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The War on AIDS: The ABC's of Fighting this War, A Historical Perspective

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The War on AIDS:
The ABC's of Fighting this War

A Historical Perspective

By: Laura A. Ivey
Hlabisa, South Africa was one of the first sites where almost everyone in town was tested for HIV, door to door. Though the results – an HIV infection rate of almost 40% - shocked the international community, nothing changed in Hlabisa, except for the shiny metal numbers posted on doors. Not one person retrieved results. A year later, the same year a man from Hlabisa was beaten to death for claiming to have AIDS, I received a grant from the School for International Training to conduct an HIV/AIDS educational program for Hlabisa's primary school students. The HIV/AIDS trainers I hired had never taught youth before and were too embarrassed to talk about sex, so played games instead. The impromptu curriculum I developed and taught to those 200 students who had known little or nothing about HIV/AIDS became the basis for my interest in learning and HIV/AIDS education.

Based on my experience in South Africa, I created and co-founded, World Camp, an organization that focuses on HIV/AIDS education in primary schools throughout urban and rural Lilongwe, Malawi. World Camp is now managed by Malawians and
receives funding from its international volunteer program. Despite having over three
hundred established programs in primary schools, World Camp is unable to keep up with
the high demand of requests from schools.

The program consists of three phases: informational – an interactive,
experiential, and culturally appropriate workshop; critical – a facilitated discussion forum
encouraging critical thinking and problem solving regarding issues related to HIV/AIDS;
and sustainable education – where students and teachers create their own educational
program for their communities with support from the organization. Because the central
educational program in the organization is a three-day workshop, I had the opportunity to
focus on developing and improving the curriculum. I was able to continually fine tune
and experiment with a curriculum of only three days, choosing not only a series of
activities, but the best way to present those activities, their timing, the optimum number
of participants, and so on, to enhance learning. I was able to draw conclusions
systematically from a monitoring system that tracked information retention as well as
observations from trainers, participating teachers and students, and myself.

Surveys demonstrated that World Camp participants significantly increase their
knowledge of HIV/AIDS and related issues during the program. However, many
participants do not apply this knowledge through behavior change. This is evident from
observations of participants’ dialogue in educational workshop and also survey
responses. Even when participants understand the material and truly want to change, in
the end, most do not. If learning is the application of knowledge, then when behavior
change does not occur, it is easy to question whether students learn anything from World
Camp’s educational program.
I entered a master’s program at the Center for International Education at the University of Massachusetts at Amherst to learn how to better facilitate learning and behavior change. I believed I could learn skills, techniques, and theory that would help me design curricula more effectively and be a better teacher. However, during my two years in the master’s program, I have been introduced to the political implications of education. I learned that skills and techniques are not the only element in learning. From my perspective, how students learn, what they learn, and for what reason they are learning is entrenched within the society’s political and economic system for the advantage of those in power. Behavior change in Malawi is prevented by socio-political boundaries that stretch far beyond the borders of Africa and extend into the United States and other Western countries. These countries have largely determined political and economic agendas in African countries since the days of colonialism.

This paper is a reflection of my own learning process that began with me trying to learn how to better facilitate behavior change and became me trying to understand why behavior change is needed in the first place. This exploration led to a paper that compiles different areas of my experience as an HIV/AIDS educator and graduate student. The purpose of this paper is not to be critical of the United States’ relationship with Africa for the purpose of denouncing the effort of the US and its thousands of citizens dedicated to fighting the war on HIV/AIDS. Rather, this paper explores my understanding of the United States’ relationship with southern Africa, particularly Malawi, to show how the two are linked in regards to the AIDS pandemic. Understanding the history of development in southern Africa is necessary in understanding the spread and magnitude of HIV, as well as the methods being used to stop the pandemic. It is my understanding
that the perceptions that allowed colonialism to take place are the same perceptions entrenched in development work and in many efforts to stop the spread of HIV/AIDS. My interpretation of this perception is that behavior change is key to both economic growth and preventing the spread of HIV/AIDS.

The phenomena of promoting behavior change was not first developed at the onset of the supposed HIV/AIDS crisis. There is a longstanding history of promoting behavior change in Africa since the days of colonialism, which stems from a racist perception of African. This racism can be seen in the historic relationship between the United States and Africa shown in the first chapter. Chapter one explores the historical relationship between the United States and Malawi. Chapter two explores the United States perception of Africa in regards to HIV/AIDS and behavior change education.

This paper is meant to be my own reflection and critique of my own work and dedication to a crisis that is real, to a continent that is dying.
Chapter 1

The History of Development in Malawi

Western Progress

No man can fully grasp how far and how fast we have come, but condense, if you will, the 50,000 years of man's recorded history in a time span of but a half-century. Stated in these terms, we know very little about the first 40 years, except at the end of them advanced man had learned to use the skins of animals to cover them... Only five years ago man learned to write and use a cart with wheels. Christianity began less than two years ago. The printing press came this year... Last month electric lights and telephones and automobiles and airplanes became available. Only last week did we develop penicillin and television and nuclear power, and now if America's new spacecraft succeeds in reaching Venus, we will have literally reached the stars before midnight tonight... (Kennedy, 1962).

In 1962, President John F. Kennedy announced to an audience at Rice Stadium in Texas that the United States would lead the world in space exploration. Kennedy's speech was more than a recognition of the nation's progress; it was a reflection of the popular belief that the whole of human history had been progressing, climbing to this particular time period when the United States reached the stars and became a modern
nation.

In part, the United States attributed its own modernity to the rapid technological growth within the country as described in Kennedy's speech at Rice Stadium. The idea that science and its applied technology constructed society was not new, but rather had deep roots in the Positivist philosophy, dating back to its development by Auguste Comte in the first half of the nineteenth century (Gray, 2003). In his book, *Al Qaeda and What it Means to be Modern*, David Gray explains the Positivists' belief that “science is the motor of historical change. New technology drives out inefficient modes of production” (Gray, 2003, p.2-3). To Positivists, technology would allow people to have “power over the Earth's resources and overcome the worst forms of natural scarcity. Poverty and war could be abolished” and “humanity would be able to create a new world” (Gray, 2003, p.2-3).

To economist W.W. Rostow, the United States and other Western societies had created a new world where “a large number of persons gained a command over consumption which transcended basic food, shelter, and clothing” (1964, p. 10). Rostow referred to this final stage of economic development as the Age of High-Mass Consumption. Others referred to it as modern.

Rostow's, *The Stages of Economic Growth: a Non-Communist Manifesto* argues that traditional societies progress towards modernity in a series of stages. This idea became a model for Third World development, transforming a “specialized global hierarchy into a temporalized historical sequence where poor countries were not simply at the bottom, they were at the beginning” (Ferguson, 2004, p. 178). No longer were “traditional” societies considered simply below “modern” societies, they were compared
to children, which meant change and progress inevitable.

*Colonialism to Development*

However, the wealth and progress associated with the West's modernity was not gained from technological growth alone, but also from exploiting other nations for labor and resources. At the time of Kennedy's speech, African nations were gaining their independence from over a century of colonial oppression. Some argue that the idea of modernity was introduced as colonialism ended. According to Radhakrishnan, colonizers constructed the idea of "traditions" and traditional practices in order to "legitimate and inferiorize indigenous practices and worldviews" (2003, p. 16). From this perspective, the idea of modernism allowed the West to justify colonialism and other acts of oppression that stood in the way of progress.

