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RESEARCH ARTICLE

HEALTH ADULT EDUCATION (HAED) AND THE ROLE IT CAN PLAY IN THE FIGHT AGAINST HIV/AIDS

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ABSTRACT

Background:
HIV/AIDS is a worldwide problem while most of its affects are felt by the poor and the less educated adults. Young adults are at greatest risk given their risky sexual behavior.
Discussion:
In this paper adult health education and its role in the fight against HIV/AIDS is discussed. Successful programs in other African countries are explored and different approaches to HIV/AIDS adult education are presented.
Take Home message
Adult health education has a crucial role to play in the fight against HIV/AIDS especially in preventing HIV spread. Adult health education in this aspect has to be culturally and religiously acceptable by the community where the education is taking place.

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INTRODUCTION

Health has been variously described but there is consensus that it does not imply only an absence of disease. The English word health comes from the word hale, meaning wholeness, a being whole, sound or well, Hale comes from the Proto-Indo-European root kailo, meaning whole, uninjured, of good omen (Nordqvist, 2011). World Health Organization's (WHO's) definition of health since 1948 is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. WHO at the Ottawa Charter for Health Promotion in 1986, stated that health is a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities (Nordqvist, 2011).

The British Medical Association(BMA, 2011), endorses the holistic view of seeing the patient first as a person within their family, community and workplace, and recognizing the positive and negative influences each can have on the person’s health. Helping an ill person to better health requires due account to be taken of factors other than their physiology and anatomy; psychological, social, spiritual and environmental needs are important.There are three clearly identifiable aspects to health, Emotional or Mental Health, Structural Health (bones, muscles, and organs), Chemical Health (there are no toxic chemicals). Some chemicals damage or kill cells and tissues, others, may affect genetic material directly, altering it and causing cancer (UNESCO, 2011).

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Health education

Health education is health care education that is concerned with promoting healthy behaviour. Through health education people understand their behaviour and how it affects their health, people can make their own choices for a healthy life (WHO, 1988). Health education encourages behaviour that promotes health, prevents illness, cures disease, and facilitates rehabilitation. The needs and interests of individuals, families, groups, organizations, and communities are central to health education programmes. Health education must also address the other factors such as availability of resources, effectiveness of community leadership, social support from family members, and levels of self-help skills. Health education works with families, communities, regional and national authorities to make sure that resources and support are available to enable each individual to lead a healthy life (WHO, 1988).

Health-related education focuses on general health, nutrition, healthy lifestyle, specific diseases and their treatment. Improving people’s knowledge about health is a major component in many literacy and basic education programmes. The growing importance of health in adult learning is reflected by the fact that health education and health promotion were included in a UNESCO conference on adult education (UNESCO, 2011). Thus it refers to health education that is relevant for adults (older than 18 years of age). It is the process of teaching and learning that is provided to adults who will be able to make use of this knowledge and skills in making informed decisions about their health and those of other people in their community which will eventually lead to

a state of total wellbeing (Nordqvist, 2011). Many HAED programmes focus on women, nutrition, hygiene and family planning. Health education is often combined with other measures to improve well-being and promote community development. Such programmes usually include credits or skills training for income-generating activities. In addition to the structured learning opportunities in formal institutions, adults also learn about health in local self-help and community groups, at the workplace or in non-formal organisations. They also receive information about health informally from television, or from their parents and peers. Education is a major determinant of health. Those who are most likely to suffer from ill health are the poorest, and have the lowest level of education. Adult education is taking a central role among diverse policy sectors including health.

The principal strategy in controlling HIV is prevention and this depends on education. The teaching and learning response to HIV/AIDS must equip adults with the knowledge, skills, attitudes, and values that will reduce the likelihood of them acquiring or transmitting HIV infection. Education has been shown to be related to the reduction of HIV prevalence in countries such as Uganda and Zambia. Education is the most potent response to HIV/AIDS by changing behavior, by providing knowledge, fostering attitudes and adding skills UNESCO (2001). The aim of these educational programs is to reduce HIV transmission by empowering adults who participate in these educational programs to live sexually responsible, healthy lives. Educational programs may focus on the following areas sexuality and relationships, respect and positive regard for other people, knowledge and understanding of HIV/AIDS, dispel myths around HIV/AIDS, psychosocial skills to aid in promoting their health and wellbeing, knowledge and understanding of protecting one's reproductive health, the role, value and skills for abstinence, protected sex and its role in preventing HIV/AIDS, other preventive measures such as delaying sex and avoiding casual sex, fidelity, the need for voluntary counseling and testing, the meaning and role of a healthy lifestyle in those people infected with HIV/AIDS (Kelly, 2002).

The teaching environment should be health affirming and safe within which adult learners and educators can develop and fulfill themselves in their teaching and learning roles. Poverty is conducive to the spread of HIV/AIDS because of inadequate employment, lack of recreational activities, and a sense of hopelessness. Thus the prevention programs note this in the entire prevention to care range of HIV/AIDS (Kelly, 2002).Leach (2002 states that poverty plays a part in encouraging girls into relationships with older men. The low economic power and social status accorded women generally in African societies backed up in some cases by legislation restricting ownership of property or custody of children means that females are generally dependent on men for their survival, cannot always negotiate sexual behavior and are considered to be their property to serve and obey them. Teachers will have to serve as positive role models. Kelly (2002) states that in order for HIV preventive adult education programs to be effective all concerned with HIV/AIDS education should be spreading the same messages. Any conflict will lead to confusion and then there will be a lack of action. Most people infected with HIV/AIDS are not aware of it and many affected do not have much knowledge of the disease. The almost billion people who are illiterate in the world do not have easy access to appropriate knowledge. Even among the literate many are scientifically illiterate. Many societies belief about the disease and its spread are misinformed. Actions that these people take to prevent infection or cure can be misguided, counterproductive and destructive for others. Myths, misconceptions and ritual traditions, which are challenges in HIV/AIDS adult education, cause many to use ineffective or damaging preparations or resort to sexual practices involving innocent children. Labeling, stigma, and denial that accompany HIV/AIDS often hasten death. The need for complete education about HIV and AIDS flows from ignorance associated with HIV/AIDS especially among those in high risk developing countries. Education programs must address behaviours such as risky sexual behavior to provide skills, attitudes, motivation, and to change behavior and reduce risk and vulnerability. Effective communication will lead to a change of misconceptions and attitudes. HIV/AIDS education prevention must recognize the social and cultural context of the disease. Knowledge of HIV/AIDS itself is not enough to change behavior. Education for adults should send the message that treatment of HIV/AIDS is synergistic with prevention programs to create a holistic approach to the management of HIV/AIDS pandemic. Adult education in particular prevention must reach all people especially those most at risk (Hernes, 2002).

