

# GENDER AND POST-LITERACY

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A NON-FORMAL EDUCATION  
APPROACH TO HIV/AIDS PREVENTION





Prepared by **NAMTIP AKSORNKOOL**

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**T**he HIV infection rate in Southern Africa is among the highest in the world. Despite the availability of information on the AIDS pandemic, people are still not changing their behaviour said Elizabeth Lwange of UNDP, Mbabane. From 5 to 14 February 2001, UNESCO organized a hands-on awareness-raising workshop in Mbabane, Swaziland for education, health care and communication professionals from Malawi, Swaziland and Zimbabwe to assist them in preparing post-literacy materials aimed at helping people, changing their behaviour towards practicing safe sex, and ultimately saving their lives. The workshop went beyond the usual technical information right to the roots of all HIV-related problems; in other words, the relationships between women and men and the cultural practices influencing these relationships. The materials subsequently produced are targeted at reaching the people who are most at risk: poor rural people, particularly women and girls. They are also designed to reach men, who have been singled out as the most important actors in bringing about successful HIV/AIDS prevention. The lessons

learned during the workshop are clear. First, there is hope. Second, communication about HIV/AIDS must be conducted with sensitivity and compassion towards all concerned if it is to have a positive effect.

**S**ome 30 women and men met at the Workshop with the intention of developing this type of sensitivity towards HIV/AIDS, as well as compassion for those living with it and those at risk. Based on the UNESCO manual, *Gender Sensitivity*, a variety of activities helped participants sharpen their own sensitivity towards issues related to power relationships between the sexes and how these influence the spread of HIV/AIDS. More importantly, they helped them appreciate the reasons why people behave the way they do and why getting people to practice safe sex has been so difficult. The group agreed that it ultimately boiled down to two main issues: the influence of traditional views on prevailing attitudes and relationships between men and women. Having established that, they then chose a topic based on research previously

done with the target group in their countries, and prepared booklets and radio programmes for them.



*Some of the participants at the workshop prepare texts and illustration for the booklets*

The materials produced cover a range of pertinent subjects including two stories on wife inheritance: one reflecting a man's perspective and the other, a woman's. Two other booklets cover the issue of "sugar daddies", one from urban rich girls' perspectives and the other from the point of view of poor rural parents. Others include: the "Hyena practice" (described later), the importance of knowing one's HIV status, living positively with HIV/AIDS, home-based care for people with HIV/AIDS, "macho" behavior, alcoholism and HIV, and safety measures for funeral rites of AIDS victims.

In Swaziland these days, "Saturdays are devoted to funerals", says Dorothy Littler of the Swaziland National Commission for UNESCO. Because HIV/AIDS is connected with sex, it represents a stigma. People avoid talking about it. Living in denial to keep the family from social condemnation is a norm, not an exception. It is common to hear the relation of a dead person at the funeral identify the cause of the death as witchcraft or poison. While this could be due in part to the froth or salt found around the deceased's mouth in their last days, it is also motivated by a subconscious or conscious refusal to admit the terrible truth. Even the official cause of death is often explained away as a "long illness", maybe pneumonia or meningitis if the person suffered severe headaches.

Denial is one driving factor behind the alarming death rate of the young generation. Often, mothers continue breast feeding their babies knowing that they are HIV-positive. The fear of being "found out" far surpasses the risk of exposing the infant to HIV/AIDS. This type of fear is only

human, particularly bearing in mind the hypocrisy surrounding sex. Sexual partners just don't discuss sex. When women find out their HIV-status, they fret that their partner, and consequently society, will accuse them of being prostitutes. Many men become violently angry at the suggestion that they might benefit from an HIV test. The "macho man" concept also worsens the situation with the "it won't happen to me" syndrome. Accordingly, men with high-risk behavior of having multiple partners regularly refuse to be tested and hence fail to protect their partners. Nature of Swaziland is a good example of this. He admitted openly at the workshop, "I tell you, I don't want to go for a test. I'm scared!" And yet, not knowing one's own HIV-status not only prevents one from learning how to prolong one's own life and protecting one's partners, but consequently promotes wider spread of the disease. HIV/AIDS is about people and their intimate relationships. "I could hardly think of anything more important to people than their sex life", said Alan Brody of UNICEF, Swaziland, who participated actively in

the workshop. But religions and customs do make it difficult to talk about.