The United States believed many resource-rich African countries, newly independent from colonial rule were considered vulnerable to communism by the United States government, which threatened capitalism, the key to Western progress. Under the auspice of supporting democratic growth, international financing institutions from the West, the World Bank and International Monetary Fund (IMF), financed cooperative development to encourage neoliberal markets. These institutions were supposed to help Third World countries develop while avoiding "the inefficiencies and anomalies of previous state efforts to assist the poor through non-market means (Brohman, 1996, p. 160). In other words, progress more efficiently by learning lessons from the past.

Such cooperation also allowed foreign markets to continue being available and not stop "the inflow of foreign capital" on which citizens of the United States and other
Western nations relied (Gray, 2003, p. 55). Many economists justified this approach by theorizing that economic growth would result from “mass-consumption industrialization,” which, in turn, would create “more egalitarian socioeconomic structures upon which liberal democratic institutions could be erected” (Brohman, 1996, p. 22). In order to ensure foreign markets’ future stability in the global free market, those markets needed to acquire the capital and investments necessary to participate. This would create economic growth which would lead to development.

**Malawi**

Malawi, for example, received much support from the World Bank and the United States because it rejected communism and claimed democratic values (Mundy, 2002). The World Bank financed Malawi’s “expansion of commercial agriculture for export and the development of open, liberalized markets” and gave customary land to estate owner (Mundy, 2002, p. 15).

Like many African nations, Malawi’s first government after independence was not a democracy. Hastings Banda was elected president in 1964 and then president for life seven years later. He served until the first multi-party elections in 1994. According to Canterbury:

> the phenomena of the coexistence of authoritarianism with limited democracy, and the conflict between the capitalist forces of authoritarianism and the working class struggle for democracy are not new. This coexistence is a reflection of the very character of capitalism....the globalization of capitalism necessitates authoritarian regimes to maintain the social order for the extraction of the economic surplus from countries incorporated into the global capital system (Canterbury, 2005, p. 174).

This suggests that Banda’s authoritarian government was used by the West to maintain
control of the foreign market. According to Baaz, “development took off” where “colonialism left off” (2005, p. 150). Ferguson argues in his book *Global Shadows* that the international financial institutions were “serving a profoundly antidemocratic end—that is, the simulation of popular legitimation for policies that in fact are made in the most undemocratic way imaginable” (2006, p. 84). At this time, loans were given if the country’s policies aligned with the institutions’ agenda. Government policies and decisions were made “in the interests of Western banks” (Ferguson, 2006, p. 83).

In Malawi, development in the twenty years after independence was rather successful. Malawi experienced economic growth, but these gains were not distributed throughout the country. The Banda regime is widely criticized for the lack of social sector spending at this time. However, this criticism does not consider the role of the World Bank in budgetary decisions. The institution required Malawi to prioritize spending on attracting foreign investment.

The government was also criticized by the World Bank for disproportionately allocating these moneys to the elite, such as the emphasis on post-primary education, as opposed to mass-primary education. The 1973 National Education Plan was Malawi’s strategic guide for the education system. The plan prioritized secondary and higher level education development, but also included moderate primary education expansion (Mundy, 2002). This decision went against the recommendations of World Bank. They believed primary education should receive priority.

**Structural Adjustment Programs**

By the 1980's, Malawi's development program financed by the World Bank was
not longer considered even moderately successful.

“Terms of trade were declining, in large, because of the Mozambican civil war taking place. The war limited transportation which had negative effects on trade and the large influx of refugees required a great deal of Malawi’s finances that would have otherwise been spent on commercial interests. In addition, money that would have been spent on investments was now going to repay foreign debt. Though the factors contributing to economic decline were external, including overcoming the legacy of colonial domination, it became necessary for the government to seek financial assistance (Mundy, 2002).

In 1981, Malawi was one of the first countries to receive a structural adjustment loan from the World Bank and, in 1983, one of the first stabilization packages from the International Monetary Fund (IMF) (Brohman, 1996). Structural Adjustment Programs (SAPs) were designed to “restore international creditworthiness of most Third World countries, without which their access to foreign capital would be withdrawn” (Brohman, 1996, p. 134). Governments worked with the financial institutions to “regain financial solvency” and manage foreign debt by applying development strategies to deal with “immediate problems with a broader structurally oriented focus on long-term development needs” (Brohman, 1996, p. 135). In other words, the loans were given with the conditions that the country would follow the institution’s recommendations. These SAPs focused on “freeing markets and creating more favorable macroeconomic conditions” which would “spur investment and growth, as well as improving overall economic efficiency and productivity” (Brohman, 1996, p. 160). Malawi’s development strategy included overhauling economic policies, expanding agricultural exports, decreasing “price and wage controls,” and reducing agricultural subsidies with the intent to improve the “export capacity of rural smallholders” (Mundy, 2002, p. 17).
Expansion of Modernization Theory to include SAPs

Structural Adjustment Programs came about in response to an ideological shift in development thinking. Like Malawi, many countries were not experiencing economic growth despite efforts to liberalize markets. In the 1970s, alternative development models were developed. These models attributed Third World economic crises to external factors such as “the legacy of (neo) colonial domination and the inferior position of many developing countries within an inequitable and rigid international division of labor” (Brohman, 1996, p. 145). In order for economic growth to occur, a more “equitable global agenda” would have to be created (Brohman, 1996, p. 145).

Neoliberals argued economic growth was not taking place because of inappropriate and inefficient government policies and spending.

Development initiatives begin to include internal social, political, and cultural factors as contributing to economic growth. Modernization theorists began examining the differences in modern and traditional societies, especially in terms of production. Modern societies are made up of “capital intensive and technologically-advanced industry and agriculture,” while traditional societies use “labor intensive production methods and primitive technologies” (Brohman, 1996, p. 18-19). The dualistic development models that resulted resembled economic growth models, such as Rostow’s, that emphasized developing long-term planning, savings and investments. The latest models also incorporated the values, ethics, and characteristics of people considered modern.

Many believed societies could adapt their social functions to ones more conducive to development (Peet, p. 75). David Jaffee argues that a society's values and attitudes are
responsible for its wealth. Therefore, nations are less-developed as a result of “inappropriate values” (1990, p. 25). The individual modernization approach requires undeveloped nations to acquire “modern Western values” in order to develop (Jaffee, 1990, p. 25). Therefore, in order for Third World nations to develop, individualistic attitudes associated with capitalism should replace collective values typical in traditional societies (Brohman, 1996, p. 20).

The idea of the individualistic and determined person dates back to the 17th century scientific revolution when Thomas Hobbes in his book Leviathan, published in 1651, reversed the idea of collective, placing emphasis on individual over society (1914). To Hobbes, the state exists only to protect the interest of the individual (1914). Economist Adam Smith based his book, *Wealth of Nations*, on these very ideas stating: “It is not from the benevolence of the butcher, the brewer, or the baker that we expect our dinner, but from their regard to their own interest” (as cited in Quartz & Sejnowski, 2002, p. 151-152). From these ideas, Charles Darwin began thinking of competition among individuals, as opposed to groups.

In accordance with these universalistic ideas, German sociologist Max Weber argues in his book, *The Protestant Ethic and the Spirit of Capitalism*, published in 1930, that ideas “foster the emergence of socio-economic systems,” in part, to challenge the Marxist idea that a society's beliefs were not imposed by the ruling class, but also to show how Protestant beliefs had shaped capitalism (as cited in Jaffee, 1990, p. 20). He believed that the strong work ethic associated with Calvinism for the purpose of “godly duty, virtue, and ultimate sacrifice” were the same qualities necessary for entrepreneurship and capitalism (as cited in Jaffee, 1990, p. 21). This idea contributed to
modernization theory, in that the values and characteristics of Calvinism can be recreated and applied to individuals in Third World countries.

