector is compiled to ensure the rights of learners infected and affected by HIV and AIDS.

The National HIV and AIDS Policy for the Education Sector say:

- No learner should be excluded from attending school because he or she cannot pay the fees
- No leaner should be denied admission to a school on account of his or her status.
- The testing of learners for HIV as a perquisite for admission to a school is prohibited.
- Learners with HIV should be treated in a just, humane way.
- Learners with HIV are expected to attend classes in accordance with statutory requirements for as long as they are able to function effectively.

The National Policy on HIV and AIDS is a model that policy-makers in schools at the local and/or district level may consult when developing their own HIV/AIDS policies.

5.2 What is a safe and supportive environment for HIV and AIDS?

A safe and supportive environment for HIV and AIDS can be described as an environment with the following qualities:

- Encouraging open expression/communication.
- Promoting good morals and values for teachers and principals.
- Protecting learners.
- Providing easy access to relevant information and support such as counselling.

5.3 Creating safe school environments

The most important aspect of establishing a culture of care in education is to work towards creating a safe and nurturing environment. Existing policies allow you to make sure that the school in your region and district are physically safe and you should display zero tolerance for violence and abuse. Gender inequality lies at the root of sexual violence and harassment. Sexuality, in particular, is often characterized by unequal relationships that make girls and women vulnerable to HIV infection .The abuse of power and authority within the education sector can lead to sexual harassment and rape. If we want to protect the physical safety of learners, it is important to ensure that the journey from home and school is also safe, and that once at school learners are free from sexual coercion and sexual harassment. Teachers and school governance are responsible, in loco parentis, for learners while they are officially taught at school, when learners participate in school activities and while on their way to or from school. The “loco” could therefore be expanded both in time and space for extra-curricular and extra-mural activities. The concept implies that the Ministry and its representatives are legitimately entrusted to care and protect children placed under its care.

A school is supposed to be a place of safety and a place of belonging and the hostel, a home away from home. Another aspect of physical safety is to be aware of and monitor unsupervised or isolated areas in the school and hostel grounds where bullying and harassment can take place. As many educational mangers know, a good indicator of a culture of respect and care at school is often the condition of the learners; toilets and the level of maintenance of the school grounds. In the learning environment, as in most other environments, it is usually not possible to know who has HIV. It is therefore important that the message of Universal first-aid Precaution is promoted. However, practicing caution must be balanced in such a way as to avoid unnecessary stigmatization and fear.

School principals and superintendents need to ensure that security and supervision in schools and hostels are adequate. Also to ensure that learners accommodated are not at risk of sexual harassment or abuse that puts them at risk of HIV infection. It is important to remember that HIV and other diseases such as hepatitis can be transmitted through blood contact. Therefore there should always be a first aid kit available at the school, the hostel and all sporting activities.

As educational managers, it is important that we establish a clear and common understanding about the following:

- Certain sexual practices in the education sector are unacceptable.
- It is unacceptable for female learners to act inappropriately towards male educators
- Rigorous codes and regulations will be applied to certain attitudes and behaviours and any breaking of the law.

5.4 Sexual contact between teachers and learners

The Ministry forbid affairs between teachers and learners. If an affair is discovered, the teacher will be charged with misconduct. Furthermore, according to the **Combating of Rape Act of 2000,** any sexual act between an adult and a child less than 14 years old is “rape.” In case of rape, there is physical and psychological harm in addition to possible HIV or other sexually transmitted infections (since rapist usually does not use a condom). The school is supposed to be a place of safety and teachers are in loco parentis positions, which mean that they are taking the role of the parents. This presupposes that teachers care for and have power over learners.

This position should therefore be taken into consideration when educators have sexual relations with learners. Some teachers make themselves guilty of sexual harassment, which is defined as abusive behaviour by a person against another in an institution. This will include all contact and no contact, violent and non-violent, coerced and seduced sexual activities as well as love affairs and exploitative acts between a teacher and a learner.

Whether or not initiated by the teacher, welcomed or not by the learner, whether or not the learner benefits, and whether or not there is discernible harm to the learner, this cannot be considered reasons to legitimise the sexual interaction between a teacher and a learner. Investigation officers and inspectors should ensure that learners do not face fear of retribution and are not subject to undue pressure by teachers or principals to withdraw such complaints.

5.5 Providing care and support for learners

To establish a culture of human rights it is important to start with the most vulnerable groups of our society- children. Not only do the rights of children need to be protected but children and young people need to be valued and respected. The Namibian Constitution (1990) states that every child has the right:

- To a name and a national identity from birth
- To family care or parental care, or to appropriate alternative care when removed from the family environment.
- To basic nutrition, shelter, basic health care services and social services.
- To be protected from maltreatment, neglect or abuse.
- To be protected from exploitative labour practices.
- Not to be required or permitted to perform work or to provide services that are inappropriate for a person of the child's age or place at risk the child's well -being, education, physical or mental health or spiritual.

5.6 Laws and Regulations that prohibit relations between teachers and learners

There are laws and policies that protect the right of individuals and provide a formal framework for the protection of learners and educators who are affected by HIV and AIDS. As educators it is our responsibility to enforce these laws. The newly promulgated **Combating of Rape Act, Act 8 of 2000,** stipulates that the age of consent of both girls and boys are fourteen years. Thus: If the learner is under the age of fourteen and there had been a sexual act (whether she had given the perpetrator permission or even begged him to have sex), it is a criminal offence.

5.7 Protecting learners

"Sugar dadday/mommie" is the name given to a man/woman (economically active) with a certain social status, usually having cash, a car and a cell phone, and engaging in sexual relationships (mostly extra-marital) with young girls/boys. In most cases sugar daddies/mommies make promises to girls/boys but do not keep them. They attract girls/boys with gifts and have sex with them.

After some time they loose interest and do the same with other girls/boys. Many teenage boys/girls are easy targets and exploited. Principals and teachers need to break the silence about sugar daddies/mommies, and in classrooms discuss the pros and cons of sugar daddies/mommies. Girls and boys should be informed that sugar daddies/mommies are not necessarily the answer to their problems or the safest way to a better life. If a learner makes the choice to enter into a relationship with a sugar daddy/mommy, he/she must know about the risks and possible results (including pregnancy, HIV infection, AIDS and possible death in a few years).

5.8 Dealing with Orphans and vulnerable children

The most visible demographic impact of the HIV and AIDS epidemic is the growth in the number of orphans. Several definitions of children called orphans are currently in use. International agencies such as UNICEF, and UNAIDS have developed definitions. The National Policy on Orphans and Vulnerable Children defines orphans and vulnerable children as " children under the age of 18 whose mother , father or both parents or primary caregivers has died, and /or is in need of care and protection."

HIV and AIDS can cause many children great misery. Many lose parents, breadwinners and caregivers and have to fend for themselves. Young people are often left to take care of the sick. This means that they have to do physically hard work at home such as washing the patient, cooking, washing clothes, and fetching water, wood and medication. They also have the additional stress of financial worries. Sometimes those who are looked after by extended family still feel unprotected and lonely.

5.9 The rights of children and orphans in Namibia

Education is a basic human right of all children, including OVC'S. After independence, Namibia became a signatory to the United Nations Convention on the Rights of the Child. The rights of our children are also protected in our Constitution. The challenge for educational planners is to listen carefully and to understand what children affected by HIV and AIDS are going through. It is our duty to respond when we suspect that a child may be in need of care of protection. They need emotional support. It takes a little planning and a willingness to care. As more children lose are parents and caregivers they become vulnerable to abuse and violence. Their world is not safe.

A school can be the one place where these learners can get some sort of support and a sense of self-worth. It is therefore important that the system helps children to stay in school. This can be done by looking at the kind of needs these children have, and ways in which those needs can be addressed. Children orphaned by AIDS should not be seen or treated as a separate group of children to those experiencing orphan hood due to other causes. The special needs of HIV-positive orphans should be recognized and addressed through for example, the provision of accessible health care and basic nutrition.

5.10 Responding to the needs of orphans and vulnerable children

Orphans and vulnerable children need:

- Good physical care, such as clean water, healthy food, and medicine.
- Social care, such as access to child care grants, nurturing, especially when children move into new homes.
- A warm and caring atmosphere where vulnerable learners and educators feel accepted and supported.
- To be accepted and supported by the school community.
- A peaceful, secure, safe, crime-and violence free environment.

Put learners in touch with organizations that can help to protect their rights. Enforce laws and regulations to protect the rights of learners as set out in the Constitution and education policies and guidelines. Schools have a responsibility to use their Life Skills curriculum and programmes as platform to consciously build self-esteem. Schools could make sure that certain educators are available in the afternoon for any learners who wish to speak to someone they can trust and who will treat what they say confidentially. Schools could co-operate closely with social and health services to provide school-based counseling centers for learners.

Provide academic support for ill learners

Educators can help ill learners with their work in the following ways:

- Help learners to organize the work they have to catch up on.
- Involve colleagues and friends in helping them.
- Allow learners to take textbooks home so that they can study there if they are unexpectedly sick.
- Educators can encourage learners to help one another. Educators could organize voluntary home-buddies or have homework clubs. Academically successful learners could help classmates who are often absent.
- Do not treat OVC's in isolation.

