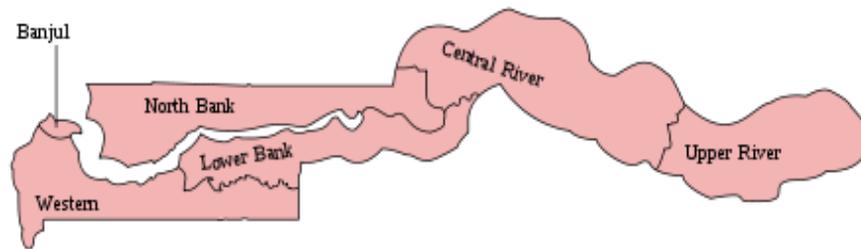


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**HIV AND GENDER EDUCATION CAMPAIGN**

**INTRODUCTION:** The AIDS pandemic is fast becoming one of the most severe developmental challenges facing the world and the education systems in particular. It poses a long term threat to the attainment of EFA Goals. The lives of millions of children and teachers have been permanently changed by the epidemic in ways that constrain their ability to go to school, to stay in school and to learn or to teach.



In 1989 Jonathan Mann, the first head of WHO's Global Programme on AIDS, addressed the World Congress of the IFFTU, one of the predecessors of Education International(EI). Before hundreds of teacher leaders from all over the world, Mr Mann spoke on the impact of HIV/AIDS and mapped out what was to be expected in the coming decade.

Despite their interest, many teacher trade unionists wondered whether the words of warning spoken by Mr Mann really should be directed to them. Fifteen years later, not one EI-affiliated teachers' organisations doubts that teachers should be involved in the fight against HIV/AIDS pandemic.

**Three major reasons why educators must scale up their collective response to the AIDS epidemic:**

1. Without a medical vaccine, education is critically important as the most powerful social vaccine against HIV infection;
2. Without a systematic strategy for mitigating the impact of AIDS, the epidemic will undermine the provision of education, thereby denying children access to the quality learning they need to stay safe from HIV, and slowing or even reversing progress towards universal education;
3. The children who most need the protection and skills afforded by education-those affected or infected by the disease-will not be able to attend school unless their special needs are addressed.

**Impact on Teacher Supply**

- Teacher absenteeism caused by illness, tending the sick and attending funerals
- Loss of highly qualified staff due to increased mortality
- Refusal to be posted to heavily affected areas
- Heavy demand on funds allocated to education
- Increased spending on training of more staff, on paying replacement of affected personnel who may still be on the payroll
- Diminishing allocations to education: the education ministries may receive diminishing proportion of national budget due to increasing demand for resources from other sectors.

- Decreasing community investment in education: at school and community level available income decreases as more financial resources are needed for illness and death; resulting to less community contributions to education/schooling.

As a result of the impact of HIV/AIDS on Teacher supply, new resources are needed for:

- Implementing an effective HIV/AIDS education programme
- Scholarships for Orphans and Vulnerable Children
- Teacher training in counselling, new curricular in Life Skills Education

**Impact on Quality Education:** In countries that are heavily affected, the quality of teaching and learning are inconsistent. Schools are struggling to cope with irregular teacher attendance, poor health and the depletion of trained teachers:

- In poverty situation, the health and nutrition status of learners is at risk. The basic supplies are missing or inadequate
- Learners with home problems cannot be effective.
- The orphans and affected children may not have adequate support or supervision at home.
- Learners involved in home caring may not have time to go over the day's class work
- If incomes are shifted on health related expenses, spending on education is less thus poor quality of the learning environment and equipment

**Impact On Education Management :** The increasing mortality of educational planners and supervisors can

weaken the strength of personnel capacity of the system. Sector personnel are particularly vulnerable to the HIV infection because of one or more of the following:

- Status in department (high/low)
- Separation- families of trekking officers whilst they are left at home.
- Social gatherings- attractions from the opposite sex
- Information on HIV/AIDS-Lack of awareness and diverse perception about HIV/AIDS
- Working environment( pressure from colleagues both juniors and seniors)
- Sexual Harassment
- Status in the community, - frequent change of location

## **EDUCATION SECTOR'S RESPONSE TO HIV/AIDS PANDEMIC**

The education sector has an important role to play in responding to the HIV/AIDS epidemic because of its size, the status of teachers and the contact they have with young people - the most affected. The Sector should impact further the spread of AIDS through prevention efforts and should develop capacity and relevant curricula on HIV/AIDS to minimise the impact.