**Human Capital**

Education in the United States was originally meant to allow white, male citizens to participate in the democratic government. Representation in democracy would create a filter separating those who rule from the general population. Public education was introduced as a way to create an egalitarian ruling class.

This idea was reversed during the industrial age when "reformers in allowance with business interests launched a campaign for 'industrial education' that focused on the transformation of American high schools" (Westbrook, 1996, p. 132). Students were no longer educated for the sake of participating in democracy, but rather for participating in the workforce. Quartz and Sejnowski quote United States educator Ellwood Cubberly's description of the consequences of this idea in that schools became "factories in which the raw materials [children] are to be shaped and fashioned into products to meet the various demands" in a modern industrialized society (Quartz & Sejnowski, 2002, p. 228). For many people in industrialized societies, the "demands of life" became the cycle of consumerism: working, often in industries, only to buy more, thus creating the very markets for the industries in which they work.

The idea of human capital refocused the modernization theory's emphasis of individuals values, characteristics, and qualities back to economic growth. Human capital became the term used to describe an individual's "productive skills, talents, and knowledge," which, "like physical capital can be improved, expanded, and made more
productive through investment” (Jaffee, 1990, p. 38). Investment in human capital typically means education accompanied by industry. D.B. Holsinger refers in his piece, *Modernization and Education*, to the idea of the hidden curriculum, which is “unintentionally transmitted to students in school as a by-product of formally structured academic study” (1985, p. 3396). Holsinger explains that the by-products to be independence, achievement, and universalism (1985). Because all three qualities are highly regarded in the modernization process, schools are “uniquely capable of producing socially significant personality traits” (Holsinger, 1985, p.3396). Inkles and Smith state that their research demonstrates that education is the “unmistakably the most powerful force in shaping a man's modernity score” (1974, p. 305). John Dewey, an educational theorist from the United States, wrote in his book, *Experience and Education*, that “education is a process of overcoming natural inclination and substituting in its place habits acquired under external pressure” (Dewey, 1938, p. 17).

**Education for Colonialism**

The idea of human capital was not new to Africa. Some argue that colonial governments had already used education as a way to instill in individuals values, characteristics, and qualities that would inhibit personal economic growth and maintain colonial power. In many countries, schools were established originally by missionaries to teach people to read the Bible and provide lessons in moral behavior. In the 19th century, Africans were generally considered to need “spiritual and social transformation” (Lamba, 1984, p. 377). In Dutch Reform Church Missions in Malawi, the two hour school day
consisted of a Bible lesson, singing hymns, prayer, learning Bible verses, then literacy (Lamba, 1984). The Dutch Reform Church in Malawi, “saw low level mass education as an end in itself, not as complementary to progressive education aimed for leadership” (Lamba, 1984, p. 379). Interestingly, they believed education should not change life styles, only the morals. Therefore, the semi-literate Africans could never compete with Whites in the colonial system. Though the Livingstonia Missions in Malawi were considered more progressive, their students did not receive many more opportunities.

Education was made more difficult after the establishment of a protectorate government over Malawi in 1891. The government's efforts to coordinate mission education programs and create an efficient education system, villages were only granted schools if they provided evidence that the village paid appropriate taxes (Lamba, 1984). In addition, the government imposed a hut tax, which forced Malawians to work in the plantations. Because of the tax, many students could no longer afford to attend school.

In 1926, the government established a Department of Education which introduced more policies related to ensuring efficiency. Education for girls was designed to be inferior to the education the boys received. Missions consistently did not allow girls to attend school, in order to prioritize schooling for boys. “When school fees were introduced,” parents “followed this tradition” investing in the education of their sons as opposed to their daughters (Lamba, 1984, p. 386). Missions believed men would not want to marry educated women, so by 1930 there was no advanced education for girls.

In 1964, upon Malawi's independence, the country had high rates of illiteracy, limited primary education, and very few university graduates. Only 300 Malawians were qualified for the 2,200 civil service jobs. There was no Malawian officer in the army.
Malawians were not prepared to take over the government, private commerce, industry, and banking that had previously been run by expatriates. The education system, however, was successful in that it met its goals. The country was now predominantly Christian. Many Africans had been educated to consider themselves inferior to the British. British ideologies, structures, and values had become the way of life and were followed upon independence, which helps explain why African countries readily accepting the development strategies presented to them by international financial institutions.

**Education for Development**

While colonialism had taught moral values and submissive behavior to Africans, the Structural Adjustment Programs intended to use education as a means to create workers for a neoliberal economy. The educational system would be used “to train people to become members of the new middle classes, that is, to be the professionals, the technicians, the administrators of the private and public enterprises which are the functional economic building-pieces” (Wallerstein, 1988, p. 150). Malawi’s next Structural Adjustment loan, received in 1983, included system-wide educational reform (Mundy, 2002). At first, the World Bank only required Malawi to increase school fees at primary level for textbooks, although they made other recommendations, including cost recovery and school fee monitoring systems for post-primary education. The next three educational projects focused on system-wide planning and cost-benefit analysis. The fifth project (1983-1990) emphasized preinvestment studies, preparation of school mapping and quality surveys, research, planning, and curriculum development capacities.
In 1985, Malawi produced its second National Education Plan, this time with the guidance of the World Bank. The plan reflected World Bank goals and objectives and reversed Malawi's emphasis on higher level education to primary education. These goals were included in the Government's *Statement of Development Policies 1987-1996* (Mundy, 2002). This policy statement was accompanied by another World Bank loan, the Education Sector Agreement (1987-94). This loan supported overall educational development goals with the agreement to introduce World Bank projects including cost-recovery programs for post-primary education, reducing the number of students who repeat standards in primary education, structural reform of the Ministry of Education, particularly the planning and evaluation divisions. The second sector credit was received in 1990 to develop a school registration system to reduce repetition at primary levels and strengthen cost recovery measures for post-primary schools (Chigeda, 2004). President Banda readily accepted the loan schemes because the World Bank provided much needed funds and legitimacy to the government. In addition, the World Bank allowed the government to continue expanding tertiary education, making only incremental changes to these policies.

Many argue the World Bank's structural adjustment programs did not contribute to development, but rather, increased poverty. In Malawi, the "price deregulation and the ending of subsidies" did not increase "export capacity of rural smallholders" as intended. Most Malawians "had neither the land nor credit to benefit from the new emphasis on smallholder exports" (Mundy, 2002, p. 17). These measures had severe implications for the "urban poor, women-headed households, and the rural land-poor" (Mundy, 2002, p.
Negative implications for the education system would soon emerge.

**AID Organizations**

In addition to World Bank finances, Malawi, like other Third World nations, received support from foreign donors, often in the form of projects. The donor organizations had to consider the objectives and goals of their host country, in addition to the needs of the beneficiaries.

Many of USAID projects are indistinguishable from the work of population control. USAID supports programs and research for a number of organizations, three of their four primary partners are Population Services International (PSI), Family Health International (FHI), and the University of North Carolina. With the exception of the research conducted by the University of North Carolina, the other three organizations have population control as their primary goal, typically "through condom distribution and behavior-change communication" (Stillwaggon, 2006, p. 185). The work towards behavior change education was very similar to the work these organizations did for population control.

Other organizations "were established as recovery and development agencies," including the World Bank, UNAIDS – representing UNICEF, ILO, UNDP, WHO, FAO, and UNFPA (Stillwaggon, 2006, p. 185). Despite the organizations' development interest, AIDS policy avoids the political economy that creates the environment conducive for the spread of HIV.