They can help them to catch up with class work and homework. Youth clubs or AIDS clubs could organize various activities. Some ideas are: start a cooking club where learners prepare cheap healthy meals for needy learners, or run a home-club where they learn basic skills of caring for ill people. Youth clubs could teach the skills of home-care, and raise funds to give material support. Learners living near ill or affected classmates could visit them and offer academic or practical support.

5.11 Providing care and support to infected educators

Educators who are infected with HIV as well as those affected by HIV and AIDS need care and support. Probably the most immediately challenge will be to deal more generally with problems of absenteeism and poor performance amongst educators.

There is a need for the system to do the following:

- Address problems of absenteeism and poor performance
- Develop a policy to avoid the disruption of education because teachers are absent or schools close because of funerals.

There should be support systems at regional level, district or cluster level. Any support system of this kind should do the following:

- Make staff aware of their rights and available support. Educators will be able to get support and advice from the education department and the Department of Social Welfare.
- Train school managers in basic human resources management issues including sick leave/ absenteeism management, or more practically, making sure that they can contact someone who is skilled in this and can advise them.
- Encourage educators who are HIV-positive or sick with AIDS to find out more about access to anti-retrovirals. They should study the guidelines for medical aid for providing drugs to infected people and people living with HIV.
- Help educators to access to information about the side affects of these drugs and what is involved in complying with treatment.
- It is important not to discriminate against a sick teacher. Instead, we should try and help them. For example, share information about counseling, care and positive living with HIV and AIDS.
- Encourage educators to create an educator support team to support educators, and to create a safe environment. A supportive atmosphere among members of staff is important.

Anti-retroviral treatment could improve the conditions of people living with AIDS if administered at certain stages in the progression of the condition, according to international standards. However, these drugs are too costly, and they can cause harm if used incorrectly. Educators who are infected with HIV or who have AIDS will need emotional and social support because, in addition to the regular pressure and stress of their jobs, educators often have to cope with additional problems:

- Financial pressure caused by their illness.
- Anxiety and fear caused by knowing that they are going to die.
- Discrimination and stigma around the illness.
- Depression.
- Feeling like an outcast.
- Physical and emotional stress

5.12 Ensuring confidentiality

Persons with HIV and AIDS have the right to confidentiality and privacy concerning their health and HIV status. There should be no indicator on an employee's records if HIV status is known. All personal details of all employees, including the actual or suspected HIV status of any employee, shall remain strictly confidential. If an employee with HIV and AIDS decides to disclose his/her diagnosis to a colleague, superior or supervisor, the person will take all reasonable measures to ensure that this information remains private and confidential. Ethically and legally, we are required to keep all information of peoples' HIV and AIDS status confidential.

5.13 Fear and prejudice

We need to be aware of the impacts of HIV and AIDS on principals and other staff members. Infected staff members all of a sudden have to deal with additional medical costs, other financial distress and the stress of the chronic terminal disease. These people are confronted with the fear of losing their employment, stigma and concern about their children and siblings. Affected staff members are suddenly confronted with funerals of their family members and colleagues, loss of their partners as well as the trauma of bereavement. In addition they have to take on extra school and family responsibilities, care and support of relatives and on top of that fear of their potential status and death. Both affected and infected staff members have to deal with fear of the unknown and would need all the support and counselling that they could get from Inspectors and Advisory teachers

5.14 Universal Precautions

Universal precautions are a term usually used by health care professionals working in hospital and clinic settings. It means that everyone "universally" should be considered to be potentially infected with HIV.

- Avoid direct contact with blood or other body fluids. Use barriers for protection from infectious bodily fluids.
- Use latex gloves or plastic barriers if gloves are not available to cover your hands. Proper disposal of the barrier, such as gloves, is also important, as is hand washing after the event.
- Stop bleeding as quickly as possible
- Clean up blood spills immediately using gloves or plastic barriers and wipe with a bleach/ water solution; then, dispose of soiled items in plastic bags.
- Avoid direct contact with blood
- Clean the wounds with antiseptic. If you do get blood on yourself, you should not panic but wash it off as soon as possible with lots of soap and water.
- Use antiseptic or diluted bleach to clean any areas that came into contact with blood. These include clothes, surfaces, floors, and instruments used to dress wounds.
- Make arrangements to dispose of sanitary towels and tampons and any other bloody waste at school or hostel so that no one can have contact with them.

Summary

As educators and managers we need to help create care and support for teachers and learners affected by HIV and AIDS. In our response to the challenge of HIV and AIDS, we should use existing policies and laws like the Constitution, the Education Act and the National HIV and AIDS Policy for the Education Sector to establish and strengthen a culture of care and support. The rights of children and educators need to be protected. Children and young people need to be valued and respected.

The most important aspect of establishing a culture of care in education is to work towards creating a safe and nurturing environment where learners can learn and teachers can teach. It is hoped that the schools and the broader community take hands and to do everything possible to care for and support those in care. There are sufficient legal and constitutional power to enforce the rights of learners and educators who are infected with of affected by HIV and AIDS. The moral-ethical obligation far outweighs the idea of being forced to care for or support these learners. Being responsible implies that we take action to ensure the well-being of all teachers and especially the learners in need. This imperative is even more applicable to professional educators within the school system. The HIV and AIDS epidemic impel inspectors, advisory teachers, principles, parents and the broader communities to take hands and to do everything possible to care and support those in need. The sooner school develops a culture of care and support, the better the quality of life in that community will be. When schools have established a school-based support system, which includes a well-organised community networks with partners who will help them to create support structures, the school will take its place at the centre of the national HIV and AIDS campaign.

Questions for Reflection

Review the information in this unit and reflect on the following questions:

1. Explain the qualities of a conducive environment for sexual health and HIV and AIDS.
2. Explain ways in which we can respond to the needs of orphans and vulnerable children.
3. Mention some of the things that we can do to support educators living with HIV.
4. Describe how we could maintain the quality of learning and teaching in a sick teacher's classroom.
6. List ways in which educators can provide academic support for ill learners.
7. Describe how educators and managers could help to manage the impact of HIV and AIDS at schools.
8. Why has it become necessary to address care and support at school?
9. Why do you think is it important to have compassion towards chidren and adults infected with or affected by HIV and AIDS?

In the next unit we will look at education and HIV and AIDS: Challenges and Responses.

UNIT 6: EDUCATION AND HIV and AIDS: Challenges and Responses

"AIDS is turning back the clock on development. In too many countries the gains of life expectancy won are being wiped out. In too many countries more teachers are dying each week than can be trained" President of the World Bank, 2000

Welcome to unit 6. In this unit we will look at HIV and AIDS an the immense challenge to the education, and how the education sector is undermining progress towards the **goal of Education For All** by affecting the demand, supply, and quality of education. This unit gives you some practical guidelines about monitoring the implementation of the National Policy on HIV and AIDS.

Objectives of this Unit
At the end of this unit, you should be able to;

- Develop a general understanding of how the epidemic impacts on education.
- Analyse the impact of HIV and AIDS in your own context by doing a simple impact assessment.
- Understand the role of education in developing an effective and meaningful response.
- Device in-service training programmes on HIV and AIDS education.
- Identify strategies, which could be employed in order to minimize the impact of HIV and AIDS on education.
- Identify roles, which an inspector and advisory teacher should play in the HIV and AIDS education programmes.
- Monitor the impact of HIV and AIDS, as well as the implementation of the HIV and AIDS policy.

6.1 Introduction

It is time to acknowledge that HIV and AIDS can no longer be separated from the cultural, social and economic life of our country, and that it impacts on the education sector in many powerful ways. When you look at the conditions mentioned previously that make people susceptible to being infected with HIV, it is easy to see that HIV and AIDS is not only a health issue. Although biomedical responses can help to save lives, the only way to stop the epidemic is to address the social-cultural conditions.

HIV and AIDS is an immense challenge to the education sector and is already undermining progress towards the goal of Education for All by affecting the demand, supply, and quality of education. If we fail to bring the epidemic under control, we run the risk of facing a large challenge in future. Once the epidemic has become widespread, it has a tendency to spread much faster because more individuals and many different groups of society are affected. The HIV and AIDS epidemic does not only affect individuals-it affects every part of, and every institution in society.

6.2 What is the impact of HIV and AIDS on education?

The education sector is not immune to the spread of HIV. In our country at this time, the role of the education sector has to be examined and redefined. When a person is infected with HIV, the immune system slowly breaks down, leaving the individual vulnerable to the hazards of several opportunistic illnesses. The impact study conducted for the two ministries of education highlighted the major issues facing the education system due to HIV and AIDS. These include teacher absenteeism due to illness, learner absenteeism, projected deaths among educators, and the needs of orphans and vulnerable children for support including assistance to attend scholl (school development fund, school uniforms, school feeding schemes, etc.).