Every constituency of education has a role to play in the fight against the HIV/AIDS pandemic. Let us look at the educational constituencies and how each can help in the combat.

### **The School Can:**

- Provide quality education and life skills in and out of school: some parents rely on the school to educate

their children and provide accurate information that they themselves cannot;

- Organize community based sensitisation and information dissemination on STIs, HIV/AIDS, lifeskills and coping strategies through school drama, poster contests, debates and seminars on issues affecting the society can minimise resistance to HIV/AIDS prevention efforts in schools;
- Provide education and information to parents and other community members to support their efforts to determine appropriate and effective ways to prevent HIV/AIDS infection among young people;
- Set good examples on better living to the rest of the community.

### **Ways that Teachers Can Contribute:**

- Disseminate knowledge and accurate information in and out of school
- Providing guidance and counselling
- Helping children to be educated and equipped with life skills for smooth transition to adulthood;
- Respecting their students and their colleagues;
- Not trading marks with sexual relationships;
- Working with their conscience on the fact that having sex with students shows abuse for human rights;
- Teaching behaviours that will empower children to make healthy choices related to sex ( such as abstinence or use of condom) and other health issues;

- Providing children with opportunities to learn and practice life skills, such as religious and moral education, decision making and communication skills
- Providing education to young people to reduce stigma and discrimination of People Living With HIV
- Integrating effective HIV/AIDS education into other appropriate subject areas as Science, Social and Environmental Studies etc.
- Taking part in national and community initiatives to prevent HIV/AIDS and STIs

### **Ways that Students Can Contribute:**

- Abstaining from sex
- Adopting safer practices from the start;
- Helping take the shame out of AIDS where it is still stigmatised. They can bring kindness and practical help to those already infected or affected with HIV or living in a household touched by AIDS;
- Becoming agents of change in their own households, in the lives of their peers, and in the wider community.;
- Taking on roles as facilitators and mobilising local community groups and religious organisations to educate people on the need for AIDS related behavioural change.

### **Some Rights of Students :**

- Youth friendly, accurate information about HIV/AIDS/STI and should be equipped with information on life skills and services that enable them to protect themselves against HIV/AIDS;

- Freedom from coerced sex, rape and other forms of harassment and exploitation;
- Opportunities to develop in supportive environments, with a solid backing of caring from their family, school and community;
- To have a right to education, skills, confidentiality and protection from discrimination based on HIV status, sexual orientation gender and age.

### **SCHOOL MANAGEMENT COMMITTEES AND PTAs CAN PREVENT THE SPREAD OF HIV BY**

- Instilling moral and right kind of attitude in children;
- Providing a conducive atmosphere where information sharing on HIV/AIDS can be enhanced;
- Supporting school initiatives on HIV/AIDS policies and programme;
- Participating in the campaigns;
- Serving as role models;
- Protecting students from sexual abuse
- Reporting cases of sexual abuse
- Teaching life skills
- Supporting families affected by HIV/AIDS in the communities
- Participating in the campaign for the fight against HIV/AIDS

### **TEACHER UNIONS' RESPONSE TO THE IMPACT OF AIDS ON TEACHERS**

Teachers can and must play a crucial role in the prevention of HIV by sharing information with colleagues and students, by raising awareness in the community and by making skills based health education an integral part of the curriculum.

Teacher Unions around the globe have adopted resolutions and policies on HIV/AIDS. Unions have started disseminating information and have made training programs on HIV as part and parcel of their day-to-day work.

Education International has been increasingly active in galvanising teachers around the epidemic. Their work is based on the underlying principle that teachers can significantly reduce HIV infection by avoiding infection themselves, and by helping young people to prevent infection.

