2nd PAN-COMMONWEALTH FORUM ON OPEN LEARNING. International Convention Centre, urban, South Africa - 29 July - 2 August 2002. Paper presented at the Pan-Commonwealth Forum on Transforming Education for Development, jointly organized by Event Dynamics, the Commonwealth of Learning (COL), The National Association of Distance Education on Organizations South Africa (NADEOSA), (CETDE), Distance Education Association of Southern Africa (DEASA), Department of Education South Africa, Department of Education Johannesburg and Department of Education Pretoria.

*Special Acknowledgement: We would like to express our gratitude to Dr. Thuli J. Nhlengethwa, Ph.D. for providing us with a specially prepared summary representing a critical needs assessment on the HIV/AIDS crisis and the training needs for orphanage workers and at risk children in their home countries from Nineteen African Common Wealth nations.
LITERACY, KNOWLEDGE, AND WORLDVIEW TRANSFORMATION: A PIVOTAL LINKAGE AND PRIMARY PREVENTATIVE TOOL TO COMBAT THE HIV/AIDS CRISIS

An Abstract

This paper explored female adult literacy rates in Sub-Saharan African countries vis-à-vis the effort to limit rapid transmission of HIV/AIDS. Available data reveal that highest female adult literacy rates were in the southern African region: South Africa, 83.9%; Swaziland, 77.3%; Botswana, 78.2%; Lesotho, 92.9%; Zimbabwe, 82.9%, and Namibia, 79.8%, Zambia 69.1% (HDR, 2000). Despite the high literacy rates, these countries register the highest incidences of HIV/AIDS infection ratios compared to other African countries. In spite of the low moderate range female adult literacy rates in Mozambique, 27% and Malawi 44.1% (HDR 2000), these countries are also confronted with the devastation of high HIV/AIDS infection ratios. These researchers strongly argue that whether the literacy rate is high, moderate or low, literacy has limited functional applications in Southern Sub-Saharan Africa, and likely not just in this region, but also in many former colonies worldwide. This is attributed to the colonial legacy that deliberately entrenched minority interest for example in South Africa, thereby denying millions of an education or providing inferior education resulting in individuals functioning well below their potential and not being able to contribute to socio, economic and political life(UNESCO, Breda,2002).Historically varying explanations have been offered that include women’s subordinate role in patriarchal societies, their dependence on men for financial support, promiscuity, polygamy, sexual networking, low condom use, poverty, ethos, lifestyle issues, poor health status, stigmatisation, denial of the HIV/AIDS epidemic, poor screening techniques of blood products and poorly sterilized medical equipment. However, low literacy and the lack of functional application of literacy appear to be primarily responsible for the HIV/AIDS catastrophe. Since health literacy deals with issues of cause and effect that requires general literacy to be very functional, large segments of the population have been denied education due to their inability to translate education into information that becomes power to them by making literacy real to their own life situation. This requires the acquisition of critical thinking and literacy skills that leads to informed decision making. Therefore, the functionality of health literacy is crucial and a pre-requisite for socio-cultural transformation. The use of condoms is viewed as a first line of defence - primary prevention – that these researchers consider to be simultaneous expansions of the individuals’ worldview, but not a change in their behaviours and attitudes. Therefore, this paper argues that the later constitutes secondary prevention and that unless the individual and/or community’s worldview is transformed, any effort to combat HIV/AIDS will be futile. A Ten Points Of Excellence Multi-Sectoral Development Program and Practicum, a distance learning education model (TEPEMUSEDEP) utilizing an interdisciplinary approach is suggested as a strategy towards combating HIV/AIDS in Sub-Saharan Africa and the global village.

BACKGROUND

In Africa today, it is estimated that there are 13 million children that have lost one or both parents due to HIV/AIDS or HIV/AIDS related diseases, as a result of violent conflicts or because of other causes associated with high levels of poverty. It is expected that the number of orphans will continue to increase, at least for the next few years, given the current rates of HIV infection among adults in Africa.
The mortality among Africans (of age category 15-49 years) resulting from HIV/AIDS, AIDS and HIV/AIDS-related diseases have exposed more and more children to greater risks of rape, starvation, forced recruitment as a child soldier, slavery, early pregnancy, prostitution becoming orphaned, street children and induced many of these youngsters to engage in criminal behaviours. Either the parents are too sick to care for the children, or the children have already been orphaned. Yet, many governments do not make any budgetary provisions for orphans and displaced children. Instead, a lot of money is devoted to child survival and other health programmes and population control. For example, Tanzania, Uganda and Nigeria voted $2.5 million and $5 million, $2.8 million and $7 million, $6.4 million and $11 million on child survival and population control, respectively, last year. The care of the orphan is relinquished to the child’s extended family. It is reported that on the average, 10 HIV/AIDS orphans per month are admitted to some of the orphanages across the countries. At this rate, the HIV/AIDS epidemic would render the community-based learning approach adopted in Nigeria and many other African countries most inadequate. Hence, the timely intervention by The Pan Commonwealth of Learning to examine the training needs of community workers through distance education programs cannot be overemphasised.