The content and method of HAED

The Ubuntu Institute HIV/AIDS programme is focused on HIV/AIDS prevention with the specific goal of reducing HIV/AIDS incidence levels in Southern Africa. Their focus is in working with traditional and cultural leaders to address *socio-cultural* aspects of HIV/AIDS. Traditional and cultural leaders have a comparative advantage in dealing with *socio-cultural norms and values* that *underlie sexual and related behaviours***.** If significant behaviour change is needed, the active support of Traditional and cultural leaders are important to address parallel changes in norms and values. This programme is focused on skills development, training, providing employment opportunities and scholarships for adults. The mission is to eradicate illiteracy, unemployment and poverty through skills development, providing job opportunities and cultural exchanges (Ubuntu Institute, 2011). The Ubuntu Institute (2011) uses a cultural and values based approach to address HIV/AIDS prevention in Southern Africa. Working with a broad range of cultural and traditional leadership structures, which seek to drive behaviour change at three different levels: (a) community- social norms and contexts (b) individual- knowledge, behaviours and attitudes (c) structural factors- leadership, policy, infrastructure. This institute coordinates regional Traditional leaders and cultural organizations to deal with structural issues (particular to customary law) and drive community change through education and advocacy campaigns. It supports traditional and cultural institutions through capacity building with materials and toolkits to lead advocacy and educational awareness programmes.

Education and Awareness is by community dialogues (inter-personal) and are held to deepen the discussions over a longer period of time. Issues discussed include addressing the vulnerability of young women and girls to HIV/AIDS, the role

of men in fighting HIV/AIDS, Sexual Reproductive Health education, reversing gender based violence, self-efficacy issues. Traditional leaders would lead such discussions. Ubuntu Institute works closely with traditional and cultural leaders to drive behaviour change campaigns targeted at individual behaviour change. Traditional Leaders are referred to as levers of change in rural communities where most mass-media HIV/AIDS campaigns do not reach. Research is on-going for measurement and evaluation of programmes (Ubuntu Institute, 2011). There are vast inequalities in access to treatment, with drastic consequences for people with HIV/AIDS (UNESCO, 1997).

Health literacy implies confidence in making one's own decisions relating to health. It includes knowledge and skills needed to participate in joint action for sustainable health in the family, as well as advocacy in local groups and community organisations. Making information and services available and improving health literacy are crucial to combating HIV/AIDS. The concept of a learning society implies a broad understanding of education: including non-formal, informal and self-directed learning in different places and settings. Learning about health is a process which can take place in a variety of ways over the course of one's life. Health knowledge is changing rapidly. Access to relevant, up-to-date information is critical for informed decisions and choices. Health literacy also takes the form of advocacy. Health literacy is just not the professional teaching the laity, rather patients and lay people can equally teach the professionals and decision-makers about their health needs. The most effective education is in helping people to be more confident about their decisions and to widen choices. Health literacy includes being autonomous in everyday life, allowing people to be more confident (UNESCO, 1997).

Strategies to combat HIV/AIDS through education

AIDS is destructive to education systems (IMF, 2008). The international community has pledged its commitment to basic education for every girl and boy by 2015. AIDS is making that difficult. Most children of school age are not yet infected with HIV, and education has a role to play in ensuring most schoolchildren remain uninfected. Gambia endorsed a formal, structured approach where accurate information is provided to young people in a comprehensive program. Peer education is the most important component of Gambia's strategy (United Nations, 2011). Brazil reports the success of a clear policy and consistent strategy for AIDS. Treatment has brought back hope and has helped reduce the stigma associated with HIV and AIDS (United Nations, 2011). Schools are a valuable weapon in Namibia to fight against HIV/AIDS. Schools exist in the context of a larger community, which must be open enough to encourage people to learn about HIV/AIDS. The education system with NGOs has to prevent HIV/AIDS and deal simultaneously with its devastating impact on education systems (United Nations, 2011). Teachers must be present at the places of learning, including the marginalized groups such as sex workers. The school system can be used to deliver education for preventing HIV/AIDS, in formal and informal ways that are responsive and effective while working with the broader community – religious leaders, NGOs, informal groups UNESCO (1997).

The IMF (2008) strategy for fighting HIV/AIDS, called on the international community, governments, and the private sector to provide the resources needed to support their plan. This strategy includes:

(i) prevention— a comprehensive education campaign; (ii) providing medication to block the transmission of infection from mother to child; (iii) access to humane treatment for the infected; (iv) additional research toward vaccines and a cure; and (v) protection for those made vulnerable by this disease, especially orphans(IMF, 2008).

All ASEAN (Association of Southeast Asian nations) member countries acknowledge that prevention is the key to combating HIV/AIDS. While the main mode of transmission throughout this region is sexual, in some countries, such as Malaysia and Vietnam, it is through contaminated needles among injecting drug users (ASEAN, 2011).

The benefits of a regional approach (ASEAN) to HIV/AIDS prevention

It recognises the fact that AIDS does not recognise national boundaries and, as a result, policies and some interventions need to transcend these boundaries if the region is to succeed in reducing the spread of this illness. While country specific programs remain the most effective response to the epidemic, a regional approach can more effectively address commonalities between countries within a region, thereby strengthening national responses, or address Trans boundary issues for which inter-country responses have comparative advantage over national approaches such as collaboration is in empowering mobile populations to protect themselves and their families from AIDS transmission. Vulnerable populations, such as fishermen, sailors, truck-drivers, and contract labourers, because of their mobility often lack access to appropriate information about HIV/AIDS prevention. These people are vulnerable to high-risk behaviour, which can in turn impact on HIV/AIDS transmission in their home regions. If the language and culture in the host country is different then they are unlikely to be able to access local HIV/AIDS information. Collaborative work between home and host countries can ensure that these groups do not remain vulnerable (ASEAN, 2011).

There is collaboration with non-health sectors, such as labour and education, identifying population movements, multi-sectorial collaboration on youth interventions, assessing family and community support systems, improving HIV surveillance, and involving religious leaders. An important aspect of the work programs was identifying cost-sharing opportunities as well as lead shepherds. A lead shepherd is a country coordinator who leads the development and implementation of a regional project/activity in an area in which they have expertise or a specific interest (ASEAN, 2011).