The impact of AIDS on the education sector can be analyzed by looking at different levels. In education HIV and AIDS impacts on:

School attendance and performance of affected children

HIV and AIDS have a negative effect on learners. HIV and AIDS make it likely that a substantial number of children will not be able to enroll in the normal way. As the epidemic advances, drop-out rates due to poverty, illness, lack of motivation, and trauma will increase. There will be greater number of sick children, and many, especially girls will be taken out of school to care for sick relatives or to take over household responsibilities. A decline in school enrollment is one of the most visible effects of the epidemic. The reduction in the number of children attending school will have a significant impact on the ability of the to achieve the **Education for All targets.**

a. Educators: Reducing supply and quality education

The education sector will experience a loss of human resources as teachers as well as school administrators and supporting staff die, fall sick, or are psychologically traumatised by family and community deaths due to AIDS, and therefore become unable to work. Teachers are suffering from overwhelming stress and psycho-social trauma. Teacher absenteeism is increased by HIV and AIDS as the illness itself causes increasing periods of absence from class. Teachers with sick families also take time off to attend funerals or to care for sick or dying relatives and teacher absenteeism also results from the psychological effect of the epidemic. When a teacher falls ill, the class may be taken on by another teacher, may be combined with another class or left untaught. The illness or death of teachers is especially devastating in rural areas where schools depend heavily on one or two teachers. Moreover, skilled teachers are not easily replaced.

It is likely that the impact of AIDS will quicken teacher attrition rates. In 2002 it was estimated that as many as one in seven educators were infected with HIV nationwide with the proportion rising in Caprivi. The death rate of teachers was estimated at 1.4 % per year at the beginning of the decade. (CCA, 2004: 40). Without anti-retroviral drugs, the annual death rate would climb to 3.5 % by 2010, resulting in the cumulative loss 3.360 teachers, or 19 % of the current teaching corps. With the consistent use of anti-retrovirals, an estimated 860 teachers would die by the decade's end (Abt Associates, 2002)

b Education Quality

The HIV-related stress which many teachers experience is aggravated by the expectation that they will incorporate HIV and AIDS education into their teaching. Many feel poorly equipped to do so, saying they have not received the necessary training or support materials to enable them to teach in this area. Others are afraid to raise issues of sexuality with their learners lest they tread on taboo areas, give offence to parents, or be accused of teaching immoral practices to children, Many are personally very sensitive on the whole subject of HIV and AIDS, knowing or suspecting that they themselves or one of their family may be infected. The teacher loss, and other AIDS-related factors, will almost certainly have very negative effects on the quality of education.

If the education sector cannot support AIDS-affected teachers or supply adequate replacements for those who fall ill or die, the overall morale of people working in the education sector and, with that, the quality of the education system will be reduced. Furthermore, if curricula are not providing the knowledge and the skills that young people need in an AIDS-affected society, the quality of education provided to them will also decrease. Quality education is a basic human right. It provides children with invalnable tools to fight poverty and promote social progress. It increases llife-skills such as self-confidence, social negotiation skills, and their earning power. Investing in quantity education for girls has been showen to reduce their vulnerability to domestic violence and sexual abuse. Due to the magitude of the HIV and AIDS epidemic, the quality of education and systems has been challenged, potentially theatening progress towards the Education for All (EFA) goals. Steps must therefore be taken to ensure that all learners have access to education to help reduce their risk and vulnerability while working to guarantee that quality measures are created, implemented and adopted.

c. Education Content

The content of current curricula must be reformed to reflect the learning needs related to the HIV and AIDS epidemic, such as health and sex education messages, coping with illness and death in the family, non-discrimination towards people living with HIV and AIDS, gender roles and issues, and life skills.

d. Education planning

HIV and AIDS have an impact on ministries, departments, and policy makers responsible for proper planning and allocation of education resources and services.

In summary, impacts can be described as falling into three interrelated main categories; psycho-emotional impact, social impact and material impact.

6.3 The Role of Education in HIV prevention and what government agreed to do

Namibia is a signatory to wide range of international and regional agreements, treaties, conventions, declarations and commitments. The international commitments of particular relevance to the national HIV and AIDS response are the:

- **The Declaration of Commitment on HIV and AIDS**
- **Millennium Development Goals**
- **The Dakar Framework for Action**

a. The Declaration of Commitment on HIV and AIDS

In June 2001, Heads of States and representatives of Governments met at the United Nations General Assembly Special Session (UNGASS) dedicated to AIDS. They expressed their agreements in the Declaration of Commitment on HIV and AIDS. The Declaration is a clear statement by governments outlining what has been agreed upon and what they are committed to doing.

b. Millennium Development Goals

At the Millennium Summit in September 2000, the states of the UN reaffirmed their commitment to working towards a world in which sustaining development and eliminating poverty would have the highest priority. It recognises that AIDS poses an unprecedented public health, economic, and social challenge since, by infecting young people and by killing so many adults in their prime, it undermines development.

c. The Dakar Framework for Action

The World Education Forum held in Dakar, Senegal, in 2000 adopted the Dakar Framework for Action. Strategy seven of the document calls for urgent implementation of education programmes and actions to combat the HIV and AIDS pandemic. The HIV and AIDS pandemic are undermining progress towards Education for All in many parts of the world by seriously affecting educational demand, supply and quality.

To achieve Education For All (EFA) goals will necessitate putting HIV and AIDS as the highest priority in most countries, with strong, sustained political commitment; mainstreaming HIV and AIDS perspectives in all aspects of policy; redesigning teacher training and curricula; and significantly enhancing resources to these affords. The pandemic has had, and will increasingly have, a devastating effect on education systems, teachers and learners, with a particularly adverse impact on girls. A rights-based response to HIV and AIDS mitigation and ongoing monitoring of the pandemics impact on Education for All (EFA) goals are essential.

The ministry guaranteed basic human and children's rights that the government has agreed to uphold, including the right to education, the right to information, the right to protection of privacy and confidentiality, the right to health care, and the right to protection from exploitation and abuse.

In 2003 the Ministries of Education and Higher Education adopted **a Policy on HIV and AIDS for the Education Sector.** They have established the **HIV and AIDS Management Unit (HAMU)** to facilitate the implementation of this policy, and at regional level **Regional AIDS Committees for Education (RACE)** have been put in place.

6.4 HIV and AIDS Prevention Education

The ministry of education has already embarked on a process of including HIV prevention in the curriculum, and developed learning support materials as well. However, there are a number of shortcomings:

- HIV and AIDS get little attention
- Where it is part of the curriculum, HIV and AIDS is not covered comprehensively,
- Learning of facts is generally emphsized over acquiring attitudes and adopting safe behaviours.
- Teaching methods are not appropriate, taking into account factors such as gender inequalities, socio-cultural context and life skills education
- Teachers are not adequately trained or supported to provide effective HIV prevention education

Overall, these weaknesses means that HIV is often not covered in a meaningful and relevant ways, and with sensitive but vita issues often missed out. In some cases, HIV and AIDS is simply not taught at all.

It is imperative that HIV prevention education be incorpoted be incorporated into the curricula of schools. It is vital that HIV prvention starts at an early age in primary school and be sustained through secondary school. As a group not yet infected with HIV, children and young people present a "window of opportunity" that is vital not to miss. There is a need to talk about HIV and AIDS in school. Our children are growing up in a world with HIV and AIDS, and we need to prepare our children to deal with this disease and prevent it. It is our duty as educators to help them to be safe.

We need to encourage them to choose a healthy HIV-free life. For they need knowledge and skills and they need to know that we care enough to do everything in our power to help them prevent HIV. Our children are vulnerable, and they are also our greatest hope for the future. Our schools in particular present us with an opportunity to do something about the spread of HIV and the way we live with AIDS.

There is great potential for the education sector to slow down and even stop the spread of the epidemic. The challenge for educators, managers, planners and education officials at all levels is to make HIV and AIDS issues part of their day-to-day thinking, planning and action. Valuable work is already happening in this regard, but it needs to be strenghthened and extended. Given the absence of a cure and a vaccine, education is the most effective tool to fight the HIV and AIDS epidemic. There is a great potential for the education sector to slow down and even stop the spread of the epidemic.

Although the education sector has a great responsibility to implement the National Policy through activities such as life-skills programmes and universal precautions, it will not be able to do so if its ability to deliver is being eroded. An education sector will not achieve success if its learners are facing more and more obstacles to getting access to education. It will also not be able to perform well and achieve success if its educators are being lost or are facing extra stress.

An effective education sector response to HIV and AIDS requires the following:

1. Preventing infection and containing the spread of HIV with the help of life-skills programmes and more general curricular activities so that education acts as a social vaccine.
2. Providing care and support for learners and educators affected by HIV and AIDS.
3. Protecting the quality of education by protecting the system and responding flexibly to challenges and local needs.
4. Managing a coherent response to HIV and AIDS through monitoring impacts, networking with other sectors, and sharing resources to build a foundation for action against the epidemic.