Along similar lines, euphemisms for AIDS also exacerbate the denial problem. "It is called 'slim' in Kenya as people living with it lose a lot of weight", said Therese Lesikel of WHO. But talking around HIV/AIDS does nothing to alleviate the situation. The workshop provided an ideal setting for bringing these subjects out of the shadows. The message, as UNAIDS' Bernadette Olowo-Freers puts it, "is to face one's HIV status and learn to live with it positively. Infected people can live for 10 years or even more." Her colleague, Tcebile, who was among workshop participants, is living proof of



*Men and women taking an active part in discussing social and cultural issues such as bride price, wife inheritance and status of women within the family*



that. Her husband found out about his HIV-positive status while trying to get a bank loan. Subsequently, she found out about hers. It has been 14 years now, and Tcebile looks a picture of health today while practicing the “living positively” principle including eating healthy food, getting plenty of rest, positive thinking, and urgently tackling the slightest symptoms of any illness. Other HIV-positive people interviewed by the workshop participants told more of the turmoil they carried inside them until they finally learned to accept and live more positively; several even admitted that they now lived fuller lives with greater awareness and appreciation than before. After picking up on the initial point about Tcebile’s husband’s compulsory AIDS test, Malawi’s Steve prepared a booklet about young men discussing the pros and cons of going for an AIDS test while grave-digging.

**B**ecause it is such a hush-hush, taboo subject, several worrying misconceptions about HIV/AIDS have spread among the people in many African countries. For example, a common perception is that

clean and well-dressed people are not and can not be infected. Worse still, the prevalent myth that sleeping with virgins offers a sure cure to HIV/AIDS presents urgent and serious cause for alarm. Even very young girls are not safe. “The worst nightmare for any parent is to imagine that your daughter can be the target of HIV-positive men on the hunt for a cure,” says Matron Elizabeth Mndzebele, a UNFPA trained expert who has conducted numerous sessions on HIV/AIDS awareness.

**Y**oung girls’ physical makeup makes them more vulnerable to HIV infection. In addition, girls are “second rate” children in traditional societies everywhere. In hard times, parents respond preferentially to the needs of their sons, rather than to those of their daughters. Needy schoolgirls become easy prey for older men believing that sex with virgins is safe. As a result, the “sugar daddy” phenomenon is rampant. Many girls willingly trade sexual favors for material goods beyond their reach like the ever-popular mobile ‘phone, make-up, or a trip to Johannesburg. Struck by the blatant

“sugar daddy” incidents in schools where she acts as counselor, Nana of Swaziland wrote, “Me or 4 C’s,” the four C’s being cars, cell ‘phones, cash and clothes. Nana’s comments underline the need for materials which address this issue seriously, specially taking into account young people’s views.

**W**ith the apparent availability of materials on HIV/AIDS in urban areas, particularly with respect to the use of condoms, it is of critical concern that the death rate of these young people remains so high. The major problem, in spite of the abundance of these materials, remains that men still don’t feel they need them. Women are unable to convince their men to use them. To add to an already very complicated situation, practicing safe sex through condom use seems a remote possibility. UNAIDS shows that there are still places where entire villages have never seen a condom, let alone been instructed on how to use one correctly. In this instance of course, we are only talking about condoms for men’s use. When asked if anyone had seen a female condom, many participants looked

perplexed. In Swaziland, as it turned out, examples of female condoms were in fact available at the WHO office, which is a very unlikely place for local women to casually visit.