Collaboration outcomes of the ASEAN countries include

- Significant leveraging of political commitment through regional advocacy;
- Efficient use of regional partners' technical and financial resource;

- Mobilising additional resources for national as well as regional activities;
- More effective country collaboration on policy and program issues of common concern; and
- Improved access to, and availability of, technical support through the development of regional technical resource networks (ASEAN, 2011).

Role of Civil Society

Civil society involvement is crucial to any successful HIV/AIDS intervention programs. HIV/AIDS impacts on all aspects of society ranging from labour to economic. Collaborative achievements are:

Regional networking

• **Access to drugs for People Living with AIDS(PLWA) -** Develop a joint approach to exploring availability of affordable drugs for people living with AIDS (PLWAs), including essential testing reagents.

• **Mobile communities** - reduce the HIV/AIDS vulnerability of mobile communities caused by development-related mobility, and enhance national responses to improve systems of governance regarding development-related mobility.

• **Inter-sectorial collaboration** – To raise awareness of policy makers of the need for inter- and multi-sectorial collaboration involving government, the private sector, communities, the media, PLWAs, religious leaders and multilateral agencies.

• **Research** - to study the long-term demographic and economic impact of HIV/AIDS in the region, and training for policy makers and planners in conducting and interpreting such studies.

• **Religious leaders** – to promote exchange of experiences regarding role of religious leaders in reducing vulnerability to HIV/AIDS transmission as well as care and support for PLWAs, and creating a positive environment for PLWAs.

• **Youth** – education, relevant information, knowledge on STIs and life-skills program for youth that address those deficiencies that make youth vulnerable to HIV/AIDS transmission.

• **Condoms** - Initiating or scaling up condom promotion and enhancing availability of quality condoms is still the most effective means of preventing HIV/AIDS transmission through sexual means; cross cultural study on condom promotion.

• **Surveillance Vertical (parent to child) transmission**, **Care and support**

Eliminating all forms of discrimination, and involving PLWAs in process.

• **Drug-users** - Training and awareness to reduce HIV/AIDS transmission among drug users, especially intravenous drug users (ASEAN, 2011).

Multi-sectorial collaboration

At the regional level seven community networks representing affected and vulnerable populations further strengthened community consultation. The extent to which current national HIV prevalence levels may increase will depend on how effective national AIDS programs, collaborative and concerted interventions can contain an HIV/AIDS epidemic. Cooperation and commitment at the regional level can play a very important role in catalysing the national response to HIV/AIDS (ASEAN, 2011).

The Asean declaration on HIV/AIDS

Lead and guide the national responses to the HIV/AIDS epidemic as a national priority to prevent the spread of HIV infection and reduce the impact of the epidemic by integrating HIV/AIDS prevention, care.

Promote the creation of a positive environment in confronting stigma, silence and denial; elimination of discrimination; addressing the prevention, treatment, care and support needs of those in vulnerable groups and people at risk (young people and women); and strengthening the capacity of the health, education and legal systems;

Intensify and Strengthen multi sectorial collaboration involving all development ministries and mobilising for full and active participation a wide range of non-governmental organisations, the business sector, media, community based organisations, religious leaders, families, citizens as well as people infected and affected by HIV/AIDS in the planning, implementation and evaluation of national responses to HIV/AIDS including efforts to promote mutual self-help;

Continue collaboration in regional activities that support national programs particularly in the area of education and life skills training for adults; effective prevention of sexual transmission of HIV; monitoring HIV, STDs and risk behaviours; treatment, care and support for people living with and affected by HIV; prevention of mother to child transmission; creating a positive environment for prevention, treatment, care and support; HIV prevention and care for drug users and strengthening regional coordination among agencies working with youths.

Strengthen regional mechanisms and increase and optimise the utilisation of resources to support joint regional actions to increase access to affordable drugs and testing re-agents; reduce the vulnerability of mobile populations to HIV infection and provide access to information, care and treatment; adopt and promote innovative inter-sectorial collaboration to effectively reduce socioeconomic vulnerability and impact, expand prevention strategies and provide care, treatment and support (ASEAN, 2011).

HIV/AIDS and education

In many countries with high HIV/AIDS prevalence rates, large numbers of teachers, administrators and other educational employees are infected, with substantial impacts on the supply and quality of education. The consequences for the planning, administration and management of education are expected to

be profound and strategies for the organisation of the sector will require substantial re-thinking. HIV/AIDS also results in significant reductions in government funding for education, as economies decline and the direct and indirect consequences of AIDS-related sickness and death create competing priorities for the available resources (Matlin and Spence, 2000).

HIV/AIDS is causing a decline in the demand for education due to fewer children being born, fewer children going to school due to poverty and children dropping out of school to care for younger siblings and dying parents. HIV/AIDS is exacerbating the gender-based disparities in their access to quality education and in their employment opportunities as educators and administrators (Matlin and Spence, 2000). The education sector has particularly important roles to play in combating HIV/AIDS:

1. *Preventing transmission:* effective sexual and reproductive health education aimed at changing behaviour, built into a broader, comprehensive approach of Health Promoting Schools.
2. *Mitigating the impacts:* ensuring that the infected and the affected are not excluded from education, that they are given counselling and support, and that they acquire life skills that will be critical for their survival; producing an adequate supply of educated people with the skills and training needed to support themselves, their families and communities against a background where there are increasing human resource shortages due to the devastating impact of HIV/AIDS.
3. *Influencing social attitudes and cultural norms* acquired by young people: alongside the family, peers, religion and the media, education plays a profoundly important part in shaping socialisation.

Teachers, parent-teacher associations and governing bodies often command a degree of respect and authority that can be used to in mobilising community action. Local strategies need to be developed that draw on these resources and supplement them by collaborations with NGOs, women's organisations and the private sector to mobilise action. This can ensure that information is disseminated widely in the community and that initiatives are taken to eliminate gender-based discrimination and inequality and create community solidarity in combating HIV/AIDS (Advert, 2011). Tertiary institutions, especially universities, have an ethical and intellectual responsibility to set an example by openly debating the issues and finding creative responses to the threat that is posed by HIV/AIDS (Advert, 2011).