6.5 How can we help to manage the impact of HIV and AIDS at schools?

As educators, managers, planners and education officials at all levels, we could:

a. At community level: Involve parents in education programmes and school committees to improve thier knowledge and attitudes about HIV and AIDS.
   - Build strong links between parents, local community and religious leaders, the school, the school governing bodies, and youth organisations.
   - Involve the community in shaping positive cultural values, beliefs, attitudes and behaviours
   - Include members of the community in life skills and sexuality training.
   - Help to establish community life skills committees that look at what are acceptable sexual practices, find solutions to change high-risk behaviour, and help the school to develop an HIV and AIDS strategy.
   - Plan and carry out awareness campaigns with and for community member.
   - Talk to school communities about the impact on HIV and AIDS on the education sector.
   - Encourage schools to fit in with events from broader campaigns.
   - Help to raise funds for families in the local community who are affected by HIV and AIDS.
   - Establish and support a community and school-based “Circles of Support” for orphans and vulnerable children, as well as educators affected and infected by HIV and AIDS.
   - Establish a committee on HIV and AIDS to create awareness in schools and communities and to develop and implement an action plan in response to the impacts.
   - Involve people living with HIV in prevention education and care activities.

b. At school level:

   - Encourage openness in speaking about sex and sexual health.
   - Help learners who are infected to continue their education.
   - Set up effective systems for confidential reporting of problems, to ensure that learners get access to support and guidance they need to address their problems and stay in school.
   - Assist school management to engage parents and governing bodies to get them to agree that HIV infection is a problem and get their support for key aspects of school programmes.
   - Facilitate and provide advisory support to teachers on how to integrate HIV and AIDS education both into the curriculum and into extra-curricula activities within the school setting such as youth cams, peer education, theatre, study tours, exhibitions, contests, sports, etc.
   - Make sure that schools and hostels are safe settings in which teaching and learning can occur free from the threat of violence, bullying and sexual abuse.
   - Enforce clear codes of conduct and practice, backed by concrete enforcement measures, which can in protecting teachers and learners against actions that may be illegal and unprofessional (e.g., sexual relations between learners and teachers-perhaps in exchange for academic or economic rewards).
   - Integrate HIV and AIDS issues in a broader health education approach, also including malaria, tuberculosis, reproductive health, substance abuse, and sexually transmitted infections.
   - Train teachers on how to deal with HIV-positive students and colleagues and how to teach about HIV and AIDS, life skills, and related issues, and integrate this content into the teacher training curriculum.

- Develop and provide adequate teaching and learning materials related to HIV and AIDS knowledge and skills based on a life skills approach and with supporting materials for use outside the school setting.
- Provide clear messages about the cause of transmission of HIV.
- Include something about HIV and AIDS when you visit schools or in staff meetings with parents and teachers.
- Invite Persons Living with AIDS to address school gatherings.
- Ensure access to education for orphans and vulnerable children (OVC's) through safe and supportive hostel boarding facilities.
- Enhance hostel staff capacity by offering them pre-service and in-service workshops, seminars and hands-on courses on catering, hospitality training,
- Establish with the help of the regional educational school councilors circles of support for OVC in all schools with hostels.
- Establish a committee on HIV and AIDS to create awareness in schools and communities and to develop and implement an action plan in response to the impacts
- Arrange for a talk for learners, parents and the community from an HIV positive person on the impact of HIV and AIDS and living positively. Involving people living with HIV and AIDS can have a powerful impact on teachers and parents of a school.

6.6 Curriculum interventions:

The Ministry has recognized its responsibility to minimize the social, economic and developmental consequences of the HIV and AIDS to the education system. Valuable work is already happening in this regard, but it needs to be strengthened. The schools and the education system have adopted various strategies for promoting HIV and AIDS awareness and prevention among young people. The central principle of these interventions is that they should help the participants to behave in ways that would protect them form HIV infection. Examples of the programmes and activities adopted include:

- Integrating quality life skills, sexual health, and HIV and AIDS education into the school curricula and is planning a comprehensive life skills, sexual health, and HIV and AIDS training programme for teacher, school managers, inspectors and advisory teachers.
- Sexual health and HIV and AIDS programmes like **'Window of Hope'** and **My Future My Choice"** were developed to help students develop personally held value systems which would empower them to correct and safe choices that would reduce the likelihood of their contracting HIV. The fundamental purpose of the educational programmes is to develop values and attitudes that say **"Yes"** to life and **"No"** to premature, casual, unprotected or socially unacceptable sex and sexual experimentation. Promoting the involvement of school students in HIV and AIDS education, both within the classroom and through co-curricular activities. These activities, such as anti-AIDS clubs, HIV and AIDS mural paintings, essay and art competitions within and between schools, and performing arts encourage young people to share information.

a. Development of Responsible Sexual Behavior

Young people have often learn about sexuality and reproductive health from peers and through jokes and gossip. Information from such sources may be incorrect or either too early or too late for their age. Ideally parents should provide children with the basic information about sexual matters. But it is common knowledge that they do not. Parents are the ideal individuals to teach children about sexuality. If children learn about sex from their parents, they are more likely to receive accurate information than if they learn about it from peers. In addition, since children, probably, feel closer to their parents than other adults, they should feel freer to ask the questions that really concern them.

Evidences suggest that receiving sex education from parents or teachers may actually decrease the incidence of some sexual problems. If children learn about sexuality from their parents, they receive a much more positive view of sexuality. If they learn about it from their peers, they may learn it incorrectly. Sexuality does not remain outside the school gates. It is a constituent of life in schools as it is of any parts of social life. At present the spread of the HIV and AIDS and the rise in the number of cases of many other sexually transmitted diseases in this country have made the dissemination of information through schools an urgent matter. Thus school teachers, in addition to what is stated in the books, should teach their learners about responsible sexual behavior. They should give more emphasis on reproductive health issues including contraception, teenage pregnancy and the methods of avoiding sexual abuses. However, since sex is a taboo in our society, they should study the norm and culture of the specific locality before designing the methodology of the delivery of the topic and the content.

b. Training and support for educators.

Planners and managers need to ensure that educators have the appropriate skills to help learners who are infected to continue their education. Educators need systematic training and support to deal with the prevention of HIV infection.

Here are some effective ways in which planners and managers can do this:

- Provide regular high quality pre- and in-service training.
- Make sure that quality materials are distributed and that educators have access to them.
- Make sure that the curriculum content includes correct information on HIV and AIDS and its transmission, the myths, false beliefs, risky behaviour, and the nature of human sexuality and relationships.
- Prepare and disseminate culturally appropriate teaching and learning materials
- Establish links with health services.

Provide training in basic counselling skills so that educators know how to respond to learners and colleagues who approach them for help. Educators not only need introductory courses on the national Life Skills and HIV and AIDS material, but more importantly, they need to have some training on how to help carry the burden of learners, colleagues and community members who are affected by or infected with HIV. If we seriously expect our educators to help to turn the tide of this epidemic, we need to invest in their capacity to do so and provide them with the skills to cope. At the same time, school managers and school governing bodies need to have similar training so that they understand what teachers are doing. In this way they can support teachers' efforts because they understand how aspects of sex education that are not part of the core curriculum are being handled.

Preparing and supporting educators to play this role also means helping them to understand that the full burden of dealing with the realities of HIV and AIDS does not rest only with them. They should think of ways to establish support systems that pull in support from higher levels, other sectors, the community and NGOs. It is important to form partnerships to find ways to deal with challenges effectively.

6.7 Community support

It is vital that local communities, and particularly parents, support any efforts to prevent the spread of HIV. Learners are at risk at school but the greatest risk they face is outside the school gates. This is mainly because it is much harder to get messages of prevention into the informal learning networks of the community. It is therefore important to build strong links between parents, local community and religious leaders, the school, school governing bodies and youth organisations. Denial and insufficient knowledge about HIV and AIDS is still very common in many communities. This means many schools will need support in challenging conservative and resistant school governing bodies and community members to start talking about HIV and AIDS and taking action. This needs creative and charismatic leadership both at educational management and at school level.

6.8 The National Policy on HIV and AIDS for the Education Sector

In response to the challenge of HIV and AIDS, we should use existing policies and laws like the National Education Act and the National HIV and AIDS Policy for the Education Sector to establish and strengthen a culture of care and support for learners and teachers already infected by HIV and AIDS. One of the critical contributions which you can make in the response to HIV and AIDS is to initiate, develop and promote the implementation of an institutional policy on HIV and AIDS.

A policy is a guideline and is based on current trends, legislation and organizational research so that all role-players agree on the basic framework within which to operate. The creation of the national policy on HIV and AIDS for learners and educators has been an important step in helping planners, managers and educators to understand what is happening, and to address the impact of HIV and AIDS. We need to translate the national policy into effective action.

The National Policy on HIV and AIDS for the Education Sector was developed and approved because the Ministry realized that it has to deal with HIV and AIDS epidemic in the education sector. The **National Policy on HIV and AIDS for the Education Sector** (January 2003) addresses the following critical issues:

- Non – discrimination and equality with persons living with HIV and AIDS
- HIV testing, admission and continued attendance
- Confidentiality and disclosure of HIV / AIDS related information
- Orphans and vulnerable children
- Safe school environment
- Prevention of HIV transmission during play and sport
- Education and information on HIV and AIDS
- Duties and responsibilities of all in the Education Sector
- Refusal to study, with or being taught by those living with HIV and AIDS
- HIV and AIDS as a workplace issue in the Education Sector
- HIV and AIDS Advisory Committee and implementation plans

Every Directorate in the Ministry of Education is responsible for implementing the policy. The principal is responsible for implementation of the policy at the school. As educators, we should ensure that the policy is implemented at schools and hostels. Being in a leadership and management position, you are the ideal person to organize a meeting with schools in order to introduce and discuss the main points of the policy. Understanding the content of the policy is crucial not only to the principals, teachers, and learners as well as with school board members and community leaders.

