

AIDS EDUCATION AND THE WORKER

This article has been written by members of the Industrial Health Research Group, Department of Sociology, University of Cape Town. It suggests ways in which union education on AIDS could be undertaken and outlines steps that could be taken in planning an educational programme. The group has prepared a longer booklet for union educators and is available on request.

The need for education on AIDS

AIDS has appeared in bold headlines on the covers of almost every newspaper and magazine in the country. Few subjects have been put to such dramatic use. The sensationalism of the media has meant that the real issues often remain hidden. While all this has been going on, there has been very little response from the unions. There are good reasons for this - unions have had far more urgent things to deal with. At present, consolidation and defence of organisation, at a time of repression, recession and a rapid growth in membership, are putting tremendous pressures on unions. But new developments in AIDS in South Africa demand a closer look. Other articles in this edition show that AIDS is something that needs attention and action now. AIDS can only be controlled if people change their sexual behaviour. This is a tremendous challenge. It means that AIDS education is needed urgently.

The myths that have formed around AIDS must also be cleared up.

Should unions take on AIDS education?

Public health education is not a union's normal function - it is something the government should be doing. But until recently there has been little in the way of public ed-

education from the state. Initially, state education was aimed at whites, but blacks are now being addressed as well. A national advertising campaign which will cost one million rand has just been launched. It is still early in this campaign to tell exactly what form it will take, but even at this stage it seems a number of issues of importance to workers have been left out. These have been outlined below.

Legal rights and principles of medical ethics

These are crucial to workers facing dismissal on the grounds of compulsory tests. This could lead to victimisation of homosexuals and people with other sexually transmitted diseases. The risk should be put in perspective; there is little chance of catching the disease from a fellow worker with AIDS.



Single-sex hostels contribute to the spread of the virus

Social aspects of AIDS

AIDS is not just a medical issue - it raises questions about the society in which it spreads. Information is often presented in a victim-blaming way. There is a commonly



Part of the State's campaign to combat AIDS: aimed at emphasising long-term relationships

held view that those who get AIDS bring it upon themselves. There is no attempt to put it in its social context. The migrant labour system provides fertile ground for the disease to grow. The disruption of peoples' family lives and sexual relationships brought on by migrant labour often leads to sex with multiple partners and prostitutes. Prostitution in turn, is often the result of poor pay and unemployment. Education from progressive organisations should point this out.

Language and media

The national media campaign directed at black audiences is different from that designed for white audiences. Programmes designed for black audiences emphasise the *debilitation and death arising from AIDS in a drastic way*. For whites in contrast, the campaign is 'soft', with an emphasis on long-term love that should override short-sighted unsafe sexual practices. The basis for making such distinctions in the campaigns is bound to arouse mistrust and suspicion vis-a-vis the campaign on the part of black people.

Workers rights' violated

Recent actions by the government and mine management have forced unions to respond to the issue. Mine managements have begun screening mine workers for HIV antibodies in their blood, and foreign workers with positive tests will be repatriated. Legislation has been passed to allow this. This forced screening is a violation of workers' rights. Education, together with the provision of adequate medical and counselling services, are more enlightened courses of action than testing and firing. Unions, while rejecting screening, could take the initiative by starting education programmes of their own. This article will offer suggestions of the way union education on AIDS could be done. Naturally, unions will have to decide on their own programmes, depending on their capabilities and priorities.

