



Making the Connections: Why Literacy Matters for HIV Prevention



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Literacy Matters

About making a difference where it matters.

The launching of the Education for All (EFA) goals in Jomtien in 1990 signalled the importance of literacy in the world of education. And in 2000 in Dakar, when commitments were made to achieve concrete targets that included a 50% reduction in illiteracy rates, it further demonstrated the determination of the global community to address one of the key educational issues of the 21st century.

As we were confronted with the statistics of 800 million illiterates worldwide, we recognised that they – the majority of these women – were being denied their basic rights. We also realised that as literacy lays the foundation for other levels and types of learning, people with no or limited skills in reading, writing and counting would find it difficult to move on to other areas. It furthermore became clear that in a world where information on all aspects of our life, be it health, political or economic issues, was increasingly being transmitted in the written form, people who could not read would be left out. After all, as people become more informed, they become more aware and, if given the opportunities, become more involved in broader societal concerns.

Over the years, however, the visibility of literacy as a key educational goal has not been matched by resources appropriate to the magnitude of the work that needs to be done. Instead of showing the elements that inter-connect the 6 EFA goals and demonstrating the lifelong and life-wide nature of learning, the dominant focus of resources on universal primary education, has succeeded in minimising the critical role that literacy plays in the lives of young girls and boys, and adult women and men.

Now that we have almost reached the half-way stage in the timetable for our EFA targets for 2015, it is evident that unless resources are once again committed to literacy, we will not be able to reach our goal in literacy. It is clear that we need to intensify our efforts to ensure that we will not only reach the numerical target, but, more importantly, make a difference in the lives of the people who will benefit if more resources are allocated to literacy.

It has therefore become apparent that one of the key areas of work consists of advocating for literacy in order to enable people from all walks of life to appreciate the necessity of making people literate. A more informed public will contribute not only towards destigmatising those with-

out skills, but could also lead to more collaborative efforts to tackle this challenge.

It is with this in mind that the Institute is launching its series entitled “LITERACY MATTERS”. By highlighting key issues of literacy, we hope that this series will serve as an advocacy tool on the diverse dimensions of literacy as they are unfolding in our world today so that we are better equipped to respond to the challenges involved. We would like to use the series to make the results of our research accessible and thereby contribute towards enabling better-informed decision-making with regard to literacy.

As UNESCO has decided to focus on health for this year’s International Literacy Year, we have decided to launch the first issue of LITERACY MATTERS on one of the key health issues in the world today, the prevention of HIV. This issue which looks at the relationship between literacy and HIV prevention education is the result of the Institute’s work on examining the contribution of non-formal education (NFE) to HIV prevention, carried out in collaboration with the Association for the Development of Education in Africa (ADEA) Working Group on Non-formal Education.

In partnership with governments, non-government organizations and universities, we have been able to identify the wide range of NFE efforts to address not only HIV prevention but also HIV treatment and care. As the “poor relation” of the formal education sector, non-formal education initiatives are often not recognized and therefore remain marginalized despite their valuable contributions. In this issue, we would like to demonstrate how literacy (one of the key areas of non-formal education) is making a difference in HIV prevention through innovative approaches, where community participation and involvement of people living with HIV/AIDS are the main underlying program principles.

We hope that through this series, we will be able to provoke discussion on the many dimensions of literacy, generate more interest on literacy and finally, enable more commitments to sustained support to literacy.

Adama Ouane
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Making the Connections

Why Literacy Matters for HIV Prevention

Illiteracy does not directly contribute to the spread of the human-immunodeficiency virus (HIV). However, as illiterate women and men have no access to written information, they remain unaware of many national and international issues affecting them that are increasingly being communicated through printed materials. The less they know, the more vulnerable they become. Because they do not have the skills to read and are therefore unable to know what HIV is and how it is spread, they are unable to protect themselves. In some cases, they may also be given incorrect information verbally but are in no position to verify this with reliable printed information.

