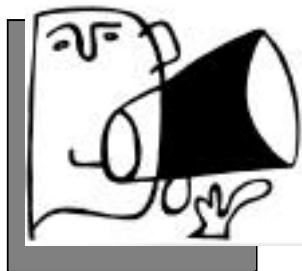


BEST PRACTICE IN HIV-AIDS ADULT EDUCATION

**A paper commissioned by the Australian Federation of AIDS Organisations
(AFAO)**



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The paper is part of the Australian Federation of AIDS Organisations' (AFAO's) *Best Practice in HIV-AIDS Education Project*, which has also involved compiling an annotated bibliography of articles, books and other materials on HIV-AIDS adult education, and writing case studies of six New South Wales HIV-AIDS adult education providers and programs.

The discussion paper tries to do three things: identify different theoretical positions in HIV-AIDS education, relate these to a broader body of adult education research and theory, and discuss the implications of this review for contemporary HIV-AIDS education practice.

The paper is divided into nine sections. Section 1 reviews the history of HIV-AIDS education, arguing that dissatisfaction with educational techniques which privilege the transmission of information has led HIV-AIDS educators to adult education approaches which emphasise the contextual and value-laden nature of education and learning. The second section of the paper looks more closely at this 'critical turn' in Australian HIV-AIDS education. Section 3 identifies three competing discourses in Australian HIV-AIDS education: 'Stop the Epidemic', 'individual empowerment', and 'community empowerment'. Section 4 maintains

that the theoretical roots of the individual and community empowerment discourses lie in critical and popular adult education. Section 5 outlines a number of critical and popular educational methodologies, including critical pedagogy, reflection and discussion. Through examination of a case study of HIV-AIDS education in a U.S. prison, Section 6 argues that critical and popular education is a complex and contested process. Section 7 discusses a number of ways in which critical and popular educational approaches are being or could be applied in HIV-AIDS work. Section 8 discusses the concept of 'best practice' and applies it to HIV-AIDS education. Section 9 argues for a more systematic approach to research and evaluation of education and learning around HIV-AIDS.

1. The current state of AIDS education

When it first emerged, AIDS was considered to be a short-term problem, largely confined to the gay community. For some years the dominant view in HIV-AIDS work was that medical treatment, medical research (particularly the discovery of new drugs) and education would bring the virus under control. Early education programs were aimed at mass audiences and aimed to motivate individuals to change their behaviour.

These programs often, as in the 'Grim Reaper' campaign, sought to change behaviour by focusing on the negative consequences of particular practices, like unprotected anal intercourse, or the sharing of intravenous needles.

In an assessment of the impact of AIDS education in the United States which is broadly transferable to the Australian situation, Freudenberg (1990) concluded that by the late 1980's most people now had been exposed to accurate information about the virus and the proportion of the population that had taken in this information was increasing. However, significant numbers of people, especially blacks, Hispanics, indigenous people & working class gay still harboured misconceptions about the virus. With regard to people's attitudes towards AIDS, the picture is mixed. On the one hand a significant and growing proportion of the population (75% in 1988) of Americans believed that their chance of becoming infected with the virus was low. Public opinion polls demonstrated strong support for government funded AIDS education. Further, as Armistead Maupin recently pointed out, AIDS may have increased tolerance of homosexuality in the broader community: 'it has forced a discussion...The cultural sea-change is enormous' (SMH, 25/11/96). But the picture is more complex than that. In the US and Australia, despite broad

public support for AIDS education in schools, religious leaders and political conservatives have hampered implementation of programs. And there is broad public support for both humane prevention efforts and coercive and punitive measures. (Freudenberg, 1990, 590-1)

The evidence of the impact of education on behaviour is also mixed. In the late 1980's around 60 percent of US school children were receiving AIDS education at school and at home (through discussion with parents). A substantial proportion of adults had watched public service announcements, read pamphlets or talked to a friend about the virus. But only three percent had discussed AIDS with a health professional. Freudenberg concluded that while many people had sought information on AIDS, fewer had participated in more intensive programs. In relation to changes in risk taking behaviour the picture is also complex. In the mid to late 1980's US and Australian gay men radically reduced risk taking behaviour, with some studies showing 90 percent reporting such reductions. However, later evidence strongly suggests that such gains may have been a temporary reaction to the epidemic and that most gay men practice unsafe sex at some time. It also seems that the most widespread reduction in risk taking has been in middle class urban

gay communities, and that there is less change among working class, bisexual and coloured gay men. Data on the risk-taking behaviour of adolescents and drug users is also disturbing. Several US and Australian studies have shown that very few adolescents protect themselves against HIV. While more than half intravenous drug users surveyed in New York in the mid-1980's reported changes in risk-taking behaviour, fewer practiced these consistently. Particular groups of drug users, especially crack users were at high risk of infection. (Ibid, 591-2; Rofes, 1996, 145-195; Davis et al, 1992; Parnell, 1996)

From the mid-1980's there has been a developing questioning of what has come to be known as the 'social marketing' approach to HIV-AIDS education has severe limitations. The core assumption of this approach is that if sufficient sound information is transmitted to the 'target' audience in sufficiently convincing ways then 'customers' or 'consumers' will behave in ways desired by the originators of the messages. The criticisms of this approach have been discussed at length elsewhere and need only be canvassed briefly here. (For detailed and useful analyses, see Freudenburg, 1990, 593-595, Parnell, 1996 & Rofes, 1996). It is argued that social marketing approaches assume that audiences are homogenous, that they absorb what is

put to them and then act in uniform ways. Rofes and others challenge these assumptions, pointing out that recipients of social marketing messages are diverse, they read information actively and they act on information in a variety of ways (Rofes, 1996, 101-102).

Underpinning these inadequacies are a broader set of educational and social issues. In a 1990 paper, based on a review of the US AIDS education literature and on interviews with a large number of US AIDS educators and community workers, Freudenberg identified six major obstacles to more effective AIDS education. These elaborate his concerns about the social marketing approach and provide a basis for the discussion of critical approaches to AIDS education which takes up the rest of this paper.

The first obstacle is that AIDS education often concentrates solely on providing information and neglects behaviour and the social environment that shapes it. A second problem is that many AIDS education programs rely on one-way communication. Freudenberg notes that changing people's sexual or drug taking behaviour involves gaining their trust and that this requires an interaction in which learners teach about their community, culture and values, and educators listen, so that they can relate

their teaching to learners' experience and milieu.

Paradoxically, AIDS activists' very success in persuading governments to take the virus seriously has itself created a third obstacle, which is that AIDS education often treats the virus as a single issue. This in turn creates a number of difficulties. One is that many people do not experience AIDS as a separate, or the most pressing, problem but as part of a wider set of problems such as poverty, lack of political power and discrimination. Another is that education programs in isolation are likely to have limited effectiveness. AIDS education needs to be combined with appropriate medical care and broader forms of health education. A further difficulty is that AIDS-specific funding leaves programs vulnerable to changing political climates.

A fourth obstacle to more effective HIV-AIDS education is that few AIDS services integrate education and treatment. Rather, what should be mutually reinforcing elements of AIDS prevention often compete with one another for limited resources. A fifth problem is that few AIDS programs tackle the distrust that many people feel towards government and science. This is a particular problem with low income and marginalised groups, who historically have had an unhappy

relationship with government, and who over the past decade have experienced a constant erosion of their rights and entitlements as governments slash social spending.

Finally, AIDS programs have tended to focus on individual behaviour and to neglect the social and political factors that shape that behaviour. As Freudenberg observes, 'sexuality and drug use are complicated behaviours, deeply rooted in cultural, social, economic and political ground'. Failure to take account of this will mean that even otherwise well designed programs may have limited impact on groups of people whose cultural and social contexts are not well understood by program designers.

2 The critical turn in HIV-AIDS education

In recent years concerns about the adequacy of transmission models of education, and an interest in the history of HIV-AIDS education (see, for example, Duffin, 1996, Davis, 1996, Harrison, 1996, Staples, 1996) have led HIV-AIDS educators to the adult education literature (Parnell, 1997; Carrington, 1996). Here they have discovered Habermas's typology of knowledge-interests, as adapted for adult education by the US adult educator Jack Mezirow and others (Cranton, 1994). Habermas identified

three broad forms of knowledge, each relating to a particular human interest. Mezirow did the same thing for adult learning. In the first domain of knowledge and learning, which Habermas called technical & Mezirow calls instrumental, the interest is in knowledge & learning which will help people perform tasks and control their environment. An example of this sort of learning is when people want to find out about the nature, extent and means of transmission of the HIV-AIDS virus. The second form of knowledge and learning Habermas called practical and Mezirow called communicative. This is the sort of knowledge & learning which helps us to understand ourselves and our relationships with others. 'Its purpose is communication: learning to understand what others mean and to make ourselves understood as we attempt to share ideas through speech, the written word, plays, moving pictures, television and art' (Mezirow, 1991, 75). Learning to negotiate safe sex is an example of communicative learning around HIV-AIDS.