### **PREVENTION OF HIV/AIDS**

As part of education for prevention, six key issues need to be discussed:

- Understanding the nature of the infection and how it is transmitted is the precondition for changing behaviours that facilitate transmission;
- Knowing what behaviours to avoid, such as not engaging in unprotected sex and sharing of skin-piercing instruments, is essential for reducing infection rates;
- Knowing how to reduce risk gives people positive options by which to live their lives more safely;

- Adopting attitudes of respect for human rights is important in limiting the spread of the disease, and building care and support for those affected and infected;
- Understanding the nature and dynamics of human relationships is important for developing the attitudes that will support risk reduction behaviours;
- Skills development is crucial for putting into practice understanding and knowledge. Because HIV is transmitted through specific behaviours, education is needed to avoid infection. Skills development is also necessary for people to interact with others, including People Living With HIV in a non-discriminatory, considerate and supportive way.

### Why is Prevention Important?

- The world, especially Sub-Saharan Africa has recently lost many people to the HIV/AIDS pandemic ;
- Shows no discrimination and has devastating effects on individuals, families and communities;
- HIV/AIDS is a real pandemic and there is always the danger that the virus will be passed from an infected person to a non –infected person;
- In the Gambia the first case of AIDS was diagnosed in May 1986 and since then more than 1500 people have died of AIDS. (NAS report March 2009);
- A total of 688 patients are currently on ARV treatment whilst 1805 PLHIV are receiving care and support from the 9 treatment centers (NAS report March 2009).

- Initially, the HIV epidemic was dominated by HIV-2 but since the mid 1990's this changed into an HIV-1 driven epidemic. (NAS report March 2009).
- HIV prevalence rate increased from 1.1% in 2005 to 2.8% in 2006 and then decreased from 2.8% in 2006 to 1.4% in 2007 (NSS, 2007)
- People of all classes, sex, sexual orientation, age, religion, occupation, and ability can get HIV/AIDS;
- All people, including yourself and your partner, should be considered to be potentially infected with HIV unless you have tested negative at 3-6 months after last risk activity ( Peace Corps, Life Skills Manual, 2001, p84).

Since HIV is usually transmitted through sex, not having sex is a good way to prevent HIV transmission ( Peace Corps, Life Skills Manual, 2001 p85) and could take the following formats:

**Abstinence:** Refraining from vaginal, anal or oral sexual intercourse is an extremely appropriate prevention method against HIV, especially for school-aged children, young people and anyone else uncertain of their HIV status. It is the decision of the individual that ensures the prevention of HIV.

**Being Faithful to One's Partner:** Each new partner is a potential risk of being infected with HIV. It is always difficult to be sure that your partner(s) is/are not already infected. Even if they are clinically tested, you cannot be sure of the reliability of this approach.

In a polygamous marriage where wives are inherited or in re-marriages, the need for testing will be very important to avoid the possibility of becoming infected.

**Using a Condom:** Condoms are very effective forms of protection against infection of the HIV/AIDS and other Sexually Transmitted Infections.

As women often have to rely on their partners' willingness to use condoms during every act of sexual intercourse, there is an urgent need for other preventive methods, especially those they can control to protect themselves against STI/HIV and unplanned pregnancy. One way of doing this, is by using the female condom. Furthermore, it is the only method giving this dual protection over which women themselves exercise some control.

### **Ways To Use The Male Condom**

- Check the manufacturing and expiry date on the package
- Put the condom on before sex and handle it carefully to avoid bursting;
- Press the air out at the tip of the condom leaving enough space to hold the semen.
- Unroll the condom over on the penis as much as possible;
- After sex take the penis out of the vagina while the it is still in the condom
- Hold the base of the condom firmly so that semen does not spill over/sip
- Tie the condom at the open end and safely dispose off in a toilet, bury or burn.

