

## Dear all

Each year there are more and more new HIV infections, which shows that people either aren't learning the message about the dangers of HIV, or are unable or unwilling to act on it. Many people are dangerously ignorant about the virus, with surveys around the world showing alarmingly low levels of awareness and understanding about HIV amongst many groups. Education can help to overcome such ignorance, and thereby prevent HIV infections from occurring. Today we are sharing with you an article which describes the importance of HIV & AIDS education. This article also reflects on how HIV and AIDS education can be made effective and how the right message should reach the right individual.

# Why HIV & AIDS education?

Education needs to be an ongoing process, because each generation of young people need to be informed about how they can protect themselves from HIV as they grow up. Older generations, who have already hopefully received some AIDS education, may need the message reinforced, so that they continue to take precautions against HIV infection, and are able to inform younger people of the dangers.

There are three main reasons for AIDS education:

- To prevent new infections from taking place  
This can be seen as consisting of two processes: firstly, giving people information about HIV and AIDS, such as how they are transmitted and how people can protect themselves from infection. Secondly, people must be taught how to put this information to use and act on it practically - how to get and use condoms, how to suggest and practice safer sex, how to prevent infection in a medical environment or when injecting drugs.
- To improve quality of life for HIV positive people  
Too often, AIDS education is seen as being something which should be targeted only at people who are not infected with HIV in order to prevent them from becoming infected. When AIDS education with HIV positive people is considered at all it is frequently seen only in terms of preventing new infections by teaching HIV+ people about the importance of not passing on the virus. An important and commonly-neglected aspect of AIDS education with HIV positive people is enabling and empowering them to improve their quality of life. HIV positive people have varying educational needs, but among them are the need to be able to access medical services and drug provision and the need to be able to find appropriate emotional and practical support and help.
- To reduce stigma and discrimination  
In many countries there is a great deal of fear and stigmatization of people who are HIV positive. This fear is too often accompanied by ignorance, resentment and ultimately, anger. Sometimes the results of prejudice and fear can be extreme, with HIV positive people being burned to death in India, and many families being forced to leave their homes across the United States when neighbors discover a family-member's positive status. Discrimination against positive people can help the AIDS epidemic to spread, because if people are fearful of being tested for HIV, then they are more likely to pass the infection to someone else without knowing.

## Who needs to be educated?

Anyone who is vulnerable to AIDS - and almost everyone is vulnerable, unless they know how to protect themselves. It's not only young people, injecting drug users or gay men who become infected - the virus has affected a cross-section of society. This means that education ought to be aimed at all parts of society, not only those groups who are seen as being particularly high-risk. For instance, there may be a lot of AIDS education aimed at young people, but very little that targets adults, and this may lead to a rise in HIV infection rates amongst older age-groups. The people who are most urgently in need of HIV education are those who think they're not at risk.

It is possible to identify three distinct groups of people who require targeted education:

- People who have not yet been educated and may be at risk of becoming infected.  
This usually means young people, who need to know the risks involved in unsafe sex and drug use before they are old enough to find out for themselves.
- People who have already been educated for whom the education was not effective.  
If AIDS education were completely effective, there wouldn't be nearly so many new infections. These infections do not only occur amongst young people - many people who have already experienced AIDS education continue to become infected with HIV.  
"A few months after we started having unprotected sex, I fell gravely ill. . . I recovered slowly but . . . I guess the warning signs have been there since I fell sick earlier this year, I'm educated on HIV and some of my symptoms literally had the warning bells ringing inside my head. Still, the shock of discovering my status is something I will never wish on my worst enemy. "  
- TK, a South African woman -
- People who are already infected.

Initially, this must involve an element of counseling and support, and must teach them how about living well with HIV, the tests they may need to have, and the medications they may need to take. They must also learn about HIV transmission and safer sex, for two reasons - they need to know how to live positively without passing the virus on to anyone else, and they need to know how to avoid coming into contact with a strain of the virus that differs from the one they are already have.

On top of this, everyone needs to learn how and why not to discriminate against positive people. People who are not HIV positive must learn about how the virus is transmitted in order that they are able to protect themselves from infection. At the same time, they must also learn how the virus is *not transmitted*. People need to know that they cannot become infected from things such as sharing food, towels or toilets. This will help to reduce discrimination against positive people by reducing ignorance and fear.

The only people who do not fall into one of these groups are those who have received AIDS education, have taken it in, and have the resources to turn knowledge into action. One group who should hopefully fall into this category are AIDS educators. This may seem obvious, but in many cases, teachers may require teaching themselves. They may be called upon to act as AIDS educators when they themselves have little experience or knowledge of the subject. Peer educators must also receive training, even if they themselves are HIV-positive

## What form should AIDS education take?

AIDS education doesn't always take place in a classroom. It can be presented in many ways and put across by many forms of media, which should be selected with the target group in mind. Some people can be best reached via newspapers and magazines, whilst other people might be more used to street theatre as a form of media. AIDS education needs to embrace culturally appropriate and relevant media.