The third domain of knowledge and learning is referred to as critical or emancipatory. This is the sort of knowledge and learning which enables us to understand how knowledge is created and how we learn. According to Mezirow,

The emancipatory interest is what impels us, through reflection, to identify and challenge distorted meaning perspectives...Emancipatory knowledge is knowledge gained through critical self-reflection, as distinct from the knowledge gained from our "technical" interest in the objective world or our "practical" interest in social relationships...The emancipation in emancipatory learning is emancipation from libidinal, linguistic, epistemic, institutional, or environmental forces that limit our options and our rational control over our lives but have been taken for granted or seen as beyond human control (ibid, 87).

The development of the concept and practice of people living with AIDS is an example of emancipatory learning & action. During the course of the virus, people diagnosed HIV positive have learned to challenge medical authority and become experts in their own health management (Carrington, 1996).

To date, much HIV-AIDS education has been conceived within the technical or interpretive frameworks. Now, these educational perspectives are most useful. People living with the virus need to learn about its epidemiology, and to learn how to communicate

about it more effectively. But by themselves instrumental and communicative educational approaches are insufficient. By themselves they tend to generate formulaic and simplistic educational strategies, strategies which fail to come to grips with the complexities surrounding HIV-AIDS.

The intractability of the virus has recently brought HIV-AIDS educators to the critical. The power of critical education is that it enables us to understand and to challenge our own and others' fundamental analytical and value assumptions. Critical education promises to get us to the heart of things, to enable us to understand complex social processes, to formulate alternative strategies and to assess these against our values. It equips us to see through dominant ideologies and discourses and to articulate counter-hegemonic ones. It also teaches us that effective solutions to social problems must be collective and democratic.

Bruce Parnell is one Australian HIV-AIDS educator who has embraced the critical perspective. In two recent long papers, he has provided an informed and convincing critical analysis of dominant social marketing approaches (1996) and has sketched the broad outlines of a critical/emancipatory approach to HIV-AIDS education in Australia (1997). In his second paper,

Parnell begins with an evocation of the complexity of the current situation of gay men in relation to HIV-AIDS. In a brief historical overview, he moves from:

- the pathologisation of homosexuality at the virus's emergence (HIV-AIDS as a gay disease)
- to the way the focus on the virus and solutions to it, and particularly 'safe sex', distracted the gay community from other agendas and fostered individual in place of collective responses to a whole range of what had been gay community issues
- to the recent recognition that most gay men practise unsafe sex some of the time.

In a series of staccato points he summarises his dissatisfaction with the current situation of gay men in relation to the virus:

- illness, death
- death of stories = death of our shared experience and our ability to share experience
- death of relationship with each other
- end of hope
- silent, passive action (we'll fuck, or be fucked, just as we consume what's on TV whether we really desire it or not, just because it's available) (Parnell, 1996b, 4)

Much of the problem, Parnell feels, is due to reductionist analysis and interventionist programs, both of which, in seeking to simplify a complex social dynamic misrepresent it and prescribe unsound strategies. So the dominant response to HIV-AIDS defines the core problem as being unsafe sex. The way to stop the spread of the disease is to persuade men, often by playing on their fears, to practise safe sex. Parnell points out that this approach is mechanistic: it assumes if message X is transmitted it will always have Y result. It treats gay men as if they are all the same, as if they will respond to the message in an homogenous way, which is patently not the case. It also divides the community, it creates a group of 'experts' (researchers and educators) who prescribe solutions for others. It leaves committed gay educators who identify with their community 'in the middle, as gay men with desires, and as experts without answers'.

For Parnell the way out of this impasse is to accept the complexities and ambiguities of HIV-AIDS, to 'acknowledge that we don't currently know what to do , [that] we have to proceed without certainty' (7). Above all, Parnell maintains, we have to acknowledge the tension in all gay men, between the rational understanding that unprotected anal sex can lead to HIV transmission, and

their desire for this 'warm, moist and intensely human' experience. Educational programs which simply focus on the mechanics of safe sex, whether it be condoms themselves or negotiating their use, suppress this tension. The result is that the tension is buried, and men practice unsafe sex anyway, some frequently, others less frequently, but everyone, probably, sometime.

Only by reversing this suppressed tension, by surfacing and discussing the conflict between reason and desire in gay men, can real education take place. To do this, Parnell says, we need to use dialogue, not teaching. The educator should see himself not as an expert bringing answers but as a partner who seeks to act as a catalyst, prompting and facilitating discussions which will enable gay men to explore their own experiences, learn from them and in future action thus make more informed choices.

In taking this position, Parnell is aligning himself with some major adult education forms and traditions, which will be discussed below.

3. Discourses of HIV-AIDS education

So far I have suggested that in the short history of HIV-AIDS education there has been a shift of emphasis from

transmission models to critical approaches that attempt to come to grips with the complexities of people's responses to the virus. But while there is increasing interest in critical educational approaches, there are currently three competing discourses in HIV-AIDS education, with different, and at times, opposing, theoretical and value assumptions. The first of these we might call the 'stop the epidemic' discourse, the second a discourse of individual empowerment, and the third a discourse of community empowerment.

The Stop the Epidemic discourse constructs HIV-AIDS education as a process of transmitting information about the virus, thus persuading people to change their sexual behaviour. Some of the assumptions and weaknesses of this educational approach were discussed in the first two sections of this paper. This is the discourse of safe sex. Its goal is elimination of the disease—zero transmission. This is probably an impossible goal to achieve, at least in the short to medium term. To eliminate HIV-AIDS would require total compliance or the discovery of a wonder drug. As noted above, neither has yet emerged. Rofes (1996, 177, 208) dramatically spells out the effect of less than universal safe sex practice on gay male populations. If the infection rate among gay men were to be reduced to

one percent a year, half the gay male population of US cities would still be infected by HIV. In 1993 the infection rate in San Francisco was two percent. In aggregate this translates to 45,000, or 60 percent, of the 75,000 gay men in San Francisco being infected with HIV, diagnosed with AIDS or killed by HIV disease by 1997.

The unachievable goal of the Stop the Epidemic discourse means that it must be supplemented or replaced by discourses which construct HIV-AIDS education in more holistic and effective ways. Rofes articulates one such alternative, which I will call here **Individual Empowerment**. This approach begins with a critique of the Stop the Epidemic discourse, arguing that its goal of total eradication is impractical and critiquing its denial of agency. As Rofes (1996, 205) puts it:

Equating education with prevention and giving lip-service to individual agency in sexual matters is the core contradiction of safe-sex campaigns. It is as if we have been saying, 'We support the empowerment of gay men, as long as they make the decisions we want'. Empowerment doesn't work in this way. Sex education efforts with gay men must be fully committed to the

restoration of personal authority in erotic decision making.

The last sentence in the above quotation is the core argument of the Individual Empowerment discourse. In his book *Reviving the Tribe: Sexuality & Culture in the Ongoing Epidemic*, Eric Rofes develops this position at length, beginning with a notion of 'democratic education'.

In a democracy, education's appropriate aim is to provide individuals and groups with knowledge, skills and the ability to make choices. The assuming of authority by the individual is particularly important in AIDS prevention because the activities involved in the sexual transmission of AIDS almost without exception involve individual voluntary action and the consequences are focused almost entirely upon the individual participants (206).

Citing Odets, Rofes elaborates on this point to argue that the goal of AIDS education should be to support individual contemplation: 'the internal space for each man to think and feel and thus make for himself the best possible decisions he might. We cannot tell people how to act in the epidemic any more than we can tell them how to feel about it' (213). Drawing on Freire's

model of liberation education, Rofes says that the aim of HIV-AIDS education should be to 'support gay men's inquiry, reflection and problem solving around issues of sexuality and health, as was widely discussed during the early gay liberation movement' (214). This approach would need to be comprehensive, addressing men's information needs, their motivation and their behaviour.

With regard to information needs, Rofes poses three core questions:

- (i) How can research be harnessed to provide the best possible answers to gay men's questions about HIV-AIDS?
- (ii) What can be done expeditiously to maximise access to information?
- (iii) Will gay men devote the time and energy necessary to make the information meaningful to them and integrate it into their consciousness [and, one could add, behaviour]?

Rofes then points out that information needs are best assessed through 'protracted conversations with gay men of all classes and ethnicities' and that research dissemination will be most effective when it provides individuals with information that addresses the questions they are asking, for example: 'What is the seroprevalence rate among gay men in the area in which I live?' Attention must also be paid to

appropriate ways of disseminating information, in the light of recent evidence which suggests a reluctance on the part of gay men to participate in group education and support about HIV issues and their apparent preference for written and video material (214-216).