The vulnerability of illiterates not only arises from their inability to read. While possessing other skills and talents that enable them to survive, many of them have low levels of self-confidence as a result of discrimination due to their lack of proficiency in the socially valued skills of reading and writing. They have developed a low regard for themselves and their capacities, either because they suffered long years of stigmatisation at school because they were slow to learn, chose to drop out of school or were simply unable to afford to go to school in the first place. This is more evident among women, who com-

prise the majority of the world's illiterates and who experience other forms of discrimination, making them doubly vulnerable to feelings of low self-worth. Because of their lack of self-confidence, they find it difficult to assert their rights and entitlements, for example, to information or to basic health care.

On closer inspection, the relationship between schooling, literacy and HIV prevention proves to be more complex than it seems. It has been shown that the stage that the pandemic has reached is an important variable in establishing where education stands with regard to the spread of HIV. In the early stages of the pandemic, there is a direct and positive relationship between the level of education and the HIV prevalence rate. It is argued that in the early years of the pandemic, those infected are those who have more opportunities to move around, and include the better-off, more mobile educated population. After this initial stage, an inverse relationship develops between the disease and education. At this point, access to information and knowledge on the transmission of the virus is crucial. It has been argued that whereas people with more years of schooling are more likely to change their behaviour once information on risk behaviour has been transmitted,

groups who do not have access to information, such as the illiterate population, are more vulnerable. This vulnerability is further exacerbated by poverty, which gives many individuals no choice but to engage in risky sexual behaviour in order to survive and support their families.

That the illiterate population is also one of the poorest is no coincidence. The inaccessibility of school and/or the unfavourable conditions for school attendance simply reinforce the process of economic and social marginalisation that affects the poor. The current statistics that identify 774 million illiterate women and men not only point to a waste of human resources; they also paint a stark picture of people who have been denied their basic right to education.

Over 98% of the illiterate population lives in developing countries. Of the 22 countries with the highest illiteracy rates, 16 are located in Africa, and 10 of these are in West Africa. A closer look at the numbers indicates the strong link between illiteracy and poverty. The countries with the highest illiteracy rates also have the highest percentage of people living below the poverty line. For example, Burkina Faso has a 87% illiteracy rate and 72% of its inhabitants live on less than USD 2 per

day; in Mali, the illiteracy rate is 81% and 91% of its inhabitants live on less than USD 2 per day; and Niger's illiteracy rate stands at 86% while 86% of the inhabitants live on less than USD 2 per day.

Aside from the relationship between poverty and literacy, gender is another critical variable. Sixty-four percent of the world's illiterates are women. Gender gaps are widest in countries with higher illiteracy rates. In Burkina Faso, where the illiteracy rate is 87%, men have an illiteracy rate of 82% while for women the rate is 92%. In Mali, where the illiteracy rate is 81%, 73% of men are illiterate compared to 88% of women. Gender gaps are narrower in countries where illiteracy rates are lower. In Namibia, for instance, where the illiteracy rate is 15%, 13% of men are illiterate compared to 16% of women. Narrow gender gaps are also evident in Swaziland with an illiteracy rate of 21%, 20% for men and 22% for women or in South Africa, where the illiteracy rate is 17%, 16% for men versus 19% for women.

There are also other factors apart from gender differences that need to be taken into account when explaining disparities within countries. There is the rural-urban differential (e.g. Ethiopia, where the illiteracy rate in the Addis Ababa area



Trained facilitator from a local community leading a literacy group.

stands at 17% compared to 75% in the countryside, e. g. Amhara); the ethnic variable (in Namibia, where only 5% of the Afrikaans are illiterate versus 80% of the Sans population); the sedentary-nomadic difference (in Nigeria, 99% of nomads are illiterate); and the disability factor (in sub-Saharan Africa, over 90% of disabled children have no means of learning to read and write).