These might include radio, television, billboard advertising, street theatre, comic strips, etc. Sometimes AIDS education is about giving people information which they will remember on a long term basis, about how to protect themselves, the difference between HIV and AIDS, and helping to reduce discrimination. On other occasions, an education strategy might intend to have a more immediate effect and target people when they are most likely to take part in risky behavior - in nightclubs or holiday resorts, for example.

There is no set or prescribed form that AIDS education should take, but when considering an education campaign, the following points are relevant:

- What age are the people to be educated?
- Where and when will the target group be most receptive?
- Are there cultural issues to be considered? For example, attitudes to sexuality, or laws against portrayal of explicit images or language.
- Are the people to be educated already sexually aware?
- Have the people been exposed to AIDS education before?
- Are the people literate?
- What language do they speak?

- Is the education program targeted at a specific risk-group - e.g. injecting drug users? What is the best way to reach the group being targeted?
- Is it better to tell people how they should behave or inform them of the dangers and let them decide?
- Are people able to do what you're suggesting they do? There's no point in advising people to use condoms if none are available to them, or to use clean needles if needle exchanges are illegal.

## Different people, different messages

If AIDS education had completely succeeded, there wouldn't be many new infections and you probably wouldn't be reading this. It is very difficult to say for sure whether there would have been many more infections were it not for the campaigns to date, but what is certain is that there has been a huge number of new infections in spite of them. In many countries, AIDS education began shortly after the epidemic began to take hold. Governments tend to react in response to public health problems, rather than to avert them before they occur.

Messages warning about sexual matters and HIV come to us from a number of different sources, amongst them schools, our peers, religion, the legal system, and the government. Those messages are not always accurate, and they don't always agree.

## Mixed messages

'The media' is a term which covers a number of different organizations. Both broadsheet and tabloid newspapers, magazines, the internet, television, billboard advertising, leaflets - all come under the umbrella of 'media'. It's hardly surprising that they communicate in different ways, but it's alarming that they sometimes communicate different messages.

The messages from the media and those from the government are not always the same. The government should be driven by a desire to inform the public to the best of its ability, whilst the media usually wants to make a profit and keep people interested. Sometimes the media may focus on a particular, often controversial aspect of the HIV epidemic in order to capture people's interest, which can ultimately be damaging.

## Increasing discrimination?



Some forms of advertising-based education, particularly, try to get the safer sex message across by making people afraid of the potential consequences of becoming infected with HIV.

This can, in certain circumstances, be an effective way of bringing about changes in people's behavior, but it also carries the risk of increasing stigmatization of positive people by making them appear to be at fault for having become infected. This is especially the case where targeted education campaigns highlight the dangers to specific risk groups - injecting drug users, for example, or prostitutes. *No one* deserves to become infected with HIV, however it happens. There is also the danger that this type of advertising may make the target audience afraid of positive people, by portraying them as a danger.

## Somebody else's problem

In much of the developed world, AIDS education still has to correct misapprehensions spawned by media portrayals of the epidemic. Much of the media still does not represent the broad face of the epidemic, but prefers to adopt the 'somebody else's problem' approach by focusing its attention on risks to specific groups - young gay men, injecting drug users, and more recently people from Africa. AIDS education is in the position of having to convince people that they are not safe simply by virtue of having not being in one of these groups.

## Government control

In many parts of the world, there is considerable governmental control of the media. It is also common to find legal constraints on the education that young people receive, and in some places, sex education is actually illegal.

Some types of AIDS education have been criminalized in various parts of the world by laws aimed at suppressing the target groups.

Even in highly developed countries, there are still often legal barriers to sex education. In a large aspect of AIDS education was ignored in schools, actually making it almost illegal for young gay men to be informed

about protecting themselves. It is likely that this piece of legislation is responsible for HIV infections which might otherwise have been prevented.

## Turning knowledge into action

Many people are now aware of the dangers of HIV, and yet the number of infections continues to climb. This suggests that, although people are being told the necessary information, they are not listening or are either unwilling or unable to act. It is clearly not enough to simply dispense information to people if they cannot or will not turn this knowledge into action.

In order for people to be able to use the information that AIDS education gives them they often need more than simply the facts about HIV transmission. AIDS education will fail to help people to protect themselves if it gives no more than the biological facts. Some other identifiable needs are:

