THE IMPACT OF UTILIZING HIV-POSITIVE SPEAKERS IN AIDS EDUCATION

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ABSTRACT

A longitudinal matched control study was conducted to evaluate the effects on young people (n=1280) of talks by HIV-positive speakers who disclose their personal perspective of living with HIV. Focus group discussions with students (n=117) were used to elucidate the impact.

Meeting HIV-positive people decreased fear and prejudice, reinforced messages about protective behaviour and increased the belief that HIV is preventable. Improved attitudes after talks by females remained significant over 3 months. Speakers changed perceptions, broke down stereotypes and made students realise that anybody is vulnerable to infection. The speaker provided an anonymous, non-judgemental person to whom young people could easily relate. They opened the doorway to discussions about AIDS.

AIDS interventions must focus on recruiting, supporting and training young articulate HIV-positive people, particularly females, to deliver sex education to in- and out-of-school youth. HIV-positive speakers have an essential role to play in AIDS prevention and must be utilised appropriately.
THE IMPACT OF UTILISING HIV-POSITIVE SPEAKERS IN AIDS EDUCATION

This paper seeks to evaluate the impact, on young people, of listening to an HIV-positive speaker. Because young people are most vulnerable to HIV infection globally (UNAIDS, 1998), they must necessarily be the prime targets of HIV-prevention messages. The school classroom is one arena where sex education is commonly provided but the question of who delivers this education has rarely been addressed.

In Australia, Lupton & Tulloch (1997) reported school-based education a poor second to mass media as a source of AIDS information. Secondary students rated videos and films, the most common teaching method, as only the fourth most popular. Over 65% of students perceived a talk by a person living with HIV (PWHA) as the most useful teaching method although only 25% had ever experienced one. An American study (Gingiss & Basen-Engquist, 1994) found that school sex education was most frequently taught via videos, lectures and class discussions. Only a minority of teachers used any other forms of instruction such as peer leaders or role-plays.

Teachers have different abilities to deliver appropriate AIDS education. Several studies show that teachers are uncomfortable talking with students about sexual relationships (Scott & Thomson, 1992; Kuhn, Steinberg & Mathews, 1994; Klein, Goodson, Serrins, Edmundson & Evans 1994). A South African study (Mathews, Everett, Binedell & Steinberg, 1995) found students’ need to discuss experiences of sexuality, risk and safer sex in conflict with teachers’ traditional values and perceived moral responsibility.

It is not surprising that discomfort exists between teachers and students. Discussing sensitive topics within a setting with clear power differentials and without the cloak of anonymity is confronting. This is unfortunate in view of studies indicating it is easier to delay onset of sexual initiation and teach safe sexual practices before behaviours are established, than to change the behaviour of sexually active people (Kirby, Barth, Leland & Fetro, 1991; Asiimwe-Okiror et al, 1997; Kilian et al, 1999).

The Effect of Meeting a Person Living with HIV

Few studies have examined the effect of meeting PWHA. An early study (Klein, Sullivan & Wolcott, 1987) indicated that knowing somebody with HIV led young homosexuals to reduced risk behaviour. Gerbert, Sumser & Maguire (1991) found that American adults who knew someone with AIDS had more tolerant attitudes to PWHA and lower perceptions of risk in health care settings. Studies among hospital staff and general practitioners (Gallop, Taerk, Lancee, Coates & Fanning, 1992; Bermingham & Kippax, 1998) found that fear of contagion and discriminatory attitudes decreased significantly if health workers had contact with PWHA. These and other studies (Zimet, 1992; Dijker, Kok & Koomen, 1996; Herek, 1997) indicate that attitudes to AIDS are largely determined by people’s fears of contracting HIV.

In Zimbabwe, Pitts and Jackson (1993) found personal portrayals to be the most powerful vehicles for AIDS information. Takai et al (1998) conducted the first analytical study in Thailand to examine influences on people’s attitudes to AIDS. Contact with PWHA resulted in significantly more tolerant attitudes towards HIV and PWHA because, the authors argue, people are forced to think of the issues as their own.

Only four relevant studies measuring the impact on young people of talks by HIV-positive people were located, all from North America. In two small studies (n<100), Scollay, Doucett, Perry and Winterbottom (1992) found significant changes, sustained over four weeks, in young people’s attitudes and behavioural intent after a PLWHA talk,
whilst Stewart and Beazley (1993) did not. This indicates a need to examine the effects of different speakers on different audiences. In Stewart and Beazley’s study, the age and sexuality of the speaker (a 39-year-old homosexual male) may have reinforced the idea that AIDS could not happen to them. Smith & Katner (1995) found a talk by a PWHA (a married female in her twenties), to 734 twelfth graders, was perceived to be worthwhile, interesting and unembarrassing. Sunwood et al (1995) found significantly increased tolerance of PWHA, sustained over three months, after an AIDS program for seventh and eighth graders ($n = 1,161$) delivered, in part, by a PWHA.

