Institute for Christian Teaching
Education Department of Seventh-day Adventists

TEACHING HIV/AIDS PREVENTION IN ADVENTIST HIGHER EDUCATIONAL INSTITUTIONS IN AFRICA

by
Daniel Ganu
Valley View University
Accra, Ghana

611-06 Institute for Christian Teaching
12501 Old Columbia Pike
Silver Spring, MD 20904 USA

Prepared for
34th International Faith and Learning Seminar
held at
Valley View University—Accra, Ghana
June 18 – 30, 2006

Introduction

Few diseases have been feared as much as HIV/AIDS has been ever since human beings began efforts to prevent and control major diseases. History has witnessed several successful attempts by mankind in eradicating, controlling or preventing major causes of death and disability. Although a large number of health problems continue to defy human efforts to control them, none of them presents a challenge greater than the prevention and control of HIV/AIDS. The HIV/AIDS pandemic is a problem of catastrophic proportions which is unraveling decades of progress in humanity and development across the globe. HIV is the human immunodeficiency virus that causes AIDS, a member of a group of viruses called retroviruses. The virus infects human cells and uses the energy and nutrients provided by those cells to grow and reproduce. AIDS (Acquired Immunodeficiency Syndrome) is a disease in which the body's immune system breaks down and is unable to fight off certain infections, known as "opportunistic infections," and other illnesses that take advantage of a weakened immune system. HIV/AIDS is without doubt one of the most tragic and challenging health problems of our days. Africa carries the heaviest burden with respect to HIV/AIDS. In a continent representing one-tenth of the world's population, nine (9) out of every ten (10) HIV positive cases originate from Africa. Since the first cases of HIV/AIDS were reported twenty years ago, nearly 40 million people have been infected and 22 million have died. HIV/AIDS poses a threat to development, security, and economic growth especially in the African continent, (Otaala, 2004). Some preventive measures have been stepped up to curb the spread of the disease but the disease is still on the rise. At the university level, the youth are faced with many challenges such as temptation to experiment anything including sex. They become very vulnerable to sexually transmitted diseases including HIV/AIDS. Effort must be

made to shape the world view of the youth especially at the university level where their academic foundation is being formed in order to adopt the proper behavior. If proper world view is adopted, it will generally lead to acceptable behavior. Expected behavior is demonstrated in this chain.

Changing behavior (World View ⟶ Beliefs⟶Values⟶Behavior).

To change our behavior (what is done), we must first change our values (what is good). To change our values, we must first change our beliefs (what is true). To change our Beliefs, we must first change our world view (what is real). The desired world view is that, God loves us and desires a loving relationship with us. God is merciful, gracious and forgiving. He can be trusted and we can bank our lives on His love and goodness. When a student truly believes that God has given him/her great value and knows deep down that she/he is precious, then, choices matter. They will be abstinent and will view others as precious and treat them with respect. They will also care for their bodies and will optimize their skills and be productive citizens.

Purpose of the Study

The essay proposes a basis for teaching prevention of HIV/AIDS amongst students and staff in the Seventh-day Adventist educational institutions with a broader vision/framework of addressing the issues of prevention, care and mitigation of the pandemic. The essay also aims at empowering university teachers to integrate HIV/AIDS into their own teaching and to provide similar training to their university staff and students.

Defining the Problem and the Rational for Including HIV/AIDS in the Educational Curriculum in Africa.

As Adventist educators, it is important to have a clear understanding of why we should include teaching HIV/AIDS prevention in our curriculum. Three (3) reasons are