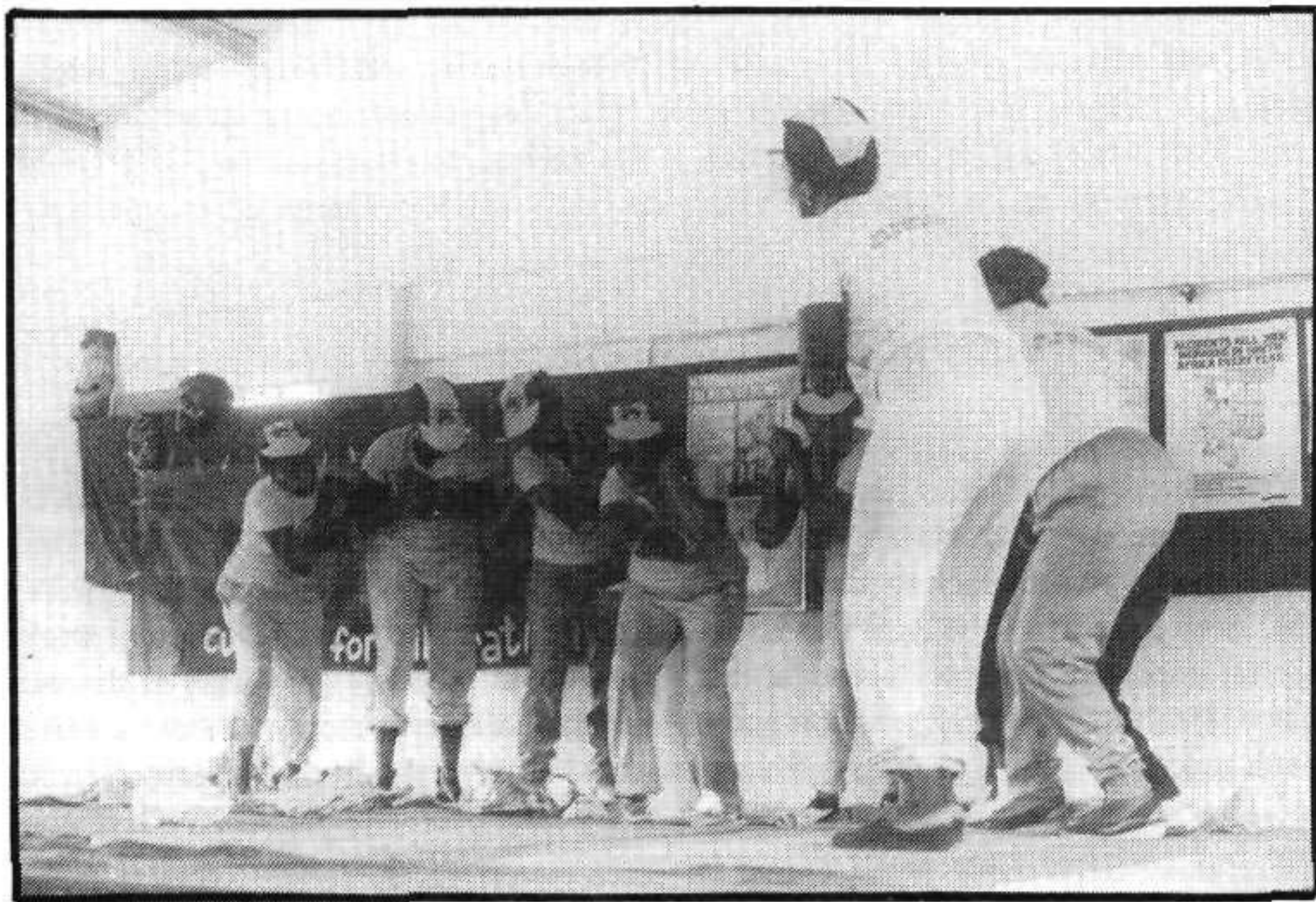
Who needs education on AIDS first?

If AIDS is to be controlled in the whole population, everyone will have to be informed eventually. But to start, we can identify groups of workers in most urgent need of information. Mine workers have already been forced to look at the issue. Foreign workers will be sent back to their own countries if found to be infected with the HIV virus. How long will it be until this is extended to "homeland citizens"? Health workers are an important category amongst those who could possibly get AIDS at the workplace. Health worker organisation and unions should inform their members about safe work practices. British health worker unions have been very active in the area. Teachers, social workers and youth workers can educate young people about AIDS - it is important they understand the issues clearly themselves. Their organisations should take this up. Managements also need to be educated about AIDS, so they do not treat workers unfairly because of their own lack of knowledge. Managements' ignorance of TB, for example led to workers on treatment being fired because bosses thought they would infect others. When they learned this was not true, many stopped this discrimination.

What information is needed?

Other articles in this edition of Critical Health give a good idea of the most important AIDS issues, but here is a summary of the type of content needed. It should be explained what AIDS is, what a germ is, what it does to the body and how people can tell if they have AIDS. There should be information about how many people have AIDS and how many are likely to get it in the future. There should be discussion of how the disease is transmitted, which will lead to discussion of how people can protect them-

selves in their sexual relationships and at work. There should be information about workers' and patients' rights. All of this should be put in the perspective of South African society, particularly the effects of the migrant labour system and the need for access to adequate care. The amount of detail and the style of presentation should be suited to the audience for which it is intended. Educators will need more information than others, so they have a thorough understanding of the subject.



Cultural workers can help to educate people about AIDS

How are people going to react to this information?