The economic crisis in Cameroon has led to closure of industries and an increase in unemployment. Government funding and intervention in the economic sector has been declining steadily. For example, the Structural Adjustment Program (SAP) required the nursing and teacher training schools, the school of social work, and the Institute of Human Science (IHS) to close down. Subsidies to primary, secondary and university institutions, hospitals, orphanages and group homes were cut, and salaries were reduced in the public (70%) and the private (40%) sectors.

Consequently, HIV/AIDS has spread more rapidly owing to inability of many Cameroonians to afford functional literacy that would equip them with basic and intermediate healthcare skills. Today it is estimated that 12% of the Cameroonian population is infected with HIV/AIDS, up from 5% in 1985. Because a high percentage of the population cannot afford hospital bills, adult mortality has increased, leaving behind many orphans some of whom become street children.
In Ghana, available statistics indicate that Ghana is about to enter the 5% threshold of the HIV/AIDS pandemic. It is estimated that 200 people, mainly females under the age of 30, contract HIV daily. Already, about 120,000 children have been orphaned through the HIV/AIDS epidemic since 1986. The crunching poverty and the increased incidence of teenage pregnancy would certainly add to the already frightening population of those dropping out of school and contracting HIV/AIDS. So far, few of the programmes on HIV/AIDS target distance education programs for adults.

According to UNICEF statistics for 2000-01, there are 35,000 orphans infected with HIV/AIDS in Lesotho. The majority of these children live with relatives or family friends while others have to be taken to orphanages because they have no one to take care for them. Their relatives are too old, too poor, or infected with the HIV/AIDS virus and cannot provide for their living. Intervention literacy programs have not addressed the role of adults in caring for the orphans with HIV/AIDS, not to mention teaching the orphans how to care for themselves.

In Tanzania, it is estimated that 20% to 25% of Tanzanian children under age 15 will be orphans by 2010. HIV/AIDS has been a major contributor to the rapid increase in orphans in Tanzania; over 60% are orphaned as a result of HIV/AIDS. According to the 1998 National AIDS Control Programme of Tanzania (NACP) report, the estimated number of people living with HIV/AIDS (PLWHA) was 1.4 million at the end of 1997. Reported cumulative HIV/AIDS cases by the end of 1999 were 118,713. Therefore, NACP estimates that 44,250 cases occurred in 1999. This large population poses the need for distance learning strategies in order to deal with healthcare and transmission issues.

In 1996 there were 4.1 million children under the age of 18 in Zambia. According to the 1996 Living Conditions Monitoring Survey (LCMS) data, 13% (approximately 550,000) of Zambian children were orphans. The survey established that single orphans outnumbered double orphans, as they constituted 86% of the orphan population. It was also found that 64% of orphan children had a deceased father, 22% had a deceased mother while 14% were double orphans. It has also been established that the proportion of children who are orphaned increases with age, from around 4% of 0- to 4-year-olds to 19% of 10- to 14-year-olds and 23% of 15- to 18-year-olds. There is an equal distribution of boy and girl
orphans. Currently, 70% of the orphans are under the age of 15, reasonably equally distributed between 10 to 14 years and under 10 years. The 1996 data demonstrates that 63% of orphans are found in rural areas. However, the proportion of orphans to non-orphan children in urban areas is slightly higher.

In Zimbabwe, the number of orphans has increased because of the HIV/AIDS pandemic. In one province of Zimbabwe, 47,000 were found to have HIV/AIDS (Shakespeare, 1995), with only 1% in institutional care. Similar situations exist in Mozambique, Namibia, Nigeria, Sierra, Leone, South Africa, and Swaziland among others.

The raging debate on literacy

At the Teheran Conference in 1965 UNESCO Ministers of Education designated ‘functional literacy’ as the second form of literacy. Meanwhile, scholars have spent the past 37 years analyzing and debating what ‘functional literacy’ really is, proposed changes in the usage of this terminology and have added to the controversy with many different interpretations and definitional changes. However, the most incessant question is: Has this debate and its commensurate interpretations and changes yielded a more ‘functionally literate’ world or has the focus of becoming ‘functionally literate’ been lost in all that rhetoric? Lately the most poignant question is whether it is tenable to link the rapid growth of HIV/AIDS pandemic to low literacy levels and lack of functional literacy, especially in Africa.

The literature has attempted to provide an indepth understanding about the various functional literacy discourses. Despite all these discourses and debates on whether ‘functional literacy’ is the most appropriate vocabulary to describe a perceived problem and whether literacy is truly functional in many societies, scholars may have overlooked the interconnectedness and synergistic relationship between oral tradition, acquisition of literacy, literacy becoming functional, the transformation of the worldview as evident in a change in behaviours and attitudes, and the incorporation of newly acquired literacy with critical thinking and consequential decision making in the role of a change agent. This could be the greatest gap that renders it difficult to understand African families, their sexual behavioural patterns, and the relationship between these phenomena and transmission of HIV/AIDS. The African worldview must
thus be understood, especially in the perspective of women’s roles, as a first step towards addressing the HIV/AIDS problem in Africa.