Rofes notes that motivation in HIV-AIDS education has often been conceptualised in a linear way: How can the social marketing message change individual behaviour or community norms? He points out that sexual behaviour is a complex psychological and social process, and that HIV-AIDS compounds this complexity.

A population of men mired in grief, or traumatised by decimation, or suffering from a range of mild to severe psychological disorders, poses a serious challenge to educators. Long-standing socially constituted conflict around sexual orientation, childhood experiences of abuse, or unresolved existential questions made more pressing by the epidemic, may significantly influence sexual behaviour. What impact do escalating anti-gay attacks by the Radical Right have on the erotic lives of gay men? How does the loss of one's entire network of friends

affect the will to survive? Do men who maintain multiple identities (black & gay, for example) experience particular barriers of inducements to HIV risk management?

For Rofes, this complexity means that motivation in HIV-AIDS education must be treated holistically, taking account of issues like mental health, addiction and identity integration, as well as existential questions. This requires long term education and therapy rather than mass marketing campaigns (217-219). Such a reconceptualisation of motivation will provide a basis for a more realistic approach to behaviour change which would involve such educational forms as

- Time-limited weekly groups that bring together men of similar erotic tastes for facilitated discussion about decision making and risk management in specific situations. Activities could involve reviewing research studies related to gay male sexual practices, role playing negotiation of risk with a new partner, and ongoing peer support among similarly inclined men.

- Trained sexual surrogates available to work with individuals and couples on sexual decision making though participation in erotic exchange.

- Workshops, parties and sex venues which support men in the development of skills, experience and appreciation of specific sexual acts. These would include both experience and analysis of specific sexual acts so that meanings might be explored, feelings articulated and techniques discussed. (219-220)

In the penultimate chapter of his book, Rofes (1996, 262-278) makes twelve recommendations for action on HIV-AIDS.

1. We must de-AIDS gay identity, community & culture
2. The gay political movement must prioritise a broad agenda
3. The community must begin to discuss sex
4. Support both separate and mixed spaces for HIV-positive and HIV-negative men
5. Support gay men's involvement with children and youth
6. Encourage the celebration of life
7. Encourage gay men to seek spiritual outlets
8. Gay men must find opportunities for witnessing

9. Encourage the rebirth of gay identities

10. Explore multiple identities

11. Community commitment to combating AIDS must continue

12. Love between men must be treasured and promoted

All of these recommendations have implications for education and learning related to the virus. Of particular interest is Rofes' affirmation of the importance of discussion in HIV-AIDS education. He maintains that a safe sex discourse has become dominant which restricts honest, probing discussion of sexual issues. Rofes calls for a renewal of the conversation about sex which began with gay liberation in the 1970's. He argues that this earlier discussion had failings but that its strength was that it tackled important issues like the relationship of masculinity and sexuality, promiscuity, and matters of power and trust in sexual relations. AIDS, he says, interrupted this conversation, and replaced it with the discourse of safe sex, which constructed and enforced notions of acceptable sexual behaviour and suppressed both individual feelings and public discussion about the virus.

While the suppression which Rofes speaks of may have occurred in Australia from the mid to late 1980's, in recent years there has been a vigorous public discussion in the gay community about

HIV-AIDS education. This began with questioning of the adequacy of educational approaches which equated safe sex with the universal use of condoms. Research evidence showed that this message was not getting across. Unprotected sex was common among HIV-negative gay men in relationships; a significant number of seroconversions was occurring within regular relationships (Spina et al, 1997). Such studies led to calls for HIV-AIDS education to recognise the complexity of sexual behaviour. Educational campaigns emerged which sought to provide spaces in which men could discuss their sexual behaviour and consider options. At the heart of such programs was a notion of "negotiated safety". The assumption was, that given the opportunity and the skills, gay men would make rational and mature decisions about sexual (Ibid; SSO, 1/5/97, 10). This assumption has in turn been challenged, with one commentator sparking off a heated debate when he suggested that "negotiated safe sex" is neither negotiated nor safe (see SSO, 24/4/97; 1/5/97; 8/5/97).

Rofes' book, then, is a major contribution to theorising HIV-AIDS education, and one which connects with contemporary concerns and debates. Rofes moves analysis of HIV-AIDS education firmly into the realm of the critical and connects it with forms

of popular education discussed later in this paper. But for me a major and typical limitation of Rofes' approach is his privileging of individual learners and his failure to ground his educational strategy in a strong social analysis. Following the passage quoted above in which Rofes argues that HIV-AIDS education must be committed to restoring personal authority in erotic decision making, Rofes quotes with approval the assertion that 'once they're educated, consenting adults have the right to engage in whatever sexual activity they choose, even if they harm themselves. It's never been part of the American thinking that we ought force people to protect themselves' (205). This is disturbingly reminiscent of the US gun lobby's assertion of the right to bear arms. In both cases there is focus on the rights of one group—the shooters—and a refusal to acknowledge the rights of another group—the potential victims.

It is the recognition of the social dimension of HIV-AIDS education which distinguishes the third discourse, which I will call **Community Empowerment**. There are traces of this discourse in Rofes' book—for example, his discussion of the politics of AIDS in San Francisco (173-179), his references to the wider political goals of the gay movement (109-113, 229), and his brief but useful discussion of social class and homosexuality (72). But a much fuller

expression of the Community Empowerment position is found in Dennis Altman's book, *Power & Community: Organisational & Cultural Responses to AIDS*. Altman, following Bellah (1988), defines a community as a socially interdependent group of people who participate together in discussion and decision making and who share certain practices which both define the community and are nurtured by it. Altman's particular interest is in the role of community-based organisations in representing the interests of people and empowering them in the struggle against AIDS. He sees these organisations as part of a 'third sector' of society, or 'civil society', representing popular interests against those of capital and state.

Altman (1994, 1-19) sees AIDS as a product of globalisation, the rapid spread of the disease being a consequence of the sexual networks of homosexual men, the availability of needles, the politics and economics of prostitution, and modern transport. He suggests there are two AIDS epidemics, one beginning in North American gay communities and moving from there to drug user and haemophiliac populations, the other beginning in Central Africa and spreading to the general population in other parts of the South. He sees political economy rather than epidemiology as central to understanding the development of

responses to AIDS. The national and international allocation of resources to the disease are economic and political decisions and these are in turn shaped by social structures, cultural patterns and the actions of popular organisations. Of particular importance in responses to AIDS have been

- the restructuring of the global economy which has brought with it policies of 'structural adjustment' in the South and 'economic rationalism' in the North, both of which have involved governments turning away from providing social welfare programs for their citizens, and
- the capacity of popular organisations to build on earlier traditions of homosexual and feminist analysis and action to generate community-based responses to the disease and to pressure governments to resource them.

Altman's focus is on the contribution of community-based organisations (CBOs) to the struggle against AIDS. These organisations, which are concerned to empower their constituents and to represent their interests, are now found all over the world. In the US alone it was estimated that there were 16,000 of these organisations in 1992. CBOs do two main sorts of work: they provide

support for those already infected, and they do preventive education. Each of these functions involves both service provision and advocacy.

It has been suggested to me that Altman's analysis is inappropriate to Australia because of its global and "third world" focus and because it assumes an antagonistic relationship between community organisations and the state that does not exist here. This may be so. Nevertheless, the community empowerment discourse is attractive to some educators because it

- shows that AIDS education can be better understood if it is placed in its political and economic context
- identifies the central contribution of collective action and community-based organisations in the struggle against HIV-AIDS

4. Popular education

The community empowerment discourse, and to some extent the individual empowerment discourse, have led their adherents to broader bodies of adult education theory, known by the generic term 'critical and popular education'.

'Popular education' refers to forms of education which involve people in processes of critical analysis so they can act collectively to address inequalities and injustices. It refers to

education and learning which expand public knowledge of important social issues, extend democratic participation in all spheres of life and furthers social justice goals. It includes education and learning associated with social movements (for example, gay & lesbian, women's, workers', indigenous people's and environmental), social justice issues (for example, gender and sexual equality, anti-racism, human rights) and particular sites (for example, homosexual, women's & indigenous people's organisations, workplaces). In its contemporary form, the concept emerged in Latin American people's struggles in the 1960's. Around the world, the term 'popular education' is increasingly being used by people who are interested in the role of learning and education in emancipatory social action.

Critical and popular education approaches have much to offer the struggle against HIV-AIDS. But these approaches are not simply bundles of techniques or educational formulas which can be packaged and applied in different situations. Popular education offers holistic and powerful ways of looking at education and learning, ways which help us to come to grips with the complexities of education and learning associated with HIV-AIDS.