That literacy is considered a critical educational issue was evident from its inclusion in the Education For All (EFA) goals laid down the 1990 World Conference on Education for All in Jomtien. Here, governments, civil society and the private sector pledged their commitment to addressing six key educational objectives. Although literacy gained visibility in the early nineties, this was not sustained and by the time the Dakar EFA meeting took place in 2000, it had already been sidelined. By this time, international and national campaigns, resources and specific measures were mostly focusing on universal enrolment in primary school without considering the relationship between the remaining goals.

At the country level, resources for the literacy sub-sector remain practically non-existent. In most countries, less than 1% of

the overall education budget is devoted to literacy and non-formal education. These minimal amounts are not even enough to cover the operating costs of the sub-sector's supervisory structures.

It is clear that coherent and suitable policies need to be formulated in order to take on the tremendous challenge of promoting literacy. These policies must not only ensure that people learn to read and write, but also create a literate environment that enables people to build on what they have learned. In other words, individuals who learn to read and write should subsequently be able to use their knowledge for self-fulfilment and actively contribute to the socio-economic development of their country.

This need for coherent policies and, consequently, adequate resources to implement such policies, takes on a more urgent note when the HIV pandemic and the vulnerability of the illiterate population are taken into account.

Sub-Saharan Africa is the region that has been worst affected by the HIV/AIDS pandemic. Of the estimated 39.5 million people worldwide living with HIV, 24.7 million - or 63% - live in sub-Saharan Africa. 72% or almost three quarters of all AIDS-



Role play of peer educators on HIV prevention

related deaths worldwide occur in this same region. Of even greater concern is the spread of infection around the world. Infection rates have increased in all regions of the globe, particularly among women. In 2006, there were 2.8 million new cases of HIV in sub-Saharan Africa, and 59% of the people living with HIV there were women.

The power imbalances between men and women contribute to the “feminisation” of the HIV pandemic. The percentage of married women, young girls and young women becoming infected is on the rise. The number of infected young people of both genders is also rapidly increasing, with 40% of new infections affecting the 15-24 year age group.

Globally, sexual intercourse is still the main way that the virus is transferred, followed by mother-to-child transmission, blood transfusions and unsafe injections. While the use of unclean syringes for injecting drugs has remained the primary mode of HIV transmission in the CIS countries, recent data show that this has emerged as a new factor for HIV infection in some sub-Saharan African countries (e.g. Mauritius, Kenya, Nigeria, South Africa and Tanzania).

Provision for treatment continues to expand, with an estimated 2 million people receiving antiretroviral therapy (ART) by the end of 2006. However, in sub-Saharan Africa, which is home to the vast majority of people living with HIV, only 25 percent of the people who would benefit from ART are receiving it.

For years, discussions of HIV/AIDS and illiteracy failed to connect these two issues. Today, while the link is well-established, there is a gap that still needs to be bridged. Although many governments have recognized that HIV/AIDS prevention is not only a health issue but also a development challenge, there has been no corresponding attempt to factor the literacy dimension in to their prevention efforts. A major reason for this is the focus on formal education as the primary venue for addressing HIV prevention, meaning that many initiatives are geared towards children and young people who are in school. A second dominant strategy is to disseminate written information, education and communication (IEC) materials, either through the mass media or targeted groups. Both in-school and out-of-school HIV preventive education efforts make two basic assumptions: first, people

are able to read this written information; and second, this information will reach the most vulnerable people.

As the majority of illiterate adults are not in school, they will therefore not have access to the key messages of HIV prevention. They will also find it difficult to gain access to mass media efforts if they are unable to read. And if we accept the hypothesis that the epidemic will increasingly affect the less educated as it matures, then there is a clear need for a preventive education strategy targeted at reaching those who are not literate or who have low levels of literacy.

