
TRENDS/CASES

EDUCATION AS A VEHICLE FOR COMBATING HIV/AIDS

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On every commercial aeroplane flight, cabin staff remind passengers about safety procedures shortly before take-off. Their presentations always include information about the use of oxygen masks in the 'unlikely event of a sudden drop in cabin pressure'. They advise adult passengers to secure their own masks first before helping children or others to secure theirs. If they are to offer protective assistance to their children, parents must first protect themselves. In the same way, educational systems must first secure themselves against the onslaught of HIV/AIDS if they are to help those they serve reduce the incidence of the disease.'

There has been 'a sudden drop in cabin pressure'. At the opening ceremony of the World Education Forum, held in Dakar in April 2000, joint United Nations Programme on HIV/AIDS (UNAIDS) Executive Director Peter Piot reminded us that

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Combating HIV/AIDS

students with specific and immediately applicable vocational skills (and trying to do so could needlessly limit their ability to take advantage of later academic opportunities). But it is certainly possible to make existing curricula more practical, though school systems must, of course, take into account the insights gained as a result of earlier efforts to increase the practical aspects of educational programmes. A practical focus is a crucial element of any adequate educational response to the HIV/AIDS crisis.

DELIVERY SYSTEM ADJUSTMENT

Addressing the HIV/AIDS crisis creatively and flexibly means adjusting educational delivery systems. This entails establishing broad principles governing relevant timetables and education and training calendars while allowing schools, colleges and communities to regulate scheduling in ways that respond to locally experienced needs. But more than this is necessary. There may be-and often are-too few teachers in AIDS-affected communities. Children may not be able to attend school because of costs or demands at home-at least not until they are older. The needs of students of different ages, and the needs of girls and boys, may differ widely and require ageor gender-differentiated responses. A traditional educational system, centred on a physical structure and conceived in a relatively rigid and hierarchical way-with one teacher in charge of a class of forty or more students-may have difficulty creating and maintaining appropriately flexible delivery systems.

Among the alternative educational delivery systems currently being explored is the use of interactive radio. The appointment of itinerant teachers, based at central schools, who oversee tutors engaged by community groups is another. Recognizing that the standard formal school system is not adequately equipped to meet the needs of all children, some communities have established their own schools, with their own teachers, curricula and management structures. A community-based school may be able to respond very rapidly to community and learner needs and may benefit from the commitment fostered by local ownership and control. But communitybased schools run the risk of becoming second-rate educational institutions serving only the poorest students. There is the especially troubling possibility that governmental education authorities may view the establishment of such schools as absolving them of responsibility for the education of the communities they serve-and thus for some of those most in need of public assistance.

ADJUSTING FOR TEACHER LOSS

HIV/AIDS-related teacher morbidity and mortality together place substantial burdens on education systems. Since the disease has an impact on teacher trainees mnd trainers alike, the simple solution of expanding teacher training capacity is insufficient. In the absence of other measures, institutions may well be left short of teachers, lecturers and trainers. Alternative measures include a more systematic and extensive use of multigrade teaching (provided this is supported with

necessary resources, training and supervision); greater reliance on educational broadcasting; more use of community members as supervisors-and even as teachers in areas where they have some expertise; greater use of untrained teachers in conjunction with a system of on-the-job training; the treatment of certain curricular topics in the context of co-curricular activities managed by senior students; and more extensive provision for peer education (with some teacher supervision and monitoring).

COMMUNITY BACKUP

Community responses to the HIV/AIDS pandemic already include self-sacrificing home-based care for the sick and the matter-of-fact integration of orphans into already stressed extended families. Community participation-which would be vital to social development whether or not there were an HIV/AIDS crisis-must also be central to the transformation of the education delivery system in response to the challenges of HIV/AIDS.