**T**he taboos surrounding sex prevent effective work of nurses and other health workers. “In health centers, demonstrations of condom use are conducted by putting it on a pencil or a finger. This type of lesson is hardly effective among illiterate populations. Even the language used to describe the process is warped -like “putting a jacket on a stick”, said Jabulani Kondowe of Swaziland.

**U**sing fidelity as a prevention method also needs to be re-examined, says Matron Elizabeth. For fidelity to be effective, it has to be fidelity to one partner for life. This concept will hardly go down well in places where casual sex is the norm rather than the exception. As any one man can have a number of sexual partners, the risk for the entire population is beyond imagination.





*Discussing the needs and the problems of HIV/AIDS with the community and a health worker*

**M**oreover, as stated above, in terms of “negotiating safe sex”, women generally feel that it’s a waste of time to even try. In these countries, women legally become minors under their husband’s care upon marriage. This is even more poignant where men pay lobola or bride price. Lobola lowers a woman’s status to that of her husband’s possession. Negotiation about anything is extremely difficult, much less a highly taboo subject like sex.

**A**nd so the issue of getting around local cultural practices becomes inextricably

linked to success in HIV/AIDS eradication. One such traditional practice, which promotes the spread of HIV/AIDS, is wife inheritance. In several African countries, like Kenya, Swaziland and Zimbabwe, when a man dies, his wife almost automatically becomes the possession of his brothers, along with his cattle, house and land. Elaborate ceremonies involve the woman putting a bowl of water in front of her late husband’s brothers as she “chooses” one to be her next husband while he still lives with his other wife or wives. Each time wife inheritance occurs, several more people are at risk of HIV-infection. The widow herself, her brother-in-law, his wife, his lovers, their lovers, their unborn and un-weaned babies are all potential HIV/AIDS victims. And so on. The arithmetics of this are frightening to those living with these customs.

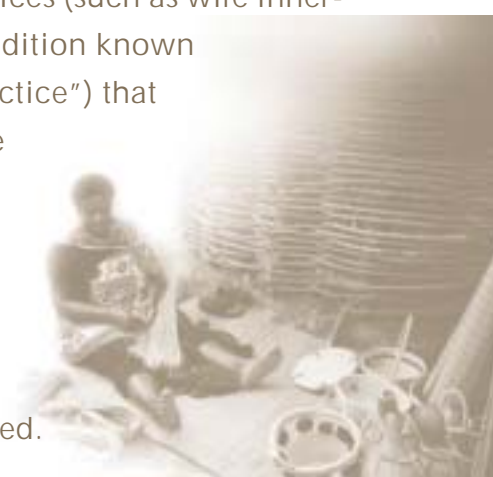
**G**race Maramba of Zimbabwe describes a widow’s ordeal in deciding which person she would choose. Although sons and aunts could also theoretically be among those inheriting a widow, in general it is a brother-

in-law who is expected to be picked. The story depicts the widow's anguish over the choice, the fear of HIV/AIDS, the frustration, and the despair. Finally, she gives in to pressure and chooses the brother-in-law, only to discover that life is no better than if she had stayed on her own. He takes over her possessions, and treats her shabbily. His wife and family detest her.

**F**rom the other perspective, Tsembani Ntshalintshali of Swaziland portrays a man's view on the prospect of inheriting his brother's wife. Delighted by the prospect of having a woman in her prime, who looks attractive and healthy, he forgets to ask himself how safe he would be with her. Or to question if she is infected by the same diseases as his dead brother. Both booklets cleverly weave in the very real risk of HIV infection on both sides, and how social pressure and traditional thinking rule largely over each person's actions.

