

Education: the forgotten side of Prevention
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First thank you to the conference for the invitation to share these thoughts with you today and also my thanks to Peter Aggleton and Geeta Rao Gupta for arranging this session so that we are able to discuss the less mainstream ideas and approaches to HIV and AIDS education and prevention. The ideas that we will be discussing in this session are often swept aside by the juggernaut of dominant and conventional views on prevention and treatment – or they are relegated to the fringes of the debate.

I have been asked to talk about '*education the forgotten side of prevention*' and in thinking about this, I asked a dozen or so people involved in HIV and AIDS work in South and Southern Africa and working in the north what they thought were the most valuable lessons that we had learned about education in the context of HIV and AIDS prevention.

Their answers were illuminating for all most all of them did not mention education at all – they spoke about basic facts, about simplicity, about the importance of messages, about HIV and AIDS related stigma, about testing as part of prevention and about the ways in which treatment would contribute to prevention. It struck me that they did not read the context of my question – I was not interested in messages of prevention and certainly not in the mistaken notion that testing and treatment would strengthen prevention – for none of them talked about education.

I was left with a very good idea of prevention programmes and of prevention issues but I was left stranded when trying to get a sense of what people mean when they talk about AIDS **education** as part of AIDS prevention. I was reminded of a quote by Ayn Rand

“The only purpose of education is to teach a student how to live his life-by developing his mind and equipping him to deal with reality. The training he needs is theoretical, i.e., conceptual. He has to be taught to think, to understand, to integrate, to prove. He has to be taught the essentials of the knowledge discovered in the past-and he has to be equipped to acquire further knowledge by his own effort.” ~Ayn Rand

And I thought that this is what we are missing in AIDS education, missing from an AIDS education that could become a powerful component of AIDS Prevention.

Of course we need to teach our fellow citizens to deal with reality and this reality of course differs from community to community, from country to country – but the crucial question is how we do this – how do we develop their minds and equip them for this reality? Do we get them to accept the reality – by not challenging the dominant status quo, by not questioning the ways in which culture and tradition feed into and collude with the epidemic or by playing all the old clichés about power and oppression and blaming all the usual suspects?

Or do we equip them to think in new ways about who they are, what forces have and will shape their lives and equip them to have powerful imagined futures?

In most AIDS prevention we have turned away from any real theoretical understanding or training through the mistaken belief that AIDS information and messages – AIDS prevention – needs to be simple, that it needs to be uncomplicated and straightforward. In this we have failed to recognize the point Rand makes about education being conceptual, theoretical and something that makes us think and through this thinking to understand, integrate and work with theory and concepts as well as to have the means to act on this. This is

highlighted in the book by Irwin et al. *Global AIDS: Myths and Facts* most particularly in the section where they discuss prevention and treatment.

Prevention during the first 15 years of the epidemic gradually grew more sophisticated: from behavioural education and condom promotion, HIV counselling and testing, to the treatment of sexually transmitted diseases (STDs) that can facilitate HIV transmission, and the blocking of mother-to – child transmission of HIV with drugs such as AZT¹

There is no mention here about education. The talk is all about prevention and about prevention and treatment not as competing but as complimentary. But there is nothing to indicate the prevention is about education. The sophistication they talk about is technical, it's about public health based prevention and there is nothing about how in the past years of this epidemic we could have allowed people to have a more sophisticated understanding of AIDS – the most dramatic and fascinating social representation of our times.

We have to realise that this is a fascinating and complex epidemic, playing its self out in widely divergent societies with different pasts and different futures – and that in high prevalence countries it is overlaid with fascinating and complex ideas about tradition and modernity and the impact of globalization. For AIDS education to work these are the issues that need to be emphasized –issues about race and class, about gender and culture about religion and terror and about development and deprivation.

Once we have developed a critical understanding of the reality can we start to think about how the epidemic runs through a society – and for this we need time. Education for prevention cannot work if it is segmented and pigeonholed into a couple of hours a week or a couple of hours a semester and multiple choice tests which will tell us nothing beyond how people have grasped facts.

¹ Global Aids p 59

What theoretical or conceptual tools are we developing – how do we recognize this epidemic in all of its complex forms and educate people with the theoretical tools to understand power, hegemony, patronage, choice, freedom and social identity. We need to give people the conceptual and theoretical tools to understand how culture can lock them into positions of inferiority, how culture can be used to collude with the epidemic and how race and class and gender all have webs of interconnectedness beyond mere behaviour change.