Many children, not only AIDS orphans, are affected by HIV and AIDS. There are general patterns about the way the education sector has been affected by HIV and AIDS. There is a need for greater local knowledge of how the epidemic affects schools. One useful way to explore the impact of HIV and AIDS on education at a local level is to pay attention to the way the epidemic disrupts the lives of children. The impact on the lives of children can be seen through signs of erratic attendance, poor performance, and behavioural or socialization problems. The epidemic highlights children's vulnerability. All these children have special needs that must be addressed. We need to act now, before there are signs of lower enrolment rates or higher dropout rates. Approaches must be designed to respond to all these children to keep them learning before they fall through the safety net of education.

As educational managers we need to be prepared to respond effectively to impact of HIV and AIDS on the education sector and in your specific context. You could conduct a contextual analysis to understand the reality and define what the needs and priorities are. An important guiding principle to use is to be aware of and study the most current national policies such as the **HIV and AIDS Strategic Plan** and the **National HIV and AIDS Policy for the Education Sector** when you plan. National policies and plans and local planning processes and actions need to relate to and mutually reinforce one another.

The impact of HIV and AIDS on schools can be severe because frequent illness among employees is costly for the following reasons:

- There are direct financial costs related to employee benefits and the need to hire temporary staff.
- There is a need to budget for further recruitment and training to replace educators who have died or are too ill to teach. A school with a high number of HIV-positive educators has to bear indirect costs that cannot be measured in financial terms. These costs relate to the destabilisation of the education system owing to frequent absenteeism.

Destabilisation can come in the form of low productivity, a loss of skills, low morale and low performance of employees. HIV and AIDS can slowly drain the resources of a school. The impact on overall organizational function and costs is seldom disastrous in any one year.

Rather, the destabilisation of the system happens through the gradual but continuing loss of skills. Over time this slow leaking of expertise can create a serious deficit in capacity and lead to a lowering of the level of quality of the teaching service as a whole. For example, a large number of deaths among staff in the 30-39 year age group mean an immediate loss of their experience as well as a loss of mentors who can support and pass on skills to younger, less-experienced staff. In other words, if newly trained educators have few experienced colleagues to support them, the whole system will be less resourceful and less stable than before. Not all HIV and AIDS interventions always need money. There is a misconception that AIDS-related interventions are always costly in terms of the time that must be spent in their preparation, the skills needed for strategic planning, and the resources needed for their implementation. This is not always the case. There are actions that can be put into practice on a zero-budget basis.

They may cost something in terms of time for actual implementation, but do not have monetary costs. For example:

- Include something about HIV and AIDS in school assemblies, at staff meeting, meetings with parents, meetings of school governors, etc.
- Have HIV and AIDS messages printed on school stationery (exercise books, folders, etc.).
- Display posters and information on HIV and AIDS.
- Hold debates, and essay and other competitions on HIV and AIDS topics, with red ribbon awards.
- Invite Persons Living with HIV and AIDS to address school gatherings.
- Provide for inclusion of HIV and AIDS issues in co-curricular activities.
- Establish HIV and AIDS committees at schools.11,12
- HIV and messages printed on Salary slips.

How does what you have just read challenge the idea that there is not enough money within the education sector for an effective response to HIV and AIDS? How relevant are these interventions for your own context?

6.9 Teacher absenteeism

The impact of HIV and AIDS will make active, effective human resource management a critical issue for the education sector. Levels of HIV and AIDS impacts are difficult to predict, particularly at institutional or district level. Planners at all levels will need to be flexible in their responses and identify vulnerable work places and work processes in their areas. For example:

- Teacher absenteeism is a vulnerable work process, as it weakens the system from within.
- Senior management positions are vulnerable work places, as the loss of one good manager can weaken the sector as a whole.

6.9.1 How can we manage absenteeism in schools?

Inspectors and advisory teachers could work with schools to manage absenteeism by working in partnership. As Inspectors and advisory teachers you could:

- Find ways to investigate reasons for absenteeism due to illness.
- Ensure that there are enough reserve posts for substitute teachers so that classes are not left without a teacher.
- Develop an accessible and flexible temporary teacher system that can respond to shorter-term, unpredictable absenteeism of educators living with HIV and AIDS.
- Create a pool of trained or retired teachers and able community members who can assist teachers at short notice to deal with large combined classes when their colleagues are ill.
- Encourage schools to budget for paying short-term replacements.
- Work together with school principles to set clear guidelines for managing short and long term absences of teachers.

Maintaining the quality of learning and teaching in a sick teacher's classroom

The education sector will need to make sure that management of absenteeism and provision of substitute teachers are effective. We need to implement effective measures to ensure that education is not disrupted. We can manage absenteeism by:

- Ensuring that we reserve enough posts for substitute teachers so that classes are not left without a teacher.
- Developing an accessible and flexible temporary teacher system that can respond to shorter-term, unpredictable absenteeism of educators living with HIV and AIDS.
- Creating a pool of trained or retired teachers and able community members who can assist teachers at short notice to deal with large combined classes when their colleagues are ill.

Assessing incapacity

Another important issue for educational managers is to put in place a system of fair assessment of incapacity, among infected and affected staff. Such an assessment will ensure that there are sufficient measures to help manage incapacity due to HIV and AIDS. A performance management system should deal with the management of sick leave, temporary and permanent incapacity leave. This system will ensure that educators are treated fairly and that education is not disrupted.

Redefining roles

The education sector will also have to plan for a significant loss of skills and expertise at district and regional level. In order to provide the whole sector with the managerial skills that will allow it to respond effectively to HIV and AIDS, you may have to restructure the way you work. School management clusters or district and regional level management units may become important structures that could support all educators in their response to HIV and AIDS.

Responding to special needs

As mentioned earlier, another challenge for human resource planners is to provide teachers with adequate training so that they can respond to the needs of learners with special needs, such as:

- providing support for learners to deal with psychological trauma and stigmatisation around HIV infection or fear of infection.
- dealing with the effects of the disruption of families and households.

The previous units have already explored how children's schooling can be affected through economic stresses, and psychological impacts of illness and death. As mentioned earlier, the education sector is made up of the single largest body of professionals. It has an extensive organisational network that can reach children in need. It is therefore well placed to provide a major resource to the nation in reducing the effects of HIV and AIDS on the next generation, and it has a moral responsibility to do so.

Education has to rethink the narrow role schools play at present as knowledge providers. It is time to develop policies that define the roles, responsibilities and mandates of schools within a broader network of care. The core function of educators should be to recognise vulnerable children early and to mobilise responses to prevent crises that threaten their schooling.

If you want to determine how HIV and AIDS may be affecting your work as an educational manager, you can use simple impact assessment. In many regions or districts, impacts may only become clear in the future because impacts grow and accumulate slowly. Think about your own context. Can you see the impact of HIV and AIDS on the region or district you are managing?

To what extent does the information you have just read reflect your own management concerns in your region? What are the most urgent management concerns about teacher absenteeism in your specific context at the moment? To answer this question, you could analyse your context by doing a simple impact assessment and answering the following questions:

1. Impacts on orphans and vulnerable children

- Is there a decline in performance or enrolment? By how much? Why?
- Is learner absenteeism on the increase in your region or district?
- Is it harder for girls to complete their schooling successfully than for boys? Why?

2. Impacts on staff

- Is teacher absenteeism a problem or on the increase in your region or district or institution? What are the causes?
- Are teachers leaving the system in your region or district? How many? For what reasons?
- Can the system cope with the rate at which teachers are leaving the system?
- Are teachers in your region or district being trained to deal with HIV- and AIDS-related issues in the classroom?

3. Check the risk to your region or district

- How common is intergenerational sex – sex between young girls and older men?
- How open is the community about the prevalence of HIV?
- Are HIV and AIDS awareness programmes working effectively?
- Are family incomes eroded by loss of employment, the high cost of medical care and funerals?Are orphans accommodated in extended families?
- Does the local system (education system, community support networks) have the capacity to take in, care for and educate the children who have to fend for themselves?

Monitoring and Evaluation

The largest problem in understanding and responding to the impact of HIV and AIDS is the lack of reliable data and information available from the school and the regional level. Being in a leadership and management position you could monitor the impact of HIV and AIDS, as well as the implementation of the HIV and AIDS policy. There is a need for monitoring to ensure that the policy is enforced and to give support, guidance and advice when needed. At times, action may also be needed if the policy is not implemented.

The data collected means that the regional educational management is able to generate constant analysis showing trends in enrolment, morbidity, mortality, absenteeism, rates of pregnancy, reduction in fee income, increased rates of orphaning, etc. The value of such data is incalculable for educational managers. There is always good reason to stress the importance of monitoring and evaluation or monitoring and evaluation, as it is known. In the case of HIV and AIDS the value of data is important because of the urgency of preventing the spread of the epidemic and information which can be used to mitigate and better manage the impacts of the epidemic. The purpose behind this collection of data is to provide managers with decision support information.