1. introduce strategies to contain the spread of the disease in the higher education sector, and thereby ensure that, in the long-term, economies are neither weakened by a diminishing supply of educated, skilled and professionally qualified young people nor deprived of future leaders;
2. set standards of good practice within society in terms of both the prevention of infection and the care and support of people living with HIV/AIDS;
3. give leadership to government and to the community in the development of policies which are founded on human rights and an evidential basis of effectiveness and efficiency, which address the whole range of political, social, economic, legal and management implications of HIV/AIDS;
4. Experience suggests that achieving behavioural change requires more than information and communication programmes and will depend on the use of media campaigns, peer counsellors and role models.
5. The safety of the environment in which staff and learners work and live, especially when away from home, needs to be examined and measures taken to reduce exposure to risk.
6. Higher education institutions have an important leadership role to play in openly acknowledging and defending the position that staff and students living with HIV/AIDS share the same rights and responsibilities as all other citizens - including their rights to choose not to disclose their status, to confidentiality in the handling of test results, and to respect for their state of health and sexual preference.
7. Special attention must be given to developing a gender perspective that recognises the greater vulnerability of women.
8.

Tertiary institutions represent concentrations of educated and respected citizens who can act as focal points for out-reach into the community - leading information campaigns, promoting behaviour change and galvanising action to mobilise resources from government and civil society (Advert, 2011).

Why is HIV/AIDS education important?

There are an estimated 33.3 million people living with the virus, and each year millions more people become infected. Effective HIV/AIDS education can equip individuals with the knowledge to protect themselves from becoming infected with the virus (Advert, 2011). HIV and AIDS education also plays a vital role in reducing stigma and discrimination. Around the world, there continues to be a great deal of fear and stigmatization of people living with HIV, which is fuelled by misunderstanding and misinformation. This not only has a negative impact on people living with HIV, but can also fuel the spread of HIV by discouraging people from seeking testing and treatment (Advert, 2011).

Who needs HIV/AIDS education?

HIV/AIDS education can be effective when targeted at specific groups who are particularly at risk of HIV infection. These groups vary depending on the nature of the epidemic in

an area. High risk groups can change over time. AIDS affects every part of society, and so everyone needs to be aware of HIV/AIDS. However, it is important that such a focus does not lead to groups who are considered not 'at risk' missing out on HIV/AIDS education. Furthermore, AIDS affects many parts of society, and so everyone needs to be aware of HIV and AIDS. Providing the general population with AIDS education contributes to the spread of information; promoting awareness and tackling stigma and discrimination.

People who are already infected with HIV need education. This can help to live positively without passing on the virus; to prevent themselves becoming infected with a different strain of the virus; and to ensure a good quality of life by informing them about medication and the support that is available to them(Advert, 2011).

Where does HIV/AIDS education take place?

It is important that this education is provided in a variety of settings such as classes at community schools to families and friends sharing knowledge at home ensure that the most vulnerable and marginalized groups in society are reached, and that accurate information about HIV/AIDS is reinforced from different sources.

Learning about HIV/AIDS in the school environment

Community members can increase their knowledge about HIV and AIDS through the school environment. Teachers who expand their understanding of the subject while planning lessons and receiving teacher training can pass this information on to adults as well as children who can tell their parents or their friends what they have learned (Advert, 2011). HIV and AIDS education in the workplace. Educating people at work is an important way of providing people with vital prevention information, and can reach people who have previously missed out on HIV/AIDS education. Furthermore, it is estimated that nine out of ten people living with HIV are working. Providing education in the workplace is important for protecting those at work living with HIV, and for helping them to live healthily and stay in work. Some occupations carry an increased risk of HIV infection, making HIV/AIDS education in the workplace even more important for preventing the spread of the virus such as Health care workers. HIV/AIDS education needs to be a priority in such environments, to ensure that healthcare workers take precautions that will protect them from HIV infection. Workers who spend time away from home may be more involved in risky sexual behaviour (Advert, 2011). The International Labour Organization (ILO) works on HIV/AIDS policies and programs in the workplace. The organization aims to protect against discrimination in labour laws, promote prevention initiatives within the workplace, and supports those living with HIV by ensuring access to social protection, treatment and care. However, workplace HIV/AIDS education is not universal and as a result, people are still unaware of the dangers of HIV, and those living with the virus are still subject to HIV related stigma and discrimination at work (Advert, 2011).

How can HIV/AIDS education be delivered?

There are a great variety of methods and materials that can be used to educate people about HIV and AIDS, including radio & television, booklets, billboards, street theatre and comic strips. The form in which HIV and AIDS education should be delivered depends on the characteristics of those who are being educated. In order to reach the target group, it needs to be considered which environments they will be most receptive in, and what media is most relevant to them (Advert, 2011). Sometimes education on HIV and AIDS 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 (Advert, 2011). The following questions have significant implications for the way in which HIV and AIDS adult education should be delivered:

- Is the education program targeted at a specific risk-group or more generally at the population as a whole?
- What age are the people to be educated?
- Are the people to be educated already sexually aware?
- Have they been exposed to HIV and AIDS education before?
- Are they literate?
- What language or local dialect do they speak?
- Are there cultural issues to be considered? For example, attitudes to sexuality, or laws against portrayal of explicit images or language.
- Are people able to do what you're suggesting? There's no point in advising people to use condoms if none are available to them (Advert, 2011).

HIV and AIDS adult health education through the mass media Although media-based HIV and AIDS education is considered effective for raising general awareness, its overall impact is difficult to measure. It is essential that education goes beyond promoting general awareness and instigates behaviour change to reduce the risk of HIV transmission. HIV and AIDS education can also have the detrimental effect of increasing stigma and discrimination towards people living with HIV. Some media messages try to change people's behaviour by making the audience afraid of the consequences of becoming infected with HIV (Advert, 2011).

Media based HIV and AIDS education can be harmful when targeted at specific risk groups, such as men who have sex with men or injecting drug users. Not only can this fuel stigmatization of these groups, but it can hinder HIV prevention. By not representing the broad face of the epidemic, and instead focusing on risks to specific groups, the media encourages the attitude that AIDS is somebody else's problem and that if you are not part of a risk group you don't need to worry about HIV and AIDS (Advert, 2011).

Peer education

People's knowledge about HIV and AIDS is influenced by family, friends, and the wider community. Peer education is provided by somebody who is either directly part of the group receiving the information, or who is from a similar social background. Peer educators are trained on the subject, ensuring that the information they provide is accurate and reliable. Peer education is a very effective way of reaching marginalized groups such as prisoners (Advert, 2011).

What information needs to be included in HIV and AIDS EDUCATION?