**T**ackling this tradition, as with many others, is a delicate matter as wife inheritance and polygamy are practiced by people who are

role models in society. It must be recognized that this, like most traditions, has its origin in necessity, hence its legitimacy and continued endorsement. Through wife inheritance, widows and their children were supposed to be protected and provided for. No doubt this custom may have served well to promote social cohesion. As times change, and more and more women can provide for themselves, the need for protection and provision will become less pronounced. Grace points out in the rationale for writing on wife inheritance that cultures do change over time. And cultural practices (such as wife inheritance, and the tradition known as the "Hyena practice") that engender negative consequences for any group of people should be reconsidered at least, if not categorically challenged.



*Changes from the traditional to a modern society can alter people's sexual behaviour and put them and their families at risk*



This is especially critical with the looming danger of HIV/AIDS.

**T**he “Hyena practice” symbolizes society’s view of women as sex objects whose functions are limited to those of being mothers and wives. This ritual of becoming a woman is seen as a necessary part of a young girl’s education. Girls who were subjected to this custom testify to its horror. A virgin is given a piece of white cloth to be used during the “hyena’s” visit and brandished the next morning as proof before a congregation of women that the necessary was done during the night. Coupled with the risk of HIV/AIDS and other sex-related diseases, this practice has been targeted as a campaign issue with the first lady of Malawi calling for its abolition, says Grace Kulupando-Seka, a Malawian participant.

**N**o easy task, as traditions, values and beliefs are people’s security blankets. Changing them has to be done with sensitivity. Information campaigns to date have not reaped the desired results. They have failed to reach the people from either the

people’s own perspective, or their social, cultural and financial realities. Tsembani and Grace have taken a step forward in gently challenging customs that increase people’s risk to HIV/AIDS. It has been said that for people to change their attitude, they need to come into conflict with their own beliefs. Grace interestingly built her story on the Hyena around the young girls who contracted STDs after their initiation ceremonies. While each girl’s mother promoted the hyena practice, these very same mothers were incensed at the possibility of the hyena being the cause of their innocent daughters’ illnesses. Grace shows the pain of each mother trying to protect her daughter’s innocence while at the same time searching for the culprit. The anger, the fear, the frustration of having been let down by the man they had paid to perform a traditional function are very real.

**O**ne other often neglected issue is the detrimental effect HIV/AIDS has on the family and its finances. In confusion and despair, people lose their life savings going back and forth from modern doctors to traditional

healers. Those with more money go to South Africa hoping that the facilities there will provide the answer. What is often forgotten is that the burden on the relatives of those living with AIDS is enormous, particularly when it is a full-blown AIDS case. This responsibility often rests with the women and children, particularly girls, whose hardships become doubled without the power to negotiate.



The story, "Johanne, Fatima, Gregory and the Others, The AIDS Years", which the workshop participants read and discussed, brought out this issue as one of the most devastating effects of HIV/AIDS. In the story, Johanne, a young girl, has lost her parents. Before his death, her father followed the custom of willing all of his belongings to his brother, leaving nothing to his widow and children. The children watch with frustration and anger as the truck is loaded with all of their belongings, from the cow, Blanchette, down to the kitchen utensils. Nothing could be done; the village authorities follow the traditions.

*Young girls are at greatest risk due to the myth that sexual relations with a virgin is a cure for HIV/AIDS*

Left alone, the children must fend for themselves. In the wee hours of the morning, the oldest boy would go to the lake to buy fish and have them grilled. He would then go from house to house selling them in order to earn enough money to feed himself and his sisters. Johanne has to find a job assisting a nurse to make some extra money to help the family.



The story illustrates the sadness and bewilderment that these young people feel about issues related to AIDS, like, “Why all this? Why did father have to leave us? Why does mother, in her turn, have to die?” The story shows Johanne longing for her mother’s kiss on her plaited hair upon arriving home from school and smelling the savours of her mother’s cooking in the kitchen. What happens to childhood when HIV/AIDS hits the family?