- Motivation. People need to know that what they are learning about the epidemic is personally relevant to them. They need to know that they can themselves be affected by HIV if they do not take steps to protect themselves. Sometimes this motivation comes only when people see their friends dying, and it would be preferable if education could persuade people to act before they are frightened into doing so.
- Empowerment is also crucial to people's ability to protect themselves. They must be in a position where they are able to take control of their sexual behavior or methods of drug use. In many parts of the world, women have limited control of when and with whom they have sex, and less control of whether condoms are used. This may be because they are sex workers, because they are in abusive relationships, or simply that such a situation is endemic to the society they live in. AIDS education needs to help people to take control of their sexual and drug-using behavior, and to help both men and women to act responsibly and evolve strategies to avoid risky situations and to say no to sexual encounters which are risky or unwelcome.
- Condoms should be available. There is little point in teaching people about the need to practice safer sex if they are unable to access condoms. Ideally, condoms should be freely available, and should be accessible to young people, regardless of whether they are over the age of consent or not.
- Needles and injecting equipment need to be made available in the same way, regardless of legislation prohibiting drug use. In some parts of the world, a person found by the police in possession of drug injecting equipment can be prosecuted, which tends to encourage injecting drug users to share equipment. This is clearly unsatisfactory, and people need not only to be taught how to inject without risking the transmission of HIV, but to have access to the equipment they need to do so, without fear of prosecution.
- Medical supplies are also crucial to putting AIDS education into action. Medical personnel can be taught how to prevent HIV transmission during their work, but actually do this they need sterile needles and surgical equipment, non-infected blood-products and latex gloves. Nurses and doctors need to have the facilities enabling them to protect both themselves and their patients.
- Testing facilities are also a priority. When a person has a positive HIV test, they can be educated how to protect their partners from infection and how to live well with HIV. This is not possible in a situation where there are insufficient testing facilities.

## How should AIDS education be carried out?

There are a number of different methods that can be used to educate the public about the dangers of HIV.

### Peer education

Peer education is, quite simply, a social form of education without classrooms or notebooks, where people are educated outside a 'school' environment but still have the opportunity to ask questions. Sometimes the 'peer educators' will be from the group that is to be educated - a group of workmates might pick someone from amongst them to become the educator. On other occasions the educator may be someone who has a similar social background, age and gender to the target audience, sometimes a person who is HIV+. Most peer education focuses on providing information about HIV transmission, answering questions and handing out condoms to people. The sessions take place wherever is convenient - sometimes in the workplace, or perhaps in a bar, or where a group of women gather to wash clothes.


Peer education gives people the opportunity to ask questions outside an academic environment, and with someone who isn't an authority figure.

Peer education should be an ongoing thing, and most peer educators make contact with their target audience at least weekly and their sessions will usually be in the context of informal discussions with individual people or groups. This gives people the opportunity to ask questions outside an academic environment and with someone who isn't an authority figure, and isn't going to test them or expect them to perform activities such as might be expected in the context of a classroom-based lesson. This form of education also has the advantage of avoiding the possibility of embarrassment, which might make people feel unable to ask questions of a teacher or person they find more difficult to relate to.

Peer education tends to be used mostly with adults, who can not be reached through the school system, although it has also been found to be effective with young people. It has been found to be an effective method of reaching groups who might not listen to a teacher or someone from a different background to themselves - it has been found to work well in prisons, for example, and with risk groups such as prostitutes. The peer educators provide a credible link between the target audience and the education project, by which the educator is trained.

Peer education is often effective when targeted specifically at a particular group, as people seem more willing to listen to someone who understands their social background. It also does not have the effect, as is risked by a media-based campaign, of making the target audience appear to the public as a whole to be a danger.

## **Active learning**

In order to understand 'active' learning, it is first necessary to understand 'passive' learning. Passive learning occurs when a learner is given a set of facts, often in a classroom environment, and is the type of learning that has been traditionally favored by academic institutions. 

More recently, however, educators have realized that people are more likely to both remember information and to relate it to themselves if they are given an opportunity to put it to use as they learn.

An example might be a chemistry lesson in school - who is more likely to remember the information - the child who sits in silence and records the nature of the chemicals in a textbook? Or the child who performs an experiment to discover the information for themselves.

Active learning can sometimes link into peer education, especially when AIDS education is aimed at young people, as one of the best methods of learning something oneself is to teach it to others.

## **Blanket education**

This is a general message aimed at the population as a whole. In many countries, the general population is seen as being at a fairly low risk of HIV infection, and blanket education usually aims to inform the population about which behaviors are risky and to give them support in changing these behaviors. This gives the opportunity for people who are already infected with the virus to avoid transmitting it to others, and for people who have not been infected to protect themselves.

## **Targeted education**

This type of strategy is usually used to speak to social groups who are perceived as being at a high risk of HIV infection - injecting drug users, for example. This type of education usually tends to focus on risky activities particular to the specific target group - in this case, the risky behavior is injecting drugs. Blanket education is inappropriate when wishing to communicate with specific risk groups, as it can incite discrimination in the general population towards the group, and can tend to promote 'somebody else's problem' thinking.

**Noman Farooq**

Senior program Associate

**PNAC Resource Centre**

PAKISTAN NATIONAL AIDS CONSORTIUM

Phone: +92 51 4100935 / 4432094

Fax: +92 51 4100935

Address: H.No 441, Street 57, I-8/3 Islamabad Pakistan

Email: [resourcecentre@pnac.net.pk](mailto:resourcecentre@pnac.net.pk)

URL: <http://www.pnac.net.pk>

<http://www.aidspnac.org>