Little research has addressed the match of speaker with audience. For example, if PWHA are influential in changing attitudes, is the impact different on young women, who are already more tolerant towards PWHA (Brown, Fritz & Barone, 1989; Brown, DiClemente & Beausoleil, 1992; Handler et al, 1994) than on young men?

**Research Questions**

The aim of the study described in this article was to determine the impact, on young people, of HIV-positive people who share their personal stories and publicly disclose their status for the purposes of AIDS education. The research questions posed are:

1. Do PWHA public speakers, who share their personal perspective with young people, change perceptions of their vulnerability and/or attitudes to PWHA?
2. Is any change influenced by the sex or age of the young person or the speaker, or by the mode of infection of the speaker?
3. Is any change sustained over time?

**METHOD**

The study is a longitudinal, matched control study, using both quantitative and qualitative methods. Research ethics approval was obtained from The University of Melbourne, the Victorian AIDS Council and the Victorian Education Department.

**Setting**

In Victoria, Australia, HIV/AIDS is mandated as part of primary and secondary teaching curricula (Ministry of Education and Training, 1991). Individual schools devise their programs according to the Ministry of Education guidelines. As part of this program HIV-positive speakers may be booked to speak in schools. In Melbourne, Victoria, there are two speakers’ bureaux, run by PLWHA Victoria (predominantly male speakers) and Positive Women (all females) respectively. As independent bodies, they advertise their services directly to schools. The author has been a member of both bureaux for almost a decade. To date there has been no formal evaluation of the effects of talks by Australian HIV-positive speakers, in schools or elsewhere.

**Study Population**

Study population was Victorian secondary school students aged between 14 and 18.

**Sample Size**

In total, 628 respondents (437 females, 191 males) were recruited into the intervention group and 652 (311 females, 341 males) into the control. For the qualitative aspect of the study, 117 students (70 females, 47 males) were recruited.

**Intervention Group**

All Victorian secondary school students, aged 14 - 18, who received a talk by a PWHA between May 1997 and May 1999, were eligible for inclusion in the study. Schools self-selected whether they booked a positive speaker. Once teachers booked a talk, the
researcher sent information to the school principal. After approval and the return of parental permission forms, pre-talk surveys were administered.

The audience size of talks ranged from 19 - 140. The mean audience size was over 40. Because the study used an opportunistic sample of all students who listened to a talk by a PWHA during the data collection period, there is a resultant bias towards talks by female speakers in Catholic girls’ schools, as more talks were booked by these schools and audience sizes were greater. The final sample consisted of male and female students from a range of school types, government and private, single-sex and mixed, and from a wide range of suburbs within a 40-kilometre radius of Melbourne.

In total, 12 talks utilising five female and five male speakers were included in the study. Most females delivered at least two talks during the data collection period whilst all but one male delivered only one talk. In some sessions two speakers talked to students.

Control Group
The control group was drawn from matched schools that agreed to participate. All Victorian secondary school students aged 14 - 18, who had never received a talk by a PWHA, were eligible for inclusion. The control groups were matched according to type of school, male/female mix, student age, size and location of school. Only one school principal who was approached to be part of the control group declined to participate.

Data Collection Tools
The quantitative data-collection tool was a highly structured "Attitude Scale for Teenagers" (Torabi and Yarber, 1992). This uses 15 statements, rated on a Likert-scale, to measure attitudes towards PWHA, HIV prevention (including abstinence, monogamy and condom use), injecting drugs, and belief that people can influence friends to prevent HIV. The survey was administered to students before a talk by a PWHA, soon after the talk, and three months after. The same tool was administered to the control group twice, with a 3-month gap between their first and second responses. Focus group discussions \( n = 16 \) were also conducted with students after the talks.

QUANTITATIVE RESULTS

Survey responses were analysed using SPSS. All variables were examined for accuracy of data entry, missing values and fit between distribution and the assumptions of repeated-measures analysis. Only students who completed pre-talk and all follow-up surveys were included in the final analyses. Attrition rates in the intervention group \( n = 628 \) were 17.8% at post-talk \( n = 516 \) and 30.7% at 3-month follow-up \( n = 435 \). Attrition rate in the control group \( n = 652 \) was 32.2% at 3-month follow-up \( n = 442 \).