Collect information to help you plan.

Information can improve performance in the response to HIV and AIDS. As education managers, you could collect information as part of your regular work and for planning purposes. Principals could report monthly information to help maintain accurate records. The information could be use to help you assess and manage HIV and AIDS as well as taking actions to offer support to schools.

A sample checklist has been developed for use in schools to find out whether they provide the kind of educational environment that can respond to the challenges of HIV and AIDS (See annex E). The idea is that you should use the checklist when you visit schools in your region.

Purpose of the Checklist

The purpose of the checklist is to find out whether:

- The schools provide the kind of educational environment that can respond to the challenges of HIV and AIDS.
- How effective the curriculum interventions are.
- Getting a better idea about the readiness of schools in your region to fight against HIV and AIDS.
- To monitor action in the fight against HIV and AIDS.

How to use the checklist

The checklist is designed to raise awareness of the impact of HIV and AIDS on the education system. This checklist is intended to be used in the field and be carried out by the Advisory Teachers and Inspectors of Education wherever they visit schools , and serve as a support tool for education managers to respond to the epidemic.

Let us look at some of the information that you can collect to help you plan:

Management

- Principal and management are aware of the Ministry's HIV and AIDS Policy.
- Principal and management are aware of the National Policy on Orphans and Vulnerable Children.
- Management attended some workshops to better understand the content of the Ministry's HIV and AIDS Policy and the National Policy Orphans and Vulnerable Children.
- Principal conducted an orientation meeting on the content of the Ministry's HIV and AIDS Policy and the National Policy Orphans and Vulnerable Children.
- School has an established HIV and AIDS Advisory committee as the policy recommends
- Code of Conduct for teachers available and enforced.
- Plan for relief teachers are in place.
- The school has an internal HIV and AIDS Policy.
- HIV and AIDS HIV and AIDS is a central part of the school development planning
- Regular (once a term) training for all staff on sexual health and HIV and AIDS related issues.
- Parents are addressed regularly (once a term) on sexual health and HIV and AIDS issues.

Training

- Teachers trained in HIV and AIDS curriculum implementation.
- Staff member trained in Basic Counseling Skills, and care and support.
- School Board members trained on policy and OVC Care.

Care and Support Services for learners and educators

- Mechanism are in place for registration of OVC's.
- Staff members informed and sensitized about the special needs of learners who are orphans or vulnerable children, including those orphaned or affected by HIV and AIDS.
- Internal referral system to provide support to learners whose parents or caregiver died
- Counseling services available for learners.
- Learners are referred for counseling or other services.
- Caregivers informed on procedures for exemption for the payment of contributions to school development funds and hostel fees.
- Teachers can access counseling.
- Networks with other support services are in place or developed.
- A school feeding programme is in place to ensures that learners get nutritious food.
- There is sufficient effort to create a school that is physically and emotionally safe for learners and teachers.
- Supervision and security in hostel is adequate to reduce the risk of sexual harassment or abuse.
- Measures are in place to ensure that teachers respond to learners with other special needs or in trauma
- The school is having a proper system to lodge complains regarding sexual harassment, without fear of retribution

Prevention

- The school has trained teachers in the HIV and AIDS Life Skills area
- Learners participate in the design and implementation of HIV and AIDS interventions
- Life Skills is on the timetable and is it taught in class
- Teachers willing to teach about sexuality and HIV and AIDS
- Teaching and learning support materials on sexuality and HIV and AIDS available in schools
- Sexual health and HIV and AIDS content appropriate for the learners
- School ensures that human rights of learners and educators are respected
- School ensures that there is zero tolerance of abuse and sexual harassment
- School is having proper procedures in place regarding wound management, dealing with blood and bleeding, disposing used materials, cleaning infected surfaces and instruments.
- First Aid Kit available, properly stocked and maintained
- Principals of schools are aware and trained about their duties and responsibilities regarding
- School has a continuing life skills, sexual health and HIV and AIDS education,
- prevention programme (Window of Hope, My Future My Choice etc.)
- School has a Youth/health or AIDS Clubs

Summary

The National Policy on HIV and AIDS for the Education Sector was developed and approved because the Ministry of Education realised it has to deal with HIV and AIDS epidemic in the education sector. Inspectors, being regarded as the officers to ensure that all schools implement Ministry policies, will determine the success or failure of this National Policy at schools. Inspector of Education and Advisory Teachers must ensure that principals of schools are aware and trained about their duties and responsibilities regarding HIV and AIDS prevention and management thereof. Departments of Education need to recognise their resonsibility and be proactive. There is a need for monitoring to ensure that the policy is enforced and to give support, guidance and advice when needed. Information can improve performane in the response to HIV and AIDS. The information could be used to help us assess and manage HIV and AIDS as well as taking actions to offer support to schools. Taking action will help strenghening response to the HIV and AIDS epidemic.

Questions for Reflection

Review the information in this unit and reflect on the following questions:

1. Explain the impact of HIV and AIDS on the education system, especially on children, and teachers.
2. Explain the role of the education sector in fighting the epideminc.
3. Describe what we as educators, educational planners and managers can do to prevent HIV and AIDS from spreading.
4. Describe the guiding principles on which the National Policy on HIV and AIDS for the Education Sector is based.
5. Describe the role of the Inspector of Education and the Advisory Teacher in the implementation of the National Policy on HIV and AIDS for the Education Sector.
6. Do we have to have policy first before we do anything else?
7. “As educational managers it is your responsibility to enforce laws and policies that protect the rights of individuals and provide a formal framework for the protecion of learners and educators who are affected by HIV and AIDS.” How can you use the constitional rights of children to get access to additional resources to protect vulnerable learners becoming infected with HIV?
8. How do your personal values and vision for education influence your response to HIV and AIDS?
9. Review the HIV and Policy provided and consider how best it can be implemented.
   - What are the preconditions for successful policy implementation?
   - What problems do you foresee in impiementing?
10. What can we do to alleviate the impact of HIV and AIDS? Discuss this question.

Appendix A

Glossary of Terms

In the context of HIV/AIDS you may come across the following terminology. This list is not exhaustive, which means that you may not find all words and terminology you are looking for. Feel free to add to the list if you come across terms that you think need explanation or clarification.

AIDS	Acquired Immune Deficiency Syndrome.
Acquired	Means that it is the result of contact with a source external to the person, such as sexual partners.
Abstinence	Refraining from sexual intercourse.
AIDS-related diseases	Symptoms caused by HIV infection that do not necessarily indicate full AIDS; e.g. swollen lymph glands, long-lasting diarrhoea, fevers, and tiredness. The term may also be used for full AIDS.
Asymptomatic	Infected by a disease agent but with no symptoms of disease, agent but with no symptoms of disease, sub clinical
Antibodies	A cell developed by the body's immune system to fight a virus, germ or foreign body. The antibodies, which the body creates in response to the HI virus, are unfortunately powerless to protect the body against the long-term destructive effects of the HI virus on the human body.
ARVs Anti-retroviral drugs	Substances that reduce the viral load and strengthen the immune system; all are proprietary and therefore expensive, and must be used in combination in order to be effective
ART-retroviral treatment:	Drugs, which suppress or prevent the replication of HIV in cells. A substance or combination of substances used to destroy a retrovirus (for example, HIV) or suppress its replication.
Blood product	Part of the blood e.g. red blood cells, plasma, or clotting factors that can be separated from whole blood to meet specific needs.
Cervix	The lower portion of the uterus that extends into the upper vagina.
Chancroid	A sexually transmitted disease caused by the rod-shaped bacteria, often causing painful sores on the penis, vagina, or anus, and swollen lymph nodes.
Chlamydia	A sexually transmitted disease caused by the bacterium Chlamydia trachomatis, often causing irregular bleeding and pain during intercourse in women, burning during urination in men, and discharge in both men and women. If left untreated, Chlamydia can lead to pelvic inflammatory disease.
Circumcision	Removal of the foreskin or prepuce of the penis (male).
CD4 cells	The main cell that HIV attacks is called a CD4 cell. CD4 cells are also known as T helper cells. They are a type of lymphocyte, which is a white blood cell that plays an important role in the immune system.
CD4 count	The CD4 count is a test that measure the number of CD4 cells in the blood. The more CD4 cells in the blood per millimeter, the stronger the immune system. The stronger the immune system, the better the body can fight illnesses.