It is important that the information provided is a balance of the social and emotional aspects of HIV/AIDS as well as biological and medical information (Advert, 2011). Comprehensive HIV and AIDS education includes how to protect and promote one's health. Learning about treatment and care - including an understanding of voluntary counseling and testing (VCT) and antiretroviral drugs. The social and emotional aspects (How to maintain a healthy level of self-confidence and self-esteem, coping with difficult and risky situations, and coping with loss). Sexuality education of learning about different sexual orientations and the development of sexuality. The promotion of equity, including gender issues (Understanding that social, biological, economic and cultural factors affect vulnerability to HIV. Understanding that men and women have similar rights in society and family). How to overcome stigma and discrimination and promote human rights (How to show support for HIV positive people and how not to discriminate against or stigmatize people living with HIV. Understanding the importance of confronting HIV and AIDS in the community). Active learning encourages people to engage with information by giving them the opportunity to apply it (Advert, 2011).

HIV and AIDS education: The issues

In HIV and AIDS education, ideological and religious views often conflict with science. Despite evidence that young people are having sex, the ideological message of sexual abstinence until marriage plays a key role in sex education. Abstinence-only programs often do not teach people about contraception and safer sex and therefore many young people remain unaware of how to protect themselves from becoming infected with sexually transmitted infections (STIs) and HIV. In many parts of the world, educating about safe sex is against moral and religious views and people remain unaware of the dangers of HIV infection through sexual intercourse (Advert, 2011).

Discriminatory laws and government views can also have a detrimental effect upon HIV and AIDS education. In Zimbabwe, homophobic views are common and homosexuality has been publicly denounced (Advert, 2011).
What is needed?

HIV/AIDS education needs to be supported by other prevention efforts such as providing condoms and clean injecting equipment, and making testing facilities available and accessible. In order to ensure that people are willing and able to turn the knowledge they gain from HIV and AIDS education into action, they need more than basic scientific facts. HIV and AIDS education needs to motivate people by making them aware that what they are learning is relevant to their lives. Empowerment is crucial, as people must be in a position where they are able to take control of their sexual behaviour or methods of drug use. Given the huge numbers of deaths that might still be prevented, the importance of effective adult education cannot be overestimated (Advert, 2011).

Possible curriculum for health education for adults on HIV/AIDS. There are four basic types of activity in educating adults on HIV/AIDS namely HIV and AIDS - the facts , HIV and AIDS - transmission, attitudes to HIV and AIDS , focusing on sex and HIV. The greatest benefit will be obtained by combining activities in a short program over a number of lessons. How to combine activities depends on the educator's experience, the group, and the time available (Advert, 2011).
A basic program with only limited time might consist of three lessons. The first lesson on the facts regarding HIV/AIDS, second lesson of HIV/AIDS transmission, and the third lesson attitudes.

A slightly more comprehensive program might consist of four lessons firstly three Statements about AIDS (facts), ten differences (Attitudes), talking about Sex (Sex), and the last lesson on trans. Runaround (Transmission). A very comprehensive program might consist of five lessons, starting with The AIDS Quiz (Facts), and then talking about prejudice (attitudes), trans. runaround (transmission), condom leaflet (transmission) and the fifth lesson on negotiating sex (sex)

The context of a community must be considered in any program on Adult education on HIV/AIDS. HIV/AIDS is a potentially sensitive subject and discussion about it can provoke strong views as well as highlighting the need for additional information. People working with people need to be aware of the legal and cultural context in which they operate and how it might support their plans and affect people (Advert, 2011).

- Check out your own attitudes and values;
- Check out your knowledge;
- Check out what institutional, local or national policies and laws offer guidance and affect teaching around HIV/AIDS;
- Check out what support or expertise there is within your institution or locality;
- Reflect on the local culture and community attitudes towards HIV/AIDS and how that will affect what you aim to achieve and do.
- There is a lot of information on this website (www.avert.org) which you can use to learn more about HIV/AIDS.

Starting HIV/AIDS health education with groups:

Effective adult teaching and learning involves open discussion, interaction between teachers and learners, and critical evaluation of points of view as well as the acquisition of new knowledge. In order to engage with groups in this kind of learning and on a potentially sensitive subject like HIV/AIDS, you need to think about how to make the group a safe place for you and adults to talk and interact together. You can think about the following:

- Advantages and disadvantages of working in single-sex and mixed sex groups;
- Agreeing ground rules with a group on confidentiality, behaviour, challenging and disagreeing with others, asking personal questions and so on;
- Check out what institutional, local or national policies and laws offer guidance and affect teaching around HIV/AIDS;

- Deciding if young people will be able to opt-out of activities if they want to.

It is helpful to get feedback from the group. Educators can also reflect on their own experience. (Kiggundu, 2002). Health education can be spread effectively using oral information – word of mouth (WHO, 1988). Health education assists with health literacy such as ability to read medication labels, read written instructions and has pap smears (Glanz, et al., 2008). Health education is for all adults not literate and illiterate. Illiteracy limits their ability to understand these and thus negatively affects their health and the health of communities (Glanz, et al., 2008). Some of the ways to educate adults include drawing; writing in plain lay man's terms, checking physical settings for signs and information, using alternative means of communication such as tape recordings and interactive video programs and talking to help adults understand better. Thus adult health education should ensure that they have the necessary reading, writing, and mathematical skills to benefit from existing health education. There is a need to develop simple literacy materials that would be readable and understandable for nearly all adults (Glanz, et al., 2008).

Adult education must cover the following areas; child care, mother care, father care, parent roles, nutritional and malnutrition, the importance of sports and exercise, traditional healing versus modern medicine, environment awareness, how to handle sensitive and taboo issues in learning groups, sex education and HIV/AIDS, home care and hygiene, first aid and safety issues.(Glanz,et al.,2008).

The role of the health worker is to help people consider what solution is best (WHO, 1988). Health Educators can use health education successfully by:

Talking to the people and listening to their problems.

Thinking of the behaviour or action that could cause, cure, and prevent these problems. Finding reasons for people's behaviour (beliefs, friends' ideas, lack of money, and others).
Helping people to see the reasons for their actions and health problems. Asking people to give their own ideas for solving the problems. Helping people to look at their ideas so that they could see which were the most useful and the simplest to put into practice. Encouraging people to choose the idea best suited to their circumstances.In addition to preventing disease, health education can be used for many other purposes. Sexuality is part of normal daily life. The link between sex education and good health must be emphasized in the HIV/AIDS education as HIV/AIDS is one of the sexually transmitted infections. Attitudes and values towards sexuality must be explored and respect for one's body and sexuality must be emphasized. Cultural influences on sexuality, gender and health must be explored and understood (WHO, 1988).