Combining literacy and HIV prevention is therefore critical. It has recently been demonstrated that literacy is also vital for HIV treatment and care. Yet there are few national programmes that combine both HIV prevention and literacy. Among the countries that have submitted monitoring reports on the UNGASS (UN General Assembly Special Session on HIV/AIDS) programme, only Lesotho has specified the implications for lower literacy rates. The Lesotho National Plan raises the question of how to reach illiterates when the majority of HIV prevention materials are written documents. It also draws atten-

tion to the work of the Ministry of Justice, which provides prisoners (most of whom are illiterate) with HIV/AIDS training that takes place in the form of interpersonal communication. Meanwhile, the governments of Ghana and Cape Verde cite literacy as an important component of their strategy to address the issue of HIV/AIDS. Ghana's strategic framework for 2001-2005 responded to the pandemic with a priority strategy aimed at intensifying poverty reduction programmes in which the promotion of functional literacy programmes for women and other vulnerable groups played a key role. Cape Verde's report described the development of a national communication strategy that takes into account the combination of mass and interpersonal communication needed to reach the different target groups – the illiterates being one of them.

Given the lack of national education programmes that combine HIV prevention with literacy training, it is worth taking the time to look at some good practices and examine their methods with the objective of learning valuable lessons and, where possible, identifying key principles that could be applied when developing literacy initiatives that are also aimed at addressing HIV prevention.

Making the connections work

How literacy contributes to HIV prevention

One morning in June 2003, a young female doctor handling HIV medical consultations at the Sanou Souro University Hospital in Burkina Faso examined a woman diagnosed as having HIV. The doctor's assistants, who also doubled as interpreters, were not present and the patient and the doctor did not speak the same language. The patient, illiterate and a widow, had to start her antiretroviral (ARV) treatment. When the doctor stressed the importance of taking the medication at precise times to ensure the treatment's effectiveness, the patient sighed and said: "If only I knew how to tell the time, I would follow your instructions to the letter. I am definitely motivated since it is a matter of my own survival. But if I show this prescription to anyone else or start asking people for the time, then the whole neighbourhood will suspect that I have HIV. Help me, doctor!" After making several attempts to explain the procedures to the woman, the doctor gave her the ARV medication and let her go. The doctor was left with the unpleasant feeling that the woman would not survive.

This encounter was to form the basis for a project that combined therapeutic education with literacy classes. Aimed primarily at women living with HIV/AIDS, the

lessons were developed to meet women's need to become more familiar with their illness and learn to manage it through the regular intake of drugs. The Reflect method, whose underlying principle is learner participation, allowed the women to take a more active role in their own treatment as they gained more skills in telling the time and reading dates, figures and their own prescriptions. Learner motivation was high and fewer than 8% abandoned the course. Their determination was clear and some participants even walked more than 10 km three times per week just to attend classes.

A project like this demonstrates that the collaboration of key relevant actors is an important ingredient for effective literacy programmes. In this case, the Ministry of Basic Education and Literacy (MEBA) was involved in the project through its Provincial Department, supervising the centres as well as assessing and certifying activities. The healthcare sector was also involved, as the internal medicine ward helped design, implement and assess the project. In addition, the team in charge of co-ordinating and teaching the therapeutic education classes lent their support in specific areas on a voluntary basis. Furthermore, other partners involved in the

literacy/training programme as well as the Swiss Development Cooperation (SDC) office showed support and flexibility by taking the specificities of the target group into account. Finally, the PLWHA (People Living with HIV/AIDS) associations were involved as partners and took ownership of the project by providing rooms and checking on learners who failed to show up to classes. The involvement of PLWHA associations had a positive effect on members' lives because it gave them something to do with their time and also made them feel good about themselves.

In another part of Africa, a similar process of empowerment is taking place. After having learned to read, one PLWHA in the district of Mityan, Uganda, discovered that she had been taking expired ARV medication. She took the medication to the STAR group, which then contacted the district authorities so that they could take appropriate action.