Counselling	Guidance from a trained person about a particular issue, such as HIV testing.
Deficiency	Describes the lack of response by the immune system to organisms that impair the body's ability to protect itself against disease.
Dry sex	Sexual intercourse in which the vigina is dry through prior use of herbs, cotton wool and other substances; in various cultures males prefer dry sex, considering natural virginal and cervical secretions to be dirty, wanting the extra friction of a dry, tight vigina, and/or not wanting the women to be sexually aroused or not understanding that lubrication is the natural female sexual response.
ELISA Test	Stands for Enzyme-Linked Immunosorbent Assay. It is a widely used screening technique for antibodies to HIV.
HIV positive	Having antibodies to HIV in the blood and therefore having HIV infection.
HIV negative	Having no antibodies to HIV; this usually means no HIV is present
Epidemic	When a disease spreads rapidly and affects a lot of people it is known as an epidemic.
False positive	A test result that is HIV positive when the person is actually HIV negative.
Home based care	Is the care given to individuals in their homes by their families, their extended families or any other available and concerned helpers?
False negative	A test result that is HIV negative when the person is actually positive.
Femidom	brand name for female condom
Gender	Culturally defined roles and responsibilities for females and males that are learned, may change over time, and vary among societies.
Gender equity	The standardization of opportunities (and resulting benefits) between males and females.
Gonorrhea	STD caused by the bacterium Neisseria gonorrhea; common cause of urethral and vaginal discharge and of discharging eyes in newborns.
Herpes	An STD caused by herpes simplex virus (HSV), a common cause of genital blisters and ulcers.
HIV	HIV is the virus that causes AIDS. An AIDS-causing virus that attacks the body's immune system, making the body unable to fight infection.
Helper cell	Another name for CD4 cells.
Immune	Means the body's natural defense system, which provides protection from disease-causing organisms.
Immune system	The body's natural defense system. The system of specialist cells and chemical messengers that protects us from infections.
Informed choice	The client's ability to freely choose a contraceptive method from a range of options based on accurate, useful information and an understanding of her/his own needs.

Informed consent	The kind of consent to medical testing or treatment that is accompanied by information and permission. Before an HIV test can be done, the client must understand the nature of the test and he/she must also give verbal or written permission to be tested. A client may never be misled or deceived into consenting to and HIV test.
Kaporsi's Sarcoma	An AIDS –defining illness consisting of lesions caused by an overgrowth of blood.
Lesion	Very general term denoting any abnormality on the surface of the body, Whether on the skin or on a mucous membrane. Includes sores, wounds, injuries, pimples, and tumors, on the skin or elsewhere.
Life skills	Adaptive and positive behaviours that allow individuals to deal with the demands and challenges of everyday life. Also refers to skills that enhance psychological and social development such as decision-making and problem solving, creative and critical thinking, communication and interpersonal relations, self-awareness, and coping with emotions and causes of stress. Development and exploration of life skills is a particularly important facet of adolescent reproductive health.
Opportunistic infection	Illnesses that affect people with weak and damaged immune systems. The most serious manifestations of AIDS are caused by opportunistic Infections.
Pandemic	An epidemic occurring in many regions and countries or a global or very widespread epidemic
Pneumonia	Lung infections causing coughing and breathing difficulties. Pneumonia can arise if other infections are not properly treated serious.
Peer pressure	Emotional or mental force from people belonging to the same social group (such as same age, grade, or status) to act or behave in a manner similar to themselves. Peer pressure has a great influence on adolescent behaviour and reflects young people's desire to fit in and be accepted by others.
Peer-educators	Young people who have been trained to assist their peers in need of reproductive health information and services. Peer educators receive special training in making decisions, providing client referrals, or providing commodities or services. They usually work one-on-one or in small groups.
PID(Pelvic inflammatory disease)	Infection in the uterine lining, uterine wall, fallopian tube, ovary, uterine membrane, broad ligaments of the uterus, or membranes lining the pelvic wall. May be caused by a variety of infectious organisms including gonorrhoea and Chlamydia.
Peril-natal transmission	(Also known as vertical or mother-to-child transmission): The transmission of HIV from a woman with HIV infection to her baby before or during birth or through breastfeeding.
Prevalence	The proportion of a defined population with the infection at a given point or period in time.
Rapid HIV antibody test-	An HIV antibody test that produces rapid or fast results. Rapid HIV test are relatively easy to use (they involve pricking a finger with a lancet), and the results are usually available within 10-30 minutes.

Retrovirus	A family of viruses, including HIV that has RNA as their genetic material.
Sentinel surveillance	Screening of a key group in the population to gain an idea of the extent of an infection or other problem; e.g. screening pregnant women or STI.
Safer sex	Limited sexual activity in which no semen or vaginal fluids enters another person's body, or full sexual intercourse with a condom and ideally a microbicide; any normal sexual activity between non-infected people is safe sex.
Sero-conversion	Development of detectable antibodies to HIV in the blood serum .As a result of infection. It may take several months or more after HIV transmission for antibodies to the virus to develop. After antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.
HIV-positive (HIV+)	Refers to a person with a positive screening test for antibodies to HIV. This person has been in contact with HIV and should be considered to be potentially contagious by his/her blood and by sexual relations. When the test does not detect antibodies, the person is said to be "seronegative" or "HIV-negative".
Sex	Biological differences between males and females.
Sexual coercion	Forcing someone to engage in sexual behaviour against his/her will, through threatened or actual violence or severe social consequences.
Sexuality education	The process of providing training and knowledge about sexuality; sexuality education encompasses both physical and emotional aspects of sexual and reproductive health.
Substance abuse	Misuse of alcohol or drugs.
Syndrome	A group of signs and symptoms that together are signs of a specific condition
Syphilis	STD caused by the bacterium Treponema pallidum; one of the causes of genital ulcers.
Tuberculosis	Serious disease affecting the lungs and sometimes other organs, caused by mycobacterium tuberculosis.
Trichomoniasis	STD caused by the bacterium Trichomonas vaginalis; one of the causes of vaginal discharge.
Transmission	When HIV is passed on from one person to another.
Ulcer	Open sore.
Universal Precautions	Are a variety of precautions that any person who comes into contact with blood and certain other body fluids or products in a health care setting should always apply so as to prevent himself or herself from being infected by the HI virus (or any other dangerous pathogen such as the highly infectious hepatitis B virus) They include hand washing; use of gloves and protective clothing; safe handling of sharp objects; disposal of waste materials; cleaning, disinfecting and sterilizing medical instruments; proper handling of corpses; and treating injuries at work.
Vagina	The tube that forms the passage between the cervix/uterus and the vulva. It receives the penis during sexual intercourse and serves as the delivery passage for birth and for menstrual flow.
Vaginal discharge	The women's discharge from her vagina.

Vaginitis	Inflammation of the vagina.
Virus	Infectious agent. Viruses are responsible for numerous diseases in all living beings. They are extremely small particles (which can only be seen under the electron microscope) and, unlike bacteria, can only survive and multiply within a living cell.
Viral load	The number of viruses found in a given amount of blood.
Window period	The time between initial infection with HIV and the development of detectable HIV antibodies antibodies. Any HIV antibody test done during this time will render false negative results. – Usually three months. During this time an HIV antibody test will be negative although the person does have the virus.
White blood cells	Blood cells, known as leucocytes, which function as part of the immune system.

Appendix B

Networks and Care and support organizations active in the field of HIV and AIDS

Name of Organisation	Contact details
1. National AIDS Co-ordination Programme (NACOP)	Private Bag 13198 Windhoek Tel: 061-203 2000 Fax: 061-224155 **Email: nacop@nacop.net**
2. NaSoMa	P.O Box 25256,Windhoek 16 Church Street, Town Centre, Windhoek Tel. 061-256427, Fax 061-256404 **E-mail: nasoma@mweb.com.na**
3. AIDS Law Unit of the Legal Assistance Centre (LAC)	P.O Box 604 Windhoek Tel. 061-223356, Fax 061-234953 **E-mail: aids@ac.org.na**
4. AIDS Care Trust of Namibia	P.O Box 8179 Bachbrecht Windhoek Tel. 061-259590/1, Fax 061-218673 **E-mail: aidscare@iafrica.com.na**
5. Namibia Network of AIDS Service Organisations (NANASO)	P.O Box 8179 Bachbrecht Windhoek Tel. 061-261122/234198 , Fax 061-261778 **E-mail: nanaso@mweb.com.na**
6. Catholic AIDS Action (CAA)	P.O Box 11525 Windhoek Tel. 061-244798/225265/259847, Fax 061-248126 **E-mail: caa.coordinator@ncbc.com.na**
7. Life Line /Child line Namibia	P.O Box 5477 Windhoek Tel. 061-226889, Fax 061-226894 **E-mail: llinenam@mweb.com.na**
8. Namibia Network of AIDS Service Organisations (NANASO**)**	P.O Box 23281 Windhoek Tel/Fax: 061 234198 **E-mail: nanaso@mweb.com.na**
9. AITSAMA	Tel: 061-259285 Email:dandani@yahoo.com
Council of Churches in Namibia	CCN Head Office 8521Abraham Mashego Street Katutura Tel/Fax 061-217621 **E-mail: ccnprog@mweb.com.na**

10. Regional AIDS Committe of Education (RACE)	Contact your nearest regional education office
11. School Board Support project	IBIS/MBESC Ongwediva Teachers' Resource Centre Ongwediva Tel/fax: 065-231 855 **Email: puniogfinn@iway.na**
12. Elcin AIDS Programme	Tel: 065- 240 242
13. HIV and AIDS Management Unit (HAMU)	Private Bag 13186, Windhoek Tel; 061-270 6123 Fax: 061-270 6186
Hope AIDS Group	Corner of Johann Albrecht and Pasteur Street Windhoek Life Change Centre-windhoek Tel: 061-2833208 Fax: 061-220528 **E-mail:mmungunda@mys.gov.na**
Peer Educational and Counselling Project	P.O.Box 60511 Katutura, Windhoek Multi-Purpose Youth Resource Centre Katutura Tel: 061 254334/263281/2 Fax: 061 261459

Appendix C

Information sites

Many Websites have information on HIV and AIDS . If you have access to the Internet you can start collecting information right here. Below you find links to online publications, studies, and websites of organisations dealing with HIV and AIDS issues. Most of these publications are also available in print format. Websites provide information on further sites within the organisation listed, as well as on other sites on HIV and AIDS and related topics.