Education about HIV/AIDS will help adults learn the correct facts about the disease, be less afraid, know what can be done to stay healthy, they will be able to identify and manage common HIV/AIDS related problems at home, will be able to identify danger signs, being able to be themselves and others will make them more confident and give them more control in this disease management, and thus sick people will receive better care. Participatory methods (dialogic teaching) by adult educators can be used successfully to understand issues surrounding HIV/AIDS. This will encourage behavior and attitude change. Participatory methods are used to validate the adult learners experience and help build their confidence, provide information, and skills to question themselves and others and to take action with regard to their own lives and others. This process of learning through dialogue builds a sense of common experience. It is reassuring to discover that their own private fears are also shared by others, and together they can look for solutions. Thus the adult educator must focus on the fears and concerns that the learners themselves have. This ensures that the adult learners are actively involved in the process of learning.

Good practice, success stories, and lessons that could be learnt from other institutions. Hernes (2010) writes of the ten lessons that UNESCO has learnt from the HIV/AIDS pandemic. Inadequate or incorrect knowledge is a major reason why the pandemic is out of control, but prevention and treatment strategies go hand in hand, the HIV/AIDS response requires multi-pronged approach.
In Botswana (Ntseane, 2010) states their recommended focus includes empowering women, empowering men for HIV/AIDS prevention, use other groups of people in the fight against HIV/AIDS (People who are not infected or affected also involved), work with traditional healers, no condoms if this is against the cultural beliefs, continuing research in education, empowerment and treatment of HIV/AIDS. Botswana has found that the conventional ABC strategy is not appropriate because of their different sexual context. Empowerment strategies that focus on the family have been found to be effective. They have also seen that empowerment for men are as important as empowering women, since men are usually the decision makers in sexual matters (Africa Transport Sector, 2008).

To help reduce the spread of the disease and its negative consequences, the transport sector has developed multilevel interventions enforcing prevention, care, and mitigation of social and economic effects (Africa Transport Sector, 2008). The Ugandan experience has shown South Africa there is a gap between policy and its implementation. Uganda has successfully decreased the incidence of HIV/AIDS and its policies have been carried out effectively throughout the country. A networking system is used well which involves agencies, empowerment through education, inviting people to share ideas with others, providing role playing/dramas so that people can see how HIV/AIDS is spread. In networking lessons are shared from best practices, there is sharing of information materials, assists in accessing resource personnel, help in forming coalitions to address issues affecting people living with HIV/AIDS. The agencies are divided into regional agencies and then smaller local agencies. Thus there is not only the central Government which takes the initiative for education and empowerment (Zoe, 2004).

The Uganda strategy is to initiate a process of behaviour change for sexual behavior safe from HIV transmission and promote medical, social and cultural practices safe for HIV spread and to promote effective management of the consequences of HIV/AIDS infection (Zoe, 2004). The approach to empowerment learning used community

participation especially through bottom up planning of HIV/AIDS activities, decentralized policies, mobilization of resources especially from outside their country, effective counseling, treatment of Sexually transmitted infections and opportunistic infections, home based care programs, social support, material assistance such as food to those infected and affected, child support for schooling, child survival for practical skills for survival, An AIDS challenge youth club to provide support and care against trauma for children infected or affected, advocacy and mobilization to influence those in positions of power internally and externally, capacity building training centre, resource centre to provides educational material, effective monitoring and evaluation of the pandemic, voluntary counseling and testing as part of the holistic program, counselors to provide confidential and effective counseling (Zoe,2004).

Uganda has found that the principles that work are learning by doing, AIDS is a multi-faceted problem which has to be addressed by all sectors, use the philosophy of healthy living, voluntary counseling and testing (VCT) is part of a comprehensive HIV prevention program. The learning areas that are a priority are community participation; the drivers of the process are the community, communication of behavior change, taking care of the infected and prevention of infection. At the end of this the community should be able to identify their own needs, design methods to resolve their problems, compose drama groups of people living with HIV/AIDS and be able to engage in their own activities to earn a living. At the end of these education programs for empowerment people were able to reduce the spread of HIV/AIDS through the practice of safer sex by condom use, went in for early treatment and utilized VCT. Uganda has made progress in the fight against HIV/AIDS through increasing the level of awareness, while care and support services are made available to the people as close to their homes as possible in their communities (Zoe, 2004).

Lessons learned about life skills-based education for preventing HIV/AIDS related risk and related discrimination

• Life skills-based education uses a combination of participatory learning experiences that aims to develop knowledge, attitudes and especially skills needed to take positive actions on social and health issues and conditions.
• Skills-based health education uses life skills-based education (above) to encourage positive actions to create healthy lifestyles and conditions.

• Life skills is a term often used to describe the particular type of psychosocial and interpersonal skills addressed in life skills-based education (and skills-based health education), along with knowledge and attitudes - for example, communication and interpersonal skills, decision making and critical thinking skills, and coping and self-management skills. In UNICEF life skills based education refers to social and health issues are usually the topics explored - for example, reproductive health and HIV/AIDS prevention. Gathering a strong evidence base for programming is critical to improving the quality of programs. Five key areas are suggested to maximise the quality of programs, and ultimately program outcomes: Focus on the learner, focus on content, focus on processes, focus on the environment and focus on outcomes (UNICEF, 2002).

Focus on the Learner

Focus on the risks most likely to occur among the learners, and those that cause the most harm to the individual and society. Some issues attract media attention and public concern but these may not be the most prevalent or most harmful. The program objectives, teaching methods, and materials need to be appropriate to the age, gender, sexual experience, and culture of the communities in which they live. Both direct and indirect factors need to be considered; for example, understanding gender and power relations and reducing violence, alcohol and drug use should be integral to programs, along with other factors where they are evident in the lives of learners (UNICEF, 2002).

Recognise what the learner already knows, feels, and can do, in relation to healthy development and HIV/AIDS related risk prevention. Individuals and communities often have established mechanisms and practices for supporting children and young people to learn and develop, and these should be embraced not overlooked. Encouraging learning from each other - peer to peer, teacher, family and community - integrates the unique and valuable knowledge and experience of learners which can make school programs more relevant and effective. Some learners will be more affected by HIV/AIDS than others, already caring for others who are sick, living with HIV/AIDS. Working towards ensuring that all learners are healthy, well-nourished, ready to learn, and supported by their family and community to access and complete their education, should be the starting point for effective teaching and learning (UNICEF, 2002).