Amongst the intervention group, a series of repeated measures analyses of variance were performed on pre-talk, post-talk and 3-month follow-up attitudes to examine the effects of the talk generally, and for speaker type (one male, one female, two speakers) and student age. Change over time amongst the control was examined using repeated-measures t-tests on pre-talk and 3-month follow-up attitudes generally, and for age and sex of students. A series of separate analyses was undertaken because not all subject types were exposed to each condition (eg, no males were exposed to two speakers) and cell sizes were unequal (due to range of audience sizes). To control for the probability of at least one Type 1 error occurring, an \( \alpha \) of <0.01 was used.

Overview of Intervention and Control Groups
The mean age of respondents was 15.6 years. In the intervention group, 176 students listened to a talk by one male (5 talks), 245 listened to a talk by one female (4 talks), 159 listened to two female speakers (2 talks), and 48 listened to one female and one male speaker (1 talk). Table 1 outlines these details.

<table>
<thead>
<tr>
<th></th>
<th>Male Speaker</th>
<th>Female Speaker</th>
<th>2 Speakers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Students</td>
<td>119</td>
<td>72</td>
<td>0</td>
<td>191</td>
</tr>
<tr>
<td>Female Students</td>
<td>57</td>
<td>173</td>
<td>207</td>
<td>437</td>
</tr>
<tr>
<td>Total</td>
<td>176</td>
<td>245</td>
<td>207</td>
<td>628</td>
</tr>
</tbody>
</table>

In the intervention group, 213 students (33.9%) were from government schools and 415 (66.1%) were from private schools (see Table 2.) Of the students in the control group, 165 (25.3%) were from government and 487 (74.7%) from private schools.

<table>
<thead>
<tr>
<th></th>
<th>Male Speaker</th>
<th>Female Speaker</th>
<th>2 Speakers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government (Mixed)</td>
<td>92</td>
<td>58*</td>
<td>0</td>
<td>150</td>
</tr>
<tr>
<td>Private (Mixed)</td>
<td>63</td>
<td>160</td>
<td>0</td>
<td>223</td>
</tr>
<tr>
<td>Private (Single Sex)</td>
<td>21</td>
<td>27</td>
<td>207</td>
<td>255</td>
</tr>
<tr>
<td>Total</td>
<td>176</td>
<td>245</td>
<td>207</td>
<td>628</td>
</tr>
</tbody>
</table>

* Only female students attended this talk.

Scale Analysis
The score range for individual items is 1 – 5, where 5 reflects the most positive attitude. Before the intervention, mean scores for the majority of items were greater than 4.00. Over 80% of students had favourable attitudes in 7 of 15 items and less than 10% had negative attitudes in 10 items. The mean total score was 60.7 ($s.d.=6.54$) of a possible maximum 75 points. Only 1.6% of students scored under 45 points, the mid-point of the scale. Responses were skewed towards very favourable attitudes from the outset. Internal consistency of the scale was measured. Cronbach’s $\alpha$ was 0.69; lower than the 0.77 determined by the scale’s authors (Torabi and Yarber, 1992). Test-retest reliability was calculated using the control pre- and 3-month follow-up scores. It was found to be higher ($r(428) = 0.67$) than that of the authors’ ($r = 0.60$).

Overall Changes in Attitudes
There was no significant difference in baseline attitudes between males and females in the intervention group and their counterparts in the control. Females had significantly higher mean scores than males ($t(867) = 14.89$, $P < .01$). Because of the ceiling effect of high pre-talk attitudes, significant changes were difficult to detect (see Table 3).

All attitudes improved immediately after the talk, but the impact was reduced after three months. Only females in the intervention group sustained significant attitudinal changes over time. Their scores were significantly different across the three testing occasions ($F(2,486) = 25.36$, $p<.01$). Simple contrasts indicated that females had significantly more favourable attitudes immediately after the talk ($F(1,243) = 44.22$, $p<.01$) and three
months after the talk ($F(1,243) = 29.50, p<.01$) than before. These results indicate a short- and long-term effect of the intervention.