identified as very crucial. First, HIV/AIDS is a major attack on life. Since biblical studies is a discipline that centers on the divine creation of life and the search for the divine will for all life and relationships, it cannot ignore HIV/AIDS's attack on life and how it affects particularly socially disadvantaged populations, who face poverty, gender inequality, violence, international injustice, racism, ethnic conflicts, denial of children's right, discrimination on the basis of sexual orientation and ethnicity. Second, the impact of the HIV/AIDS itself warrants its inclusion in the curriculum. Its incurability leads to fear, hopelessness, intense search for healing, poverty, death, orphans, widows, and over burdened grandparents who have to take care of orphaned children. It underlines the need for transformative compassion. Third, HIV/AIDS also has an economic impact as production decreases and costs increase. Socially, it affects relationships at all levels. In politics, it calls for particular leadership at community, national and international levels. Its incurability has raised spiritual questions and its interaction with other social epidemics has exposed culture and many social structures and institutions as inadequate and in need of review. Most African universities contribute to the problem by failing to provide HIV/AIDS and sexuality education and by limiting access to condoms, contraceptives, and treatment for sexually transmitted diseases. In my own opinion condoms should be reserved for family planning purposes.

Risk factors

It is only HIV infected people, and only HIV infected people that transmit HIV. Inanimate objects such as drinking glasses, toilet seats, door knobs, etc. are not contaminated with living viable HIV therefore; people do not catch HIV infection from inanimate objects. Biting insects do not transmit HIV since the virus does not survive either the trip through the insect's gut or on the surface of the mouth parts. The major

risk factors for contracting the disease are unprotected sexual intercourse (both heterosexual and homosexual), injection drug use, blood transfusion, and mother to child transmission. In the Sub-Saharan Africa, 87% of those living with the virus got it through heterosexual intercourse while 70% got it through the same means worldwide, (Emeagwali, 2002). The virus exits a person via three fluids: blood, genital fluids (semen and vaginal secretions), and maternal milk. Saliva, tears, sweat, stool or urine are ineffective exits for HIV, even though they contain small numbers of HIV.

The Impact of HIV & AIDS on the African Continent

In twenty-five (25) years, HIV has infected 40 million people who are now living with the virus, and orphaned 14 million children globally. It infects 5 million people each year and has already claimed millions of lives (Dube, 2004). Sub-Saharan Africa is the region of the world that is most affected by HIV & AIDS. An estimated 25.8 million people were living with HIV at the end of 2005 and approximately 3.1 million new infections occurred during that year. In just 2004 the epidemic has claimed the lives of an estimated 2.4 million people in this region. The total number of children throughout the world who have lost one or both parents to AIDS related causes has reached 15 million and the number of AIDS orphans in sub-Saharan African increased to 12 million in 2003. Almost 50% of children who have lost at least one parent are younger than age 12 and 12% are younger than age five (Kaiser, 2004). The pandemic has replaced malaria and tuberculosis as the world's deadliest infectious disease among adults and is the fourth leading cause of death worldwide (Fredriksson & Kanabus, 2005).

Beyond these staggering numbers, there are two aspects of this epidemic which have transformed it from being merely an individual health issue to a social issue that affects

all aspect of human life. The HIV works through social injustice. It is an epidemic within other social epidemics of injustices. Thus where there is poverty, gender inequality, human-rights violation, child abuse, racism, HIV/AIDS stigma, classism, international injustice, violence, ethnic and sex-based discrimination, HIV/AIDS thrives. While it is true anyone can get HIV/AIDS, the most marginalized groups- who are subject to the above social conditions are more vulnerable and likely to lack quality care when infected or sick. The disease affects all aspects of our lives: cultural, spiritual, economic, political, social and psychological (Dube, 2004). The extent of the epidemic is only now becoming clear in many African countries, as increasing numbers of people with HIV are now becoming ill. In the absence of massively expanded prevention, treatment and care efforts, the AIDS death toll on the continent is expected to continue rising before peaking around the end of the decade. This means that the worst of the epidemic's impact on these societies will be felt in the course of the next ten years and beyond. Its social and economic consequences are already being felt widely not only in health but in education, industry, agriculture, transport, human resources and the economy in general. HIV/AIDS is now increasing the cost of doing business. Companies have to pay direct costs for treatment of sick employees and more expensive health and insurance benefits, as well as the indirect costs of lower productivity, absenteeism and increased recruitment and training costs for replacement staff. However, in many developing countries the public sector is dysfunctional, so the social, health, and financial burdens often fall on households and families. In addition, governments face the same increased mortality and morbidity among infected staff as the private sector, reducing the public sector's ability to maintain the expertise needed to respond to the epidemic. At least 12 per cent of all educators are reported to be HIV positive in Southern Africa. An HIV positive person

without access to drugs dies within seven years of infection. That means that over 53,000 educators will die by 2010 or between 88,000 and 133,000 educators if prevalence reaches 20 or 30 per cent, (Emeagwali, 2002).