In 1988, United States congress funded “Fresh Starts” in Africa. USAID/Malawi received funding for a basic education program. However, USAID/Malawi had already
committed to reducing fertility and, therefore, had to connect the basic education project with the fertility reducing program. Girls' Attainment in Basic Literacy and Education (GABLE) was developed to provide this link as research shows that educated girls have smaller families (USAID, 2005). In order to support this goal, USAID also focused on systematic education reform.

USAID projects were very similar to the ongoing World Bank projects, including the focus on a registration system to reduce student repetition. Other reforms included making material distribution more efficient, improving teacher training, and “improving planning, management and monitoring capacities” within the Ministry of Education (Mundy, 2002, p. 24).

USAID carefully monitored these reforms by introducing “detailed annual checkpoints” for budgetary allocation and requiring the Ministry to produce research studies and policy statements. USAID employed foreign technicians to supervise the projects and work within the Ministry to oversee planning.

Both USAID and World Bank focused on quality in primary education and emphasized the need for planning. However, projects often overlapped, requiring the Ministry to develop contradicting policies, implement different programs to achieve the same objective, and prepare multiple reports. Ministry officials spent their time preparing action reports, planning, and assisting with various projects. Planning responded to conditions set by the donors. By the 1990s, resources had been reallocated primary education. The focus post-primary education had to do with cost-recovery as opposed to expansion or quality (Nuanje, 2004).
New Government

Many African countries began another political transition, from authoritarian to democratic governments. In 1992, donors suspended non-humanitarian aid to Malawi in order to pressure Banda to hold multi-party elections. Two years later, elections were held and Malawi elected its first democratic leader. According to Canterbury, "neoliberal democratization the current political framework for the restructuring of global capitalism is the new authoritarianism in the Third World. It serves to protect the interests of the transnational corporations that operate in the developing countries" (2005, p. 173).

While some authoritarian structures are kept in place, privatization reduces the role of the government in the economy (Canterbury, 2005).

The Malawian government immediately defied this idea by introducing free primary education. This shocked both the Ministry of Education and the donors. The Donor research that attributed low primary enrollments to "sociocultural biases and negative parental assessment of quality" was contradicted by a study that showed the enrollment would double (Mundy, 2002, p. 31). This meant 1.4 million students would be entering school. According to a study conducted by Safuli and Grant-Lewis, the education system needed 38,000 classrooms, 22,000 teachers "to achieve a teacher-pupil ratio of 1:60" (Mundy, 2002, p. 31). The system also a textbook-pupil ratio of as low as 1:100 (Chigeda, 2004).

Ministry quickly reacted. In three months, they had doubled the number of teachers and provided "two-week crash training" courses (Nuanje, 2004). They rallied the support of donors and begin organizing the various projects. The 1985 National Educational Development Strategy, met the conditions imposed by the donors like it had
in the last plan, however, included plans to reform and expand post-primary education, contrary to donor recommendations.

The Malawi educational reform was success for the first three years, despite managing the various donors, each “imposed new reporting requirements, brought new technical experts and implementing organizations, and created new transaction costs for the Ministry” (Mundy, 2002, p. 32). Soon, donors begin increasing demands, including the restructuring of the Ministry. Decentralization begin transferring power to newly formed Division Offices. Despite meeting the demands of the donors, the ministry continued to pursue its goal to reform and expand post-primary education.

USAID claimed there was “a paradox of free, universal primary schooling within a system that is still conditioned by standards of an elite, high cost, selective education” (Mundy, 2002, p. 35). Many donors stopped funding. In 1997, Malawi was no longer in line with its Structural Adjustment Program as tobacco prices fell and social sector spending was increasing. The World Bank and IMF “imposed across-the-board expenditure cuts and other measures” (Mundy, 2002, p. 33). Education expenditures begin decreasing. USAID demanded better planning and reform.

By 2000, changes had been implemented in the education system, notably those dealing with expansion, capacity building, and transfer of authority. However, donors were never satisfied with the Ministry's planning. Because Malawi never produced “a sufficiently detailed and rational long-term plan for managing its educational system,” donors worried Malawi would not be able to support long-term education expansion (Mundy, 2002, p. 47). Donors formed a coalition to ensure this takes place, even exerting punitive measures until the plan was complete.
To Malawians, the emphasis on planning in the midst of an education crisis seems counterproductive (Mundy, 2002). Many consider planning to be another condition to be met as opposed to an essential part of education administration. Many donor projects and initiatives elicited similar response from the Malawian Ministry. For example, the Malawians did not understand why both USAID and World Bank put so much emphasis on reducing repetition in primary school. According to Mundy, they felt repetition was a “logical, local solution to the basic problem of highly limited educational opportunities at secondary school” (2002, p. 40). The Ministry also felt USAID’s emphasis on girls’ education created problems. “Contradictions within USAID’s approach, in which highly prescriptive, but sometimes arbitrary, conditions were paired with the actual concentration of USAID’s energies on its girls’ education initiatives” (Mundy, 2002, p. 46). Both USAID and World Bank were committed to their own objectives, before what was best for the Ministry. Decentralization created confusion among levels regarding responsibilities and the need for accounting, management, planning skills at both Division and District levels. According to Mundy, the donors created a “contradictory set of practices, encouraging expansion while at the same time focusing on efficiency and expenditure control” (Mundy, 2002, p. 48).

Richard Peet explains that economic growth was originally called development, because of its positive connotation. Now that development is not as popular, other terms are used, such as “sustainability’ and “redistribution,” but they all are renditions of economic growth, the reshuffling of a deck of cards (Peet, 1999, p. 195). According to the author of *Popular Development: Rethinking the theory & Practice of Development*, John Brohman, “these strategies remain stuck at the level of simply trying to manipulate
contingent spatial relationships without addressing the real causes of the common
development problems (1996, p. 232). Peet concurs in his genealogical definition of
history, which does not reflect “progress of universal reason.” Instead, history it the
shifting of “humanity moving from one form of domination to another,” each time with
new or updated discourse, knowledge, and values (Peet, 1999, p. 129). Following this
logic, changing the name, discourse, values, or any other characteristic of economic
growth will not significantly change or improve the outcome, because the end result is
the same. Escobar believes that “most critiques of development have reached an
impasse.” Instead of revising an improved or different development plan, there needs to
be “a radical imagining of alternative futures” and end results (1995, p. 212).

However, there is more to development than economic growth: values,
discourses, and knowledge influence its ability to “take off” (Rostow, 1964, p. 7). These
ideas often mask that development is a tool of capitalism and therefore, can never put
people’s needs first. Peet summarizes this Marxist idea that “production is organized not
as a social activity that directly satisfies needs, but as a profit-making endeavor in which
needs are met only when profit can be made (1999, p. 200). The resulting exploitation of
people and nature, limits self and community worth, and contributes to physical and
psychological violence is structural violence. Structural violence is one of the primary
causes of poverty, hunger, conflict, war, environmental degradation, the spread of
disease, etc. Not only does structural violence effect billions of people around the world,
the values that it encompasses, as previously mentioned, make violated people feel
responsible for their victimization.
Rostow concluded his economic model with the question of what happens after high-mass consumerism: what happens when the “increase in real income itself loses its charm? Babies, boredom, three-day weekends, the moon, or the creation of new inner, human frontiers in substitution for the imperatives of scarcity” (1964, p.16). While Rostow may have intended for the answers to be positive—that people would no longer have basic needs or even material desires and could focus on, perhaps, spirituality or space exploration. However, it is now apparent that for many people, the idea that “more consumption means a better life” has lost its charm (Peet, 1999, p. 200). In industrialized nations, “the modern approach to work almost totally neglected how people would react to the work they performed” and disregarded the “sense of purpose” necessary for human happiness (Quartz & Sejnowski, 2002, p. 258). “Modern life, with its emphasis on work and consumption as the center of human existence...presents troubling challenges for the prospects of human fulfillment” (Quartz & Sejnowski, 2002, p. 260). Even Thomas Hobbes, despite his emphasis on individualism in society, questioned how “self-interested, asocial individuals filled with unquenchable desires ever peacefully coexist” (as cited in Quartz & Sejnowski, 2002, p. 151-152).