Focus on Content

Theoretical underpinnings of programs

Experience has shown social learning theories to be a common foundation for effective HIV/AIDS prevention and broader sexual health education programs. Some common elements exist across these theories, including the importance of personalising information and probability of risks, increasing motivation and readiness for change/action, understanding and influencing peers and social norms, enhancing personal skills and attitudes and ability to take action, and developing enabling environments through supportive policies and service delivery.

More than information

Make decisions about the information, attitudes, and skills to include in the program content on the basis of relevance to preventing HIV/AIDS risk and developing protective behaviours. Programs that address a balance of knowledge, attitudes, and skills such as communication, negotiation, and refusal skills, have been most successful in changing behaviour. Programs with a heavy emphasis on (biological) information have had more limited impact on enhancing attitudes and skills, and reducing risk behaviour. Risk factors for HIV/AIDS which need to be addressed include ignorance, discriminatory attitudes to those affected by HIV/AIDS, or

lack of access or use of condoms. Examples of protective factors include accessing accurate information, developing positive personal values and peer groups that support safe behaviour, identifying a trusted adult for support, utilising health services, and using condoms if sexually active (UNICEF, 2002).

Interrelationship

Ensure an understanding of HIV/AIDS, characteristics of individuals, the social context, and the interrelationship of these factors within program content. Programs that address just one of these components risk neglecting other significant influences which can limit success. Information is necessary but not sufficient to prevent HIV/AIDS. The values, attitudes, and behaviours of the community as well as the individual need to be addressed along with the basic facts. Responsible decisions by learners are more likely where peer and community groups demonstrate responsible attitudes and/or safe behaviour. Therefore, reinforcing clear values against risk behaviour and strengthening individual values and group norms among teachers, parents, is central to HIV/AIDS prevention programs (UNICEF, 2002).

Focus on Processes

Garnering commitment

Ensure advocacy from the earliest planning stages to garner commitment, and influence key national leadership and to mobilize the community to overcome the key barriers. Advocating with accurate and timely data can convince national leaders and communities of the importance of prevention, from an early age. It can also help ensure that programs focus on the real health needs, experience, motivation and strengths of the target population, rather than on problems as perceived by others. Communicating the evidence, listening and responding to community concerns, and valuing community opinions can help garner commitment, while effective resource mobilization will underpin the effectiveness of such efforts.

Coordination and intensity

Coordinate education programs with other consistent strategies and processes over time that are based on research, effective teaching and learning practice and identified learner needs. Strategies that may enhance the effectiveness of education programs include policies, health services, condom promotion, community development and media approaches. Education programs work best in the context of other consistent strategies over time. Because the determinants of behaviour are varied and complex, and the reach and effect of any one strategy will be limited, there is a need for coordinated multi-strategy approaches to achieve the necessary intensity of efforts to yield sustained behaviour change in the long term.

Teaching and learning methods

Employ a range of teaching and learning methods with proven effects on relevant knowledge, attitudes, skills, and risk behaviour. While there is a place for lectures, interactive or participatory methods, which include opportunities to use knowledge, examine attitudes and values, and practice skills, have been proven more effective in changing key HIV/AIDS related risk behaviours such as delaying sex, increasing confidence or using condoms, and in reducing the number of sexual partners. Analysis of learner and teacher needs and broader situation assessment should be an important source of information for shaping programs.

Preparation and training

Deliver programs through trained and supported personnel. A lack of on-going training and support at both pre-service and in-service levels is an often cited reason for poor implementation, and ultimately, poor program outcomes. Training and support needs to be provided to teachers and others, including young people themselves, if they are to be effective educators. Training needs to address personal knowledge, attitudes and skills as well as professional needs to equip educator to facilitate change and support.

Participation

The participation of learners, with others, in the design and implementation of HIV/AIDS prevention education, including parents, community workers, people living with HIV/AIDS and peer education, can help to ensure their specific needs and concerns are being met in a culturally and socially appropriate way.

Timing and duration

Learning activities about HIV/AIDS need to be regular and timely. They should start early, promoting positive protective factors from the first years of school, and addressing specific risks one to two years before students are exposed to these risks. Where separate issues or themes are to be covered e.g. violence prevention, reproductive health, HIV/AIDS and STI prevention, some additional time needs to be added, although overlap is likely among related issues (e.g. A comprehensive health education program). Education and other prevention efforts need to be sustained over time to ensure that successive cohorts of people are protected and are able to protect themselves from HIV/AIDS risk.

Placement in the curriculum

Place HIV/AIDS prevention education in the context of other related health and social issues, such as reproductive health and population issues relevant to adults and the community in which they live. Programs which are integrated thinly throughout a curriculum rather than within a discrete, intensive module have been generally disappointing. Programs that are part of the national curricula and officially time-tabled the advantage of greater coverage as well as greater likelihood of training, support, and actual delivery. Where non-formal approaches are utilised, they should be clearly linked to other adult learning activities. Whether formal or non-formal approaches are employed, isolated or one-off programs should be avoided, as they tend to be unable to address the complexity and interrelationship of the full range of relevant issues (UNICEF, 2002).

Going to scale

Establish early partnerships, with leadership from key health agencies, for a vision of national program coverage of high quality. Political investment of Ministries of Education and Health are central to establishing large scale adult health HIV/AIDS education programs.

Focus on Environments

Inclusive

Meet the special needs of AIDS infected and affected, and other vulnerable children and young people. School-based programs can provide a safe and supportive environment for children and young people living with HIV/AIDS or otherwise affected, within HIV/AIDS related programs and within the broader context of a child friendly school. HIV/AIDS affects children long before their parents die - during a possibly long period of illness, through death and bereavement.

Consistency of message

Ensure messages and related processes are consistent and coherent. Finding ways to encourage open communication among learners, teachers, families, and the broader community is essential to recognising and clarifying the many myths and misunderstandings that exist in relation to HIV/AIDS.

Conflict, crisis and chronic instability

Essential policies and corresponding practices must be in place to ensure that quality HIV/AIDS related programs are delivered which embrace the special needs that emerge.

Focus on Outcomes

Effectiveness

Educating about delaying sex and safer sex can be effective and does not increase sexual activity. By contrast, programs which address only abstinence have been found to be less effective than those that also focus on reducing risks for those who are sexually active.