### **What Is A Female Condom?**

- The female condom is a strong, soft transparent sheath made of polyurethane and intended for contraception and STD prevention, including HIV;
- The sheath has a flexible ring at each end;
- The inner ring at the close end is used for insertion and helps keep the device at the upper end of the vagina;
- The ring is removable;
- The outer ring remains outside the vagina when the condom is inserted, and anchors the condom so that the sheath covers the external genitalia as well as the base of the penis during intercourse;
- The condom is pre-lubricated with a non-spermicidal silicone fluid, to make insertion and movement during intercourse easier;
- Using the fluid has no side effects.

### **How To Use The Female Condom?**

- Check for the manufacturing and expiry dates
- Insert the condom inside the vagina before sex and handle it carefully to avoid bursting;
- After sex take out the penis while the condom is still inside the vagina.
- Hold the top of the condom at the open end and safely dispose off in a toilet, bury or burn.

## Other Ways Of Preventing HIV/AIDS

- People can also be infected without having sex; Using needles, syringes, knives or blades that have been used by an infected person can transmit the virus; It is advised not to share these items with each other;
- Blood transfusion is another form of contracting the disease if not properly administered, therefore blood supplied to clinics, health centers and hospitals must be properly screened before any transfusion. We must not assume that blood donated by friends, lovers or even family members is safe and free from contamination;
- All cutting and piercing instruments or any other instrument that can break the skin may transmit the disease from an infected to a non-infected person. Do not allow people such as barbers, doctors or anybody else to use any of these items without proper treatment.

### **VULNERABILITY REDUCTION**

Preventing HIV infection must be approached by action to reduce individual risk or by tackling the broader contextual, environmental and social factors that make people vulnerable.

- The reduction of individual risk usually focusses upon the individual and his or her behaviour.
- Vulnerability reduction, involves making changes in the broader social, cultural, economic and political environment in which individuals live their lives.

- Committed high level leadership is essential for success in reducing vulnerability;
- Leadership and advocacy needs to be informed by a sound knowledge base;
- Good quality situational and contextual analysis of patterns of sexual behaviour, cultural HIV/AIDS prevention and impact mitigation for effective HIV/AIDS programming;
- Policy and planning must address all aspects of HIV/AIDS as it impacts on education.

Given the nature of their work, certain situations make teachers and other education personnel vulnerable to HIV/AIDS, that is, they are exposed to those infected or affected by the HIV/AIDS pandemic.

These situations vary from:

- Their status in the Ministry (high/low)
- Movement of staff on postings or trekking without spouse;
- Social gatherings, such as, seminars, workshops, sports, marches, etc;
- Inadequate information about HIV/AIDS;
- Perception of HIV/AIDS as non-existing;
- Sexual harassment at work;
- Absence of the staff on posting or trekking officer from home may increase vulnerability of family member;
- Teachers' status in the community;
- Polygamy

## **Vulnerability reduction is:**

- A cultural issue, since it involves reviewing fundamental values and norms
- A human right issue since it links intimately to fundamental human rights
- A legal issue since actions such as discrimination which enhance vulnerability are amendable to legal redress
- An issue of democracy and citizenry since social dialogue connectedness and solidarity are essential to any response.
- An infrastructural issue since hospital, schools and universities require strengthening if they are to play their proper role in promoting a reduction in societal vulnerability.

**Actions for Reducing Vulnerability:** Attention should be focussed on the following key issues:

- a. Providing and expanding access to universal, good quality and safe education, including Early Childhood Education and care. This is particularly important for girls, orphans, young people who inject drugs, young sex workers and other vulnerable young people;
- b. Eliminating stigma and discrimination, with a view to respecting human rights and encouraging greater openness concerning the pandemic;
- c. Promoting of policies and practices that favour Early Childhood Care and Education, gender equity, school attendance and effective learning;
- d. School health programmes need to tackle the particular factors rendering some children and young people more vulnerable than others. They can do this through the provision of skills-based health education to enable

people acquire the knowledge, attitudes, values and life skills needed to avoid HIV infection;