HIV/AIDS, a Moment of Crisis

In 1997, Nelson Mandela cited the HIV/AIDS pandemic as a "threat that puts in balance the future of nations." AIDS kills those on whom society relies to grow the crops, work in the mines and factories, run the schools and hospitals, and govern the countries. It creates new pockets of poverty when parents and bread winners die and children drop-out prematurely to support remaining children – themselves affected and infected by HIV/AIDS. The HIV/AIDS pandemic is a challenge to the African continent. According to the World Council of Churches document, Facing AIDS: The Challenge:

> At the root of the global socio-economic and cultural problems related to HIV/AIDS are the unjust distribution and accumulation of wealth, land and power. This leads to various forms of malaise in human communities. There are more and more cases of economic and political migration of people within and outside of their own countries. These uprooted people may be migrant workers looking for better-paying jobs or refugees from economic, political or religious conflicts. Racism, gender discrimination and sexual harassment, economic inequalities, the lack of political will for change, huge external internal debts, critical health problems, illicit drug and sex trades, including an increase in child prostitution, fragmentation and marginalization of communities are all factors that affects the developing countries in Africa, from a web of inter-related global problems which intensify the susceptibility of human communities to HIV/AIDS (pg14-15).

The disease raises a deeply theological issues. It raises deep challenges about the meaning of life, our concepts of God, our understanding of church, human interdependence, human frailty, human failure, human sinfulness and human community. The HIV/AIDS epidemic brings issues of personal and individual ethics and morality to the fore once again. In the face of HIV/AIDS, our interdependence as human beings is displayed in all its destructiveness. Moreover, because of

stigmatization and HIV/AIDS-related discrimination, the rights of people living with HIV/AIDS and their families are frequently violated simply because they are believed to be infected with the virus. This discrimination is real and comes in the form of alienation from family and friends, loss of employment, loss of housing, and violence. An individual is not just discriminated for his or her HIV status. Some families refused to share certain household utensils with people living with the virus. Others are moved out of the family home and women inheritance and succession rights are denied because they will die soon.

Infected wives are neglected by their husbands, are blamed, victimized and deserted. Children of women who have HIV are ostracized and do not receive inheritance rights because it is assumed they are infected and will die soon. Infected young people are usually denied marriage; at least, people will refuse to fiscally support their marriage because they are going to die soon. Self-stigmatization is the most difficult form of stigmatization to address. Perceived stigma causes people to police their behavior and hide their secret. This may trigger an uncooperative attitude with refusal to accept help and support that is offered.

Botswana is among the countries hardest hit by HIVAIDS. In 2005, there were an estimated 270,000 people living with HIV, a country with a total population below two million with an adult HIV prevalence rate of 24.1%, the second highest in the world after Swaziland whose adult prevalence rate is 42.6%. The life expectancy at birth of Botswana fell from 65 years in 1995 to less than 40 years in 2005 (UNAID/WHO, 2006). In an address to the UN assembly, the president of Botswana summed up the situation in his country by saying, "we are threatened with extinction. People are dying in chillingly high numbers. HIV/AIDS is a crisis of the first magnitude in Botswana." (Farley F, 2001). The AIDS epidemic is on a scale unknown anywhere else in the