In this we have failed. The treatment vs. prevention debate is misplaced – the debates should be about the way in which AIDS prevention as it is currently constructed works against education. To what extent has and is AIDS prevention counter to AIDS education and counter to the need for theoretical and conceptual knowledge and the need to be taught to think, to understand, to integrate to be able to make sense of the world and to change it.

One of the most powerful discourses that underpins AIDS prevention is the notion of education (as in the formal education system) as a ‘social vaccine’. This view supported by the World Bank, some of the UN agencies and others claims that it is through education that we will be able to have effective AIDS prevention. On the whole by this they do not mean good AIDS education, but the education system generally. It is argued that education will give people the skills and tools to negotiate safer sex, or delay sexual debut or change behaviour and to see that despite how desperate the reality might seem there is a future.

Education as a social vaccine is largely advocated for young people – particularly young girls in the developing world and its claimed that the more education young people have the more they will have to invest in not becoming infected. This eminently rational belief is of course flawed from the start. For most young people merely getting an education is enough of a challenge without having to try and apply any knowledge they may have gleaned about AIDS in the real world of poverty, oppression, patriarchy and abuse. It may well be that investing all the

time and energy that goes into the notions of a social vaccine could be better spent on glass in the windows, doors for classrooms, science labs, heating and cooling, good teaching and learning conditions may far outweigh anything learnt in the classroom in terms of people investing in their future.

Of course education is something that everyone should have; but as I have argued before this needs to be an education that is not designed for manual labour and skills for survival but an education that liberates. The kind of education that is offered as part of AIDS prevention is not education at all. It is a timetable slot in school (often sacrificed for more pressing matters) in which the basic facts (the vaccine) is given.

For many reasons this analogy of a medical vaccine with what is called a social vaccine is flawed. A vaccine is developed against something that is known – a present but essentially known thing that is part of the human body and the vaccine operates to protect and it operates in a programmed way. The vaccine for disease x will not work for disease y. It is a predetermined response to a very particular set of circumstances. Medical vaccines are described as

a substance which contains a harmless form of a virus or bacterium, and which is given to a person to prevent them from getting the disease which the virus or bacterium causes: as in to give someone a vaccine, usually by injection, to prevent them from getting a disease:

And, in most countries with a good and efficient health system one could say

The children were vaccinated against the major childhood diseases.

But with HIV and AIDS we are not talking about a known and static thing – of course should there be a medical vaccine developed it will work in this way against the virus in the body, but a social vaccine is inherently an inappropriate analogical construct. The notion of a social vaccine seems to presuppose a static

group of young people who will be able to take in the harmless universal form of the education virus to prevent them from getting the disease of HIV and AIDS. This is not about education, this is about the passive passing on of basic facts, giving young people some means to be able to know about HIV and AIDS and if lucky able to take control of their lives – but the young people do not live in homogenous worlds, with predictable outcomes and easy formulas.

Education is the complete opposite of a social vaccine – education is about showing people how to act so that they are really able to understand their worlds and the forces within them.

I want to use an example from South Africa to illustrate this point.

In all South African schools since 1994, the history of Apartheid is part of the syllabus taught at all levels of education – primary and secondary. Students are taught all the facts about the development of Apartheid from the actions of the British colonial government through the various white governments until the end of white rule. They learn about all the legislation, the acts, the policies and the actions of police and bureaucrats and they know of the horror of the system.

In addition they now live in a country with one of the most progressive constitutions in the world. In the period post-apartheid a full generation of school children has been through the system and lived under this new constitution. And yet it is also the case that many of the young people have no understanding of how such a system could have developed beyond the most obvious clichés, they have no real understanding of the what it meant for all races to live in such a system despite the fact that their parents lived under the past regime.

They can pay lip service to non racialism without a real understanding of what racism and discrimination really meant and how it could become so entrenched.

This I would suggest is because they have not been educated about race and racism and its roots and how it becomes part of a worldview and a mindset. They have if you like been given a “vaccine” about race and oppression – that it must not happen again. They have been taught, given information but they have not been educated. They do not have a fascination for the problem at hand – indeed most of my generation are concerned about just how disinterested the next generation seems to be about the past – living so intensely as they do in the present. White parents worry that their young children do not understand what privilege has meant for them and black parents are concerned that their young children do not understand about the struggle.

