

SEX, DRUGS AND DEVELOPMENT EDUCATION

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This autumn, Save the Children in Northern Ireland will once again focus its development education and campaigning work on HIV and AIDS. This will be linked to the Global Movement for Children's 'Lesson For Life' action, leading up to World AIDS Day on the 1st December, and will be connected to 'Make Poverty History's' third white armband day, as well as the Stop AIDS Campaign. As the end of 2005 approaches, it is time to ask what happened to the World Health Organisation's ambitious goal of ensuring that a further three million people who need anti-retroviral therapies have access to them.

At least 8,000 people die every day from HIV and AIDS, so the reason behind such a focus is perhaps obvious. What can such a programme hope to achieve? Can it really have an impact on children who are most vulnerable to HIV and AIDS? Who should the work target and what should be the aims of the sessions? What are the pitfalls? What benefits can participants expect? This is a major area of work for Save the Children in many countries, but are we just seeking to have our work better understood?

In 2004, Save the Children undertook a short series of mainly schools' workshops, again based on the Lesson for Life. We began talking to children and young people, and the adults who work with them, about HIV and AIDS. We found that there was still considerable ignorance about what HIV is and what AIDS is. There was a lack of understanding of how a person can be said to have AIDS, and even what the routes of infection are. Though there were some very keen teachers and youth workers who grabbed the chance to talk about this with the young people, we encountered some hostility and resistance, with great sensitivity to the words 'HIV' and 'AIDS'.

Schools were the most obvious target group, as HIV and AIDS feature in Personal, Social and Health Education (PSHE) programmes and at least three other places in the new Northern Ireland curriculum, namely, Science, Geography and Local and Global Citizenship. We began by asking schools if they would like support in addressing any of these curriculum areas. There are obviously many audiences for this work, and we had already begun work with youth groups, student teachers and youth workers.

The first difficulty to overcome was the limited time available to talk in schools and with youth groups. Because of time constraints, the presentations were not fully interactive but aimed to stimulate dialogue, which participants would develop further. The sessions ignored one of the first rules of thumb which is ‘to start from where the participants are at’. Although it was apparent that this might be important for some members of the group, the aim was not to lead a sex education session. Therefore, the presentations focused on an explanation of AIDS, the virus that causes it, and what it does to the body. Where possible, links were made to existing sexual health programmes.

Earlier this year, I checked my own understanding of what AIDS is with a doctor treating HIV patients at Belfast’s Royal Victoria Hospital. She said “You know, we very rarely use that term now, we say ‘late stage infection’, or ‘advanced stage’”. HIV and AIDS have dropped off the radar in the UK, quite simply because people who have HIV are living longer, and are much less visible. They continue to work, raise their families and get on with their lives. Infection rates, however, are not falling. Some people are still dying early. Sadly, recent surveys conducted in the UK and the Republic of Ireland reveal much discrimination and prejudice. There is still much work to do, though other projects like the Positive Youth Project led by Concern and Development Cooperation Ireland have had some impact.

In Malawi, AIDS kills ten people every hour. In countries like South Africa, Zimbabwe, Lesotho, and Malawi life expectancy rates are dropping. Life expectancy in Swaziland is now thirty-three! Although preventable,

thousands of children are born every day with the virus. In short, even though treatments for HIV have come a long way, HIV coupled with poverty is lethal.

Education programmes attached to HIV and AIDS work have long focused on prevention and there are some excellent programmes now running in many countries. But where are the education programmes that ‘feel the fear’ and talk openly about defeating the virus and halting the pandemic? We now need to move beyond the careful, tactful but predominantly sex dominated discussions. We need to question why the use of effective vaccines or cures is still so far off; why the development of effective barriers like microbicides is so slow. With our current knowledge, understanding and skills what are we doing about stopping thousands dying? Surely this is where we need to be involved.

The short project that we ran last year began a dialogue. This year, working mainly with those who work with children and young people, we aim to rekindle, and refuel those discussions.

For World AIDS Day last year, Save the Children and Amnesty International hosted a discussion at Stormont with a panel of local politicians, and invited children from the schools involved in the education programme to come and ask questions. The number and depth of questions posed indicated that debates had started in schools as a consequence of the initial presentations. Questions were asked about wider global issues, such as trade and the threat to investments in health care systems where national budgets are limited by debt repayments, though the conversation did return to sexual relationships and, inevitably, moral tones crept in. In the Debating Chamber, on that day at the end of November, there were at least five people who had personally grieved for at least one friend who had died of AIDS. There was at least one person who was aware of being infected with HIV – there may have been more. I am sure that at least one person went home more worried that he or she could be infected. I hope they have since been reassured.

Workshops, presentations and debates about HIV touch all of us at some point personally, as they make us think about very personal areas of our own lives, whether we articulate that or not. One of the aims of this year's work is to discuss this with teachers and youth workers, in order to promote a practice of talking about HIV in a variety of well-chosen ways. These will involve art, drama, discussion, and active campaigning actions so participants can express their views in an appropriate manner. Will this bring about the change for children that Save the Children is working for in countries most affected by the pandemic? In the long term, I think so - but not the short term. Consequently, this work also needs a long-term commitment.

Finally, I fell into a classic pitfall. After impressing a small group of young people with a number of statistics about the scale of HIV infection in Zimbabwe, one boy exclaimed, "Where's this Zimbabwe? Well I'm never going there! It's rife there! Step off the plane and you'll get it!" Now obviously I had to go back over the transmission routes - the virus is not airborne.... I had gone too far and created one of those bleak, desperate, sick images of a country in the South.

This year, we hope to work more closely with colleagues in Save the Children's South Africa and Ethiopia programmes in shaping the information we use. We will present case studies from a Caring Schools project, where teachers and pupils learn how to stay healthy and are committed to looking after each other. Hopefully, through this, we will shift the focus from 'This is how these children are dying' to 'This is how they are living'.

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