world as it is devastating Swaziland. With a population of just 1 million, the prevalence rate is 56% for the youth between the ages of 25 and 29 years. The survival of the nation is at stake and according to the coordinator of the national AIDS prevention of the country, the scale of Swaziland's AIDS epidemic is unique and if the situation persists, Swaziland will be extinct as a Swazi people and Swaziland will probably be the first country to die of AIDS (David Blair, 2005). Research has shown that young women in Sub-Saharan Africa have up to six times the HIV infection rate of boys their age, because of cross-generation sexual relations between girls and older male partners. When girls are infected they pass the virus to the next male partner, who is likely to be an older married male. This way more and more men bring the disease back home to their unwitting wives and unborn children. The family is wrecked, the young women in the society are destroyed, and the newly born infected, (Jones & Nimmo, 1999). Demand for education is dropping and changing as many teachers are ill and dying. The trauma of loss associated with HIV/AIDS is entrenched in the classrooms and lecture theatres of South Africa, Botswana, Swaziland, and many other African countries.

Integrating Faith and Learning in the Teaching and Prevention of HIV/AIDS

If we compare the crisis moment of Israel and the description of our current historical condition such as South Africa, Botswana, Swaziland and other African countries, it is not hard to realize that the HIV/AIDS pandemic needs prophets and prophecy. What answers do we provide to the following questions- Does HIV/AIDS

i) amount to national and global crisis?

ii) attack the poor and those who are discriminated against, who are deprived of their rights?

iii) involve the exploitation of children, orphans and widows?

iv) involve religious leaders whose piety has lost compassion?

v) breed hopelessness that is plaguing God's people and lead to the exclusion of the suffering?

vi) thrive on corrupt national and international leaders and policies?

If the answer to any of these questions is yes, then we could well say that we have a moment of crisis especially on the African continent. If indeed we have a moment of crisis, then, we might also ask the question, "Where have all the prophets gone?" Has the Lord ceased "to call" us to be prophets? When ever there is a moment of crisis in Israel, God will raise a prophet to speak, (Deuteronomy 18:15 KJV). For example, Hosea lived in the time of Israel where the commandment of God was neglected. Dishonesty, mutual distrust, and deception toward God and man prevailed. Crime and bloodshed was widespread; luxury in every form was encouraged. Perverted justice and oppression of the poor was common. The priest wholly devoted to idolatry, joined the people in their sinfulness, and added to the corruption that covered the land (Hosea 2:2-13). Prophets such as Nahum, Jonah, Obadiah, Micah, etc were all called during a time of crisis to speak against all form of vices and restore order. A prophet is a spokesperson for God who speaks with authority. We are called upon as prophets to speak to issues that help the spread of HIV/AIDS. We as Adventist educators in all our institutions of learning in order to curb and prevent the spread of this menace should speak hope to God's hurting world. Given the gravity of the situation on the African continent as a result of the deadly disease of HIV/AIDS, the Adventist Christian educator as the heir to the promises of God and as people of hope are challenged more than ever before to break the silence. The Adventist Christian Educator can not afford the luxury of prophets who find it difficult to challenge the status quo. We are called to face the reality of the problem such as gender, poverty, race, culture, age, and youth

powerlessness which are significant in the spread of HIV/AIDS. We therefore need an institution and people that are context-oriented and will work like an independent prophet sent by God. We need people who can speak with the authority of the Bible prophets to confront some African cultural beliefs.

In Ezekiel 37:1-2; 4-11, the Bible says:

> The hand of the Lord was upon me, and carried me out in the spirit of the LORD, and set me down in the midst of the valley which was full of bones. Again he said unto me, Prophesy upon these bones, and say unto them, O ye dry bones, hear the word of the LORD. Behold, I... will lay sinews upon you, and will bring up flesh upon you, and cover you with skin, and put breath in you, and ye shall live and ye shall know that I am the LORD. So I...prophesied as he commanded me, and the breath came into them, and they lived and stood up upon their feet, an exceeding great army. Then he said unto me, Son of man, these bones are the whole house of Israel: behold, they say our bones are dried and our hope is lost we are cut off from our parts, (KJV).