According to Peet, capitalists have used modernization as a means to attain these “unquenchable desires” for a few, at the expense of “poverty for the many” (Peet, 1999, p. 196). The development that was supposed to take place in Third World countries that followed modernization models, did not occur. Postmodern theorists now argue that modernization causes poverty and inequity (Peet, 1999). Peet claims that even in the “so-called advanced countries,” 200 million people live in poverty (1999, p. 195-196). In many ways, the “anonymous institution” of the “market” hides the environmental
degradation and poverty caused by capitalism from the consumers and therefore, consumers feel little guilt about their indirect plunders (Peet, 1999, p. 201).

Many people believed then, that development as the world knew it was not working. Among the critiques, as articulated by Majid Rahnema in his *Towards Post-development: Searching for Signposts, a New Language and New Paradigms*, was the suggestion that the very idea of development “doomed” the beneficiaries “to a subhuman condition.” People in “underdeveloped” countries then began believing that they had to “catch up with the West,” while at the same time, began believing that they were not capable of doing it on their own” (Rahnema, 1997, p. 378). Today, many of those same underdeveloped countries, have not caught up to the West and have fallen further behind.

In *Cultures, Spirituality, and Development*, Thierry Verhelst defines poverty as “the absence of self-respect and self-confidence, the lack of awareness or the ability to transform oneself and one’s surroundings, and the lack of an understanding of the power of united vision and action.” Verhelst’s definition does not include lack of money or not meeting basic needs, which is typically accepted to mean poverty. To her, poverty has nothing to do with things, but rather power and the critical consciousness, confidence, goals, and organizations skills required to be empowered (Verhelst, 2002, p. 17).

Rahnema writes that before development, many people “did not consider themselves poor” (Rahnema, 1997, p. 384). It was only afterwards, when development had “produced new kinds of dreams,” when “technological breakthroughs had raised their expectations to unprecedented levels,” and when “money became the main instrument for social recognition and survival” that poor people became dependent on foreigners (Rahnema, 1997, p. 384). Even though Rahnema attributes poverty, in part, to the sudden
superfluous need poor people began having for money and technology and Verhelst’s does not; both ideas are similar in that, with development, the meanings of poverty shifted from values, knowledge, and wisdom to material resources. This does not devalue the harsh reality of poverty, but it does change the people’s goals and methods of development. In the same chapter, Rahnema titles a heading: *Had development achieved its ends*... (1997, p. 378). His answer: “one cannot develop with somebody else’s ideas” (Rahman, 1989, p. 324). Despite loans and assistance from the World Bank and IMF as well as aid from donor organizations and governments, such as USAID, Malawi’s needs are not met. The next chapter discusses how this relates to education in Malawi.
Chapter 2

The United States and the Fight Against AIDS

*AIDS Crisis in Malawi*

The education sector in Malawi has been deeply effected by AIDS at all levels. The deaths of Ministry of Education employees from accountants to primary school teachers further deplete Malawi's limited and largely unqualified staff. When one in four teachers is said to have AIDS, the loss is extensive.

It is important to understand that Malawi's high mortality rate cannot be attributed to AIDS alone. In 2003, only one-third of Malawian workers' deaths, were from AIDS. Supporting evidence includes the results of a 2003 workplace study in a Malawian plantation shows that where there were three deaths per month from AIDS, there were six employees who died of causes unrelated to AIDS (Stillwaggon, 2006). A similar study conducted in fifteen large firms in Tanzania, Malawi’s northern neighbor, concluded fifty
percent of employee deaths were AIDS related (Stillwaggon, 2006).

The AIDS Environment

It is the greatest failure of global AIDS policy makers that they looked at Africa...and saw sexual behavior, rather than hunger and disease, as the key differentiating characteristics of the pandemic (Stillwaggon, 2006, p. 66).

According to the UNDP's 2003 Human Development Report, the majority of people in fifteen African countries live on less than one dollar a day and over two-thirds of people in twenty-five other African countries live on less than two dollars a day (UNDP, 2003). Sub-Saharan African countries are among the poorest in the world, twenty-five of which are ranked the lowest on the Human Development Index (Stillwaggon, 2006, p. 70).

Most of these economies have been in a state of severe decline since the 1970s and 1980s. This economic decline continued through the 1980s and 1990s and into the next century. Droughts, famine, regional conflict, refugee displacement, AIDS deaths, increasing prices, and social sector cuts contributed to the economic declines. According to Eileen Stillwaggon, "child survivors of the 1980s famines are now in their 20s....Many of them are now dying of AIDS" (Stillwaggon, 2006, p. 73). This is not a coincidence, just as the fact that AIDS is prevalent among the poor people throughout the world is not a coincidence. Conditions associated with poverty, including malnutrition, infectious disease, and parasite infections increase HIV transmission rates by weakening the immune system. There has been much controversy by some scientists who claim there must be other factors present for someone to develop AIDS (Root-Bernstein, 1994).

One such factor is malnutrition. One of the main reasons HIV has spread and
continues to spread so rapidly in sub-Saharan Africa is due to malnutrition. When AIDS was first spreading in the 1970s and 1980s, southern African countries were experiencing severe economic decline and famine. During the 1970's, 90 million people faced "serious health risks and stunted growth" as they "consumed less than 80 percent of the FAO/WHO caloric requirement." In 1980, 150 million people consumed less than 90 percent of the FAO/WHO caloric requirement, which is "considered to be sufficient calories to maintain an active working life" (Stillwaggon, 2006, p. 70).

Stillwaggon suggests that the strong relationship between infection and malnutrition during this time, made these people very susceptible to contracting diseases (Stillwaggon, 2006). For example, protein deficiency impairs the cellular reproduction, essential for T-cell production which defends the body from infection. Even moderate protein deficiency impairs the lymph system and the skin's protection, which decreases resistance from air born infections like tuberculosis (Stillwaggon, 2006).

Micronutrient deficiencies further weaken the immune system. Iron deficiency increases the risk of mother-to-child transmission. Wounds are slower to heal with Zinc deficiency. A study conducted in Malawi shows that Mothers with severe Vitamin A deficiency "had a much higher risk of transmitting HIV to their children" (Stillwaggon, 2006, p. 46). These deficiencies increase the body's susceptibility to contract infections, including HIV. Having other infections also increases a person's susceptibility to contract HIV by further depleting nutrients. For example, fever expends calories and diarrhea depletes the body of nutrients (Stillwaggon, 2006).

Infections increase HIV transmission in other ways, as well. This is one factor that does have the attention of the international community, though it is distorted. The
emphasis on sexually transmitted infections contributing to HIV transmission focuses on sexual behavior. While this should be part of the focus, the real problem is the lack of access to health care, antibiotics, to clean water for personal hygiene, not behavior.

Weakened immune systems are also more susceptible to parasite infection. "300,000 million people in Africa suffer from acute Malaria each year" (Stillwaggon, 2006, p. 48). In sub-Saharan Africa, 39 countries have high rates of Malaria (Stillwaggon, 2006, p. 48). Malaria is known to stimulate HIV production. One study shows malaria "to increase HIV replication in blood cells from 10 to 100 times that of non-malaria-exposed cells" (Stillwaggon, 2006, p. 48). Therefore, a person with Malaria is more likely to transmit HIV to unprotected partners and progress to AIDS faster.