A worldview that is expanded falls short of making knowledge functional unless such a worldview is in itself transformed. Since knowledge is a function of education and it induces a change in equilibrium, a transformed worldview will be an expected effect. For literacy to become functional it must be preceded by education that translates into information that empowers -- a socio-cultural transformation. The ‘functionality of literacy’ cannot be an expected outcome if these dynamic interactions are not tightly linked. If a woman is denied literacy she cannot effectively transmit important communication towards informed decision making. Traditional knowledge and its oral mode of communication have explained disease processes as spirit originated and have fallen short of explaining complex and newly emerging disease processes. Since health literacy deals with advanced communication skills that require information processing that deals with cause and effect and complex information processing, it has become evident that traditional knowledge alone is cannot suffice to equip the woman with critical literacy, critical thinking and decision making skills regarding complex disease processes that require advanced literacy practice. Therefore, when a woman is at the hub of communication in her community it becomes imperative that she be equipped with the knowledge and skills that would allow her to process complex information. In so doing, she actively participates in her own care and then proceeds to become a change agent.

With regard to communication and information processing, Deutsch (1966) equates a political system to communication of the human nervous system. He views a political system as information dissemination, reception of messages, and response to messages. Thus, he looks at politics from an information processing perspective where political decisions are made through communication efforts, i.e., networking and information.

Deutsch (1966) also describes memory and recognition, a seven-step procedure as coding, storage of symbols, disassociation of some information, recall of some disassociated decipher, retain and disseminate information on routine activities items, recombination of some recalled items that create new
patterns, abstraction from the recombined items, and the transmission of new items for storage. Coding occurs when the a-scientific or indigenous world-view of oral tradition is able to decode important information. Coding proceeds with the storage of symbols to the point where information may become so complex and gigantic that literacy is added as a secondary system.

The woman uses the oral tradition interchangeably with literacy, depending on the information that needs to be stored. The woman is able to disassociate some information, and assess the compatibility of the information within her cultural context. This implies that she does not need all the information at once, and therefore, uses information at her disposal. She will recall some of the disassociated items when it is necessary. She recombines what she learns through literacy with the oral tradition, and creates new patterns of expression. She then proceeds with the abstraction from some recombined items, which translates in her ability to make literacy functional in all aspects of daily life. Literacy is now transmitted as a new item into storage. It is in advanced societies where the bridging of oral tradition and literacy has taken place. This is where the world-view has been expanded and transformed. However, this level of literacy cannot be easily achieved except with carefully planned adult education programs that focus on the socio-cultural transformation. It also explains why cases of HIV/AIDS have been on the increase despite literacy and advocacy efforts all over Africa.

With regard to feedback and equilibrium Deutsch (1966) notes that feedback is a communications network that produces action in the new information by which it modifies its subsequent behavior. According to Deutsch, a system is in equilibrium when it will return with greater force to its original state. Deutsch describes this as a force coming from the outside. However, force is not only exogenous but also endogenous. The exogenous force experienced by the system occurs by way of literacy acquisition, education, knowledge and its functional application that leads to world-view expansion and transformation. The endogenous force implies societal pressures, such as religious and/or cultural constraints as she transitions from an ascientific worldview, expansion and transformation of worldview. Though widely accepted, Deutsch’s concept of equilibrium hardly addresses worldview processes accomplished by various states of equilibrium within the cultural context. His concept of information
flows does not allow for a shift in paradigm or world-view transformation through female adult literacy access, acquisition, and integration of knowledge in community life. Deutsch also focuses on information and the information processing approach to politics rather than power, thus regarding politics from an information processing perspective.

Deutsch contends further that, it is the ability to make decisions that leads to actions and power. As such, the political process described can be controlled, because information can be traced through message content, style, reception, efficiency, and therefore, be better analyzed. The educational process depends on a woman’s ability to control the information flow. Deutsch also includes the transfer of people and commodities in his understanding of the transfer of information. Finally, the “end” of a nation, according to Deutsch, is where this information network ends and is not shared by others. This approach to literacy cannot work effectively in African communities where women are not sufficiently empowered with higher education and wealth (World Bank, 1994).

**Negotiating the way Forward: The “Ten Points of Excellence Multi-Sectoral Development Program and Practicum” – “TEPEMUSEDEP”©, a Signature Model for the 21st century**

A society or individual cannot develop a ‘functionally literate culture’ unless the worldview is transformed. The worldview is transformed when endogenous and exogenous forces impacting on its practices reach compromise levels. The adult education distance program suggested in this paper has been developed from the worldview transformation paradigm (Bacchus, 2001), which bridges the gap between traditional knowledge systems and modern world education using traditional settings and structures. It not only lays a firm foundation for basic functional literacy, but also through it paves the way for participation in university higher education, all of which are crucial in confronting the problem of HIV/AIDS pandemic.