People living in HIV/AIDS epidemic zones are standing in the valley of dry bones, where death and hopelessness seem to reign. They are also saying "our bones are dried up and our hope is lost." If Ezekiel was sent to prophesy to the dry bones until they came to life, the question is how can we as Adventist Christian educators hear the word of the Lord saying to us, "prophesy to these dry bones... say to them, I am going to open your graves and bring you up from your grave. In a world where 22 million people have died of HIV/AIDS in 26 years and 40 million are infected, we have to realize that our highest call is to become prophets of life. Adventist educators need to recapture their prophetic role as scholars, as preachers, ethicists, etc.

Biblical Perspective of HIV/AIDS Prevention.

There is no mention of HIV/AIDS in the Bible but other diseases are mentioned. One disease mentioned in the Bible which offers some parallels with HIV/AIDS because it, too, is widespread and contagious is leprosy (Leviticus 13:3), some kind of skin disease. HIV/AIDS differs in many respects from leprosy and other diseases in that

HIV/AIDS is transmitted only through the exchange of bodily fluids such as breast-milk, blood, semen, vaginal secretions etc. More so, HIV/AIDS is not airborne and can not be caught by simply being in the proximity of someone who is HIV positive. In the case of HIV/AIDS, prevention of transmission is ensured by not sharing needle, avoiding contact with infected blood, by abstaining from illicit sexual intercourse or persistently practicing safe sex.

Over 90% of the diseases in our world today could be prevented if we just follow the teachings of the Bible. In Leviticus 18:22, the Bible says: "Thou shalt not lie with mankind, as with womankind, it is an abomination." This same commandment is reiterated in Romans 1: 27 which says that "And likewise also the men, leaving the natural use of the woman, burned in their lust one toward another; men with men working that which is unseemly, and receiving in themselves that recompense of their error which was meet (KJV)."

The sin which is here specified is that which was the shameful sin of Sodom and popularly known today as homosexuality. The effect of such base and unnatural passions was to enfeeble, decay, and disease the body, and cause an early death. This is the effect of the indulgence of the licentious passions in the history of man. In Exodus 20:14 we are also cautioned not to commit adultery. Adultery as referred here means sexual intercourse between two persons either of whom is married to the third person. Lastly, Paul also advised us in 1 Corinthians 6:18 to "Flee fornication, for every sin that a man doeth is without the body; but he that committeth fornication sinneth against his own body, KJV." Fornication is the illicit sexual intercourse of unmarried persons. The word also means idolatry, and all forms of infidelity to God. Both the Old and the New Testaments condemn all impurity and fornication. The Bible in Proverbs 20:1, 20:1 23:30-31, also cautions us to stay away from drugs. Alcohol impairs normal

immune responses that protect the human body from disease. Alcohol consumption has been shown to affect judgment and, hence, increase high-risk behavior including unsafe sex. Alcohol is the single most important co-factor in teenage pregnancies.

The Bible verses considered are all talking about primary prevention. This is prevention of occurrence, taking specific steps to avoid certain conditions. By following these simple Bible teachings, we are protecting ourselves against all forms of Sexually Transmitted Diseases including HIV/AIDS, Gonorrhea, Chlamydia, Genital Warts, Hepatitis B, Cancroids, Syphilis, trichomoniasis, Genital Herpes etc.

The Importance of Preventing HIV/AIDS in Africa

Given the devastation and havoc that HIV/AIDS is causing in much of Africa, it is very important that the curricula of our institutions are infused with issues of HIV/AIDS prevention in a very powerful way. Prevention programs will help to dramatically protect those who are not HIV-positive. The AIDS epidemic can be turned back, and to do so, we must defeat HIV-related stigma and discrimination. Shame must be replaced with solidarity. Knowledge, solidarity, and hope make an effective platform for fighting the HIV epidemic. Across the world, successful responses to AIDS have been built on respect for human rights, promoting the dignity of those affected, and building social solidarity.