Another prevalent parasite is schistosomiasis. 80 percent of the world's 200 million people infected with the parasite, schistosomiasis, live in southern Africa (Stillwaggon, 2006). Genital schistosomiasis is particularly believed to increase a person's susceptibility to HIV as it causes genital lesions and inflammation. Parasites in general deplete the nutrients in a person's body. According to Stillwaggon:

It is clear from the data we have about schistosomiasis and other parasites that one of the riskiest activities in Africa is be a little girl or boy who gathers water for the family in a slow-moving stream, or helps with the family laundry at creek side, or bathes or plays in fresh water. When he or she grows up, that child will have a much higher risk of sexually transmission or acquisition of HIV because of schistosome infection than a healthy person with similar sexual behavior (Stillwaggon, 2006, p. 57).

Southern Africa has the highest prevalence of tuberculosis in the world. Though only five to ten percent of people with tuberculosis will develop active cases, tuberculosis is the leading cause of death in the region for those with AIDS (Stillwaggon, 2006).

Tuberculosis is particularly dangerous because HIV activates "latent tuberculosis," which in turn stimulates the progression of HIV (Stillwaggon, 2006, p. 59). It is important to
note, that only 25-30% of deaths from tuberculosis in southern Africa are AIDS related (Stillwaggon, 2006, p. 61).

The prevalence and combination of parasites, malnutrition, and infection increases the population’s susceptibility to HIV transmission. AIDS is merely another symptom of a much larger crisis facing southern Africa. Even if a vaccine was created for AIDS, malnutrition, parasites, Malaria, and diseases like tuberculosis would still remain. Even though scientific evidence proves that taking care of the above mentioned problems would also lower the prevalence of HIV transmission, governments are often forced to take money from these areas and put them into HIV/AIDS education.

The idea that AIDS is not entirely responsible for the high number of deaths in sub-Saharan Africa does not dismiss the severity of AIDS. In sub-Saharan Africa, over 20 million people have died from AIDS and 25.8 million people are living with AIDS. These staggering numbers cannot be dismissed. However, the number of premature deaths in sub-Saharan Africa is comprised, only in part, from AIDS deaths. AIDS is not the crisis the world believes it to be, nor is it only part of the crisis. AIDS is a result of the conflict between Africa and the West that currently is manifested in development.

AIDS at 25

*Newsweek* magazine published a special report in May 2006, titled: *AIDS at 25*, signifying the 25 million deaths from AIDS around the world. The magazine features two parts: *America: The New Faces of HIV* and *The World: 25 Million Dead and Counting*. These two themes represent America’s perception of AIDS both in the United States and the rest of the world, particularly Africa.
This chapter focuses on the United States' view of AIDS in sub-Saharan Africa, first exploring the popular perceptions of AIDS in the United States and the historical basis for these perceptions, then looks at how these views affect the United States' international AIDS relief policies. This chapter demonstrates why the focus on AIDS as a crisis is ineffective in the fight against AIDS.

In the United States, where health care and Anti-retroviral drugs are accessible to a number of people living with AIDS, AIDS is now viewed as a "chronic condition" as opposed to a fatal disease (Jefferson, 2006, p. 41). The "new faces" of AIDS, portrayed in Newsweek, are ordinary people who are not different because they are infected with HIV. Having AIDS does not prevent them from living their lives, but rather it encourages them to lead better lives. The new faces of AIDS presented in the article are as follows:

**The Rocker**
A gay man "rocking" to his new song, *Sustiva*, "about the anti-retroviral drug that helped save his life."

**The Fourth Grader**
A ten-year-old who thinks of AIDS as "a lot of bad-tasting medicine." He plays sports, does well in school, and will be attending Camp Dreamcatcher this summer with other kids who have AIDS.

**The Veteran**
Founder of a magazine for people with HIV and AIDS says, "survival is all about having a purpose in life." *Poz* magazine has a distribution of 250,000.

**The New Activist**
A 22-year-old woman who teaches young people to have safe sex.

**The Mother**
A pregnant woman whose baby has less than 1% chance of being born with HIV; "I'm choosing to live and have a future."

**The Teenager**
This fifteen-year-old plays baseball and has a girlfriend. He believes, "what a person has doesn't change who he is."

*The Changed Woman*

A recovered drug addict, who once supported her children by selling sex, is now in school to become a social worker.

AIDS "changed America," according to Newsweek's David Jefferson. From its original perception as "Gay Cancer," when it was commonplace for people to think AIDS was a punishment for sin, AIDS has since unified the nation by inspiring "activism and consciousness-raising" (Jefferson, 2006, p. 37). The article’s message is hopeful and uplifting: people who live with AIDS are no longer victims; they are making the United States a better place.

Turning the page to the next *Newsweek* article, the difference is literally black and white. Claudia Kalb and Andrew Murr's, *Battling A Black Epidemic*, portrays a very different image of AIDS in America (2006). The photos are black and white. The people look destitute and desperate. One woman sits on the hood of a old, beaten-up car in a vacant lot. Another man stands in front of a filthy door with peeling paint. A woman sits crying on her couch. These faces represent the 25 Million and Counting.

According to the authors, "twenty-five years after the virus was first documented in gay white men, HIV has increasingly become a disease of color with blacks bearing the heaviest burden by far" (Kalb & Murr, 2006, p. 44). The article features a 79 year old man who provides financial support for young girl in return for sex, a man who continues having sex with multiple partners after learning he was infected with HIV, and a large number of men who are married to women but have sex with men "on the down low" and then infect their wives with HIV (Kalb & Murr, 2006, p. 46).

Despite Kalb and Murr's claim that the "root of the problem is poverty and the
neglect that comes with it," including drug use and the "disproportionately high population of blacks" in prison, the people described in the article are portrayed as sexual deviants, not victims of poverty (2006, p. 44-45). The Center for Disease Control and Prevention reinforces this idea by stating that the "two key risk factors for transmission" are sexually transmitted diseases (STDs) and "low levels of testing among black men" (Kalb & Murr, 2006, p. 44-45). These factors focus on behavior, rather than the access to health care and HIV/AIDS prevention resources. While these factors do indicate risk factors for transmitting HIV, they exclude the socio-economic that lead to them. In other words, they focus on symptoms of the problem. This is problematic, because even by increasing HIV/AIDS testing in these communities and eliminating STD’s, HIV/AIDS will still be prevalent in the communities. If STDs are no longer contributing to the HIV transmission rate, then other infections and health related problems will still exist because there is a lack of health care. Even if more people are aware of their HIV status, their will still be a large Black population in prison without access to condoms. By focusing on symptoms, the real problems cannot be solved. At the end of the article, there is mention of hope with the rise of HIV prevention programs and organizations within the Black community that provide AIDS education and distribute condoms. There is no mention of anti-retroviral treatment.

Another article, The Life of a Virus Hunter, brings forward the work of epidemiologist, Dr. Peter Piot, who has been active in AIDS research and education since the discovery of the virus. He believes, "you just can't tell people to make better choices, you have to give them the power and the tools" (Cowley, 2006, p. 56). For example, when Piot learned sex workers in Nairobi, Kenya were not using condoms because clients
refused to use them, he encouraged sex workers to band together and insist on condom use. Clients were not able to take their business elsewhere. Piot claims this act has prevented 6,000 - 10,000 new HIV infections (Cowley, 2006, p. 56).