People are not empty pots into which you can pour information. Everyone has deeply held attitudes to sex. AIDS education could elicit strong reactions. The cultures, values, beliefs and languages of working class South Africans are very different from those of Europeans and Americans and this must be taken into account in planning an education programme. It is not enough simply to apply foreign methods in South Africa. These factors are unlikely to be taken into account adequately in the government educa-

tion drive, even if commercial advertising companies with their research methods are used. Unions and mass-based organisations should be consulted. This appears not to have been done and will probably not be done in the future. Nobody wants to be told how to conduct his/her sex life. Realistic alternatives should be sought through discussion. Condoms appear to be the central focus of state and Chamber of Mines education. But their use is likely to be resisted. The ability to reproduce is seen by many as a crucial index of femininity and virility. A woman who has not had children may have difficulty getting married and may be reluctant to persuade her partner to make use of condoms. Condoms are also costly for people with no money to spare. It is unclear whether greater availability of free condoms will be part of the anti-AIDS campaign. Even if condoms are supplied free of charge, it will not help much without explanation of how to use them and discussion of how they could affect peoples' sexual practices. Few men will like the idea of sex without penetration.

There is also the danger of dividing people: homosexuals, prostitutes and even foreign workers could become scapegoats for peoples' fears. All of these factors should be taken into account in the initial planning of a campaign. Research should also be done into the way people understand and react to the teaching. These are very real problems, but they are not a reason to avoid the issue. They should rather be considered as a challenge. Education could break down these barriers if they are confronted sensitively.

Who can do this teaching and how?

Unions clearly have priorities in the education they provide. They need to teach about union organisation so their officials and members can function effectively. They must also provide political education. In the field of health education, disease and accidents at work often take priority, as they are something unions can organise around to bring about changes. Diseases like TB and gastroenteritis are important to workers who see them in themselves, their comrades and their communities. AIDS is a unique disease and it needs an original response. Also, AIDS education need not replace, but could complement education and action on other health issues. We can get ideas from the ways unions in other countries have dealt with AIDS. British unions appear to have relied largely on newsletters, circulars and booklets to inform their officials and members. A pamphlet to American health workers deals mainly with a joint union/management development of an infectious disease control programme. A circular from Australian unions' Occupational Health and Safety Unit gives unions' guidelines on how to act on the issue: recommendations on education, the inclusion of clauses on action around AIDS at work in health and safety agreements, workers' rights and union policy on discrimination are discussed. Of course there are major differences between these countries and South Africa and these must be taken into account in interpreting these examples. Print-

ed media are one way of getting the message across. Articles could be put in branch, union and federation newspapers and newsletters. Magazines and newspapers of the alternative press reach many workers - these could be used. Unions could put out simple pamphlets for their membership. They could also send circulars to their branches giving basic information. Progressive health workers and groups providing services to unions could be used to prepare media where unions do not have the time or resources to make their own. The Industrial Health Research Group has prepared a longer booklet to be used by union educators. Teaching by mouth is far more important than printed matter to those who cannot read. For the literate, talks, discussions and demonstrations are a useful complement to written material. AIDS education could be fitted into union programmes of seminars and workshops. A single session on AIDS - possibly linked to other sexually transmitted diseases and TB - could be part of a regional workshop, an education day or a health and safety day. It could also be included in the training of officials or shop stewards. The general membership could be reached through their shop stewards. Mass education through meetings of the general membership is one possibility. Union educators - officials and members - could give the input and outside health workers could be invited to help. Plays and videos could provide a powerful form of input. Their usefulness is limited by the time, skill and money they need. At present Wits Medical School is experimenting with the use of a drama group for education on health issues, including AIDS. Their experience could help other organisations wanting to use this medium.

Conclusion

The threat of AIDS is a difficult issue to respond to. It would be easy to say it is not a priority and leave it at that. This was the initial response in Western countries; since then AIDS has spread rapidly and become a major problem. AIDS is likely to spread at an ever-increasing rate in South Africa. The harsh or inadequate measures taken by the state and employers are a challenge to workers. Unions could regain the initiative by acting on the issue.

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Interviews with unions

The Workplace Information Group (WIG) conducted interviews with a number of unions to find out whether AIDS was seen as an important issue to raise in the union movement. They spoke to representatives from PPWAWU (Print, Paper, Wood and Allied Workers Union), CAWU (Construction and Allied Workers Union), CWIU (Chemical Workers Industrial Union), H&RWU (Hotel and Restaurant Workers Union), NUMSA (National Union of Metalworkers of South Africa) and T&GWU (Transport and General Workers Union). All of them said the issue of AIDS had not been raised in their union yet but were all interested in receiving more information about the disease.

AIDS: A manual for union educators

This booklet contains all the basic information on AIDS with emphasis on the most important issues for workers and their unions. It will also be of use to Health Workers and anyone involved in Health education.

It is free. It is coming soon from the Industrial Health Research Group.

Place an order now and we will send it to you when it is printed.

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