Popular education approaches have three essential characteristics:

- (i) A broad conception of education and learning
- (ii) An emphasis on the relationship of education and learning and collective and emancipatory struggle
- (iii) An analytical framework which enables connections to be made between learning and education on the one hand, and analysis of political economy, micro-politics, ideologies and discourses on the other.

(i) A broad conception of education and learning

I guess the most powerful educational message I ever witnessed, would have to be the Montreal Conference in Vancouver. Here, we had 12,000 delegates attending a world HIV/AIDS Conference, that in itself is impressive. However, what impressed me most was the way in which the whole city embraced the issue. So, in fact what you were experiencing was the conference becoming part of the life, discussion and activity of the city. At no time did the city decide to observe this conference, the conference was linked to every part of the city. Shops had displays and education sessions as part of their operations, parks had projects intertwined into their day-to-day happenings.

The city adopted a philosophy of, 'Welcome, come with us —let's do this together'.

PLWA's took control of the conference and opened it early, with their very own statements rather than waiting for the organised ones. Rather than concerning itself with this takeover the city joined the PLWA's, applauded them and rejoiced with them. I'm not sure what best practice actually is, but, what I do know is that attending this conference changed my life - not because of what was said in the papers delivered at the 'conference' but, because of the experience of witnessing the city's ownership and pride of being part of the process and of the issue. Powerful stuff, to be surrounded by such ownership of an issue by everyone. (Kelly, 1996b)

This story told by the Australian AIDS educator Helen Jones (Kelly, 1996b) directs our attention to the need to break out of the straight-jacket which identifies adult education and learning with institutionalised provision and course-taking. Adult learning and education constitutes an ensemble of activities, including, in addition to formal education: incidental learning which occurs as people undertake other

activities such as such as in the instance described by Jones; informal education in which people teach and learn from each other naturally and socially in workplaces, families, community organisations and other social settings; and non-formal education—structured, systematic teaching and learning, again in a range of social settings. This broader definition enables us to recognise the widespread and powerful informal and incidental learning that occurs around HIV-AIDS. I will return to this point below.

(ii) Struggle and learning

To broaden our understanding of education and learning in this way is a useful starting point. But such a conception of learning applies equally well to a profit-driven workplace training as it does to popular education. What is distinctive about popular education is that it grows out of a critique of exploitation and oppression, and is connected with collective and emancipatory political struggle.

As Terry Eagleton (1989, 167) has observed, human history can be interpreted as being characterised by domination, by 'the mind-shaking reality of consistent, unending, unruptured oppression and exploitation'. Feudalism, capitalism, state socialism - all have been systems of domination. This domination has

had both a material and an ideological dimension. Domination originates in, and is constructed in, relationships of production and power, but it is also constructed in ideologies and discourses, i.e. in the ways in which people make meaning of situations and represent them in words, writing, film and other media. So domination comes to be internalised, to be embedded in people's consciousness.

But if domination is universal, it is also continually contested, so history may also be seen as a continual struggle by ordinary people to maintain or extend control over their lives. There is now a huge literature on this struggle for autonomy and liberation, ranging from E.P. Thompson's sweeping history of the English working class, to ethnographic studies of struggles for control in individual workplaces and classrooms (e.g. Anyon, 1983; Webb, 1990; Skeggs, 1991). The story of this struggle is one of gains and losses, of progress and retreat, and of a growing recognition of the *continually contested, complex, ambiguous, and contradictory* nature of the struggle between domination and liberation.

A basic assumption of this view of the world is that contradiction and conflict are embedded in social life. As Walker and Barton (1983, p. 14) have noted, 'all social life involves a central contradictory principle in the sense that

a person's individuality is both realised and restricted through participation in group life.' Cultural practices, including learning and education, are contradictory in that they both reproduce 'attitudes, activities and artefacts which support...the social order also 'produce recognitions, reactions and responses which provide for the development of a challenging and critical stance towards that order' (ibid).

The analytical difficulty is in separating the warp and the weft of reproduction and recognition. Here case studies which focus on the learning dimension of social life can be useful. Analysis of the dynamics of learning & education in different situations can produce insights into the way people develop critical consciousness, i.e. an understanding of themselves as social actors in struggles for autonomy and liberation. It is important to reiterate that these struggles are not 'sequential or logical' (Adams, 1975, p227), but are complex and contradictory. But by setting narratives of people's experiences alongside conditions for the development of critical consciousness, judgements can be made about whether or not instances of collective action contain elements of critical learning. Kathy Boudin's case study of HIV-AIDS education in a U.S. prison, related in the next section of this paper, is a good example of this.

To take two further examples. In an Australian rainforest campaign which went on for twelve years, activists experienced both instrumental and critical learning. They gained knowledge and skills in rainforest ecology, lobbying and advocacy. They also developed a more critical view of authority and expertise, and a recognition of their own ability to influence decision making. All this was *incidental* learning—it was embedded in the social action and not articulated until the activists were interviewed many years after the campaign. And this learning took place in *struggle* between the conservationists and other interest groups, and among and within the conservationists themselves (Foley, 1991).

More complexly, a study of women's learning in two Melbourne community centres showed that struggles there—among members, between workers and committee members and between the centres and the state government—generated instrumental skills and knowledge, self-awareness and social and political understanding. This study also showed that such learning is not inevitably emancipatory. People's everyday experience and learning can as easily reproduce ways of thinking and acting which support the, often oppressive, status quo, as it can produce recognitions which enable

people to critique and challenge the existing order. And even when learning is emancipatory it is not so in some linear, developmental sense, it is complex and contradictory, shaped as it is by intrapersonal, interpersonal and broader social factors (Foley, 1993c).

(iii) The dynamics of learning in struggle

To understand the complexities of emancipatory and hegemonic learning we need an analytical framework which enables us to locate particular instances of education and learning in their context. Such a framework is offered by Sonia Alvarez (1990) in her study of women's movements in Brazil during the period of military rule, economic crisis and transition to formal democracy from the mid-1960's to the late 1980's. The focus of this study is the relationship of economic and political change on the one hand and changes in women's political consciousness and action on the other. Alvarez argues that while economic and political changes may create the material conditions for social movement activity, these changes do not, by themselves, generate such activity. For people to become actively involved in social movements something must happen to their consciousness—they must see that action is necessary and possible. In Brazil the oppositional ideologies and discourses of human rights, social justice, feminism and liberation

theology were decisive in creating the subjective conditions for political action in women's movements. Analysis of these ideologies and discourses in turn needs to be located within a detailed account of the micro politics of the women's organisations.

The Brazilian study suggests a framework analysing HIV-AIDS education. It enables connections to be made between learning and education on the one hand, and political economy, micro-politics, ideologies and discourses on the other. These connections are represented in the following figure.



Figure 1: A framework for analysing popular education and learning

Exploring the relationships between these variables provides a framework for developing powerful analyses of learning and education around HIV-AIDS, and suggests some key questions:

In a particular situation:

What forms do education and learning take?

What are the crucial features of the political and economic context of HIV-AIDS education? How do these shape education and learning?

What are the micro politics of any particular educational situation?

What are the discursive practices (ideologies and discourses) and struggles of people involved in HIV-AIDS education? To what extent do these practices and struggles facilitate or hinder learning and action around HIV-AIDS?

What does all this mean for program development and pedagogy? What interventions are possible and helpful?

5. A case study of critical HIV-AIDS education

The complexities of critical and popular education and learning are best seen in detailed case studies. In

our literature review we found only one such study.

When she wrote this case study, Kathy Boudin was in the twelfth year of a twenty year to life sentence in Bedford Hills prison, New York. On entering prison Boudin had enrolled in a masters degree in adult education, where she encountered the problem-posing pedagogy of Paulo Freire, succinctly described by Mike Newman (1995):

Freire began his particular form of educational work in his native Brazil with shanty-town dwellers and peasant villagers in the early 1960s. The educators would seek entry to a village or community, and engage in a period of listening and learning. Through dialogue the educators would try to establish themes that recurred in the discourse of the villagers or shanty town dwellers and that had real significance in their lives. As the program developed the educators would begin feeding back to the learners codified versions of the themes, often doing this in the form of line drawings or photographs. Through dialogue and discussion centred on the drawings or photographs, the educators would encourage the

learners 'to name their world'; that is, they would help the learners begin articulating their lives and the context in which they lived in terms of problems and challenges that they could address. In this way the educators and learners worked together to change the learners' perception of the world from a given they must fatalistically accept to a world upon which they could act in order to bring about change. The educators did not instruct, but asked questions; the educators became problem-posers rather than a problem solvers; and, if the process was successful, the learners began changing from being 'objects of social history' to 'subjects of their own destiny'. (C..f. Freire 1972a&b)

Boudin anticipated that a Freirean approach to literacy teaching, built around the concerns of women prisoners, would be effective at Bedford. However, she found that the culture of prison set up classroom dynamic inimical to critical learning. As Boudin notes, there is a tension between the punishment, control and security functions of prison and their goals of rehabilitation, education and self-development. Boudin's experience of Bedford was of prison as 'an institution of authoritarian control'.