The next article tells the story of a young woman who contracted AIDS after being raped when held as a captive by militia members in the Rwandan Genocide. The story is incredible. The woman's eight siblings and parents were murdered during the war. In fact, 127 of the "132 people in her extended-family were killed" (Cowley, 2006, p. 61). During the war, she lived in hiding and on the run until she was captured by the militia. After she was released, she found she was pregnant. Today, she lives with her 12-year-old son and works for the Association of Genocide Widows (AVEGA). Unlike Newsweek's portrayal of the American mother with HIV, this woman has to "force" herself to "mother" her child; "when I stop praying, I feel bad and fall sick all the time. But when I'm in the spirit of prayer, I know I can keep going" (Cowley, 2006, p. 61).

Newsweek presents two images. The first image portrays AIDS as a way of life, a reason to be empowered, and even an opportunity for people to better their lives. The second image is of African Americans, Africans, homosexuals, sex workers, drug addicts, and rape victims lucky to be alive. Hope is portrayed in sex workers banding together, in passing out "pussy packs"—containing condoms to women in Black communities (Kalb & Murr, 2006, p. 47). Hope is portrayed in praying to God for the strength to make it through the day. 25 million deaths and still counting.

Even with the progress made for some people living with AIDS, nothing has changed for most people in the world living with AIDS. The old perception of "gay cancer" where people got what they deserved for their "rampant promiscuity" and deviant
sexuality is ever present in the United States' perception of AIDS. This perception is inherent in its AIDS policies throughout the world.

Underlying these two views of AIDS, perhaps symbolized by the tattered AIDS ribbon on Newsweek's cover, is the sense of resignation, the understanding that the United States has given up on the fight against AIDS, arguably before it ever began. The new faces of AIDS presented in the article are applauded for their self-help, for their determination to have fruitful and productive lives, despite having AIDS. In reality, these people are among the small percentage of people around the world living with AIDS who have access to health care, education, and anti-retroviral treatment therapies. This gives a false impression that other people with AIDS around the world can also help themselves in the same way. The United States policies in sub-Saharan Africa reflect this idea. Americans will teach Africans how to help themselves, but if they do not help themselves—if they cannot—the responsibility is their own.

The Sexualization of a Virus

"Acquired Immune Deficiency Syndrome (AIDS) is a collection of seventy or more conditions, which result from damage caused by a retrovirus to the immune system—the Human Immunodeficiency Virus (HIV)" (O'Manique, 2004, p. 1). The virus can be transmitted through sex, blood, and from mother to child during pregnancy, childbirth, or breastfeeding. It may take years before visible symptoms are present. Though the virus is now known to have been spreading since the 1970's, it was not discovered until 1981 in the United States. By 1987, the virus had been discovered in nine other countries, making it a global pandemic.
Epidemiology took the lead in defining the new disease. Prior to virologist's isolating HIV as the "causal agent" of the disease, epidemiologists developed a "lifestyle" model to show its movement within groups (O'Manique, 2004, p. 20). Because the disease was found in young gay men, the model linked immune dysfunction with the homosexual lifestyle (O'Manique, 2004). The model hypothesized that sexually transmitted diseases, promiscuity, and exposure to feces during sex were causal factors in the transmission of the new syndrome. The Gay-related Immune Deficiency (GRID) was soon discredited by numerous infections in Haitians, Heroin addicts, hemophiliacs, and Africans--both men and women. However, the focus on promiscuity, drug use, and men remained.

The United States Gay community fought this discrimination by challenging traditional public health methods. AIDS activists promoted sexual freedom, bodily autonomy, and rights to privacy in health care policy and AIDS prevention programs. Activism from the Gay-community calling for "sexual citizenship," which assumed "bodily autonomy and basic needs," became the basis for US international AIDS policy (O'Manique, 2004, p. 25).

When the US turned its attention to Africa, AIDS was primarily transmitted through heterosexual contact (80 - 90%); contaminated blood supplies and mother to child transmission accounted for the rest (O'Manique, 2004). In order to find out why transmission was so high in Africa as opposed to the rest of the world, researchers looked to sexual behavior, which had been the focus in the West. Ethnographic research attributed the high levels of transmission to the sexual practices of Africans. Researchers claimed Africans had high levels of promiscuity, which was due, in part, to rapid
migration, alcoholism, breakdown in moral traditions, high numbers of sex workers, and poverty. There were other sexual practices considered cultural that contributed to high transmission rates. These included: traditional ritual practices, high levels of premarital sex, polygamy, widow inheritance, unsanitary circumcision, anal intercourse, dry-sex, where drying agents are inserted in the vagina. Because these sexual practices were considered to be responsible for high transmission rates, it was only logical that these behaviors had to stop. The solution to stopping the spread of AIDS was behavior change to be brought about by education.

The ABC’s of AIDS Prevention

Either people's beliefs about condoms, fertility, and disease prevent them from practicing safe sex or they are constrained by the larger conditions in their lives, such as poverty and unemployment that result in a kind of resignation, a feeling that HIV is inevitable, and beyond one's power to prevent (Epstein, 2001, p. 19).

The focus on behavior change through education continues today. Even though no founded evidence suggests Africans are more sexual than other populations, it is still publicly perceived as the factor for the exorbitant rates of HIV transmission in southern Africa (Parker, 1996). International organizations have spent billions of dollars on prevention programs that teach people to prevent contracting AIDS by practicing Abstinence, Being faithful by practicing fidelity, and using Condoms. This method is known as the ABC’s of AIDS prevention. Though there has been some success in county's like Uganda, many consider this success partial. Even though the rate of HIV infection has decreased, the number of people living with AIDS in Uganda is still high, access to health care is still limited, and poverty remains.
The United States' President's Emergency Plan for AIDS Relief prioritizes prevention programs as the method to stop the spread of AIDS. The plan focuses on ABC education, condom distribution to high risk populations, promoting HIV testing, and mother-to-child prevention programs through community and faith based organizations. Though the plan does include anti-retroviral treatment for two million people throughout the world and some capacity building measures in the health care industry, the overall strategy focuses on prevention through behavior change education.

Overall, prevention programs are not working, because they fail "to address the larger context of disease in poor communities" (Stillwaggon, 2006, p. 179). Though sexual behavior change education is necessary to some extent, its exclusive focus "has distracted attention from the complexity of disease transmission and immune response" (Stillwaggon, 2006, p. 79).

**The Fight against AIDS**

Anecdotal evidence suggests that the very same students who score high on AIDS facts tests typically abstain from sex until they get drunk enough to overcome their terror, at which point they engage in unsafe sex (Patton, 1990, p. 110).

The fight against AIDS is a phrase commonly used in AIDS policy and initiatives today. The metaphor for fighting the HIV virus is appropriate. A person with HIV fights against AIDS. The immune system kills the virus and infected immune cells. It is not appropriate, however, for most AIDS relief work taking place in southern Africa.

When organizations provide Anti-retroviral treatments, they are fighting AIDS. Unfortunately, this treatment is provided to a small percentage of people living with AIDS. For example, the United States President's Emergency Plan for the AIDS Relief
announced in 2003, intends to treat 2 million people over the next five years. However, there are 40 million who are infected worldwide and this number is growing rapidly.

Most AIDS organizations focus on behavior change education. This is not fighting AIDS. Because the transmission of HIV is perceived as a behavior problem, then people infected with HIV or who are likely to become infected become the target. The fight against AIDS is really the fight against poor people, those most likely to be infected.