Addressing the problem of HIV/AIDS in Africa is likely to remain a challenging task for the decades to come unless steps are taken to give women the leading role in the battle against it. Infection with the HIV/AIDS virus can be prevented by applying the first line of defence -- a transformed
worldview, which is reflected in literacy becoming functional in many societies. More than condoms and other preventive measures, education is the single most powerful instrument that leads to a transformed worldview—a socio-cultural transformation for those that become ‘functionally literate’ because knowledge has empowered them. Thus, in addition to creating awareness about HIV/AIDS, it will lay an appropriate foundation for acquisition of skills and perceptions that can help in understanding how to safely use the condoms and other protection methods.

Since adult women play a major role in food production, reproduction, and childcare, they hardly have any time left to attend formal education in schools. It is possible that an adult distance education program targeting especially women will go a long way in reducing incidences of HIV/AIDS infection and transmission. It will also help caretakers to meet the needs of the destitute children who lost their parents to HIV/AIDS. Furthermore, the program will also address critical healthcare needs of orphaned children infected with HIV/AIDS.

However, the TEPEMUSEDEP distance adult education program suggested in this paper will go beyond mere advocacy to reduce incidences of HIV/AIDS in Africa. It also empowers the community with production skills and functional literacy that can enhance the practices they are already engaging to sustain their lives. It provides a panacea to economic problems that the community might already be facing owing to large numbers of sick people who need medicine, food, and emotional support. The program therefore seeks to use distance education programs to transform the communities’ ways of perceiving and responding to the HIV/AIDS pandemic especially by harnessing local resources to support themselves. TEPEMUSEDEP is divided into five phases containing 4-10 distance learning modules as outlined below.
Phase I

Module I: Literacy: Basic Literacy
Module II: Economic Development: Business Planning Micro-credit Schemes
Module III: Health Care: Traditional Medicine and Basic Concepts of Health
Module IV: Nutrition: Basic Foods, Balancing Your Diet and Food Preparation
Module V: Juvenile Management: Survey of Home and Community Based Support Systems
Module VI: Conflict Prevention and Dispute Resolution: Dispute Resolution in Pre-colonial Traditional Societies – A Model for today’s society
Module VII: Domestic Violence: Women
Module VIII: Vocational Education – Technical Skill Development
Module IX: Computer Technologies – Basic Information Technologies
Module X: Leadership and Excellence – Human Development: Maximizing Human Resources through cross training models, Peer Reviews and training of trainers (T.o.T).

Self Assessment Model: The Power House

Phase II

Module I: Literacy: Local Languages
Module II: Economic Development-Development of local manufacturing plants
Module IV: Nutrition-Food Security
Module V: Juvenile Management-Dealing with School Dropouts in the community (One year duration with built in practicum)
Module IV: Conflict Prevention and Dispute Resolution-The Colonial Legacy
Module VII: Domestic Violence-The changing roles of women in colonial societies
Module VIII: Vocational Education- Small Business Development- Business Administration
Module IX: Computer Technologies – Basic Information Technologies
Module X: Leadership and Excellence–Human Development: Maximizing Human Resources
through cross training models, Peer Reviews and training of trainers (T.o.T.); A Self Assessment Model – The Power House

Phase III

Module I: Literacy-Global /National Language Module


Module III: Health Care-Intermediate Health Care II; Counselling II; HIV/AIDS/STD Prevention, Drug addiction, alcoholism, smoking, and glue sniffing.

Module IV: Nutrition-Infant and Child Nutrition, Education and Growth Monitoring (One year duration to get the full benefit of this program which includes practicum.

Optional Specializations Module V - X

Module V: Juvenile Management-Dealing with School Dropouts in the community (One year duration with built in practicum)

Module IV: Conflict Prevention and Dispute Resolution-Economic Austerity Measures and Poverty (one year ongoing with practicum)

Module VII: Domestic Violence: Women in the 21st Century

Module VIII: Vocational Education–Teachers Aid Training

Module IX: Computer Technologies–Basic Information Technologies


Phase IV

Module I: Literacy-The Worldview Transformation Paradigm

Module II: Economic Development-Local School planning in a multi-sectoral setting

Module III: Health Care-Advanced Modern Health Care; Counselling III – Diabetes, High Blood Pressure, Heart Disease, Infectious Diseases, the Elderly
Module IV: Nutrition – Special Needs: Diabetes, High Blood Pressure, Heart Disease, Infectious Diseases, the Elderly

Optional Specializations Module V - X

Module V: Juvenile Management: Dealing with the Dysfunctional Family/one parent households in the community

Module VI: Conflict Prevention and Dispute Resolution: Towards nation building (One year ongoing practicum)

Module VII: Domestic Violence: Gender Issues and Women’s Rights

Module VIII: Basic Nurses Aid Training

Module IX: Intro to Multi-media applications

Module X: Leadership and Excellence–Human Development: Maximizing Human Resources.