The goal

Focus on prevention and reduction of HIV/AIDS related risks as the overall goal. Program objectives should focus on key behaviours and conditions that are linked to achieving the goal, such as avoiding unprotected sex and unsafe drug use, delaying the onset of sexual activity, abstinence, non-use of intravenous drugs, and providing inclusive, healthy and protective learning environments.

Realising outcomes

Gathering all the available evidence from credible sources is important to choosing the most effective and acceptable strategies, and to adapting them wherever possible.

Long term view

Select programs, activities, materials and resources on the basis of an ability to contribute to long term positive outcomes of reducing HIV/AIDS risk among learners and in the school environment. While reducing HIV/AIDS related risk needs to be the immediate focus, comprehensive programs can expect to yield benefits well beyond HIV/AIDS.

Research, monitoring and evaluation

Evaluate program objectives, processes, and outcomes using realistic indicators, and allowing enough time for results to be observed. Common problems including setting objectives that are too ambitious, and indicators that are too difficult to collect or do not accurately reflect what the program is attempting to change. Monitoring and evaluation processes need to be appropriate for evaluating knowledge, attitudes, skills, and behaviours (UNICEF, 2002).

Kenya: Most Successful Efforts in Its War against HIV/AIDS (Neumann and Ehsani, 2004)

In Kenya a National AIDS Control Council (NACC) was organized as well as Control Committees at every administrative level of the country right down to the village. There is a clear political will at all levels of society to work to prevent and control HIV/AIDS. The success of the program is dependent upon decentralization. Most of the work, responsibility, and costs of care are carried by the community and the family. This means that officials at every level of government must understand the importance of this war and accept the need to act, including providing supplemental money.

All agencies including economic development, education, industrial development, agriculture, water and health must cooperate and work together. An early finding of the Kenyan agencies was that it was not enough to simply create awareness, educate people about the facts of how one becomes infected with HIV and clarify misconceptions. One also had to undertake behaviour change efforts. The sequence which must be undertaken almost simultaneously is raising awareness through education behaviour change activities and organization of care and support activities (Neumann and Ehsani, 2004).

The VCT services are available to all. Counselling before and after the testing is important. This prevalence information is helpful to Kenyan planners.

AIDS Control Units (ACUs) and Private Sector. In parallel to the ACCs, there are ACUs in each government ministry. Their purpose is to stimulate and coordinate HIV/AIDS education and control activities in all ministries at every level of government and NGOs. A central government HIV/AIDS budget has been established for every ministry. Some of the interventions include (Neumann and Ehsani, 2004):

Prevention of heterosexual transmission

Controlling other sexually transmitted diseases

Adolescents and youth. 60% of new HIV cases are in the 15-25 year old group. Therefore, a high priority was placed on working with this age group.

Prevention of mother-to-child transmission (PMCT)
Making available antiretroviral therapy
Encouragement of development of combined interventions

Peer group education. By peer group education, it is meant people recruited from a group with special training as volunteers to focus on their co-workers and friends. Examples include teenagers, truck-drivers, commercial sex workers, police, factory workers and military.

School-based education. Starting in primary school, a program that is age appropriate for HIV prevention education.

Positive attitude promotion under all circumstances. Educate people to appreciate that HIV positive persons can have many productive years.

Counselling services. There is a great need for counselling services for the infected and the affected. The government is training many counsellors and decentralizing the training so that it is culturally appropriate to the various regions of the country.

High-risk groups. These include security forces, commercial sex workers and truck-drivers, slums and border town developers, and mobile populations.

Media. The media at all levels play a vitally important role in the national education program to prevent and control HIV/AIDS. The communications effort is greatly assisted by the recruitment of prominent public figures including athletes, musicians, actors and actresses, and popular political figures to give talks and interact with the public. These individuals are particularly effective when one who is infected freely talks to the people about his condition and urges life-style changes to reduce high-risk behaviour. It is best when one can locally coordinate a public message with interactive public discussion (Neumann and Ehsani, 2004).

Efforts targeting adolescents and youth

Experience has also shown that the best way to reach youth is via communications that are highly interactive, which provide youth with the opportunity to ask questions, to give their opinions and to challenge the speaker (United Nations, 2005). Methods that have been successfully used to help youth increase their sense of self-worth are involvement in sports, and in the arts, including music, painting, and craftwork. Another technique used to promote interactive communications involves role-playing, mural painting (a kind of wall painting), and essay writing.

Increasing health and awareness through the use of puppets

This is a program that involves the design and construction of puppets, which reflect symbols or figures recognized in the culture of various regions. A human figure at the side tells the audience that at their signal, he will interrupt the puppets so that the audience can direct questions and comments to the puppets. The central organization trains the puppeteers, provides the material for the puppets and the sound equipment and trains a local group. This is so popular that the puppet shows presenting a variety of topics, in addition to their valuable HIV prevention educational role, also become a source of income for the puppeteers. The principle here is to use an art form that is known, understood, and appreciated in the culture. (Neumann and Ehsani, 2004).

Associations for People Living With AIDS

There are many associations for people living with HIV/AIDS. They typically begin with a small group of people who are HIV positive coming together to provide support for each other. The classes include nutritional guidance and how to maintain good health. They will include information in avoiding high-risk behaviour so that their members do not get STIs. If they have STIs, they are referred to free clinics for prompt treatment. Similarly, they are instructed on how to prevent TB, to recognize early signs of TB, and to overcome denial and seek prompt medical assistance for TB. The organizations will also invite medical personnel and herbalists to talk to the members about good health promotion practices. One of the purposes of the home visiting program is to enable the member/patient to remain in their own homes for as long as possible and to minimize hospital days (Neumann and Ehsani, 2004). Another aspect of the education programs and support is to help people reduce denial, discrimination, and stigmatization (Neumann and Ehsani, 2004).

Kenya Voluntary Women Rehabilitation Centre at Pagane for Community Sex Workers (CSWs)

Most women come from rural areas to the cities because they are desperate to earn money and have only farm work skills. This centre uses former prostitutes who as outreach workers and educators. They make contact with the CSWs and initiate education programs. They do peer group education and counselling activities at the project centre. Emphasis is placed on addressing the psychosocial and psychological effects of HIV/AIDS in children and their families. (Neumann and Ehsani, 2004).

Conclusion

HIV/AIDS is a pandemic that the world is facing and this has repercussions for all. Adult Health education has a major role to play in arresting and managing this pandemic. Lessons that are to be learned from South African and International experience are that the approach must be multi-faceted with International, National and community buy in and active participation. There is no one recipe that will help the different communities and the approach adopted must be tailored to the specific community.

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