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Memo to be handed over to Eastern Cape MEC for Education, Mkhangeli Matomela.

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Minister Pandor, MEC Matomela, implement reality and evidence-informed HIV prevention Policies and approaches to save lives.

As a parent I feel it is important that we declare our schools HIV prevention zones. Our reality is children are falling pregnant and becoming HIV positive. As parents we don't like that but we want to protect our children rather than only preach our beliefs to them. We disagree with the MEC that condoms should not be available in schools and that abstinence only must be taught. Our children are sexual beings and explore their sexuality so they need condoms and good information in school premises because clinics are closed by the time school is finished. Mrs E. Baleka, chairperson of SGB Joint Forum, Nelson Mandela Metro.

"As a student living with HIV I struggle. We are not receiving any education and information about HIV/AIDS. We therefore see no benefit in disclosing [our status] within the school and we are afraid to ask questions about HIV/AIDS. Pregnancy rate[s are] high [in] our schools and we get discriminated [against] by nurses when we go to the clinics after school. They shout at us for wanting condoms and contraceptives. There is no support mechanism in our schools for students infected or affected by HIV." Asanda Mofu, Rubusana High school, Queenstown.

We are gathered here today as thousands of youths, parents and teachers from Nelson Mandela Metro, Chris Hani, Cacadu, OR Tambo, Amathole and other areas of the province, to reiterate the calls being made by Asanda Mofu and thousands of youths at schools who are living with HIV, as well as by Mrs Baleka and thousands of concerned parents for the department to demonstrate greater leadership to drive HIV interventions to save lives.

In our country, more than 10% of youths aged 15-24 are HIV-positive and nearly half of them have had sex by the age of 19. In Eastern Cape, prevalence in this age group stands at nearly 12% (HSRC survey, 2005). The Provincial Antenatal HIV prevalence is 28%.

Parents, young people and educators testify that there is no evidence that abstinence is serving as the across-the-board shield against HIV that the education department purports it to be. In fact, the "abstinence pledge" that young people at schools are being made to sign is only encouraging fear and shame in talking about sexual activity and reinforces double standards that young girls and women must bear the sole responsibility to keep the nation HIV-free.

There is massive evidence to show that in most cases, the first sexual experience of, particularly, girls is through

coercion. In these cases, lack of information and support on how infection happens and how to prevent it reinforces risk to infection with STIs and HIV.

We want age-appropriate sexuality education to be conducted at every school on an ongoing basis. Life-skills education must reinforce human rights, create awareness of gender imbalances and serve to open safe spaces for young people to speak openly about their dilemmas, their sexual experiences and be adequately informed about how to protect themselves from HIV. In mobilising for the march we worked in more than 150 schools in all the five health districts in the province. In a majority of these schools, teachers reported being ill-equipped to do life-skills, sexuality and HIV education, which undermines their ability to support learners who are at risk, living with and affected by HIV and AIDS. This means that the department needs to invest to ensure that life-skills teachers are trained and employed fulltime to do this work.

Abstinence cannot be the mainstay of our HIV prevention approaches. Comprehensive information and tools including condoms, to enable informed choice and sexual practices must be standard.

In 2000, the Department of Education published excellent guidelines for dealing with HIV/AIDS in the school system. The guidelines highlighted the need for schools to create openness and acceptance towards HIV, develop their own HIV and AIDS policies guided by respect for human rights, encouraged schools to conduct comprehensive HIV and sexuality education, strongly consider the possibility of condom accessibility within school premises, and promote knowledge of services available for prevention, care and support for learners living with HIV. The view was that linked to the establishment of youth friendly clinics, such an approach would ensure that learners with HIV or at risk of infection would be adequately supported.

The progressive ideological underpinnings of these guidelines have since been eroded by narrow morality and a promotion of sexist attitudes and double standards which do nothing to promote the open and supportive environments envisaged previously by the department.

We are informed by teachers and learners that the department has barred any talk of condoms, safer sex and sexuality information in schools. In the face of evidence that HIV infection is high in our schools, it would be willfully negligent of the department to continue with this approach.

In particular, we ask that the MEC of Education and the Education Department in the province should ensure that

- all schools implement comprehensive, evidence-informed HIV prevention programmes;
- the department's HIV policies and approaches be guided by the realities of the lives of young people, not narrow morality
- the department supports and monitors schools to create their own HIV/AIDS policies which are based on the promotion of human rights, informed choice, addressing gender imbalances and state how schools will support learners and educators living with and affected by HIV and AIDS
- schools are safe from all forms of violence including sexual violence against girls and women and campaigns

against bullying including homophobic bullying

- it supports schools and monitors them to ensure that age-appropriate sexuality and life-skills education is implemented on a fulltime basis
- condoms are accessible within school premises, particularly in all high schools
- massive training of educators, learners and School Governing Bodies on the science and socio-economic issues relating to HIV and AIDS, to equip them to support learners with and affected by HIV and AIDS, is implemented
- there is systematic referral to health and other services for infected and affected learners
- schools are kept safe from all forms of violence including sexual violence against girls and women and
- that campaigns are implemented against bullying including homophobic bullying.

We also ask that in response, the department sets targets and timeframes for implementing these processes. We ask the department to listen to the voices of young people, parents and educators who are at the coal face of reality and need to respond in enabling ways to the HIV and AIDS epidemic.

Learners are not the only ones negatively affected by the current approach to HIV Prevention. The current approach means that schools do not become safe spaces for anyone, including educators who live with HIV, The current environment is not conducive enough to be open about being HIV-positive. It fuels a climate of fear, shame, and blame and discourages initiatives by keen educators who might be HIV-positive from using their own experience to provide leadership on AIDS in the school environment.

Educators in the Eastern Cape have the third highest HIV prevalence in the country, at 13.8%. TAC notes with great concern this week's report by the Human Rights Commission that HIV and AIDS is contributing to low quality education, thereby undermining the rights of young people to quality education as guaranteed by the constitution.

This report reinforces earlier findings by the Human Sciences Research Council that HIV would lead to skills shortages as teachers were dying from HIV and AIDS and being absent at a rate which did not correlate with the speed at which our country is producing teachers. It also communicates very loudly the message that the time for HIV and AIDS denial and complacency is over for our country.

TAC urges the education department and teacher's unions to massively scale-up programmes for prevention, treatment, care and support for educators living with HIV and AIDS across the education system.

Following the march, we pledge to work with the department, parents, schools, youths and educators to build effective youth-relevant awareness and support programmes for HIV prevention, care, treatment and support, including tackling violence against women and young girls. We will also support efforts by schools to develop their own human rights, gender and evidence-based school HIV and AIDS policies and programmes under the campaign theme: Mobilize Lead, Educate and Support to save lives!

Schools present the most ideal entry-point for HIV prevention, care and support because thousands of young people and educators spend more than 8 hours of their day as captive participants in learning. We urge the department to act with urgency and principle to capitalise on this ideal opportunity to greatly contribute to our country's national response to the epidemic and save lives.

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