

CREATING A HEALTHY PSYCHO-SOCIAL AND PHYSICAL EDUCATIONAL ENVIRONMENT

The fear of stigma leads to silence, and when it comes to fighting AIDS, silence is death. It suppresses public discussion about AIDS, and deters people from finding out whether they are infected.

—Kofi Annan, Secretary General of the U.N.

WHAT IS A HEALTHY PSYCHO-SOCIAL AND PHYSICAL EDUCATIONAL ENVIRONMENT?

- ▶ A healthy educational environment goes beyond academic outcomes, ensuring that learners and educators know that they will be “safe from harm, cared for equally, and treated with respect.”¹
- ▶ It is free from any form of stigma, discrimination, homophobia, gender inequity, violence, sexual harassment or exploitation.
- ▶ It comprises a positive psycho-social environment and a safe and secure physical environment for learners and teachers. If parents refuse to send their children to school because they fear for their health or safety; if students are too stressed to pay attention or to understand what they are being taught; or if they are frequently absent or drop out altogether because they feel discriminated against, or become pregnant or infected with HIV, learning will not occur.²

ELIMINATING STIGMA AND DISCRIMINATION

In the fight against HIV and AIDS a healthy psycho-social and physical educational environment means an environment free of stigma and discrimination against infected and affected learners and teachers. Stigma is the biggest barrier stopping people asking for help, treatment and care.³ As in so many parts of the world, HIV and AIDS in the Caribbean is coupled with reactions of fear, prejudice and ignorance. The fear of stigma silences discussion about how to protect oneself from HIV; prevents people from getting tested and protecting themselves and their partners from infection; and creates an environment of guilt and diminished self-esteem—all of which perpetuate risk behaviours.

¹ M. Kelly and B. Bain, *Education and HIV/AIDS in the Caribbean* (Paris: UNESCO, 2005).

² Ibid.

³ The AED Center on AIDS and Community Health, www.hivaidstigma.org.



HOW CAN WE CREATE A HEALTHY PSYCHO-SOCIAL AND PHYSICAL EDUCATIONAL ENVIRONMENT?

- ▶ Establish clear regulations about stigma and discrimination, confidentiality, gender equity and equality, violence, and sexual harassment, homophobia, violence and bullying.
- ▶ Ensure that every educational institution and setting offers a welcoming atmosphere for individuals infected and affected by HIV and AIDS.
- ▶ Make sure that every educational institution and setting implements a zero-tolerance policy for discriminatory or stigmatising actions, violence, sexual harassment and exploitation—by students, teachers and staff.
- ▶ Take steps to ensure that every pupil and staff member (1) has sufficient knowledge of HIV and AIDS to dispel common fears and prejudices and (2) recognises that there are no grounds for stigmatising any infected or affected person, in school or elsewhere.¹
- ▶ Ensure that the physical school environment, including structures, drinking water and sanitation facilities, is safe and consistently monitored.

WHERE CAN WE GO FOR MORE RESOURCES ON CREATING HEALTHY PSYCHO-SOCIAL AND PHYSICAL EDUCATIONAL ENVIRONMENTS?

- ▶ Jamaica Ministry of Education, Youth and Culture. *A National Policy for HIV/AIDS Management in Schools*. (Kingston: Jamaica Ministry of Education, Youth and Culture, 2001).
- ▶ Haiti Ministère de L'Éducation Nationale de la Jeunesse et des Sports [MENJS]. *Plan stratégique sectoriel de l'éducation pour la prévention et la lutte contre la VIH/SIDA*. Port au Prince, Haiti: MENJS, 2002.
- ▶ The National AIDS Coordinating Committee in your country.
- ▶ International Labour Organization Subregional Office for the Caribbean: www.ilocarib.org

THE GENDER DIMENSION

A gender-safe school is one in which “both boys and girls have equal opportunity to learn, gain skills through classroom and extracurricular activities and be psychologically, socially and physically safe from threats, harassment, sexual coercion or harm in all parts of the school.”¹

Gender disparities—biological, social and economic—contribute to girls’ and women’s increased risk of being denied an education and of contracting HIV.² Girls are more likely to drop out of school to look after sick family members or to care for younger siblings in the event of a parent’s death. Girls are also more vulnerable to sexual abuse and harassment. In a survey of adolescent girls in nine Caribbean countries, almost half of the girls who had ever had sexual intercourse reported that their first experience with intercourse was forced.³ Studies have also shown that boys and young men in the Caribbean use educational opportunities less than girls and young women do, with a smaller percentage of boys completing secondary and tertiary education.⁴

Schools therefore must create and implement policies and interventions that increase girls’ and boys’ access to a safe, equitable, quality education. Healthy schools promote gender equity, are free of sexual assault and sexual harassment, and implement programs that target cultural and behavioural norms that may discourage school attendance by both genders at all levels. There is strong evidence that young people who stay in school have a lower risk of HIV infection.⁵

¹ M. Kelly and B. Bain, *Education and HIV/AIDS in the Caribbean* (Paris: UNESCO, 2005).

² N. Stein et al., “Gender Safety: A New Concept for Safer and More Equitable Schools,” *Journal of School Violence* 1(2): 35–50.

³ UNICEF, “Girls, HIV/AIDS and Education” (New York: UNICEF, 2004).

⁴ The WHO Collaborating Center on Adolescent Health, *A Portrait of Adolescent Health in the Caribbean* (Minneapolis: University of Minnesota, 2000).

⁵ Kelly and Bain, *Education and HIV/AIDS*; UNESCO, *Education for All Global Monitoring Report 2003/4* (Paris: UNESCO, 2003).

⁶ UNICEF, “Girls, HIV/AIDS and Education” (New York: UNICEF, 2004).