The participatory nature of the Workshop allowed for much open discussion and soul searching on subjects such as this. Listening to and discussing the life stories of people living with HIV/AIDS gave a tremendous lift to the workshop. The human-interest angle must be experienced by the participants for them in turn to prepare relevant materials that will have an impact on their own people. Seeing with your own eyes that the person next to you is not only HIV-positive, but is also willing to discuss it with you in great detail, is enough to blow minds. It brings home hard the fact that we are all vulnerable and that

none of us are 100% safe from this disease. Personal experience like this also confirms that HIV/AIDS is not necessarily connected to promiscuity. Or that nor do people living with HIV/AIDS have to be considered as victims all the time.

The direct contact with HIV-positive people was one of the most valuable sessions of the Workshop. It gave the participants an opportunity to open their minds to compassion. The compassion generated can make a great difference in the quality of the materials produced. UNAIDS’ Bernadette’s message for her session was that there is hope. There has to be hope. We must believe in living positively as contributing citizens while living with HIV/AIDS. She gave the examples of her own two brothers who, though now passed on, managed to live a quality life during the last 12 years or so of their lives knowing that they were HIV-positive. She helped people to face their own misconceptions regarding people with HIV/AIDS. Through other sessions like that of Bernadette, tremendous energy was injected into the Workshop confirming the

participants' sense of the value their products could have in helping save the lives of people such as the very ones they had met or had been talking about.

Over and above the “show and tell” methods mentioned above, a variety of other methods were used to facilitate participation and discussion within the Workshop. Participants were required, for example, to critically analyze different case studies on the relationships between women and men. Many of the case studies were directly about HIV/AIDS. One case was about a Zimbabwean doctor living with HIV who tried to inject his own infected blood into his wife. This, being a true story, gave rise to animated discussion. Another case is a story of a South African girl living with her aunt and uncle in the city. One night, she had to give in to uncle because he threatened to stop paying her school fees. The story shows how the girl frets that she might have become HIV-positive from that encounter. It also shows how she uses her resourcefulness to survive and stay in school.

In another session, participants were asked to work in groups and act out scenes about different people in different types of relationships, for example, a doctor diagnosing an HIV-positive status, work colleagues, spouses, in-laws, bosses and community members. After the groups acted out the scenes, the entire Workshop scrutinized them one by one thereby bringing out the complex net of human relationships that



*Talking with members of the community*

are likely to further complicate the situation for anyone living with HIV. Issues such as stigma, shame, denial, despair, acceptance, support, and other subsequent coping skills were then brought up and discussed.



In yet another session, participants again organized themselves into groups and were given a few cut out paper figures of human beings. They were then asked to place each one within a family relationship. Each group



*Practical exercises on the social impact of HIV/AIDS*

received different paper figures from which they concocted their own family structure. For instance, one family may have been a woman-headed household with a teenage daughter who is a school drop-out, a younger brother who works in town and an aged mother who has to look after her young grandchildren. Or alternatively, there might be a young couple just starting a family living with the husband's parents. The husband

may have a weakness for drinking and pretty girls, and marital conflicts have already started. Maybe the woman was married too young and resents the marriage so she starts to have an affair with her brother-in-law. After the different family scenarios were worked out, a facilitator visited each group and marked one or two paper figures with a cross, signaling that those characters were HIV-positive. Following this, each group prepared a story about their family's struggle to cope and live with HIV/AIDS. Perhaps one of the family's youngest daughters became infected because her father raped her. Maybe the grandmother was infected because her son's blood was injected into her during her operation. Whatever the stories turned out to be, an important thing happened at this session. The participants had a solid anchor comprising all sort of realities on which to build their discussions about the different issues that are invariably linked to living with HIV/AIDS.

A value clarification exercise was also useful as it forced people to take a clear stand on a given belief and then defend it.