- e. Safer recreational activities are important both in and out of school. Young people have the right to opportunities for participation in sport and other leisure activities in ways that do not render them vulnerable to HIV/AIDS through the actions of others. Codes of practice, should govern adult involvement in youth activities and and adult relationships with youth in organised activities;
- f. Intersectoral collaboration to enable young people to access the services and resources needed to protect and support the fight against HIV infection. These include access to condoms and to clean needles. The training of teachers and health workers needs strengthening so as to facilitate the early identification of especially vulnerable children, to promote child protection and safety and to make appropriate interventions;
- g. Develop sound policies that will enhance the eradication of poverty;
- h. Finally, school community partnerships should be created to build livelihood and employment skills and to facilitate access to youth friendly voluntary and confidential HIV counselling and testing services.

## **BEHAVIOUR CHANGE**

Essentially, behaviours of people change for the better when they receive accurate and factual information with appropriate skills. In this way they will adopt responsible sexual behaviours which will reduce the risk of infection. This first step in fighting the pandemic is to recognise and

acknowledge that it exists. Behaviour change is not as simple as it may sound. It is the individual's responsibility to behave responsibly. This can be a long and trying exercise, requiring a change in our value orientations( how we perceive and respond to situations). With appropriate and relevant information and skills, support and commitment to safe sex can reduce all forms of potential ways of infections.

For the survival and development of humankind, communities as well as individuals must identify and examine cultural and social practices, which encourage or promote risk infection. Such practices includes:

- Tolerance of sexual experiences before or outside marriage
- Early marriage and teenage pregnancy
- Cultural, traditional and social interaction that promote sexual activities;
- Wife inheritance

## **VOLUNTARY COUNSELLING AND TESTING**

Learning that one is infected with the virus can create depression and can lead to psychological stress. A voluntary testing programme should have four key elements:

- The test must be part of a comprehensive counselling programme, this means having well trained persons who provide counselling before an individual decides whether he/she will take a test or not;
- The decision to take the test must be entirely the choice of the individual.
- The test results must be treated in confidence.
- The testing procedures must be technically sound, in other words the test must be accurate and reliable.

Guidance and Counselling is offered to create a helping relationship between a client and a care provider called counsellor. Possible benefits of counselling include:

- Receiving accurate information about HIV/AIDS and other STIs
- Increasing a persons ability to cope with anxiety
- Receiving emotional support
- Learning about how to reduce risk of infection with HIV & being motivated to do so
- Referring people to additional medical or social support services

In all post test counselling, regardless of the result, counsellors should reinforce safe behaviour to promote changes in risk behaviour.

Testing is usually initiated for those who have specific concerns or worries about their risk, or who need information about their HIV status to make informed decisions about their future or other aspects of their lives, such as pregnancy.

VCT services are currently available in 34 centres in The Gambia such as:

- Brikama Health Center
- Royal Victoria Teaching Hospital
- The Gambia Family Planning Association
- Catholic Development Office (CaDO) Basse Health Center
- Essau Health Centre
- Farafenni Hospital
- Soma Major Health Centre
- Bansang Hospital
- BAFROW

## **CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS**

Care and Support for PLHIV is aimed at enabling the client cope with stress and take personal decisions related to HIV/AIDS. The physical needs of those with HIV/AIDS are in many ways similar to the needs of people with other kinds of illnesses.

People living with HIV are brothers/sisters, friends, relatives and or parents. People Living With HIV may sometimes be prejudiced because of the nature of the infection and the mental torture and stigmatisation around them.

In The Gambia, there are a number of centres that give care and support to People Living With HIV. These centres provide Anti-Retro Viral (ARVs) drugs and home-based support and care and could be found at:

- Royal Victoria Teaching Hospital
- Bansang Hospital
- Hands on Care, Brikama Health Center
- Farafenni Hospital
- Sulayman Junkung Jammeh Hospital, Bwiam
- WEC Mission Sibamor
- CaDO, Basse Health Center
- ASB (a German Clinic)

## **GENDER DIMENSION**

Gender is a social or cultural construct of the difference between female and male and the ways in which they interact with each other. Looking at the gender dimension on the HIV/AIDS prevalence throughout the world and The Gambia in particular, one will discover that there is a slim difference based on the varying numbers for the prevalence

of HIV/AIDS by sex even though data have shown a high prevalence of HIV/AIDS among women.

