

HIV/AIDS and Higher Education

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The results of any study to determine the number of local tertiary institutions addressing HIV/AIDS on their curricula are likely to be of concern, especially since the most vulnerable age group for HIV is between 15-35 years; the upper age limits coincides with that of those seeking tertiary education. Tertiary education will be free in Trinidad and Tobago from 2006; it is imperative that the potential human resource admitted to tertiary education and training is not lost to HIV.

Justice Edwin Cameron (South Africa's Supreme Court of Appeal), at a workshop in Johannesburg in 2000, disturbed the comfort of university Vice-Chancellors when, as a person living with HIV/AIDS, he disclosed his HIV status in order to champion the cause of HIV/AIDS in higher education. He suggested that higher education had the responsibility for a leadership role in fighting HIV/AIDS.

In Trinidad and Tobago, we have learned that HIV/AIDS is not just a health issue, but that it affects individuals and organizations, and impacts human resource development. We also have evidence that having knowledge on HIV/AIDS does not always influence behaviour change.

The task, then, is to encourage the tertiary education sector to recognise that HIV/AIDS brings with it disturbing consequences in planning, health, education, socio-economics, and management, not only for educational institutions but for the society as a whole. Suppose HIV/AIDS were never addressed at an institution, and a group of staff or students was rumoured to have become infected. How would the institution respond in terms of developing policy, reducing stigma and discrimination, or generating effective programme strategies to manage the impact, and then relating to the HIV-positive! This hypothetical situation illustrates the need for proactive intellectual debate, identifying best curricula, and participation by students themselves in a comprehensive institutional response.

Epidemiologists state that a risk environment fosters the chances of disease transmission as a result of social, political, cultural, and economic factors. Would tertiary institutions, with all their intellectual activity, be a risk environment?

Students beginning tertiary education could decide to end the period of abstinence practised at the secondary level, because there is privacy, freedom, and space to experiment with sex. Institutions could be far away from home and sexually active students might engage in casual sex with new partners to pass the time. A distressing feature raised in some institutions is what students at an African university termed "STM"—sexually transmitted marks. Here female students sleep with male lecturers, or *vice versa* in order to pass an exam. This "inter-generational" or "transaction" sex increases the risk of HIV transmission.

Tertiary level institutions must therefore make and sustain the promise to address HIV/AIDS in their settings. The purpose of HIV/AIDS programmes, incorporating sexuality education, would be to produce enlightened graduates, capable of managing personal and professional issues evoked by the epidemic. This task could be approached not only through peer intervention programmes but also through infusion of AIDS education into relevant courses. Health science courses seem the most likely targets for knowledge on the transmission of the virus, its prevention and treatment, infection control, and topics like the disposal of needles and condoms. Courses in Management could also capture the socio-economic and other impact of HIV/AIDS in the workplace. Social work courses could incorporate the skills required for voluntary counselling and testing (VCT) programmes, etc.

To point at a significant role for tertiary institutions in the face of an HIV/AIDS epidemic is to focus on an educational environment that can be a direct ally, not only in the struggle against HIV/AIDS, but also against the parallel epidemic of substance abuse that is apparent in Trinidad and Tobago.

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