These young people can give you the facts of apartheid but they are hard pressed to see its relevance in their lives and how to understand what actions they need to take to ensure the ongoing prevention of another racially divided society.

I think that we can apply the same concern to AIDS education. Most AIDS education programmes are not at all about education but are about information and facts. Indeed the first pages of most **education** manuals are about basic facts not about social constructions of reality, identity, and sexuality or about how societies are constructed along the lines of inequality and class, of wealth and poverty or privilege and denial. What counts as AIDS education is really an overly simplified account of some of the most fascinating and engaging issues in our society – our understanding of self – our knowledge about sexuality and identity and about sexual desire and pleasure.

It is because of this lack of theoretical and conceptual understanding that AIDS and HIV related stigma remains so entrenched. Just as telling the facts about Apartheid does not lead necessarily to a non-racial society so too just telling the facts about HIV and AIDS will not necessarily lead to a “non-stigma” society. It is never that easy and we do everyone a huge disservice when we pretend that we

are engaged in education when in fact we are engaged merely in the dissemination of information and facts.

I want to return to the last part of the Ayn Rand quote for it seems to me that this is another aspect where prevention programmes have turned their backs on education. She said it is necessary to be taught the essentials of the knowledge discovered in the past - and to be equipped to acquire further knowledge by ones own effort.

There is a huge body of research and information that informs us as we navigate our way through this epidemic. Journals such as *Culture, Health and Sexuality*; *Sex Education*; *AIDS Education and Prevention*; and many others publish research that tells us a great deal about what has been done, how it was received and what future understanding this could give us. And yet very seldom is this research taken into the ways in which we conduct AIDS prevention. This is in part because such academic rigor and theoretical and conceptual debate is dismissed by those doing AIDS prevention as ivory tower or as inaccessible to the people.

Quite apart from the insulting patronization of people in claiming that others cannot get to grips with academic research, it merely highlights a laziness on the part of many people working in AIDS prevention. They will claim that they do not need this kind of work because they know their communities or what they are doing – or they will beat the tired old drum of researchers being alienated from the grassroots.

This failure to engage with the research is as Sue Kippax has argued a strong aspect that contributes to the medicalisation of AIDS prevention – much of this work is at odds with the current relentless thrust for testing and treatment and so it is firmly pushed aside – it is at odds with the push to reduce counselling and support and so it is ignored and the policies that are being developed now to

enhance prevention – treatments, testing, openness and disclosure – are ones that simply do not stand up to the scrutiny of real educational analysis.

Although not an educationalist Rand has offered us some reminders of what education must achieve – it must be able to allow all people to challenge their reality, it must be based in rigorous theoretical and conceptual debates and understanding and it must be based on research and on what has been discovered.

Were these understandings applied to AIDS education we would not find ourselves struggling to contain the epidemic, we would not be labouring under the nonsense of ABC, social vaccines or testing and treatment as a prevention tool. Rather we would be able to engage with our fellow citizens about the ways in which their social identity and their society is constructed, we would have vibrant and vigorous debates about sex, sexuality, about men and masculinities, about circumcision, about the ongoing oppressions of women and minorities and most crucially of all about the kind of society we want and the sort of future we are fighting for.

We must not trivialize education through claims that all needs to be simplified – we must not pretend that we are doing education when we are engaged in routinized prevention and most of all we must not turn our backs on social, political and critical theory as the most powerful tools we have to understand our world and the epidemic; for if we do not then we are failing as educators and at best can call ourselves informers.

Finally another cameo from South Africa – the backdrop to the success of the liberation post 1994 lies in the truth and reconciliation commission. While this may not have reached as far as many people hoped and while it may not have punished enough people, it allowed a whole society to debate and to try and understand what went wrong in the society so that the terror and horrors of

Apartheid could not take hold and remain. It allowed people from all experiences to talk and to confess and to ask questions and most of all it allowed the country to try and get some understanding of our common humanity and hopeful future through the open debates of what we had done and experienced in the past.

This is what we need for AIDS – an education that takes the lived reality and the pain and the prejudice and the actions of states, donors and the UN and all people and opens a debate that looks at the roles that these have played and how as societies we may, building on the very solid foundation of prevention facts we have, develop an AIDS education that is liberating and creates a new understanding of what we need to do to change and strengthen AIDS prevention.

AIDS education is not about basic facts – it is about having the intellectual skills and the curiosity to use these facts to change the world.

Thank you