Infact, women of all age groups, are more susceptible to HIV infection than men. This may be due to a number of reasons. Adult women between the ages of 25 and 49 who are at the prime of their child bearing period account for the largest number of HIV/AIDS cases.

The implications of HIV/AIDS susceptibility during the critical child bearing years are manifested in the prevalence of children who have contracted the HIV through their mothers, parent- to- child transmission. Other risk factors in the transmission of STIs is marriage and wife inheritance. The reasons for these are still being explored, but there is a surprisingly higher number of opportunity for younger co-wives in arranged marriages to take boyfriends preferably their own age and choice. Some groups tolerate such liasons particularly at initiation ceremonies.

These facts bring us to the need to reinforce the gender initiatives in combating the devastating pandemic of HIV/AIDS particularly in rural Gambia. The response to HIV/AIDS depends on the strength of individuals and communities, to halt the pandemic. It is essential to eliminate the social and economic inequalities and injustices that fuel its spread. Empowering women and communities to respond to HIV/AIDS is a critical and fundamental part of respecting, protecting and promoting their human rights.

**HIV As A Gender Issue:** Although HIV/AIDS affects both men and women, women are more vulnerable because of biological, epidemiological and social reasons:

- 41% of 33.4 million adults living with HIV/AIDS are women;

- 55% of the 16,000 new infections occurring daily are women;
- 43% of pregnant women tested positive in Francistown, Botswana;
- Following a trend observed in some countries the male to female ratio among HIV infected persons has begun to equalise. In fact in some of the worst affected countries, women outnumber men.

### **Women Are Biologically More Vulnerable Because:**

- As a receptive partner, women have a larger mucosal surface exposed during sexual intercourse;
- Semen has a far higher concentration of HIV than vaginal fluid;
- Women thus run a bigger risk of acquiring HIV, more so if the intercourse takes place at an age when the mucosal surface is still tender or when it is damaged due to rituals and practices like infubulation, early marriage.

### **Women Are Epidemiologically More Vulnerable Than Men, Because:**

- They tend to marry or have sex with older men who may have had more sexual partners and hence be more likely to be infected;
- Women frequently require blood transfusions during childbirth and abortions, as prevalence of anaemia amongst pregnant women in developing countries is usually very high.

### **Basic Facts About The Transmission Of HIV From Mother- to – Child:**

- an infected woman can transmit the virus that causes AIDS to her child;
- mother to child transmission of HIV can be prevented;

- without prevention, one out of four (25%) infected women transmit HIV to her baby;
- with prevention, one out of eight (12.5%, i.e. 50% reduction) infected women transmits HIV to her baby;
- however, preventing the mother from infection is the best way to prevent transmission of HIV from mother to child.

### **The Need For Pregnant Women To Do An HIV Test During Pregnancy**

- If one is infected she needs to seek appropriate treatment to prevent transmission to your baby. Many babies have been saved from HIV infection;
- Seek preventive treatment for her baby at birth;
- Visit the health center or hospital, practice abstinence, fidelity and protected sex;
- Encourage one's spouse to do his HIV test.

### **CONCLUSION**

*Know Your Epidemic And Know Your Response' (Unaid 2007)*

The GTU is morally obliged to provide information for its membership in order to mitigate the spread of this deadly menace and as well assist those who have already acquired HIV.

As a result, the Union is committed to finding ways of meeting these needs; to keep children in school and teachers teaching. However, it is also a matter of urgent concern for society as a whole to scale up their collective response to the eradication of HIV/AIDS pandemic.

It is on this premise that the Union secured support from the UNAIDS programme to educate teachers, students and parents on facts about the impact of HIV/AIDS in the provision of quality education for all.

We urge everyone who happens to access this material to reach out to other people and share the content of the brochure with them. In doing so each one will reach one and teach one.

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