Prisoners lose control over all aspects of their lives, from where they live and what they wear to being able to nurse their children. Prisons are brutalising and infantilising. The dominant penal ideology is of prisoners as failures—and prisoners internalise this ideology.

The literacy class in which Boudin first worked as a teachers' aide reflected and reproduced the authoritarian social relations and culture of the prison. On most days the learners read disconnected short passages, answered multiple choice questions on them, and passed them to the teacher or teachers' aide to mark. The assumption underlying the curriculum was that reading is a skill made up of a number of subskills and that the learner must cumulatively acquire them. There was little classroom talk. Occasionally the routine was varied by a writing session or a film.

Over an extended period this process brought incremental literacy gains. But there was no attempt to connect the education with the lives of the learners and the choices they had to make. The learning was routine and mechanical and had little meaning for the prisoners.

Boudin was convinced that literacy teaching could be made meaningful, that it could be linked to the

experiences, concerns and aspirations of the prisoners. One day in 1987 her class watched a television program on a proposed national AIDS test. Boudin noticed that the program engaged the students: they made notes, asked each other questions about concepts and terms related to the virus. Boudin had found a theme for her literacy classes. AIDS was an issue, which although little discussed by the prisoners, was central to their lives. 20 percent of incoming prisoners were HIV positive. Many prisoners lived in fear of AIDS. They had been intravenous drug users, or had lovers who were. Or they had family or friends with AIDS. They feared infection from each other in the prison. Their anxiety 'created both a collective silence and a desperate need to talk'.

Boudin responded to this need. She prepared a vocabulary worksheet of words from the television program. She formulated discussion questions about the AIDS test, what prisoners would do if they tested positive, and the sort of AIDS program they would like to see in the prison. The questions prompted animated and extended class discussion, which led into the learners writing accounts of their experience with AIDS. Then, on the suggestion of her own university teachers, Boudin proposed to the class that they write a play about AIDS. They read plays written by other literacy students,

talked about what is involved in writing and staging a play, and learned theatrical vocabulary. The class decided it wanted to do a play based on their own experience. During the following weeks the plot emerged from discussion of prisoners' experiences and anxieties. Should a person take the test? If she tests positive, should she tell her family? Some class members improvised dialogue around such questions. Others wrote the dialogue down and polished it. The plot and characters slowly emerged. Choices were made about the sequence of scenes. Gradually the play emerged, culminating in six performances around Christmas 1987.

Creating and performing the play was a powerful learning experience for the prisoners. The theatrical mode allowed the women to try out different resolutions to dilemmas generated by AIDS, to experience emotions they had avoided and to learn from the process. Theatre also enabled the largely Hispanic and African-American group to harness their oral traditions, using their own dialects and body language. Some of the women who had most difficulty with reading and writing shone in oral performance. Students brought increasingly complex reading to class and began to teach each other. Some students expressed an interest in educating other prisoners about AIDS

and wrote an article for the school journal, working it through five drafts.

The process of building the play created solidarity among the group, breaking the vice of individual failure that the conventional literacy lessons had locked them into. 'A sense of community, an awareness of common experiences, and a feeling of support began to grow.' When someone was ill, others made a card for her; when a prisoner was paroled the class celebrated. A prisoner named Lucia told the class that her brother had just been hospitalised with AIDS was told by her fellow students that they were sorry and wanted to be there for her; one student suggested that Lucia write about her feelings and she spent the rest of the class doing that. When asked to choose a title for the play the prisoners called it 'Our Play', capturing the emergence of a collective identity among inmates that is rare in prisons.

The play-building process was noticed by other prisoners, who began to seek information and guidance of AIDS issues from members of the literacy class. The performance of the play brought a taboo subject out into the open, allowing the audience to express their fear and grief, to recognise choices about the virus that they had faced themselves or could face, and to see the value of gaining systematic information about the virus and of setting up

support groups for people living with AIDS. The play led to calls for an information program and a support group in the prison, and to the establishment of a peer education and counselling program 'which created a major difference in attitudes, knowledge and support in the prison around HIV-AIDS related issues' (223-4).

Yet the move to this form of education and learning was not an easy process for learners or teacher. Some students resisted the move to critical education, questioning whether it was really education. Many wanted clear answers rather than complexities to be worked through and were more comfortable with the old literacy workbooks. Boudin herself worried that she might not be giving students sufficient preparation for literacy tests. As a prisoner teaching she had an ambiguous status and identity in the minds of both fellow prisoners and prison staff. She felt the constant tendency of the system to define her as a prisoner and she found it a constant struggle to break out of that definition. Her attempts to establish a problem-posing approach to literacy as a permanent part of prison education were scuttled by changes in prison personnel and the right-wing assault on government-provided social programs in the late 1980's.

Yet for a brief period Boudin had found a space in which she had initiated an educational process which enabled prisoners to think critically about an issue they had avoided, and deepened their sense of themselves and their connections with others. The women were able to throw off the stigma attached to both prison and AIDS and to accept the disease as a shared human problem that could only be tackled effectively collectively. As Boudin evocatively puts it, the Freirean educational approach she adopted 'provided the glue to overcome the fragmented reality that is debilitating to prisoners and teachers alike. Fragmentation was overcome when the learning process tapped into the whole person, and when a sense of community was created so that people felt committed to each other, as well as to broader goals' (225).

6 Theory and practice in critical and popular education

In her account of her work, Kathy Boudin connects with central aspects of the theory and practice of popular education: critical pedagogy, facilitation, reflection, action research, critical thinking, discussion and

dialogue. In this section I will examine each of these dimensions, to provide further background to the next section, which discusses forms of education and learning around HIV-AIDS.

a. Critical pedagogy

'Critical pedagogy' developed out of the radical critique of education of the 1960s and 1970s. The main theoretical tenets of critical pedagogy, and their implications for educational practice, can be summarised as follows:

- i Critical pedagogy places teaching and learning firmly in their social context. Particular attention is paid to the interaction of teaching and social factors like class, gender, race & sexuality.
- ii Critical pedagogy is concerned with the ways in which 'meaning is produced, mediated, legitimated and challenged' (McLaren 1990, xiv) in a wide range of formal and informal educational settings.
- iii Critical pedagogy focuses on relations of domination, on the ways in which, in capitalist society, ideology and power intersect and control people in such sites as the workplace (through the hierarchical management of work), the market place (through consumerism, facilitated by advertising) and educational settings (through

teaching methods, the overt and hidden curricula, teacher & learner ideologies and so forth).

- iv Critical pedagogy seeks to help learners to see through and challenge dominant (or 'hegemonic') meanings and practices. Critical pedagogy also seeks to identify, celebrate, critique and build on popular and subordinate (or 'counter-hegemonic') meanings and practices, and a common democratic culture.
- v With critical pedagogy, the mode of teaching is dialogic. The educator puts the learners' experience back to them in ways which enable them to analyse and discuss situations critically, and consider ways in which they might act on and change those situations.
- vi This inductive and democratic pedagogy works from learners' experience, but moves beyond it to expose the dynamics of everyday social situations, and to offer learners choices for action.
- vii The critical educator both supports and challenges learners.

There are a number of detailed accounts of critical teaching with adults, for example, Shor's (1980) analysis of his New York University English classes, Lovett's (1975) discussion of his community

development work in Liverpool, Wallerstein's (1983) account of teaching English to immigrants in California and Mike Newman's (1993) account of his experiences in Australian trade union education.

b. Facilitation

The concept of facilitation is central in modern adult education practice and is founded on the interpretivist assumption that people make meaning in different ways and the humanistic conviction that it is oppressive for educators to try to impose course content on learners. Some adult educators argue that a naive humanistic approach to learning facilitation leads to directionless groups and content-free education. John Heron, who trains adult educators and other professionals in England, has developed an approach to facilitation which takes account of this criticism. Heron argues that there are only six 'authentic interventions' that an educator, or a therapist working with clients one-to-one or in groups, can make. Three of these interventions Heron calls 'authoritative', involving the practitioner in trying to directly influence the individual or group. The other three interventions are 'facilitative' or indirect. (see Figure 2).