### TABLE 3  Means and standard deviations for pre-talk, post-talk and 3-month follow-up attitudes in intervention & control groups

<table>
<thead>
<tr>
<th></th>
<th>Pre-talk Mean</th>
<th>s.d.</th>
<th>Post-talk Mean</th>
<th>s.d.</th>
<th>3-mth follow-up Mean</th>
<th>s.d.</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>57.26</td>
<td>5.86</td>
<td>58.11</td>
<td>6.66</td>
<td>57.37</td>
<td>6.99</td>
<td>n.s.</td>
</tr>
<tr>
<td>Group (N=115)</td>
<td>57.98</td>
<td>6.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control Group</td>
<td>57.98</td>
<td>6.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=233)</td>
<td>57.98</td>
<td>6.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>63.50</td>
<td>5.06</td>
<td>65.38</td>
<td>4.81</td>
<td>65.02</td>
<td>5.20</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Group (N=244)</td>
<td>62.78</td>
<td>5.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control Group</td>
<td>62.78</td>
<td>5.02</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(N=206)</td>
<td>62.78</td>
<td>5.02</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Attitudes tended to improve in females ($n=37$) who listened to one male speaker and amongst male students ($n=34$) who listened to one female speaker but these changes were not significant, possibly due to the small sample sizes. Student age had no significant influence on attitudinal change although there was a trend towards greater changes in younger females (under 16) in the intervention group.

Significantly improved attitudes were only observed in females who listened to at least one female speaker. Improvements were significant across the three testing occasions ($F(2,158) = 13.04, p<.01$). Planned comparisons showed a significant effect at post-talk evaluation ($F(1,79) = 25.44, p<.01$) and after three months ($F(1,79) = 8.79, p<.01$). This sustained improvement was not displayed in any other group. There was no significant difference between attitude changes in females who had listened to one female speaker or two speakers.

### QUALITATIVE RESULTS

Listening to the speakers challenges many myths and misconceptions that young people have about HIV such as:
- You can tell a person has AIDS by looking at them
- HIV only affects high-risk groups
- You die quickly once you’ve got AIDS

Young people say they do not want the realities of HIV hidden from them. The live interaction with a speaker encouraged many young people to treat PWHA with greater tolerance and respect. Females, in particular, said the talk made them more willing to have physical contact with PWHA. It also reinforced messages of safer sex.

Many students said that with videos it is not possible to ask questions. This was considered to be important to clarify points of interest. Some said teachers are not comfortable discussing safer sex in the class. This raises pedagogical issues about the
benefits of being able to interact spontaneously with the teacher during the learning process and the value of two-way communication.

Having a speaker talking from first-hand experience about living with HIV was emotionally engaging. Young people could relate to a human being who was able to share their intimate thoughts, feelings and experiences in an open, honest way. Because they saw the speaker’s emotional response, they placed greater faith in the validity of the speaker and were likely to believe what was said.

The experience gave young people the opportunity to discuss issues more openly than they could otherwise have done, in a non-judgemental atmosphere and it made them more aware of the need for protective behaviour as they begin to explore their sexuality. Some identified personally with the speaker, particularly when there was common ground between them. When students had listened to two speakers in the same session, all students perceived two speakers to be more beneficial than one.

The strength of the face-to-face contact is that the audience sees PWHA as a cross-section of society. It changes their perceptions. Female speakers, in particular, break down common stereotypes about who contracts HIV. They make students realise that anybody is vulnerable to infection. Using HIV-positive people in the classroom was seen to be a powerful educational tool.

DISCUSSION

Adolescents need to discuss sexuality issues in an open, anonymous, non-judgemental setting. Sex education messages delivered in the classroom are repetitive and lack depth. A study by the Centre for Adolescent Health, Melbourne (Bond, Glover & Patton, 1999) found that over 25% of Year 9 students (n = 2,637) were bored at school and over 30% disliked their teachers. Videos do not fill the gap between what is provided and what young people want because there is no opportunity to ask questions.

HIV-positive speakers are best placed to break the silence and address AIDS-related prejudice. They confront societal misconceptions and open the doorway to discussions about sexual relationships and the prevention of HIV. The live experience provides young people with a unique opportunity to discuss the psychosocial aspects of HIV. Unless people can see what PWHA look like AIDS may never be perceived as a reality.

Because of PWHA’ particular expertise and the impact that they have on young people, it is strongly argued that they have an important role as AIDS educators and should be utilised extensively for in- and out-of-school youth. Talks by PLWHA are invaluable components of AIDS education programs directed at youth. There is no substitute for a living person with HIV; no video or written text conveys the same immediacy and integrity. This finding has ramifications for the planning of HIV-prevention strategies.

Gender-based Education

This study illustrates the relationship between receptivity to safer sex messages and gender. The majority of AIDS prevention programs do not acknowledge gender inequity and the power differential between men and women yet these themes are universal.