Zambia's draft HIV/AIDS strategic plan for education provides a concrete example of approaches to encouraging community participation in addressing problems related to HIV/AIDS. The plan calls for all schools and colleges to participate during the coming year in home-based care and other forms of response to the AIDS-related needs of their communities (Zambia, 2001). Similarly, in Botswana close links are emerging between learning institutions, local NGOs and religious organizations and social and health workers.²

Using education to protect against HIV infection

Despite the absence of a medical vaccine against HIV infection, society has at its disposal a 'social vaccine', the vaccine of education (Vandemoortele & Delamonica 2000). In Zambia, for instance, the decline in the prevalence rate for 15-to-19-yearold women in Lusaka was more marked for those with secondary and higher levels of education than for those who had not proceeded beyond the primary level (Fylkesnes et al., 1999).

This finding is in striking contrast to earlier evidence from Zambia and several other severely affected countries. This evidence suggested that levels of HIV infection were higher among the more educated and well-off. It pointed to a positive correlation not only between levels of education and the probability of engagement in high-risk sexual behaviour but also of actual infection (Ainsworth & Semali, 1998; Hargreaves & Glynn, 2000). The subjects whose behaviour was documented in these studies had all, however, become sexually active in the comparatively early stages of the epidemic when the behavioural correlates of HIV/AIDS infection were less understood and relevant information was less widely available. Information about the behaviour of people who have become sexually active in more recent times, such as those in the Lusaka study, suggests that the more educated are now less vulnerable to HIV infection.

HOW DOES EDUCATION PROTECT AGAINST HIV INFECTION?

Does education protect against HIV infection through the health skills and disease-related information it transmits to learners, or is there something inherent in the very process of becoming more educated that helps people protect themselves against infection? Vandemoortele and Delamonica (2000) note that existing evidence does not allow us to draw exact conclusions about how the 'education-vaccine' against HIV works. While they are clearly right to argue that the increased knowledge, information and awareness that education provides are important protectors against infection, we believe the general impact of education in and of itself may be the most significant factor.

This conclusion is supported by the change in the positive correlation between levels of education and HIV infection or high-risk behaviour *even among those whose formal education included little, if any, health skills and AIDS education*. Indeed, few of those attending school prior to the mid-1990s were exposed to HIV/AIDS education programmes. During this period, life-skills and reproductive health programmes were implemented on a sporadic basis; teacher knowledge, understanding and commitment were limited; and educational strategies reflected little sensitivity to the real experiences of young people (Gachuhi, 1999; Kippax, Smith & Aggleton, 2000; UNECA, 2000). Nonetheless, the infection rates for individuals educated during this period is declining. Improved educational programmes and materials as well as revised teacher preparation systems now becoming more widespread will undoubtedly accelerate this favourable trend. But education itself tends to enhance the potential to make discerning use of information and to plan for the future and to accelerate favourable socio-cultural changes.

ENHANCING THE POTENTIAL TO MAKE DISCERNING USE OF INFORMATION

Becoming literate is arguably the most basic change that education effects. A literate person can garner and internalize information from a wide variety of sources. Moreover, mastering basic literacy and numeracy skills requires many years of close attention to data sources and helps people develop the ability to analyse and evaluate information. In turn, the intellectual skills developed in acquiring basic literacy and numeracy help people assess information related to HIV/AIDS.

ENHANCING THE POTENTIAL TO PLAN FOR THE FUTURE

Empirical knowledge about HIV/AIDS does not automatically lead to changes in behaviour that will protect people against infection. Knowledge must be complemented by attitudes and values that will lead to appropriate decisions. And the hidden curriculum of institutional culture and organizational milieu makes a deep and lasting impression on students' attitudes and values. The routines and procedures of school life help students develop valuable habits that will shape their behaviour after they leave school.

The very fact of attending school encourages students to become better disciplined. From prolonged experience of the almost military routines of school life, students learn to defer gratification, to apply themselves even when naturally reluctant to do so, to endure constraints and hardships in the expectation of long-term future benefits, and to take their future well-being into account in the present. They emerge from school having acquired a measure of poise and a considerable sense of direction and capacity for self-control. These qualities can equip and motivate them to protect themselves against HIV/AIDS infection.