Figure 2: Heron's six category intervention analysis

| Styles | Descriptions |
|--------|--------------|
|--------|--------------|

| | |
|-----------------------------|---|
| <u>Authoritative</u> | |
| Prescribe | Advise, judge, criticise, evaluate, direct, demand, demonstrate |
| Inform | Be didactic, instruct/inform, interpret |
| Confront | Challenge, feedback, question directly, expose |
| <u>facilitative</u> | |
| Cathartic | Release tension in |
| Catalytic | Elicit information, encourage |
| Support | Approve, confirm, validate |

Source: Heron 1975

For Heron, a skilled practitioner is one who can move from one intervention to another, as the developing situation and the purposes of the interaction require. He has found that most practitioners use only a small number of the six categories. He and his colleagues conduct workshops in which practitioners are given opportunities to use the six categories and to expand their repertoire of interventions.

c. Reflection and critical thinking

In professional education over the past two decades, there has been a growing interest in the concept of reflection. Donald Schön, his colleague Chris Argyris (Argyris & Schon, 1974; Schon, 1983, 1987) and others have argued that in their practice professionals are faced

with messy problems and contexts. These are best dealt with by people who can flexibly and intuitively draw on their knowledge of practice (or their informal or practical theory—theory drawn from experience) rather than try to apply rules drawn from formal theory (theory drawn from books).

The notion of reflection is often linked to the idea of practitioners as action researchers who plan, act, reflect on their practice and plan, act and reflect again, in a continual spiral. Heron (1989, 1993), Boud and others (Boud, Keogh & Walker, 1985; Boud, Cohen & Walker, 1993) advocate practitioners learning to ‘monitor’ their ‘interventions’ and expand their repertoire of interventions. They argue that as professionals act they should strive to be continually aware of the impact of their actions. This, they maintain, can be achieved as we act, by asking ourselves questions like:

- what happened?
- what does it mean?
- what can I do?

This approach to examining practice is proving to be of great use to adult educators. It enables us to look at our practice as something that is continually in process, and can be acted upon. Our work, then, becomes something that we are continually examining and learning from, and is no

longer seen as a bundle of skills to be 'mastered'.

Notions of reflection and critical thinking are often linked together. Brookfield (1987) suggests that critical thinkers do four things:

- analyse the assumptions underlying their 'traditional beliefs, values, behaviours and social structures'
- be aware that these assumptions are 'historically and culturally specific'
- explore 'alternatives to the current ways of thinking and living', and
- be sceptical of claims to universality.

d. Discussion groups

A common thread in the various forms of critical pedagogy is the use of discussion. In an excellent article on discussion as an educational method, Brookfield (1985) points out that for many adult educators, discussion is seen as the 'education method par excellence'. Two features are generally seen to be central to the concept of discussion in adult education: 'purposeful conversation... about a topic of mutual interest', and a notion of equal participation, a roughly equal sharing of conversational time. The goals of discussion are both cognitive and affective: the development of participants' analytical capacities, their increased appreciation of the complexities of issues, their increased

identification with subject matter, and increased tolerance of opposing viewpoints.

Brookfield, drawing on studies of discussion groups in action, emphasises that, particularly in our competitive and individualistic culture, the attainment of these goals is problematic. As he notes, discussion groups can often become 'an arena of psychodynamic struggle', in which members will be 'alternatively defensive and aggressive'. He argues that meaningful and productive discussion is more likely to take place if the following four conditions prevail:

- i if the discussion topic is stimulating
- ii if the group leader is well versed in both group dynamics and the topic under discussion
- iii if group members possess reasonably developed reasoning and communication skills
- iv if group members have devised and agreed upon 'an appropriate moral culture for group discussion'.

For Brookfield, this last condition is crucial. It 'means that the group must spend some time agreeing upon a set of procedural rules concerning the manner in which equity of participation is to be realised.' These procedural rules will in turn be based

on the sort of ethical principles identified by Bridges as being essential to the functioning of discussion groups: reasonableness (e.g. openness to others' arguments and perspectives), peaceableness and orderliness (e.g. not talking over other people), truthfulness (e.g. not distorting the truth to win a point), freedom (e.g. allowing different views to be expressed), equality (e.g. giving everyone the opportunity to speak), and respect for persons (e.g. appreciation of people's histories and experiences).

There are some lively accounts of discussion groups in adult education. One of the most interesting of these is Lovett's (1975: Chapter 5) account of the operation of discussion groups in a range of sites (community centres, a mothers' club, a pub bar) in a working class area in Liverpool, England. Lovett's analysis distinguishes between what he calls 'social group work', and educational discussion. The goal of the former is social and therapeutic; the goal of the latter is to 'develop understanding, to help people make up their minds about a variety of issues, to assess evidence, to formulate conclusions'. The intention is to extend the learners' 'understanding, cognitive ability and linguistic resources'.

e. The democratic imperative

If critical pedagogy is to be emancipatory, it must be democratic, it

must involve a genuine sharing of power among learners and educators. To build genuinely democratic processes in societies and institutions in which there is so much that is undemocratic and exploitative is a constant struggle. Fortunately, we have some detailed accounts of democratic educational work. One of these relates to the work of Myles Horton, who founded Highlander Folk School, a residential college in Tennessee, which for sixty years has provided education for trade unionists, civil rights workers and environmental activists (Horton, Kohl & Kohl, 1990). Horton and his colleagues appear to have developed a genuinely democratic way of working with adult learners. Their starting point is a deep respect for learners and their life experience. The historian of Highlander, Frank Adams (1975), writes of the 'one axiom that never changes at Highlander: learn from the people, start their education where they are'. Horton himself put it like this:

You have to know that working people—the uncommon common people—have a past... Adults come out of the past with their experiences so at Highlander you run a program based on their experiences... Our job is to help them understand that if they can analyse their experiences and build on those experiences and maybe transfer those experiences

even, then they have a power they are comfortable with (Moyers 1981).

When they come to Highlander, learners have experience, but lack techniques for analysing it. The educators teach the learners how to develop these techniques:

One of the things we have to do... is to learn how to relate our experience to theirs and you do that by analogy, you do that by storytelling. You don't get off and say: 'Look, here are some facts we're going to dump on you'. We say: 'Oh, you might consider this. Now this happened to somebody kinda like you in a different situation'. So we get them to do the same thing, with each other—get peer teaching going... (Ibid)

What is developing in this sort of education is a genuine dialogue, in which each party listens to and learns from the other. This is real, and difficult, educational work. The dynamics and strengths of this educational approach, and the unresolvable tensions that arise in it, are explored with great honesty and sensitivity by David Head in his account of his work with 'doss house' dwellers at Kingsway Day Centre in London in the 1970s. Head begins by

confronting educators with an unpalatable fact about their work: 'Education is invasion'. We educators, Head notes, like to believe that our 'interventions' are 'friendly invasions'. But our work inevitably carries with it 'overtones of occupation, cultural imposition, ... the territory of the learners is occupied by change-bringing forces' (Head 1977, 127).

Head then outlines the intricate dynamics of educational work with fragile and wounded learners, learners who will flee at the first hint of condescension. In the course of his account Head affirms the truths about democratic teaching discovered by the Highlander educators in their work. 'If we are to avoid the worse aspects of invasion', Head writes, 'our aim must be to begin where people are and discover with them where it is worth going' (Head 1977, 135). This will involve educators in recognising the invasiveness of their work, and struggling with learners to build a different sort of relationship, one that based on a notion of 'solidarity', rather than on a patronising notion of 'service'.

For an adult educator to work with learners 'in solidarity' means to support and resource learners, to challenge and extend them, but never to patronise or try to control them. It means educators using their power to

create educational situations in which learners can exercise power (Gore 1993, 62). This is the most useful meaning of the much abused and coopted notion of 'empowerment'. Empowerment is not something that educators can do to or for learners. Nor is it a withdrawal by the educator, an abandonment of power. This has been one of the great confusions in adult education over the past thirty years. It has arisen primarily, I think, from a misreading of Carl Rogers' approach to facilitating learning groups. Rogers' condemnation of conventional teaching, his faith in the capacity of groups to develop in healthy directions, and his commitment to working with groups in non-directive ways (Rogers, 1969, 1973, 1983), have been misinterpreted as a refusal to exert influence. In fact, Rogers, like Horton, used his power as a counsellor, teacher and administrator to enable clients, learners and staff to exercise theirs. (A reading of Rogers' accounts of his struggles to develop facilitative teaching and administration in the university department he chaired is instructive here: see Rogers 1978, 69-104).

What distinguishes Rogers, the humanistic educator, from Head and Horton, the critical and radical educators, is the latter's social analysis and political commitment. Both Head and Horton, in their different ways, see their learners as being oppressed. Both

direct their educational efforts to helping learners to act collectively on their oppression. Both have addressed the question posed by the old union song: 'Whose side are you on?' Both have, in Amilcar Cabral's (1974, 50-1, 57, 59) vivid sense, committed 'class suicide': they have decided that they want no future in an oppressive social order, and have turned their backs on the privileges that accrue to the middle class in that order. And in making that step, they work in solidarity with learners. They cease to assume that their expertise is of use to people, and instead of making pronouncements about what they can do for learners, they ask themselves, and their learners, 'What can we do, with you?' (Gore 1993, 62).