The STAR approach is a combination of Stepping Stones and Reflect, both of which are participatory methods which are based on the principle that effective learning must start with the needs of the learners. The unpacking of gender issues is a key aspect of both approaches. Reflect

was influenced by the work of Paulo Freire and uses participatory research to identify community issues. Stepping Stones, on the other hand, focuses on reproductive and health issues. By combining the two, STAR is able to focus on issues like HIV/AIDS.

As the approach is centred on the learner, the facilitators are trained to make use of group members' existing level of knowledge and experiences when guiding group discussions, group projects, dialogues/debates, role playing activities, testimonials, etc. The main idea is that literacy represents just one of the needs of the community members and must be integrated with their other needs. So not only do the members learn to read and write, they also gain access to new kinds of information and develop appropriate knowledge.

In Mityan, for example, the STAR groups, particularly the PLWHA associations, have been very effective in promoting the community treatment model, which is based around human rights and the gender perspective. Group counselling has been of tremendous help to people, enabling them to overcome feelings of shame and become less exposed to condemnation and discrimination within the community. With people becoming increasingly open

mindful, voluntary counselling and testing (VCT) became a common practice. As people have become aware of their HIV status, the STAR programme has helped mobilise PLWHAs to have better access to treatment. In the beginning, many of them were unaware that free ARV medication could be obtained from hospitals such as the ones in Kalangala and Mityana. In addition to having access to information about how to live as a sero-positive individual, information was also provided regarding suitable diet, the treatment of AIDS-related illnesses using local herbs, and access to competent services, information and support (financial or otherwise) for income-generating activities.

Clearly, literacy is not merely an enabling tool aimed at individuals; it is also a means for changing beliefs and mobilising community members with regards to key issues, in this case to promote greater awareness on HIV and address the problems of stigma and discrimination.

In Mali, where the HIV prevalence rate is a relatively low at less than 2%, Reflect is used among young and old alike. HIV is not necessarily the entry point. The Reflect/STAR circles are set up in the villages in which the programme operates

and usually consist of around thirty key members of community organizations, all of whom are highly motivated to learn to read and write. Their main interests center on health, education, the environment and citizenship. The circles meet several times a week, with participants deciding on the exact schedule. Existing Reflect circles are made up of women and men of all ages, all of whom share the same desire to learn to read and write. In some circles, all the participants are women and there is no separate circle for men. In cases like this, the next step would be to extend the Reflect process or create sub-groups.

A trained facilitator from the local community leads these meetings, which start by focusing on a specific topic through the creation of a visual tool that allows everyone to take part in the discussions, regardless of whether they are literate or illiterate, male or female, old or young. The issue of HIV/AIDS is raised in the course of all topics discussed.

The meeting's second half is geared towards eliminating illiteracy. The analyses are used as an instrument of learning, thereby dispensing with alphabet primers or other written materials and cutting the cost of resources. Additionally, learning

that is based on ideas arising from discussions can progress rapidly. The groups act as community nuclei that generate ideas for action to address the challenges raised in their. Other members of the community, some of whom have a traditional or administrative role, start to participate as the ideas for action are implemented. This places the responsibility for planning and implementing development activities in the hands of the population, with the advice and support of the NGO. A transfer of skills takes place, not only with regard to the promotion of literacy but also in the organization and establishment of the project, and the mobilization of resources. The core principle of this methodology is broad-based participation that includes marginalised groups.

Since facilitators play a key role in enabling processes as complex as this, programmes therefore place a strong emphasis on building the facilitators' capacities. By providing them with initial training that consists of 15 hours of Reflect training, 8 days of STAR training (reproductive health and HIV/AIDS) and 5 days of additional training in the techniques associated with project implementation. Refresher courses focusing on the issues identified in the course of monitoring

The REFLECT circles meet several times a week and work on issues like health, education, environment and citizenship. Existing Reflect circles are made up of women and men of all ages, all of whom share the same desire to learn to read and write.



assessments are held at least twice yearly and a quarterly facilitator forum enables success stories, problems and also potential solutions to be shared. In addition, facilitators are encouraged to participate in informal exchange visits that provide them with practical support.

