

HIV/AIDS IN SOUTH AFRICA: SOME EDUCATIONAL STRATEGIES

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The future of the South African workforce is under threat. The objective of the research is to prove that a need for AIDS teaching in schools exists and to provide guidelines for its implementation through the alteration of schooling in South Africa. The research is based on various case studies, interviews, personal observations and literature studies.

Due to the threat of economic decline posed by HIV/AIDS in South Africa, a need exists to change the behaviour of the future economically active workforce. Recent studies in Africa show that teenage girls are five to six times more likely to become HIV-infected than boys their age. Furthermore, children whose mothers are uneducated risk a 45 percent greater chance of premature death than children whose mothers have post-primary education.

Since there are more female HIV carriers than males, girls' education is an absolute priority. The development of more child-friendly AIDS literature that can be used in schools and for community projects in rural areas is vital. Furthermore, a weekly life-skills period with a strong focus on AIDS should be introduced at schools from grade one to grade twelve to emphasise the importance of the topic to pupils.

Key phrases: AIDS, AIDS education, educational strategies, HIV status

INTRODUCTION

The economically active population of South Africa is the most affected by HIV/AIDS (ING Barings 2000:1). In South Africa there is a surplus of unskilled labour and a shortage of skilled labour. If HIV/AIDS were primarily located among the unskilled labour force, then it would be easy to replace labourers on short notice (Loewenson & Whiteside 1997:23; Rose 2001:37). However, HIV/AIDS does not target individuals according to their labour skills or level of appointment, but any human being, regardless of education or social standing, can become infected with HIV and develop AIDS.

In South Africa, few schools have come to terms with the importance of issues regarding sexuality and AIDS (Kelly 2000:5). This means that schools do little to help their pupils increase their understanding and change their behaviour in order to manage their emergent sexuality responsibly. School is society's most formal teaching-learning institution, and therefore it makes sense that schools should play a very active role in the communication of messages about HIV/AIDS. The objective of

this paper is to prove the need for AIDS teaching in schools and provide guidelines for its implementation through radical alteration of schooling in South Africa.

In the compilation of this paper, local and international literature focusing on the AIDS education in Southern Africa, including textbooks, articles and previous research, was consulted. Furthermore, personal interviews were held with educators and academics, as well as specialists in various fields of AIDS and education. Observation and personal experience were also included in the research.

Results indicate that the proportion of women who are unaware that HIV can be transmitted from mother to child is three times higher for uneducated women than for those with post-primary schooling. Children whose mothers are uneducated risk a 45 percent greater chance of premature death than children whose mothers have post-primary education. The children of educated women also have a much lower mortality rate under the age of five. Recent studies in Africa show that teenage girls are five to six times more likely to become HIV-infected than boys their age.

THE NEED FOR AIDS EDUCATION

Education in a world with AIDS must inevitably differ from education in a world without AIDS. Schools are traditionally expected to communicate knowledge, instil values and promote behaviours that will enable students to protect themselves against HIV protection. These expectations are legitimate, given that in the absence of a vaccine, other preventions involve some learning and some relatively permanent change in behaviour arising from a communication process. Messages pertaining to abstinence, safe sexual activity, fidelity to one partner, protection against mother-to-child transmission and using sterilised needles must be communicated to individuals if such messages are to be acted on (Kelly 2000:2).

The International Labour Office (ILO) reports that it is exceptionally difficult to replace top management and skilled line workers who have AIDS (ILO 2000:9). This is because top management and highly skilled employees have certain specialised tasks and experience that unskilled employees do not have. There is already a shortage of skilled workers in South Africa. The need for educated individuals that enter the workforce, therefore, is evident. This highlights the importance of AIDS education in schools.

Another focal point necessitating the need for AIDS education and a change in current educational methods is the AIDS mortality of teachers who work in a person-intensive industry (Kelly 2000:2). The death of teachers due to HIV/AIDS has increased by more than 40% in the past year (Govender 2001:1). Hassen Lorgat, media officer of the South African Democratic Teacher Union, emphasises the importance of teachers becoming open about their HIV status, since the teaching profession is in crisis as a result of South African teachers dying at an average age of 34 (Govender 2001:1). Education minister Kader Asmal has declared AIDS an educational priority and his advisor, Kgobati Magome, has stressed the importance of removing secrecy around HIV/AIDS in order to keep uninfected people uninfected, and to provide support for infected teachers.