Phase V

Module I: Literacy-The Worldview Transformation Paradigm (stage two)

Module II: Economic Development- Multi-sectoral Planning

Module III: Health Care-Advanced Modern Health Care; Data Collection and Surveillance,

Module IV: Nutrition - Special Nutritional Needs

Optional Specializations Module V - X

Module V: Juvenile Management – Identifying Partnerships and linkages creating culturally sensitive support systems in traditional societies. Child rights and inheritance

Module VI: Conflict Prevention and Resolution – Building a model for national, regional and peace collaboration

Module VII: Domestic Violence – Internship with grass root women organizations. Forming partnerships with men

Module VIII: Vocational Education- Group Home Leadership and Training in the traditional setting

Module IX: Computer Technologies: Multi-media program design in distance learning

Module X: Advanced leadership and Excellence–Human Development: Maximizing Human
Resources. Establishing Vocational Educational linkages with higher education

Module V: Practicum (will adhere to each learners area of interest in community service vis-à-vis HIV/AIDS prevention effort).

Phase I is thus expected to impart crucial literacy skills of communicating ideas about HIV/AIDS through sharing conversations, speeches, reading billboards and simple literacy on HIV/AIDS (e.g. transmission and prevention) and writing. Phase I will also provide basic entrepreneurial skills that can be used by women to raise income to care for their sick and provide sustenance for their families. In this Phase basic healthcare and nutrition knowledge and skills will be introduced. Major components will include learning about sanitation handling of food, and selection of food types that enhance a balanced diet. The goal is to ‘take something from outside (literacy) and making it real to her (functional)’.

Juvenile management, conflict prevention and violence against women will also be addressed in Phase I of the distance education program with an aim of creating respect and supportive environment in the community. This will ensure that the greater attention is shifted from community conflicts to the fight against HIV/AIDS. It will also create a conducive environment to address modules VIII, IX, and X, which provide vocational skills, basic computer skills, and community leadership skills to support the effort already being made through the previous modules to combat HIV/AIDS.

Phase II will move one step beyond Phase I by introducing the study of local languages as a medium to use in learning materials about HIV/AIDS and how community resources can be used to prevent its transmission. It will also address local production systems and how they can be improved to raise required funds to deal with the HIV/AIDS scourge. Ensuring food security will also imply that available funds can be channeled to battle HIV/AIDS. Modules IV, V, and VI will also provide background to the changing roles of women in the African setting as a way of understanding their present situation, vis-à-vis the becoming infected and the transmission of HIV/AIDS.

Aspects of Juvenile management, conflict resolution, and domestic violence, especially against women in Phase II will go further to include awareness about the laws governing conflict (e.g. the rights and privileges of partners in a marriage and their remedies when faced with conflict). Higher vocational
and computer skills will be provided in this phase especially for those taking leadership initiative in the program. Community-based models of leadership will also be used to equip members of the various communities with operational skills. Phases III, IV, and V will contain advanced distance education modules intended especially for those who will manage HIV/AIDS prevention and development projects in their communities. They will, however, focus on a self-contained practicum session where the adult learners will have a chance to practice their skills. The final practicum to be done in Phase V will be supervised by field tutors because this phase is expected to produce highly skilled community leaders.

TEPEMUSEDEP will be implemented in close collaboration with educational institutions, centers, government agencies and non-governmental organizations already engaged in community support projects on HIV/AIDS. Implementation of the five phases should last three to ten years depending on the adult learners’ pace. This flexibility is preferred owing to the nature of the learners and their other commitments in the community. In fact learning is also terminal at the end of every phase. Certificates for those completing each phase of the program will be provided as a way of motivating others to attend, and for allowing them the basic and/or advanced skills and knowledge necessary to function in their respective communities at various levels and in entrée and advanced level positions depending on their advancement in the program. The areas program participants will be capable of functioning once they have completed one or more phases of cross training include and are not limited to orphanages, refugee camps, businesses, health clinics, juvenile facilities, peace keeping forces, dispute resolution teams, community action groups, epidemiological surveillance teams, teaching and nursing assistants services, private hospitals, schools, HIV/AIDS public clinics and hospitals, government leadership at various levels, NGO’s, churches, youth and civic groups, and women societies while they also prepare themselves for higher education for a professional career.