1. http:// www.who.int/health-topics/hiv.htm- World Health Organisation
2. **http://www.unaids.org** – HIV and AIDS from the latest statistics on HIV and AIDS
3. http://www.worldbank.org/afr/aids- World Bank- AIDS in Africa
4. **http://www.cdc.gov/hiv-** Centre for Disease Control (CDC)
5. **http://www.nied.edu.na-** National Policy on HIV and AIDS for the Education Sector
6. **http://www.ei-ie.org/aids.htm-** Education International
7. **http://www.fhi.org-** Family health International (FHI)
8. **http://www.safaids.org.zw** - SAfAIDS (Information service on HIV and AIDS in southern Africa)
9. **http://www.unesco.org-** UNESCO (UN focal agency for education, science and culture, with wide-ranging publications and information on these areas, including HIV and AIDS.
10. www.avert.org - AVERT has a large website at, where you can find much more information on all aspects of HIV and AIDS, including other downloadable resources.

Appendix D

Reference information for books and articles mentioned in this publication

1. Amendments to the Public Service staff Rule E.X: (PSSR), 1999.Misconduct and disciplinary action".

2. Catholic AIDS Action. **Not Everyone is Having Sex.**

3. Catholic AIDS Action's **Guide to Healthy Living.**

4. Joint United Nations Programme on HIV and AIDS (UNAIDS). 2004. AIDS Epidemic Update.

5. Dippenaar, S., 2003. The sexual abuse of learners by teachers an exploratory study. From a thesis in progress.

6. Goveia, J., 2000. Education and the Epidemic: The Effects of HIV/AIDS on Basic Education in Education.

7. Government of the Republic of Namibia. 28 October 2002. Government Gazette, Commencement of the Education Act 2001. Windhoek

8. Hunter, S., 2001. Reshaping Societies HIV/AIDS and Social Change: A Resource Book for Planning, Programs and Policy Making. United States, Hudson Run Press

9. Jackson, H., 2002. Aids Africa: Continent in Crisis. Harare, SAFAIDS.

10. Legal Assistance Centre (LAC). 2002. Namibian HIV and AIDS Charter of Rights, Windhoek, Namibia.

11. Legal Assistance Centre. Access to Affordable treatment for HIV and AIDS is a Human Right. AIDS Law Unit, Windhoek, Namibia.

12. Ministry of Basic Education, Sport and Culture, 2002. Sexual Health and HIV and AIDS: School Manager Continuing Professional Development Module 8. National Institute for Educational Development (NIED). Windhoek, Namibia

13. Ministry of Basic Education, Sport and Culture/Ministry of Higher Education, Training and Employment Creation, 2003. National Policy on HIV and AIDS for the Education Sector. Windhoek, Namibia

14. Ministry of Basic Education Sport and Culture (MBESC) and Ministry of Higher Education, Training and Employment Creation (MHETEC). 2002. **The Impact of HIV and AIDS on Education in Namibia.** Windhoek, Namibia

15. Ministry of Health and Social Services (MOHSS). 2001. **HIV and AIDS Home Based Care.** Windhoek, Namibia

16. Ministry of Health and Social Services (MOHSS). 2001. **"Report of the 2000 HIV Sentinel Sero** Survey." National AIDS Co-ordination Programme, Windhoek, Namibia

17. Ministry of Health and Social Services (MOHSS). 1998. **Food and Nutrition Training Manual.** National Health Training Centre, Windhoek, Namibia.

18. Ministry of Health and Social Services pamphlet on Sexually Transmitted Diseases from your nearest clinic or health facility.

19. Ministry of Health and Social Services (MOHSS). 1998. Living with AIDS in the community. National Health Training Centre, Windhoek, Namibia.

20. Ministry of Health and Social Services (MOHSS). Healthy Eating for a Healthier Life: A Short Guide for People Living with HIV and AIDS. Windhoek, Namibia.

21. Ministry of Health and Social Services (MOHSS). Home Based Care Handbook on HIV and AIDS. Windhoek, Namibia.

22. Ministry of Women's Affairs and Child Welfare, 2004. National Policy on Orphans and Vulnerable Children .

23. Namibia HIV and AIDS Service Organizations (NANASO) Directory. 2004, Windhoek, Namibia

24. Pharmaceutical Society of Namibia .Taking Medicines: Important facts about HIV and AIDS treatment Windhoek, Namibia.

25. Talavera, P., 2002. Challenging the Namibian Perception of Sexuality. Windhoek, Namibia: Gamsberg Macmillan Publishers (PTY) Ltd.

26. United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Joint United Nations Programme on HIV and AIDS (UNAIDS). 2001. HIV and AIDS and Human Rights: Young People in Action.

27. Van Wyk, A., 2001, HIV/AIDS Care and Counselling: A Multidisciplinary Approach, Cape Town Maskew Miller Longman.

28. World Health Organization (WHO). 2001. STI and HIV: **Sexually Transmitted Infections:** Briefing Kit for Teachers.

29. Swarz, B. (2003). Young Namibians and HIV and AIDS: **A Baseline Study for UNICEF Namibia's Adolescent HIV Prevention Programme.** Windhoek: UNICEF.

30. Shapumba, T., Appolus., Wilkinson, w., Shifiona, N., and Karirao, J. (2004). **Cultural Research on Adolescent and Youth Sexual and Reproductive Health:** Oshana Region. Windhoek: University of Namibia Press.

31. United Nations Namibia (2004). **Common Country Assessment.** Windhoek: UNDP.

32. Republic of South Africa. HIV & AIDS and STD Directorate, Department of Health. HIV&AIDS: **Care and Support of Affected and Infected Learners.** A Guide for Educators. Government Printers, Pretoria.

33. Republic of South Africa. Department of Education. **Manage HIV & AIDS in your province. A Guide for Department of Education provincial and district managers.**Pretoria.

34. Republic of South Africa. Department of Education. **Develop an HIV & AIDS plan for your school.A Guide for School governing bodies and management teams.** Pretoria.

hui

Annex E

INSTITUTION CHECK LIST OF HIV AND AIDS ACTIVITIES

Name of institution: _____

Contact person:

Date:

Intervention	Present Y or N	Planned Y or N	Numbers involved	Steps to be taken
1. Management				
1.1 Principal and management are aware of the Ministry's HIV and AIDS Policy.				
1.2 Principal and Management are aware of the National Policy on Orphans and Vulnerable Children.				
1.3 Management attended workshops to better understand the content of the Minitry's HIV and AIDS Policy.				
1.4 School has a established HIV and AIDS Advisory committee as recommended by the HIV and AIDS Policy.				
1.5 Code of Conduct for teachers available and enforced.				
1.6 Parents addressed regularly (once a term) on sexual health and HIV and AIDS issues.				
1.7 Parents involved in education programmes and school committees to improve their knowledge and attitudes about HIV and AIDS.				
1.8 School has a strategy in place to deal with absenteesim or a plan for relief teachers are in place				
1.9 The school has an internal HIV and AIDS Policy that are responsive to HIV and AIDS.				

1.10 Mechanism are in place to protect the confidentiality of information related to learners and teachers health staus, including HIV.				
1.11 Regular (once a term) training for all staff on sexual healthy and HIV and AIDS related issues.				
1.12 HIV and AIDS is a central part of the school development planning.				

2. Training

2.1 Regular training conducted for all staff on Sexual health and HIV and AIDS related issues.				
2.2 Staff member trained in Basic Counseling Skills				
2.3 Teachers trained in HIV and AIDS curriculum implementation.				
2.4 Staff member trained on providing treatment, care and support to OVC's.				
2.5 School Board informed on HIV and AIDS and OVC Policies.				
2.6 Teachers trained in first Aid and on the application of the Universal Precautions.				

3. Prevention Activities

3.1 HIV and AIDS resources in different laguages available and distrubuted in school.				
3.2 Appropriate HIV prevention education is offered at all levels in the school and covers a broad range of inteventions.				
3.3 School has a Health or AIDS Club.				

3.4 My Future My Choice/ Window of Hope Life Skills Program in place.				
3.5 Learners are involved in planning prevention activities and programmes.				
3.6 First Aid Kit available, stocked, and well maintained.				
3.7 People Living with HIV are involved in HIV prevention education and activities				
4. Care and Support Activities/Services				
4.1 OVC register in place				
4.2 OVC's receives treatment, care and counselling				
4.3 OVC's referred for counselling or other services				
4.4 Caregivers informed on procedures for exemption form school fees				
4.5 Teachers have access to comprehensive health care services, including voluntary counseling and testing (VCT) and follow up treatment, care and treatment				
4.6 Networks has been estabilised with other support services				
4.7 School feeding program in place for all children, including OVC's				