Many repercussions of the AIDS pandemic will continue to spread and undermine all aspects of society if prevention is not swift and forceful. There is a strong correlation between a population's health and the capacity of its government to function effectively. Health is not a passive factor that improves as development progresses. Public health drives state capacity more than the inverse. As a population's health declines it will have a significant negative effect on the functioning of the state. This is already happening in several of the states of Southern Africa. There is also a huge

cohort of orphans created. There are 700,000 orphans in Zimbabwe and 600,000 in South Africa. These numbers are expected to grow geometrically in the next 8-10 years. If preventive efforts are not swift and forceful, millions orphans in the continent will be created and uncared for who will become undernourished and lack significant education. It is likely that many will turn to crime to survive, destabilizing the society. They are also likely to turn to political radicalism. Orphan populations provide fertile ground for the recruitment of disaffected youth to radical causes and political organizations.

Economic consequences that are frequently ignored are depletion of national savings, increased deficit spending, and increased aggregate debt. Foreign investors are pulling back from the regions hard hit by HIV/AIDS. Security and social services will also decline as a consequence of AIDS as military and police forces are weakened. Declining revenues from a shrinking tax base lowers the ability to provide education and health care. Further, because the burden of disease falls primarily on the poor and lower middle classes, the epidemic will increase class inequalities and deepen the deprivation of the lower middle class and the very poor.

Multifaceted and Practical Approach to Teaching and Preventing HIV/AIDS

Given that HIV/AIDS affects everything and everybody, the strategy adopted for the struggle against this epidemic should be a comprehensive approach. This means that HIV/AIDS is everybody's business. Each individual, institution, community, religion, department, discipline and indeed, each nation must address the issue. The area of religion, like all others, must immediately be brought to the fore to combat HIV/AIDS, since it raises spiritual questions and advocate solutions in the lives of the affected and infected. Within the Seventh-day Adventist institutions in African, Adventist educators should become effective rabbis just as Jesus was. We must devise effective

and practical methods of teaching HIV/AIDS in our institutions. What ever methods we adopt, they should contribute towards prevention, provision of quality care, elimination of the stigma of HIV/AIDS and discrimination, as well as minimizing its impact. Seven practical approaches/methods of teaching HIV/AIDS are suggested:

1. We must encourage our students to write their term papers, thesis, and dissertations on the subject and we should be ready to supervise their work.
2. Student should be made to do practical assignments in the community with those living with the disease showing compassion to them and breaking the prejudice of stigmatization and discrimination.
3. Our examination questions should always include one or two questions from the subject.
4. Student pastors before they complete their studies and go out as pastors should be well taught about the disease. They should also be taught about methods of reading or re-reading the Bible in the context of HIV/AIDS. For example using Mark 5:24-43, the story of the bleeding woman and the dead young girl. In this passage the difference can be made between men and women in terms of role and power. In some communities, we are struck by doctors who cannot heal patients who lose all their savings in the search of healing and the stigma that is attached to the illness. But we find in this Bible passage Jesus a religious leader who is so sensitive to the touch of a desperate woman and who stops to listen. This text, for example, becomes important for calling leaders who care (Jesus and Jairus), for an absolute insistence on hope and life even in the face of death and hopelessness (the bleeding woman). The text thus becomes mirror-like, enabling us to see and understand our HIV/AIDS context as well as giving us ideas for transformation.

5. Liberation hermeneutics its of class, race, gender and ideological analysis can also be used to teach HIV/AIDS in the classroom. Current HIV/AIDS research and documentation underline that poverty, gender, and inequalities are the leading causes in the spread of the disease (Kaiser, 2004). Most church leaders' response to HIV/AIDS stops, pitifully at a personal level (insisting only on abstinence and being faithful as the answer), which fails to acknowledge that individuals are socially located and the decisions they make are dependent upon that. Our ways of reading the Bible, counseling, preaching, teaching, project design must enable our students to make analysis that takes into consideration the social, economic, political and most of all cultural aspects of individuals as social beings. Thus any educational approach that assists students and church members to understand poverty and gender analysis will be extremely helpful in creating a church and society that is HIV/AIDS- competent and sensitive. More over, liberation approach of teaching HIV/AIDS assists in analyzing not only the text but also the society and insists on transformative justice.
6. Story-telling and divination methods can also be used in reading the Bible. Story-telling of the text and of the life of the listeners or readers can serve to break the silence and to hear each other out. This story-telling includes retelling biblical stories in the light of contemporary concerns and also bringing together African cultural stories and the Bible to be read together. Similarly, divination which insists that health should be regarded as good relationships and that we are responsible for each other's health is central to understanding HIV/AIDS and addressing the social evils that encourage it in our search for healing.
7. Social location as a story-telling method of teaching HIV/AIDS. People are socially located and socially constructed into a number of relationships that