7 Critical/popular education and HIV-AIDS

This section I discuss some of the ways in which critical and popular educational approaches are or could be applied in HIV-AIDS work.

(i) Peer education

Peer education is a methodology much used in HIV-AIDS education in Australia and other countries. Altman (1994) refers to programs from many different countries and notes that peer education is often linked to community development strategies, as with a

Singaporean group which linked its HIV education to political advocacy aimed at decriminalising homosexuality. In Australia, peer education is used in a variety of ways. I will discuss two examples here.

The Sex Workers Outreach Project (SWOP) was established in 1990 to provide information & support services to sex industry workers throughout NSW. SWOP employs 13 staff to conduct its programs. There are four outreach and education teams: Women's, Metropolitan Male & Transgender, Rural and Multicultural. The main functions of SWOP are to minimise the spread of HIV and other STDs to and from the sex industry, and to support HIV-positive sex workers. SWOP places a very high value on peer education and believes that this is currently the most appropriate method for the industry. SWOP encourages workers from the industry to be involved in all aspects of its work. This is achieved by providing forums in which workers can be involved. For example, SWOP's publication, *The Professional*, used to be written by SWOP staff. Five years later the magazine is now completely written by sex workers and others working in the industry. SWOP's role is to provide the facilities and printing. SWOP defines best practice in terms of peer education and community control. Best practice for SWOP would be a situation where

members of the industry owned, funded and ran SWOP as a critical advocacy centre aimed at representing the interest of workers in their industry. The organisation is trying to achieve this by seeking alternative sources of funding and encouraging the industry to take ownership and responsibility for SWOP through such means as the formation of working parties of workers and experts on issues like education, legal matters and advocacy. (Kelly, 1996)

Peer education is often informal. In a study of homosexuality & AIDS prevention in a small NSW town and the western suburbs of Sydney, Davis et al (1992) found a different conception of 'gayness' than in areas with large concentrations of homosexuals such as inner—city Sydney. The social lives of these working class gay men were integrated with the wider heterosexual world of family, friends and community organisations. In these communities homosexual men made contact with one another and with bisexual men through beats, friendship networks and social groups, as well as through 'straight' venues like football clubs and gyms. The majority of these men not only had little or no contact with the organised inner-city gay community, many of them were alienated by it, describing it as 'trendy rather than friendly', 'self-absorbed' and 'off-putting'. HIV educational

materials and strategies designed for inner-city men were often inaccessible to working class men, who tended to learn about HIV-AIDS issues experientially, often through encounters with peers. As one man put it:

I met this guy and went to bed together and started to have sex...and he was getting himself ready to have me root him and I turned around and said to him, 'aren't we going to use a condom', and he said, 'oh, I haven't got one, don't worry about it'...I said to him, 'yes I have a condom', and he said 'well, if you want to use a condom then use a condom'...so we did and he still enjoyed it...I had a talk to him, I said 'come and have a cup of coffee' and so he did..here I was, a 21 year old guy giving this 28 year old guy a lecture on safe sex...

Such informal education is, however, very hit and miss. It often spreads misconceptions (such as the claim of some bi-sexual men that they are immune from AIDS) and is liable to be undermined by peer pressure. Informal education needs to be complemented by culturally specific educational materials, support and advice services, and forums in which men can reflect on their experiences.

The ACON Rural Project and the Aboriginal Sexually Transmitted Diseases Project, described in the case studies accompanying this paper, are examples of this sort of informal/formal education nexus.

(ii) *Learning to live with AIDS*

At the heart of education and learning around HIV is the process of learning to live with AIDS. Much of this learning is informal yet systematic, occurring as people with AIDS learn about the bio-medical side of the disease and how to ameliorate it through drugs, diet and other lifestyle changes. Other important learning occurs in the course of the disease as PWA, their lovers, families and friends adjust, rage, grieve & celebrate. There are now many novels, plays, poems, films, songs and a lot of visual art on these processes, which need to be reexamined for what they tell us about informal education and learning around HIV-AIDS. Consider the powerful learning implicit in the following passage from Tim Conigrave's autobiographical *Holding the Man*. It is the early 1990's. Tim and his lover John have both recently been diagnosed HIV-positive.

John and I saw Alex Harding's play *Blood and Honour*. Michael, a Chinese boy, watches his lover Colin, a newsreader, being crushed by AIDS but

slowly growing to acceptance. Colin's mother, a seventies feminist, moves in with them and tries to politicise both boys. The play's structure and style were refreshing: lean, precise, accurate, angry. Glaringly lit moments of the human condition went whizzing past at extraordinary speed.

I was shocked to hear my thoughts coming out of Michael's mouth. And then I was shocked because he'd say something I hadn't thought of and I'd think, What's wrong with me? The play ended with Colin coming out on his news program, a fantasy about taking control.

John was crying by the end, and I was choking back tears. We drove down to Bondi Beach and walked along the damp sand. We took off our shoes and paddled in the shadows. In the darkness, in the warm air, we were safe, trying to comprehend what we had seen. John said he was shocked. 'I hadn't seen my health from your side of the story. Alex should be proud of what he has done.'

We sat on the sand watching the waves rippling in to shore.

Talking to him about my fears, my anger, was not easy. There was stuff I felt I could never bring up, for fear John would say I was undermining his positive thinking. But the play had given me courage.

'Do you think you are going to die of AIDS?'

'Probably.'

'How does it feel?'

'Scary.'

We spoke of our fears for ourselves and each other. How long did we think we had? Was he going to die before me? He wanted to know it all.

We drove home to Rose Bay. In bed I was awake for many hours, thinking. *I wonder what the moment of death will be like? Will I be so bombed on morphine that I won't even notice? Or will my soul crack me open making its escape? And when John dies, what will it be like, life without him? I want it all to go away. Leave me alone.* (Connigrave, 1995, 202-203)

(iii) *Activism, learning and education*

Activism around AIDS also contains significant learning and education. As they engage in social action, people learn, and they teach each other. This

is evident in the People with AIDS (PWA) movement which began in the US in the early 1980's and has subsequently spread to other countries. The very term PWA is redolent with the political learning and education, not only of AIDS activists but of an earlier generation of gay liberationists. The term is a rejection of victim or patient status and a statement of AIDS-positive people's autonomy and power. Peer education, often taking the form of people sharing their experiences and knowledge, has been central to the PWA movement. PWA organisations provide a space in which people can share their experiences and find the comfort of not having to explain their situation because it is taken for granted. Important, too, has been the experiential learning of activists, exemplified in the experience of Dominic D'Souza, who, after being arrested in Goa when he was diagnosed HIV-positive after donating blood, went on to organise HIV-positive people throughout India. A further aspect of the educational dimension of the PWA movement has been education of the wider public. As a Brazilian PWA evocatively put it, 'The strugglers (PWA) unite and form civil organisations, calling society as a whole and the discriminated segments in particular for a comprehensive debate, in order to preserve individual freedom and to ensure every citizen's rights'. (Altman, 1996, 58-63)

This is not to claim that informal learning and education around PWA issues are without their difficulties. As Altman notes, there are often tensions between PWA's and other AIDS activists and workers over such issues as PWA representation in or control of AIDS organisations, and the distribution of resources between preventative education and treatment. Such tensions 'also play themselves out at a level of unacknowledged anger and guilt between those who are and are not infected' (ibid, 60).

(iv) Treatment, learning and education

Struggles over medical treatment have been central in AIDS activism. Altman believes that 'the possibility of treatment advances has been the dominant factor in the radicalisation of the AIDS movement'(ibid, 70). In most western countries in the late 1980's PWA's were taking the lead in the movement, often bypassing existing organisations and establishing their own. They rapidly became experts in the medical literature, putting pressure on companies and government for expanded drug trials administered by grass roots organisations and general practitioners. In the US, tests on drugs used in AIDS treatment began in 1986 and by 1989 the Federal Government had approved the use of one drug, 'the first time ever a drug had been approved based on grass-roots

research'. The militant organisation ACTUP (AIDS Coalition to Unleash Power) played a leading role in this struggle, using tactics like invading the floor of the New York stock exchange to gain media attention for its critique of drug trials, drug approvals and the cost of treatment. Activists saw this campaign as having a learning dimension. As one of them put it, 'None of [our] efforts would have been effective had not AIDS activists learned the jargon of the medical establishment and turned it towards their own ends'. Clearly, too, public education in the issues through the mass media was influential in pressuring government to approve the drug trials. (Altman, 67-75)

(v) *Organisational learning*

In recent years the concept of organisational learning has entered the adult education literature. This concept has two related elements, one being that members of an organisation can learn from their collective experience, the other being that learning can permeate all the activities of an organisation so that it becomes a 'learning organisation'. Both these dimensions of organisational learning are potentially useful to HIV-AIDS organisations.