At the same time, "another problem with war imagery is that it represents HIV as an external threat to be resisted. This has the danger that people living with HIV and AIDS are identified as 'the enemy,' or as 'casualties' that are no longer of use in the struggle" (De Waal, 2003, p. 247). The argument could be these organizations are doing all they can and they are doing what works. Many argue this is not the case. According to Richard Parker, in his article, Sex Research in Response to AIDS, "one of the most consistent findings on many knowledge, attitudes, beliefs, and practices (KABP) surveys has been the limited impact knowledge of HIV infection seems to have on risk behavior" (Parker, 1996, p. 137). This means that behavior change education is ineffective.

By removing the health conditions that make a person more susceptible to AIDS, then a person will be less susceptible. Even though people can prevent becoming malnourished or getting parasites, which would require behavior change, no one would suggest behavior change as a solution to such a problem. Even assuming a person did not know how to prevent malnourishment, knowledge does not provide food. Teaching people not to go near still water to prevent schistosomiasis infection or near mosquitoes to prevent malaria, is simply unrealistic. The same is true for behavior education.
Teaching a woman the necessity of using a condom and even negotiation skills to encourage her partner to use a condom, does not mean her partner will use a condom. It does not mean he will not die and she will have no other option but to become a sex worker to feed her family. When abstinence or condom use is not an option, when control over one's body does not exist, when people are not protected from harm, when rape is an expression of power and masculinity, when rape is not punished, then behavior change, though important, fights the people, not the disease.

The real conflict lies between the West and Africa. Though it may not seem like there is a reason for conflict to occur, this conflict has been ongoing since Africa was colonized. According to an editorial in the Holistic Education Review:

> What we know about the psychology of war propaganda and the roots of violence is that the other is placed outside the moral community, dehumanized, and objectified, thus feared, psychologically projected upon, and in the end violated. In a fear based relationship the other becomes an it rather than a Thou and thus becomes a target for the projection of individual and collective trauma, leading ultimately to violence (Holistic Education Review, 1997).

This statement reflects the relationship between the West and Africa in regards to AIDS policy. Africans with AIDS became the other. Their perceived promiscuity was seen as sinful. African behavior was condemned as the cause of AIDS. Africans became associated with AIDS to the point Africans became AIDS. The fight against AIDS has become a fight against the people of Africa. Africans are told to change their ways and when they do not, because they cannot, they are literally left to die.

Blaming the crisis in Africa on African behavior parallels the current emphasis on "African responsibility for African problems," which removes responsibility for these problems from the West. When behavior does not change, Africans are further blamed, further demoralized, and objectified. According to James Ferguson, the emphasis of
African responsibility is contradictory to the fact that Africa economies are "at the mercy of overwhelming market forces" (2006, p. 153). The neoliberal restructuring that has taken place since African countries began gaining independence has contributed to the economic decline and social sector spending that has created the environment conducive for the rapid spread of disease.

"Sub-Saharan Africa, despite over two decades of neoliberal economic and social reforms, has not seen a market-based recovery," instead, many countries have experienced a "social, economic, and environmental collapse" (O'Manique, 2004, p. 169). AIDS is one symptom of the collapse. Fighting AIDS will not solve the political economic problems that created the environment conducive for high rates of transmission. Making people believe that their behavior is the cause of death and destruction due to AIDS is ineffective and it is oppressive.

**Behavior Education**

Billions of dollars have been spent by organizations such as USAID to spread the message that behavior change is necessary to stop the spread of HIV/AIDS in Africa and around the world. Those educated to change their behavior and who have not changed their behavior to prevent contracting HIV are not doing so because they have practical evidence that it does not work.

The reason behavior change does not work for individuals is because of the larger, societal message from those in power for whom not changing behavior does work. This suggests that there are people who benefit from the spreading of AIDS in Africa. Pharmaceutical companies, health industries, condom industries, etc. benefit from the
spreading of AIDS and, in particular, the commoditization of AIDS. AIDS education becomes a marketing tool for pharmaceuticals, health care, condoms, etc. AIDS becomes something that necessitates people to buy more.

This idea is transferred to southern Africans is through behavior change education. It may seem contradictory that behavior change education that is supposed to encourage behavior change actually discourages behavior change. However, the idea of behavior change to stop the spread of HIV is grounded in the history of interventions from Westerners to Africans to encourage behavior change in Africans for the benefit of the Westerners. Because behavior is the essence of living, the mechanism of identity, then asking a person or a continent of people to change their behavior is asking them to sacrifice their identity, their sense of meaning, because it is not good enough, because they are not good enough. From this oppression, comes discrimination because, inevitably, one group is good enough.

**Conclusion**

This chapter attempts to show how focusing on behavior change as the primary means to stop the spread of AIDS in Africa is, in my perception, illogical. There is no evidence that Africans or African Americans have more sex than other populations. There is evidence that people are more susceptible to contracting HIV when their immune systems are weakened. The connection is strong between people living with HIV and AIDS and those living in poverty who are malnourished, infected with parasites, and without adequate access to health care. Though not everyone living in poverty has HIV, the majority of people living with HIV are poor.

Poverty in southern Africa today is, in part, a result of colonialism and
development. It is my interpretation that colonialism and development result from, or perhaps are justified by, inaccurate and racist perceptions of Africans. Behavior change interventions have been the focus of colonialism, development, and now the AIDS pandemic. It is necessary to make these connections in order to question whether the focus on behavior change education is really what is needed to fight the war on AIDS.
Conclusion

My experience at the Center for International Education at the University of Massachusetts in Amherst has been valuable. I learned how my views regarding HIV/AIDS in Malawi have been influenced by the United States and other Western nations who exhort some degree of control through loans and aid money. I argue that the United States perception of Africans effects how assistance is given to Africa. I also realize that my own work, my own assistance, as an HIV/AIDS educator stems from this perception. I have been a behavior change educator because I was under the impression that this was the solution to stopping the spread of HIV/AIDS. This impression, I have learned, is not based on facts based evidence, but rather inaccurate perceptions. Even when organizations and governments claim behavior change education is working those claims cannot be compared to other methods as there are no other methods attempted at such a large scale. This realization is crucial to stopping the patterns of racism that plagues aid work in Africa.

These patterns began during colonialism and are being continued through development and now aid work. While individuals may not be racists, it is important to
realize our ideas and beliefs may be rooted in racism. These ideas are explained in chapter one of this paper. Chapter one shows how the history of development in Malawi began with a belief that the behavior of Malawians prevented Malawi from developing. Behavior change was attempted first through Colonialism and then through development work. It shows that there has not been a sense of working together between Western nations and southern African countries, but rather one of superiority and inferiority. Chapter two shows the consequences of these perceptions. It is my belief that poverty, hopelessness, and even the AIDS crisis are results of this relationship.

It is my understanding that southern African countries have little control over how they go about fighting poverty and AIDS. Dealing with the conditions associated with loans and aids work, not to mention repaying the loans have forced these countries to be more and more reliant on the countries that grant loans and aid monies. It is my belief that behavior change must occur within these western countries, particularly the United States, before we can effectively work with African nations to fight poverty. We must change our perceptions of Africans and understand that we are one of the greatest reasons for poverty and the AIDS crisis in southern Africa. I believe it is our perceptions that cause us to focus on changing the behavior of a poor population instead of working to change the environment that creates it.
Works Cited


Chigeda, A. (2004). Teacher's knowledge, attitudes, and practices towards conduct and regulations in Zomba primary schools. Amherst, Massachusetts: Center for International Education at the University of Massachusetts at Amherst.


NC: Duke University Press.


Kennedy, J.F. (1964). We choose to go to the moon. Retrieved February 24, 2005 from www.famousquotes.me.uk/apeeches/John_F_Kennedy/3.htm - 22k


Mundy, K. (2002). Malawi: Externally driven reforms and their adoption during