empower or dis-empower them. The social location theory assumes that we are all located in society, relationships, institutions and values that are characterized by power. In the HIV/AIDS era our social locations determine who will be more vulnerable to infection, who will have the power to minimize its impact, who will have access to quality care, who will respond and who can afford to ignore its presence. Using this as a tool to teach HIV/AIDS, first, it allows us to talk about ourselves. It is a story-telling and analytical method which allows us to tell stories of our social location. Second, it allows us to listen to each other's stories of social location. Third, it allows each of us to face the fact that sometimes our social positions involve us in the oppression of other members of society. This approach of self-analysis creates a space for repentance and challenges students to opt for empowering those who are under their power and to confront the social institutions that distribute power unequally. Fourth, a critical self-awareness is in itself empowerment. We come to understand that our oppression is social rather than national or divine. If it is a social construct, then it can be deconstructed and reconstructed to affirm all members of the society. Social location as a story-telling method, therefore, should empower us to transform our society and ourselves.

Conclusion

There is a crisis moment in the continent of Africa especially in southern Africa because life is beset by HIV/AIDS which is the most challenging and the most devastating the continent has ever faced. The scourge negates life as a whole and brings about suffering, fear, and hopelessness. It intensifies poverty and attacks the least privileged. It attacks and destroys the human body by infecting it and eventually killing it. In a desperate attempt to protect those affected and help others, medical

resources that could be used to cure and heal other diseases are stretched to the limit and exhausted. The proper world view of our youth coming to the university must be formed so as to build a strong value system. By so doing, proper behaviors will be put up and will prevent the high risk behaviors that lead them and the society at large in acquiring HIV/AIDS.

BIBLIOGRAPHY

1. Agadzi V. K. (1990). AIDS, the African Perspective of the Killer Disease. Accra: Ghana Universities Press.

6. Dube W. Musa (2004). HIV/AIDS and the Curriculumn: Methods of Integrating HIV/AIDS in Theological Programs. Geneva: WCC Publications

6. ____ (2003). Africa Praying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy.Geneva: WCC Publications

7. Ramaiah S. (2000). All You Wanted to Know About HIV and AIDS. New Delhi: Sterling Publishers Pvt Ltd.

8. Cox D. Frank. (1997). The AIDS Booklet. 4th Ed. Boston: Mc Graw Hill Companies Inc.

9. Kaiser J. Henry. (2004). UNAIDS/WHO 2006 Report on the Global AIDS Epidemic. Retrieved June 21, 2006 from www.....

10. UNDP and UNAIDS, Fact sheets: Global Crisis, Global Action. June 2001

11. Fredriksson Jenni and Annabel Kanabus. (2005) ' UNAIDS AIDS epidemic update', December

12. Weinreich S. & Benn Christoph. (2004).AIDS: Meeting the Challenge. Geneva: WCC Publication

13. Frumkin R. Lyn & John M. Leonard. (1997). Questions and Answers on AIDS. Los Angeles: Health Information Press

14. Boseley, S. (2003) Africa's Deadliest Battle. In Africa Today. Vol. 9., No. 5, P. 19

15. Emeagwali Gloria. Vol IX, Issue 2 (Spring 2002): The AIDS Crisis in Africa

16. Otaala Barnabas: (2004). An On-line Educational Research Journal *A* Publication of the African Educational Research Network, Volume 4 No. 4 December 2004

17. Jones, E. & Nimmo, J. (1999) Collaboration, Conflict, Change: Thoughts on Education and provocation. Washington , D.C. Young Children, NAEYC