Aside from the facilitators, a number of village members are chosen to act as peer educators and made responsible for making reproductive health and STIs (Sexually Transmitted Infections)/HIV/AIDS prevention services and items available to the community.

Another example in Mali involves an organization of female teachers that simultaneously promotes literacy/post-literacy and STIs/HIV/AIDS prevention. Based on studies showing that 1) the prevalence of STIs/HIV/AIDS was higher among migrant girls and women; 2) the majority of the

girls were unable to identify the symptoms of STIs, even though the average age of first-time sexual intercourse was 15; 3) 30% had never heard of condoms; and 4) 70% had no idea how to use them, the teachers decided to focus on this group, and in particular, those employed as domestic workers. The organization uses the Samagoya method which is based on group dynamics and aims to raise awareness and encourage learners to take responsibility so that they can be more self-sufficient. To improve the teachers' knowledge and skills, they underwent training in the area of HIV/AIDS.



Literacy plays a key role in equipping people with skills and information relating to issues that affect their daily lives.

The NGO also teamed up with different organizations to plan information campaigns aimed at both in-school and out-of-school youth that involve the migrant girls themselves in information, education and communication initiatives. As well as distributing literacy materials focusing on HIV/AIDS, the group also distributes condoms to the young girls.

Meanwhile, in Namibia, an organization aimed at helping street vendors in their work was established in 1989. The organization's first step was to conduct literacy and English courses, alongside training to enable the vendors to negotiate effectively with businesses. Five years later, after members had voiced their concerns about the AIDS pandemic, women vendors were trained in HIV prevention. The aim of the programme was to increase HIV awareness in the community of Windhoek and neighbouring regions. An interactive, visual, story-telling technique was the primary learning tool used, and enabled people with varying levels of literacy to participate in the programme.

Another organization operating in Mali and Guinea provides parents' associations with literacy training that includes several lessons on HIV/AIDS (e.g. prevention, care

and how it affects the school/community). Although the literacy training focuses mainly on improving quality and equity in schools, the spread of HIV/AIDS has affected schools' ability to function normally to such an extent (teachers contracting the disease, children withdrawing from school to care for a sick family member, etc.) that topics relating to the disease have been incorporated into the lessons. The course includes five lessons on HIV/AIDS.

NGOs are increasingly using local literacy levels and languages as the starting point for HIV prevention work. The Summer Institute of Linguistics in Botswana, for example, has prepared attractive posters and booklets on HIV prevention in the San language.

Given the overwhelming presence of the HIV pandemic, the interaction between literacy and HIV prevention stakeholders from governments and NGOs is not only desirable but necessary. Literacy plays a key role in equipping women and men with skills and information relating to issues that affect their daily lives. It is therefore important to gear literacy efforts towards addressing HIV prevention, as this is one of the main health and development challenges faced by women and men in the community.

As the above examples show, three types of programme have developed over the years: 1) existing literacy programmes that have incorporated messages about HIV/AIDS; 2) HIV prevention/treatment/care programmes that have incorporated literacy components; and 3) comprehensive programmes in which literacy and HIV prevention are just two of many components (e.g. savings, micro-credit, livelihood). The first programme type – namely those programmes which have had to adjust their content and methodology to incorporate messages on HIV transmission and develop approaches that take into account the sensitivity of these messages – is also the most common. Many literacy providers who have witnessed their communities being decimated by the virus have responded to the crisis by changing the content of their programmes. However, as the example of Burkina Faso demonstrates, there is an increasingly urgent need for the second type of programme, since literacy plays a key role in the treatment of HIV-positive people. Finally, with the rapid spread of HIV in impoverished communities with no access to basic services, a comprehensive literacy approach that addresses both HIV prevention and issues of livelihood, civic participation and health is becoming essential.