THE VULNERABILITY OF SCHOOL CHILDREN TO HIV INFECTION

In various African countries, data related to age show AIDS cases at their lowest for children between the ages of five and fourteen years (Kelly 2000:3). AIDS cases are higher in children below the age of five as a result of mother-to-child transmission. After the age of fourteen, AIDS cases increase rapidly, especially in girls, as a result of sexual practices. Kelly (2000:3) describes children between the ages of five and fourteen years as "a window of hope". It makes sense, therefore, that school programmes targeted at this group should be aimed at preventing infections and reducing transmission of the disease (UNAIDS 2000: Internet).

A challenging factor, however, is that the ages of primary school children in developing countries, where AIDS is most prevalent, are extended due to various factors (Kelly 2000:3). Firstly, some children start school at a later stage than others and are therefore older than their classmates. Secondly, it can be expected in many African countries, especially including more rural areas in South Africa, that at least fifty percent of primary school pupils will have repeated at least one year, thereby further extending the age range per grade (Nkamba & Kanyika 1998:15). The result of pupils of different ages being in the same class is that the range of sexual experience within one class ranges from naïve and innocent to knowledgeable and experienced (Kelly 2000:4).

Another challenge is that there is a huge lack of adult communication about sexual activities (Kelly 2000:4). This results in the fact that once children reach puberty,

they turn to one another and to their sexually experienced friends in order to discover that which they previously did not know about. According to Domatob & Tabifor (2000:7), almost half of *primary school children* in Malawi are reported to be sexually active. This is seen as a direct result of the fact that otherwise responsible adults fail to provide.

In addition, the responsibility that adults have is heightened when one considers that many pupils are subjected to sexual abuse in their environments (Smart 1999:5). Long walking distances between schools and pupils' homes increases the risk of sexual harassment (Kelly 2000:4). Reports show increasing prevalence of sexual exploitation amongst girls in particular in the five to fourteen year age group in South Africa. To worsen matters, abusers are, more often than not, members of the child's family.

The need to pay school fees may lead to young girls exchanging the use of their bodies for money (Kelly 2000:4). This is aggravated by the fact that food, accommodation, security and recreation makes boarders at schools predisposed towards sexual activities with local community members or one another. It is evident, therefore, that educators in schools have a responsibility towards pupils and, on a larger scale, towards society in impeding the spread of HIV/AIDS.

WHAT PUPILS KNOW ABOUT HIV/AIDS

Knowledge of HIV/AIDS is relatively high among school children. Most, if not all, pupils have heard of AIDS. Many pupils, however, cannot distinguish between the concepts HIV and AIDS, and almost nobody knows what the acronyms represent. Some pupils are able to recognise the fact that HIV causes AIDS. Most pupils know that AIDS is a fatal disease for which there is no cure, and many have put their hope in research and the development of science and technology for the eventual finding of a cure (Malambo 2000:5-7).

The majority of pupils interviewed link the cause of HIV and AIDS directly to unsafe sexual intercourse. It has been discovered that relatively few pupils know of other causes of HIV and AIDS, especially that HIV is transferred through bodily fluids, for example from mother to child, through direct blood contact, and that it cannot be transferred by ordinary human contact such as sharing crockery or through shaking hands, or even by swimming in the same swimming pool.

CHALLENGES IN THE IMPLEMENTATION OF HIV/AIDS EDUCATION

In the expectation that HIV/AIDS education will impede the spread of HIV/AIDS in South Africa, schools must adapt their curricula to include AIDS education. According to Gachuhi (1999:12), family life and sex education programmes have promoted positive adolescent reproductive health benefits and behaviours. The information and skills attained by scholars in these instances help them to delay the initiation of sexual activity. However, programmes including life skills, family life, reproductive health and sexual or AIDS education are faced with quite a few challenges that must be incorporated into the design and implementation of AIDS education.