The goal is to integrate urgently needed cross training skills that are a top priority and necessity in most developing societies since many individuals may have completed various programs, including high school but have limitedly acquired applicable and relevant skill levels to function or practice in real life settings. The functionality of language is key to the participant’s success that mutually enhances the
practical implementation of skills learnt which leads to mastery of skills and literacy practice as a way of life. Therefore, functional language skills and the ability to be cross trained is an added incentive in that new knowledge and ideas that have relevance to practical implementation bring about a sudden change in equilibrium resulting in the inculcation of new knowledge and skills which then become second nature to participant. This will not only apply directly to community life, but also offer the participant continuity of training programs, a new support system of which he/she is an integral part that will shape his/her literacy and real life experiences.

Prevailing community needs will also play an important role in shaping the programs’ goals and objectives versus the prevailing needs in a given region. Therefore in Phase III -to V optional specializations will be offered. The participant will also have an opportunity to participate in refresher courses to enhance skill levels, bring in fresh ideas and knowledge gained from the field that provide the additional benefit and flexibility to develop a plan for discussion and interaction with program administration. The purpose is to integrate practical and feasible enhancing program features. Once these features have been evaluated and their potential has been determined to be a featured program enhancement that leads to improved outcomes these new features will be integrated in the curriculum through some program modifications. In so doing the participant’s personal skill levels will be upgraded through fresh ideas and knowledge gained while in practice. This is what program ownership is all about.

In order to ensure efficiency and smooth running of the program, on-spot tutors will work in the field where they will visit adult learners in their working environment and share ideas with them. On-spot tutors will offer support where necessary and conduct assessment of the learner’s progress during the field visits. At the end of each Phase, a weeklong workshop will be held in the community at the nearest institution to exchange ideas and conduct an evaluation of the course and course materials.

Delivery Methods

Following a discussion and plenary on defining target audiences, a tutorial on various delivery methods will discuss the strategies to be adopted. However, the delivery criteria will strictly adhere to the needs
and circumstances of each community, cohorts, and individual learners. The purpose of this is to provide awareness about the types of media available, and some of their advantages and limitations, in order to determine the types of delivery media that is most practical. However, it is expected that any one or more of the following modes of delivery and materials will be selected.

<table>
<thead>
<tr>
<th>Charts</th>
<th>guides</th>
<th>flyers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posters</td>
<td>audiotapes</td>
<td>brochures</td>
</tr>
<tr>
<td>Photographs</td>
<td>videotapes</td>
<td>newspapers/magazines</td>
</tr>
<tr>
<td>Books</td>
<td>photocopies</td>
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</table>

**Conclusion**

This paper provided a snapshot of female adult literacy rates in Sub-Saharan African countries vis-à-vis efforts to halt HIV/AIDS in its tracks. Existing debates on the role of literacy in combating HIV/AIDS have been quite unyielding and less supportive to the effort. The major reason for limited success of literacy projects appears to be threefold: firstly, there has been greater emphasis on formal education rather than making basic literacy functional in community life before prior to the advancement into formal education; secondly, historically literacy facilitators have not honed in on transforming the individual’s worldview in order to anchor literacy through community literacy practice when ‘foreign content’ is being introduced, thus leaving the flood gates wide open for many ‘newly literates’ to relapse into illiteracy; and thirdly, it also failed to attract adult students owing to its institutional nature that implied that learners abandon their busy daily schedules to attend school.

As a result, available data reveals that highest female adult literacy rates were in the southern African region: South Africa, 83.9%; Swaziland, 77.3%; Botswana, 78.2%; Lesotho, 92.9%; Zimbabwe, 82.9%; Namibia, 79.8%; Zambia, 69.1% (HDR, 2000) (see Table I) leaving many questions unanswered why women in this region have the highest female adult literacy rates and what factors can possibly explain that the highest HIV/AIDS infection ratios are found in this region compared to other parts of
Africa (see Table II)? The question is also asked why the female adult literacy rates in Malawi, 44.1% and Mozambique 27% respectively also show high HIV/AIDS infection ratios in the same age group?

Table I

<table>
<thead>
<tr>
<th>Country</th>
<th>FALR %</th>
<th>HDI</th>
<th>% of 15 – 49 Age group HIV/AIDS</th>
<th>IMR/1000</th>
<th>Under Five Mortality/1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>78.2</td>
<td>0.593</td>
<td>35.80</td>
<td>46</td>
<td>59</td>
</tr>
<tr>
<td>Lesotho</td>
<td>92.9</td>
<td>0.569</td>
<td>23.57</td>
<td>93</td>
<td>134</td>
</tr>
<tr>
<td>Malawi</td>
<td>44.1</td>
<td>0.385</td>
<td>15.26</td>
<td>132</td>
<td>211</td>
</tr>
<tr>
<td>South Africa</td>
<td>83.9</td>
<td>0.697</td>
<td>19.94</td>
<td>54</td>
<td>69</td>
</tr>
<tr>
<td>Swaziland</td>
<td>73.3</td>
<td>0.655</td>
<td>25.25</td>
<td>62</td>
<td>90</td>
</tr>
<tr>
<td>Zambia</td>
<td>69.1</td>
<td>0.420</td>
<td>19.95</td>
<td>112</td>
<td>202</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>82.9</td>
<td>0.555</td>
<td>25.06</td>
<td>60</td>
<td>90</td>
</tr>
<tr>
<td>Namibia</td>
<td>79.9</td>
<td>0.632</td>
<td>19.54</td>
<td>56</td>
<td>70</td>
</tr>
<tr>
<td>Mozambique</td>
<td>27.0</td>
<td>0.341</td>
<td>13.22</td>
<td>127</td>
<td>203</td>
</tr>
</tbody>
</table>