Making the connections work better

What is needed to make a difference

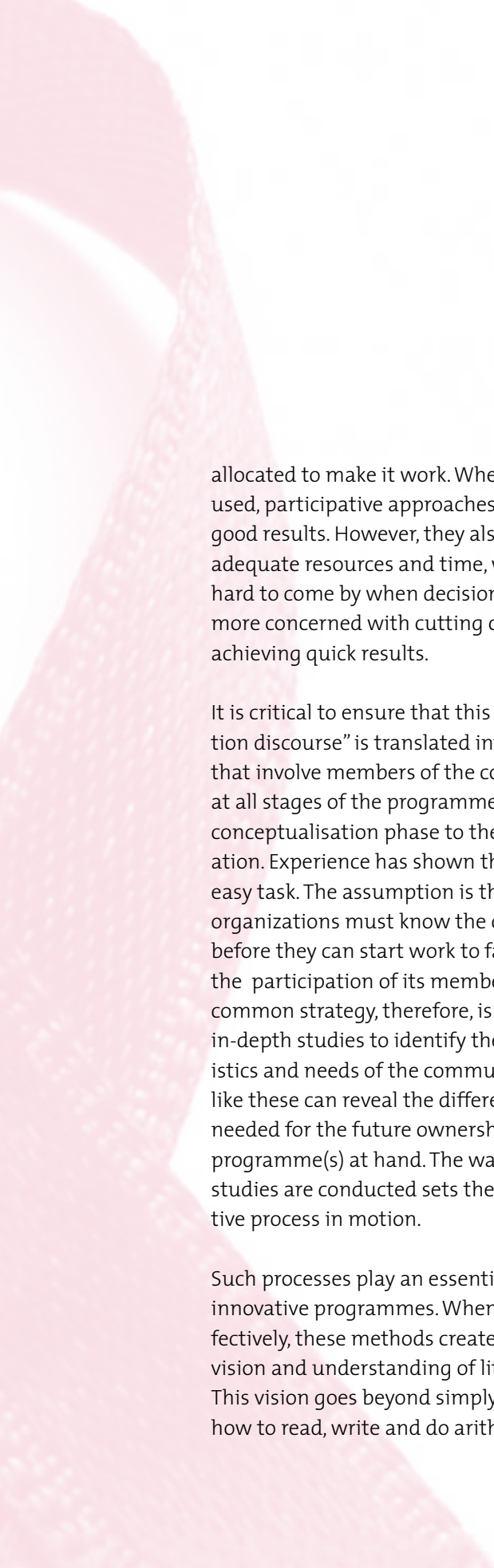
There is a great deal of stigma and discrimination associated with both illiterates and HIV positive people. This has made it hard for people to admit to belonging to either group. Because people are not able to speak openly about their situation, it is difficult to respond to the different problems facing them as a result. Additionally, many people overlook the societal factors (e.g. unequal class and gender relations) that cause illiteracy and HIV and instead blame the individual, either for failing to have acquired certain skills (in the case of illiterates) or for having behaved badly (in the case of HIV positive people).

The programmes cited earlier, however, have responded to both the individual and the societal dimensions of such situations. They have realised the impossibility of providing skills without addressing other issues related to human lives, thought processes, emotions and actions. They not only provide individuals with reading and writing skills but also give individuals and communities the basic information that they need to survive. This information ranges from health matters to economic and political issues. These programmes have shown that in today's world, literacy initiatives need to combine reading, writing and counting skills with critical

thinking to equip learners to appreciate all the information that they are being given and encourage them to change their behaviour after recognising the negative consequences of certain actions and attitudes. Furthermore, by embedding their programmes in community processes, the programmes have demonstrated the centrality of the community in addressing the problems of both illiteracy and HIV. After all, one or two people alone cannot address the issues of stigma and discrimination, which must be approached in the context of the wider community and the people who coexist within it.