Firstly, the development of AIDS education programmes as well as their delivery must include participation by classroom teachers, parents and pupils if they are to have meaning outside the classroom (Kelly 2000:6). Secondly, the inclusion of life skills and AIDS education as examinable subjects suggests that much is going into pupils' heads without any actual practical importance. If made examinable, practical importance must be emphasised. Thirdly, life skills and AIDS education must not just target older children, but pupils must be targeted from the day that they enter school, so as to make the most of the "window of hope" (Kelly 2000:6).

Another very important factor to consider is the context of HIV/AIDS within the cultural discourse of traditional ideas and perceived traditions. Life skills and AIDS education programmes must acknowledge and build on the understanding and beliefs of those they seek to influence (Kippax *et al* 2000:6). In many South African cultures, HIV and AIDS are interpreted in terms of the cultural world of taboos, obligations and sorcery (Kelly 2000:7).

The external cause is often thought to be a malicious human agent who uses witch-like or sorcerer powers. The external agent may also sometimes be considered as an offended ancestral spirit as a result of the violation of certain cultural rules, such as having intercourse with an unclean woman or a woman who has had a miscarriage, or failing to observe certain rituals.

This traditional view is strengthened by the fact that western medicine has not found a cure for AIDS. Worse still is the fact that the cultural beliefs of witchcraft and

sorcery are not only held by rural communities, but also by people living in well-off urban environments. In African belief, all people that have the propensity to wrongdoing are classified as potential witches (Magesa 2000:82). The role of traditional healers in fighting AIDS, therefore, has to be considered.

RECOMMENDATIONS

First and foremost, it is essential that teachers receive the necessary fundamental training in preparation for them to teach about HIV/AIDS and life skills. Furthermore, the teaching of the subject of HIV/AIDS must place societal pressure on teachers to act as role models and lead by example in their own lives (Malambo 2000:5). Teachers must also be provided with adequate learning materials such as charts and anything else they would need to bring a striking message across to their pupils, as well as being given support and incentives for teaching about such a controversial topic. In addition, a system that monitors how teachers handle the issue of HIV/AIDS in class must also be put in place (Chiwela & Siamwiza 1999:15).

Material and symbolic resources are needed in order to avoid health-compromising behaviours (De Sousa & Cruz 2000:5). *Material resources* refer to condoms in the case of sexual intercourse, the disinfection of piercing instruments in the use of drugs or similar activities, decontaminated blood in blood transfusions and other blood products and decontaminated organs and semen. *Symbolic resources* refer to access to information as well as the understanding of cultural values and norms. Symbolic resources, therefore, provide understanding of current events, social norms and social ties. If schools combine their duty to teach with the important role of pupils' parents in the education of their children, both material and symbolic resources to prevent and treat health problems can be generated.

Regarding symbolic resources, teachers must learn to teach hope for children who have or will experience the death of their parents from AIDS. In a similar nature, parents who have AIDS must be given practical advice about their children's futures once they die of the disease (De Sousa & Cruz 2000:6). Cultural and traditional aspects must also be taken into account, and schools must work within their communities to increase AIDS education while still adhering to cultural traditions. In this regard, health promotion and AIDS education must strongly focus on reducing discrimination within communities. With the combination of good symbolic and material resources, this can be achieved.

Since there are more female HIV carriers than males, girls' education is an absolute priority. The development of more child-friendly AIDS literature that can be used in schools and for community projects in rural areas is vital. Furthermore, a weekly life-skills period with a strong focus on AIDS should be introduced at schools from grade 1 to grade 12 to emphasise the importance of the topic to pupils. Enough time must be given for such lessons.

CLOSURE

The subject of HIV/AIDS must be taught from early on in schools. This is possible, since understanding is contingent on teaching according to the level of understanding of pupils, which is practiced in all subjects. Content can be built on per year of advancement in the upper grades. Children have the right to information to enable them to make correct choices. Sexual behaviour patterns of teachers and other adults, as well as those of pupils, must change. The appearance of HIV/AIDS has radically altered the country in which we live. It is inevitable that schools and education do the same.

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