EDUCATION ACCELERATES FAVOURABLE SOCIO-CULTURAL CHANGES

Education changes the socio-cultural climate within which people live and behave. Even in the absence of any concerted effort to bring about change, education modifies certain aspects of the family and community environment. Some practices become unacceptable while new ones are introduced. As education becomes more widely diffused in a community, it becomes more acceptable for women and girls to become more involved in decisions affecting themselves-and thus affecting their sexual and social lives. Although changes may occur very slowly, power relations and gender relations undergo subtle improvements. The incidence of traditional practices that may place people at high risk of HIV infection declines. The growth in knowledge that accompanies education, the orientation of educated people towards the future, and the greater prosperity that frequently accompanies higher levels of education all conspire to create a social climate more friendly to behaviour directed towards HIV prevention.

Educational institutions can contribute most effectively to appropriate social and cultural transformation when their staffs, their environments and their procedures and regulations support positive social change. Too often institutional environments, including classrooms, hostels and leisure areas, are battlegrounds. They are not safe places, especially not for female educators and learners. Too often, abuse, harassment and violence are tolerated. Behaviour change is constrained and vulnerability to HIV infection continues unchecked. Immediate policy and management decisions that all places of learning *must* be places of safety for learners and educators, where there is no tolerance of abusive behaviour of any kind, are essential for creating climates favourable to informed decision-making and substantial behaviour change.

The overarching importance of realizing Education for All goals

If education is a critical factor in the control and management of HIV, a number of important conclusions follow. First, every child must have access to quality primary education, in compliance with the Jomtien and Dakar Education for All goals. These children must enrol and remain in school. Although some institutions are still highrisk environments, education will give young people at least some measure of protection (Kelly, 2000b; George, 2001). And the longer people stay in school, the greater

the likelihood that they will be protected against HIV/AIDS by the 'education vaccine'; while any schooling is better than none, the beneficial effects of education are most pronounced for those who have studied at the secondary or tertiary levels.

Second, it is important that educational institutions be well managed, places where orderliness and normality prevail and where high expectations for the behaviour of everyone are articulated. In the disturbed environment of a severely AIDS-affected community, 'school' may be the only normal situation a child encounters (although even here sickness and mortality among teachers, fellow students and family and community members may cast a pall). A key goal of educational managers should be to ensure full scope, within secure environments, for vitality, happiness, hope, energy and play. Education systems must ensure that those affected by HIV/AIDS can work and learn in caring institutional settings where the safety and human rights of all are respected. Education systems must be rendered fully and patently inclusive, providing for the most extensive possible participation by persons with HIV/AIDS.

Schools and communities must be closely linked, so that students are not caught in dangerous conflicts between what they learn from teachers and what they observe in their communities. Schools can gradually contribute to greater gender equity, increased female empowerment and more substantial human rights protections within the communities they serve. In particular, they can help to eliminate all forms of AIDS-related stigma and discrimination.

Education and schooling provide almost the only known antidote to HIV infection. Making this antidote universally available implies making education universally available. Commitments to education for all made at Jomtien, renewed repeatedly throughout the 1990s and reaffirmed at Dakar, have become even more vital because of the need to respond to the HIV/AIDS pandemic. In the words of Nelson Mandela at the close of the XIIIth International HIV/AIDS Conference in Durban, 'the time for action is now and right now'.

Conclusion

We want to depart from academic tradition by concluding with a direct appeal to our readers. We implore everyone who reads these words and who is in a position of authority to do two things: first, to become better informed about HIV/AIDS and its actual and potential effects on education, and second, from this standpoint to provide informed, committed leadership that encourages the actions and provides the resources required for managing and controlling this devastating pandemic.

We also want to make a further appeal to all readers: recognize that for twenty long, hard years we have lived with this epidemic, which is causing unspeakable human suffering, entrenching poverty, subjugating women and unravelling development efforts. Recognize that we know what to do. Recognize that we know how to protect our education systems. Recognize that if these systems are protected, they can stem the further spread of the disease and help individuals in coping with its

consequences. Recognize that action is vital-and take what steps you can to encourage and assist appropriate action.

Thank you for your support as we join together to fight for our educational systems-and thus for our children and our future.

Notes

1. The authors are indebted to Helen Craig, International Institute for Educational Planning, for highlighting this parallel.
2. Field evidence from on-going work on the impact of HIV/AIDS on the Botswana education sector, Abt Associates Johannesburg, 2000-01.

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