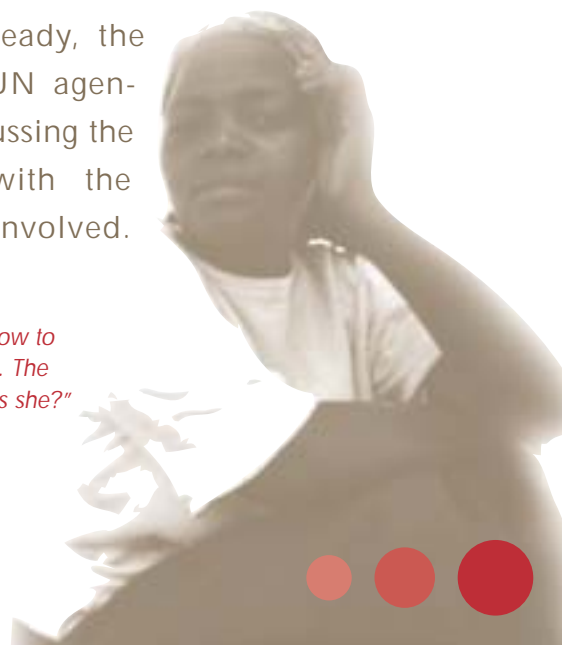
For example some statements used to elicit response during this exercise were, “Homosexuality is an abnormality”, “You can’t catch aids from clean and well-dressed people”, “Women catch AIDS because they are promiscuous”, and “Good women should be innocent when it comes to sex”, or “Only prostitutes enjoy sex”. This exercise forced people to face their own misconceptions, not only regarding sexuality and HIV/AIDS, but also other prevalent prejudices concerning women’s roles in the home and community.

**A**t the end of the day, all the methods used worked well in obtaining maximum participation from the participants, which was invaluable to the preparation of the ensuing educational materials. The booklets and radio programmes prepared at this Workshop will add to others prepared at earlier UNESCO Workshops in places as far apart as Bangkok, Dar-Es-Salaam, and Nairobi. They all have one thing in common –they are gender-sensitive and aim to change people’s attitudes and behaviour towards HIV/AIDS. With funding

from UNDP, UNESCO and DANIDA, UNESCO has trained people to use the non-formal education approach in reaching out to people most at risk. The beauty of this workshop is that it responds to the immediate needs of the countries.

**B**ut there is no time to lose on marveling over success. While other types of actions might wait, due to its very nature, actions targeted at eradicating HIV/AIDS cannot. Findings from the workshop made it only too clear that the consolidated action of all people – men and women, NGOs, UN agencies and countries – are both crucial and urgent if HIV/AIDS is to be wiped out, before it wipes out whole cultures. Already, the concerned UN agencies are discussing the next step with the countries involved.

*This girl knows how to practice safe sex. The question is, “does she?”*



**A**lthough, ideally, the products of this Workshop should be tried out and finalized before printing, the real situation is hardly ideal in places where AIDS is ravaging people's lives as it mows down one in every three or four. Consequently, UNESCO has printed the first draft for sharing, soliciting comments and testing them in real time as soon as they are received. In-depth revision can only be conducted once feedback is collected and analyzed. In concrete terms, there will, of course, be increased training and extra support as Workshop participants return to their workplace and go about building the support networks that will help them in the preparation of more materials destined to help save lives. The projects will need money, too. But money will appear when people see that real, urgent needs are being met through these actions. Hope is in the air, now it's time to reinforce the foundations. After all, when it all boils down to it, this is really for the best interest of all of us.









## Gender and Post-literacy A non-formal education approach to HIV/AIDS prevention

By Namtip Aksornkool

**'R** Behind the dry statistics are women from families caught in the terrible bind of pressure to produce children, and unable to admit that they have contracted HIV from a husband who is unfaithful. There are teenage girls whose only way of staying on at school is to barter sex with teachers or 'sugar daddies' who will pay for books, uniforms and fees. ...there are factors way beyond the control of the individual that encourage risk behaviour and make it hard for people to protect themselves. These factors include poverty, discrimination, lack of education and opportunity, and, crucially, the subordination of women which puts young females at even greater risk than males...'

Peter Piot, M.D., Ph.D.  
Executive Director, UNAIDS