Moore and Rosenthal (1991, 1992) explored the double standards applied to Australian males and females. They suggest that females believe in taking precautions but do not insist on doing so, probably due to gender norms, and that it is generally deemed acceptable for males to sleep around, but not for females. Smith and Rosenthal (1995)
indicated several gender differences in Australian adolescents' perceptions of risk, whilst Rosenthal et al (1996) suggest that the basis for condom use by the sexes highlights the complexity of the links between knowledge, attitudes and behaviour.

A study by DiClemente, Wingood, Hubbard McCree, Harrington & Davies (2000) indicated that African-American women with a history of dating violence were almost twice as likely to have a non-monogamous partner and more than twice as likely to fear consequences of negotiating condom use, compared with those with no such history. Prevention programs that work for one section of a community might not work for another. The greatest response to Magic Johnson's public disclosure (Tesoriero, Sorin, Burrows & LaChance-McCullough, 1995) was by females, which the authors attribute to the coverage surrounding Magic's wife and her baby.

The realities of young women's lives and societal expectations of females are barriers to safer sexual practice. An Indian study (Newmann et al, 2000) indicated that 88% of HIV-positive women reported monogamous heterosexual sex with their husbands as their only risk factor. Young women may have little control over safer sexual practices. Those who are monogamous and perceive themselves at least risk may be at most risk. In a Zimbabwean survey (Siziya, Rusakaniko, Tshimanga & Marufu, 1999) of 817 commercial farm workers, the majority of women believed they were under no threat of infection because they only had sex with their spouses. Of the respondents who had HIV or indicated a moderate chance of being infected, over 33% of males reported multiple partners and over 40% of females reported that their spouses had multiple partners. Gender-appropriate strategies are crucial in achieving higher levels of effective behavioural change than observed to date.

An assumption that intention is the key determinant to sexual behaviour ignores the reality that many young women at risk of HIV infection may be powerless to carry out their intentions or to determine their own sexual behaviour. Empowering young women challenges social norms as it implies a necessary change in traditional male-female roles and requires a paradigm shift (Beeker, Guenther-Grey & Raj, 1998). The studies above indicate that sexual double standards cross cultural and economic boundaries and give weight to the argument that young males and females need different approaches to AIDS education that recognise the different social expectations of young men and women, and the unequal power relationships between males and females.

HIV-positive speakers are a particularly valuable component of AIDS prevention strategies directed at young women. Young people need to identify with the person delivering HIV preventive education. In this study female speakers were found to result in significantly improved attitudes to AIDS. This echoes the findings of Jemmott, Jemmott & Fong (1992) who found that female presenters (HIV status undisclosed) were more effective than males in reducing risky sexual behaviours in African-American male adolescents.

In most developing countries approximately equal numbers of men and women contract HIV and women are usually infected at a younger age (UNAIDS, 1998). Women are generally more strongly motivated to speak out sooner after their diagnosis than are males (Paxton, 1999). Considering their proven effectiveness as AIDS educators, it is sensible to focus on recruiting, supporting and training recently diagnosed, young, articulate women to gain the confidence and support needed to come out openly as AIDS educators.
Limitations of the Study
The Victorian Education Department refused permission to ask questions about behavioural change therefore responses were measured only in terms of attitudinal change. The changes noted could not be assumed to infer behavioural change but they give grounds for optimism that practices may alter as well.

No male who contracted HIV heterosexually and nobody who contracted it via sharing injecting equipment gave talks in schools during the data collection period therefore the impact of talks by such speakers cannot be determined. The impact of the speaker’s age could also not be determined because only one speaker was under 30 years old. Furthermore, the intervention group contained a disproportionate number of females. Caution must therefore be taken when interpreting the findings.

Overall the attitudes of young males who listened to a male speaker did not change after the intervention. As Stewart and Beazley (1993) found, the male speakers in this study were decades older than the students (mean age 42 years) and most contracted the virus homosexually. Focus group discussions indicate that these speakers challenge and change homophobic attitudes. (This was not measured in the quantitative aspect of the study.) However, they are unable to change attitudes to HIV, perhaps because most males in the audience perceive the experiences of these speakers as far removed from their own reality. These findings imply that commonality with the speaker’s sexual orientation impacts on responses. The impact comes from young people’s ability to relate to the speaker. Although young heterosexuals may be more effective in changing attitudes in a cross-section of youth, in order to challenge the attitudes of all audience members there is a strong argument to support exposing young people to multiple HIV-positive speakers. Homosexual males may not have a significant impact on overall mean attitudinal scores, but in a country such as Australia, where the majority of infections is in homosexual men, a positive homosexual may be a very effective speaker for young males in, or considering, homosexual relationships.