Moreover, the challenges at hand – requiring the simultaneous promotion of skills training, information sharing, behavioural change, and individual and community empowerment – are so immense that no one group or organization can rise to them single-handedly. Two key relevant concepts in this regard are participation and collaboration.

The examples presented earlier clearly indicate the prime importance of community participation. Effective literacy programmes start by involving community members. Participation has become one of the more fashionable development terms, yet no substantial spending has been



allocated to make it work. When properly used, participative approaches achieve good results. However, they also require adequate resources and time, which are hard to come by when decision makers are more concerned with cutting costs and achieving quick results.

It is critical to ensure that this “participation discourse” is translated into activities that involve members of the community at all stages of the programme from the conceptualisation phase to the final evaluation. Experience has shown that this is no easy task. The assumption is that external organizations must know the community before they can start work to facilitate the participation of its members. One common strategy, therefore, is to carry out in-depth studies to identify the characteristics and needs of the community. Studies like these can reveal the different factors needed for the future ownership of the programme(s) at hand. The way these studies are conducted sets the participative process in motion.

Such processes play an essential role in innovative programmes. When used effectively, these methods create a broader vision and understanding of literacy. This vision goes beyond simply knowing how to read, write and do arithmetic and

encompass the transformation of community processes to be more participatory. Moreover, an in-depth understanding of communities and groups is key to the development of appropriate strategies for literacy which covers use of culturally acceptable and sensitive information, education and communication (IEC) materials.

Within communities and families, the question of female and male participation is equally critical. Traditionally, men were the ones involved in community activities. However, as the gender equality discourse gains ground, development programmes are increasingly targeting women. Although this has undoubtedly played an important role in empowering both women and their families within the communities, there are fears that it also neglects and excludes men. People are increasingly coming to recognise that because HIV/AIDS prevention education involves changes to gender relations, it needs to address both women and men. Men play a key role in the dynamics of power, whether in terms of sex and sexuality, hygiene and cleanliness, access to educational facilities or respect for rights and obligations in general. Consequently, even if women understand the messages and develop the necessary skills, they are unable to apply their knowledge unless

the men who hold power (fathers, uncles, older brothers, husbands and other male community leaders) are made aware of the issues at stake.

Since literacy and HIV prevention encompass not only the education and health sectors but other areas as well (e.g. rural development, agriculture and labour), the question of collaboration must be addressed and partnerships forged and reinforced. Apart from multi-sectoral partnerships, the collaboration of national, regional and local government structures also needs to be emphasised. To support such collaborative efforts, there is a basic need for policies that prioritise literacy. Once such policies have been established, it is easier to request the allocation of resources and consequently argue for collaboration.

Literacy facilitators have an important part to play in all these empowering processes. Often, they are volunteers whose contribution is consequently undervalued; yet the success of literacy programmes depends on the facilitators. Participative and integrative approaches are ambitious and require skilled and competent facilitators. In order to work effectively, these facilitators must possess a minimum amount of knowledge in the various sub-sectors

covered by the programme (e.g. health, HIV/AIDS, stigmas and discrimination, legal frameworks, literacy, gender, and local and/or national developments). However, the methods used to prepare facilitators for the complex task of simultaneously addressing skills, knowledge and behavioural change have advanced little in terms of duration, content and training techniques. Success depends on training and motivating facilitators effectively. Working on both HIV/AIDS prevention and literacy promotion places a considerable strain on facilitators and this is a factor that needs to be addressed.

Undertaking either literacy or HIV prevention work is a daunting task as these must be tailored to the cognitive, emotional and behavioural characteristics and needs of individual women and men while also taking into account the social relations involved. The first step to success lies in understanding the way in which literacy and HIV prevention interact. The second consists of identifying the ways in which programmes are working to operationalise these links. We need to build on the numerous lessons offered by examples of good practice by unravelling and unpacking them, analyzing them and then finally disseminating them to ensure that we are able to make a difference.