FALR: Female Adult Literacy Rate
HDI and FALR data obtained from the UNDP HDR 2000
HIV/AIDS, Infant Mortality and Under Five Mortality Rate obtained From UNDP HDR 2001

These researchers therefore argue that a literacy rate is merely UNESCO’s definition of literacy that may have met the established criteria for literacy. This, however, does not imply that these individuals have necessarily become functionally literate, because the pre-requisite for literacy to become functional is that the worldview must be transformed. With other words, the woman/man will ‘take something from outside- literacy and make it real - functional to her/his life situation’.

Furthermore, whether the literacy rate is high, moderate or extremely low in any given area, country or region does not automatically imply that literacy is necessarily functional, since the initial intent of literacy programs was to make people ‘literate’ not ‘functionally literate’. In so doing, literacy programs may have failed and/or limitedly achieved the end result of developing a ‘functionally literate culture’ and ‘community literacy practice’. Consequently, individuals and communities were not empowered with knowledge that translates into information for them to develop the necessary skill level and tools to curb the rapid transmission of the HIV/AIDS virus. Education has to become information that translates into power that is used by the individual and the community.
Table II

Relevant data Comparisons on Selected Sub-Saharan African and South Pacific Island Anglophone and Francophone States

<table>
<thead>
<tr>
<th>Country</th>
<th>FALR %</th>
<th>HDI</th>
<th>% of 15–49 Age Group HIV/AIDS</th>
<th>IMR/1000</th>
<th>Under Age 5 MR/1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>78.2</td>
<td>0.593</td>
<td>35.80</td>
<td>46</td>
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<tr>
<td>Gambia</td>
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<td>0.396</td>
<td>1.95</td>
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<td>0.556</td>
<td>3.60</td>
<td>63</td>
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<td>0.508</td>
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<td>76</td>
<td>118</td>
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<td>5.06</td>
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<tr>
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<tr>
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<td>19.94</td>
<td>54</td>
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<tr>
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<td>0.99</td>
<td>67</td>
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<tr>
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<td>25.25</td>
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<td>90</td>
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<tr>
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<td>8.09</td>
<td>90</td>
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<td>19.95</td>
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<td>60</td>
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<tr>
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<td>Comoros Isl.</td>
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<td>Guinea</td>
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<td>1.54</td>
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<td>181</td>
</tr>
<tr>
<td>Rep. Congo</td>
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<td>1.07</td>
<td>81</td>
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</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>35.7</td>
<td>0.420</td>
<td>10.76</td>
<td>102</td>
<td>171</td>
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<tr>
<td>Djibouti</td>
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<td>0.592</td>
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<tr>
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<td>0.15</td>
<td>95</td>
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<td>Mali</td>
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<td>0.471</td>
<td>5.98</td>
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<td>Seychelles</td>
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<td>13</td>
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<td>Senegal</td>
<td>25.8</td>
<td>0.416</td>
<td>1.77</td>
<td>68</td>
<td>118</td>
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</tbody>
</table>

HDI: Human Development Index
FALR: Female Adult Literacy Rate
IMR: Infant Mortality Rate
MR: Under Five Mortality Rate

HDI and FALR data obtained from the HDR 2000, UNDP
HIV/AIDS, Infant Mortality and Under Five Mortality Rate obtained from the HDR 2001, UNDP

Original Study: The Impact of Female Adult Illiteracy on Development in Sub-Saharan Africa and the South Pacific Islands: A Comparative Study (Bacchus 2001)
Therefore, these researchers argue that not only is ‘community literacy practice’, and the development of a ‘functionally literate culture’ essential towards the understanding and management of the complexities pertaining to the HIV/AIDS disease, but in itself also serves as the pivotal linkage between the individual and the community on which the success of vocational education leading to higher education hinges.

In addition, these researchers strongly argue that literacy has limited functional applications in Southern Sub-Saharan Africa, and likely not just in this region, but also in many former colonies worldwide. This is attributed to the colonial legacy that deliberately entrenched minority interest for example in South Africa, thereby denying millions of an education or providing inferior education to millions resulting in individuals functioning well below their potential and, therefore not being able to contribute to socio, economic and political life (UNESCO, Breda 2002).