Several of the attitudinal changes, although of statistical significance, were small. The tool used to measure change was insensitive and a resulting ceiling effect occurred. The tool was developed for a population of young Americans a decade ago. Attitudes of Australian youth have improved consistently over this period (Rosenthal, Smith, Reichler & Moore, 1996; Lindsay, Smith & Rosenthal, 1997). In one American study in which this tool was used to measure adolescents’ attitudinal change after an AIDS intervention (St. Lawrence, Jefferson, Banks, Cline, Alleyne & Brasfield, 1994) the mean baseline score (55.4) was somewhat lower than that of youth in this study (61.5).

RECOMMENDATIONS

Further Research
This study provides evidence to indicate that exposure to HIV-positive speakers can be very effective. It is tempting to extrapolate that the impact of speakers in high HIV-prevalence countries may be no less powerful than in Australia. An important area for future research is to carry out a similar study in such a country and measure actual behavioural change in young people after listening to a range of speakers with a range of ages and modes of transmission. In order to measure any behavioural change it may be necessary to follow pre-adolescents over a prolonged period (Kirby et al, 1991).

Government and Organisational Support
Because PWHA have particularly important expertise, it is necessary to ensure that their voices are heard and that they are recognised as essential players in the
response to AIDS. Success of prevention programs depends on cooperation from government agencies (Gray, 1995). Governments have a responsibility to provide effective AIDS education. Utilising HIV-positive speakers is a strategy that has rarely been provided with resources or adequately encouraged by governments, yet it may be a fundamental component of any successful HIV-prevention campaign. The comparatively large numbers of people who speak out in public in some countries reflect commitment by their governments to support appropriate education campaigns and improve attitudes to people diagnosed with HIV.

Only by building a strong support base can HIV-positive people feel secure enough to come out and put a face to AIDS. It is important that speakers have an assured income. They need to establish independent speakers’ bureaux with trained, accredited speakers who are paid to deliver high quality talks. Such bureaux require sustainable infrastructure, including support to develop and disseminate materials to raise awareness of the bureau’s services and to coordinate talks.

**Recruitment of Young Speakers into Schools**

Utilising HIV-positive speakers in the AIDS education of young people, before they become sexually active, may be one of the most powerful and effective interventions to create attitudes that will protect them from contracting HIV. Educational authorities must promote the utilisation of positive speakers in schools. Messages should be reinforced periodically throughout students’ schooling via multiple speakers. Extensive recruitment and adequate, appropriate training of young articulate PWHA from a broad range of educational levels and socio-economic groups is a necessary priority. Young people who want to go public, particularly those with previous experience of public speaking such as youth leaders, or members of school debating teams or drama groups, should be encouraged to do so.

Because young women have a greater capacity for empathy with speakers, utilising HIV-positive people is a particularly appropriate strategy for educating young women. In light of the dearth of gender awareness in existing programs, sex-specific classes are recommended for girls. Female speakers have the potential to play an important role in various aspects of sex education including assertiveness training and skills-based activities, both important strategies in HIV prevention.

**CONCLUSION**

Positive speakers have a unique impact on young people, a population particularly at risk of HIV infection. They can sensitively target youth and influence their attitudes to AIDS and perceptions of their risk of HIV infection. When HIV-positive people do break through the barrier of silence, it is generally beneficial to all concerned. Participation in AIDS education helps the speaker (Paxton, 1999) and it helps the community.

Unfortunately, few countries are harnessing the major available resource they have to fight the epidemic – the people who are already infected. For example, in South Africa, which has the world’s fastest growing epidemic with half a million new infections per year, and which has policies in place to provide sex education to all schools at primary level, one teacher in each school is assigned to deliver AIDS education. Would it not make more sense to invest in training young positive people, who are willing and able, to go into schools to deliver this education?

Positive educators may be the most valuable resource a country has to arrest HIV and create a society that treats PWHA with dignity and respect. They must be nurtured and provided with optimal treatment and care. Highly motivated and articulate HIV-positive
people are powerful advocates for attitudinal and behavioural change. Encouraging more HIV-positive people to speak out in public and put a human face to AIDS will contribute greatly to AIDS education efforts. They have an essential role to play and must be supported, trained and utilised appropriately in the global fight against AIDS.

BIBLIOGRAPHY