Historically, various explanations have been offered that include women’s subordinate role in patriarchal societies, their dependence on men for financial support, promiscuity, polygeny, polygamy, sexual networking, low condom use, poverty, ethos, lifestyle issues, poor health status, stigmatization, denial of the HIV/AIDS epidemic, poor screening techniques of blood products and poorly sterilized medical equipment. However, low literacy and the lack of functional application of literacy appear to be primarily responsible for the HIV/AIDS catastrophe. In addition, (Jones, 2000) argued that adult literacy programs are very limitedly funded by the World Bank (less than 1%), because the World Bank refuses to relate educational returns to adult education and has chosen to disassociate itself for the most part with global advances in adult literacy. This further explains why community literacy practices may have not been anchored in community life due to the World Bank’s uneasiness about programs that might unsettle the social consciousness of adults.

However, this paper has argued that providing literacy without literacy becoming real to the individual – functional, is perhaps the best explanation of the rapid spread of HIV/AIDS in Africa. If ‘something is taken from outside’ – literacy, and it becomes ‘real’ to the individual, education then becomes information that the individual will use, which translates into power. Education precedes knowledge that becomes the most powerful instrument for change. The use of condoms is viewed as a
first line of defence - primary prevention – that these researchers consider to be an expansion of the worldview, but does not constitute a change in behaviours and attitudes. Therefore, this paper argues that the later constitutes secondary prevention and that unless the community’s worldview is transformed, any effort to combat HIV/AIDS will be futile. The Ten Points of Excellence Multi-Sectoral Development Program and Practicum (TEPEMUSEDEP)© is suggested as a strategy towards combating HIV/AIDS in Sub-Saharan Africa, and the global village at large.
References


Witwatersrand University Press.


Annan, K. Building Partnerships for Girl’s Education.


Glossary of terms

1. (Female) Adult literacy is defined as the acquisition of skills to learn the written and spoken form of one’s mother tongue and/or national/official (colonial) language, and the attainment of a measure of proficiency in communicating and integrating language into the home, farm, village, clinic and formal settings, thereby expanding the worldview (Bacchus 2002a, 2002b, 2002c).

2. Illiteracy is defined as a person’s inability to acquire the written form of their (mother) tongue and/or the written and/or spoken national/official (colonial) language. The person is subsequently incapable of fully manipulating the modern world. However, the person is capable of communicating in the oral language (Bacchus 2002a, 2002b, 2002c).

3. Bacchus (2001, 2002a, 2002b, 2002c) defines the functionality of female adult literacy as the interconnectedness between (one’s) (woman’s) worldview, literacy and knowledge with emphasis on the relevancy of literacy to one’s social reality. This commences with preparation from within the cultural context, facilitates a sequence that uses the formal and/or non-formal setting (the farm), and climaxes with the acquisition of advanced skills to interact with the global village. This is a dynamic process that advances gradually to transcend community boundaries and prepares the person (woman) for emerging global trends that include the dissemination of information, accessing the global village, global communication technologies, and micro-credit schemes. The objective is the integration and application of this new knowledge in most aspects of daily life and at both the global and local level.

4. A woman is functionally illiterate when she has acquired the mother’s tongue and/or the written and/or spoken national/official (colonial) language literacy or is schooled but lacks the ability to
translate education into information that transforms her worldview, attitudes, behaviours and practices (Bacchus 2002a, 2002b, 2002c).

5. Prose literacy is defined as the knowledge and skills needed to understand and use information from texts, including, editorials, news stories, poems, and fiction (HDR, 2001).

6. Oral Tradition is a means by which a people’s history and cultural content is passed on from one generation to another (Bacchus 2001, 2002a, 2002b, 2000c).

7. A worldview is a framework created by competing endogenous and exogenous forces that shape the way a person perceives reality, the framework within which a person accepts sudden change and new knowledge (Bacchus 2001, 2002a, 2002b, 2002c).

8. An a-scientific worldview is a belief in dramatic events and development of spirit origination; for example, the Native American believes that mountains and rivers have spirits (Bacchus 2001, 2002a, 2002b, 2002c).

9. Bacchus (2001, 2002a, 2002b, 2000c) defines a scientific worldview as a culture that sees the world as cause and effect, and whose development is mechanical.

10. Equilibrium is a state of dual force that exists with competition between the endogenous and exogenous forces, which results in equilibrium that accounts for system stagnation (Bacchus 2001, 2002a, 2002b, 2000c).

11. Endogenous forces are societal pressures, such as religious and/or cultural ethos, ‘Bundu Society’, women secret societies or ‘Sharia Law’ as the woman transitions from an a-scientific worldview, expansion and transformation of worldview (Bacchus 2002b, 2002c).

12. The exogenous forces are external sequela experienced by the system through literacy acquisition, education, knowledge and its functional application that leads to worldview expansion and transformation (Bacchus 2002b, 2000c).

13. 8-4-4 refers to the structure of education in Kenya, according to which pupils attend 8-year primary education, 4-year secondary education, and a minimum of 4 years university education. (Akala, 1996).
About the Authors

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