Altman describes the life cycle of a typical AIDS organisation. A group is often established by a charismatic

leader. 'As the organisation grows it becomes more genuinely based in a particular community, leading to an influx of new volunteers. At this point the original founders are sometimes pushed aside...or alternatively become full time workers for the organisation...As organisations grow they start to seek external funding and with this comes...professionalisation and bureaucratisation...and a further change in leadership' (ibid, 108). Paid staff with better access to information and resources often come to dominate organisations, alienating volunteers. Increases in workloads—partly a function of increased size and partly caused by inadequate funding—generate further strains. Together, these changes create service organisations dependent on professional staff and external funding. AIDS organisations lose their community ties and their empowerment functions, and in some cases are coopted into the agendas of the state or private sector bodies (often pharmaceutical companies) which fund them. (Altman, 97-117)

This trajectory is not inevitable: it is amenable to intervention. But for this to happen people involved in AIDS organisations must be willing and able to analyse and learn from their experience. Assuming that the will exists, there is now a considerable literature on organisational learning

which can help interested people to critically reflect on their experience and to (re)generate participatory and community based ways of working. A useful starting point is Laurie Field's & Bill Ford's *Managing Organisational Learning: From Rhetoric to Reality*. This is a recent Australian book which draws on both the international literature on workplace change and learning and the extensive practical experience of its authors. It offers a holistic, if rather managerialist, way of analysing learning in organisations, connecting learning with other dimensions of organisational life: vision and mission, work organisation, technology and information, and industrial relations. Supplemented by literature more attuned to community based ways of working (Altman, 1994 & Newman, 1994 are particularly useful here), the organisational learning approach can help AIDS activists, workers and volunteers to learn from their experience and to develop ways of working which are both more congruent with their values and more effective.

(vi) *The Quilt*

Drawing on the American tradition of quilt making the Quilt began in San Francisco in 1987 as a way of mourning and celebrating people who had died of the virus. By late 1982 it contained 20,000 names and was the size of twelve football fields. There are now

Quilts in many countries, including Australia. The power of the Quilt is that it enables people to grieve, and to do so in diverse ways: to express despair, shame, guilt or to turn their mourning into militant action (Altman, 82-83). Helen Jones, an Australian AIDS educator, interviewed during the course of this project (Kelly, 1996b), spoke, unprompted, of the educational significance of the Quilt.

The quilt project provides a great opportunity for the whole community to bear witness to the experiences of those affected by this hideous disease. When I was in Montreal, there was this football game that thousands attended. After the game there was a quilt exhibition. In no time the oval became covered with panels of the quilt and people were encouraged to walk amongst them. It was extraordinary. These people were transformed before my very eyes—one minute a rowdy football crowd the next, a very large sensitive group of people making a strong connection with others living with and affected by HIV and AIDS. An unbelievable contrast. Very impressive - very powerful, I'll bet that for a high percentage of those people, that experience will stay with them forever. To

me, that's an example of a powerful educational experience.

(vii) Learning in struggle

The notion of organisational learning connects with another idea, which originated in popular struggles against capitalism, imperialism and other forms of oppression. Theorists of national liberation struggle like Mao Ze Dong and Ho Chi Minh systematically studied their societies and their own practice and drew lessons from their analyses which shaped their future actions (Foley, 1993a&b). Today many people talk about the utility of action research, or reflection-on-action. 'Learning in struggle' is the same sort of process, but with a more holistic analysis and a more overt politics. Analytical connections are between 'macro' or broad economic, political and cultural influences and 'micro' or local influences or dynamics, in the way outlined in Section 4 (iii) of this paper. The politics is openly committed to the interests of the group being represented.

Two questions activists in any popular struggle periodically pose are: Where are we now? and: What do we do next? I have argued in this paper that in HIV-AIDS education wrestling with these questions has led activists and workers to critical and popular education. I have tried to show some of the

complexities of this encounter. In particular, I have urged the importance of a broad view of adult learning and education, one which recognises the importance of informal and incidental learning and education as well as formal education.

I want to add one further point here. As educators do their work, the ground shifts and the assumptions on which they base their actions may no longer be valid. The literature review and case studies conducted for this project suggest that the following are currently central or emerging issues in HIV-AIDS education:

- Globally, AIDS is now a disease largely defined by poverty and race, and is of equal concern to heterosexuals and homosexuals (Altman, 1996, 75-6). While this is not yet the situation in Australia, it may be in the future. Aboriginals and other less powerful groups are likely to be particularly vulnerable.
- It may take generations to bring AIDS under control.
- It is likely that the level of government support provided in Australia during the first decade or so of the epidemic will decline and that AIDS activists will increasingly need to rely on the resources of their constituencies and other non-government sources.

- It is also apparent that the workload of AIDS organisations will increase. This will be partly due to the resource situation just mentioned. Another source of pressure will be 'the burden of sickness, death loss and grief' on AIDS workers, their organisations and their communities (Altman, 1996, 79)

- The scale and intractability of AIDS is generating 'widespread feelings of abandonment, depression, apathy and anger' (Altman, 1996, 79). These feelings are often disabling and require new forms of education and counselling.

- The diversity of groups needing HIV-AIDS education is now increasingly recognised. An associated recognition is that educational methodologies and materials must be culturally appropriate (Altman, 1996, 75).

- In any particular community, the commonality of interests among groups threatened by HIV-AIDS cannot be assumed, it has to be built. Otherwise groups may find themselves struggling over scarce resources.

8. 'Best practice' in HIV-AIDS education

I have never been comfortable with the notion of 'best practice', because of the likelihood that it will encourage formulaic & simplistic educational approaches. As we have seen in looking at HIV-AIDS, there are a multiplicity of forms of education and

learning, and an endless diversity of learners. Certainly, some things can be said about what constitutes good practice in adult education in general and in HIV-AIDS in particular. But it is essential to remember that statements of principle about good practice are just that, and that they do not represent the complexities and contradictions of real, live adult education.

Delia Bradshaw (1995) has suggested a systematic approach to assessing whether or not a particular example of adult education constitutes good practice. She begins by posing value questions, such as: What is the program or intervention trying to achieve? What contribution to human life is it intending to make? She notes that such ethical questions are bound up with questions of power, like: Who is to say if the intervention is 'good' or not? Who has the final say? Whose say doesn't count? A further question relates to the theories underpinning educational efforts: Which theories are considered 'good' and why? Bradshaw notes that the response to this question might be a reference to the contribution the program makes to any or all of: skill development, learner autonomy, critical thinking, and the common good.

Once the three dimensions of the 'why' question—ethical, political & theoretical—have been addressed,

judgments can be made about the worth of the content of the education or learning event, and the methods employed. She suggests sets of criteria to employ when making such judgments.

With regard to content, worthwhile education and learning will develop:

- wisdom, not just information
- bodies of knowledge, not just facts
- crafts, not just skills
- sensitivity, not just behavioural acts
- humane virtues, not just attitudes
- rigorous thinking, not just flexibility

In addition, worthwhile education and learning will

- help learners to place their learning in a social context
- be inclusive, acknowledging and building on the perspectives that individuals bring to any learning situation as a result of their gender, class, ethnicity, age, sexuality &/or mental or physical abilities
- demystify knowledge and institutions
- embody the concept of community

Worthwhile education and learning methods will

- foster cooperation and individual autonomy rather than competition & individual dominance or dependence
- develop learners' skills and their capacity for critical analysis
- develop learners' capacity to value and use differences among people

- involve learners in decision making about education and learning
- be based on an understanding of learners' values, culture and physical needs
- assess learning in fair, useful, valid & reliable ways

Working from these principles of practice, and bearing in mind the complexities discussed in earlier sections of this paper, here are some summary statements about what is required for good practice in HIV-AIDS education.

Good practice in HIV-AIDS education requires:

- an understanding of the complex social and psychological processes underpinning and generated by HIV-AIDS
- an analysis of the complex, contested and long-term nature of the struggle against HIV-AIDS
- an understanding of different discourses of HIV-AIDS education and the theoretical and value assumptions underpinning them
- a broad understanding of adult education and learning, one which encompasses informal and incidental learning, as well as formal and non-formal education
- pedagogies which respect and work from learners' experience, but which also challenge their assumptions and

help them to develop their capacity for critical thinking

- diverse and creative educational approaches
- sound information about HIV-AIDS issues, transmitted to learners in culturally appropriate ways
- a capacity for HIV-AIDS activists, educators and organisations to learn from their experience.

9. The need for research and evaluation

In common with other forms of adult education, there seems to be little in-depth evaluation of HIV-AIDS education. Evaluation can take many forms, from

- quantitative measures of outcomes
- to detailed ethnographic accounts of programs,
- to extended reflections by educators.

The literature review for this project revealed some examples of the first kind of evaluation, but only one which was a mixture of the second and third types (Boudin, summarised above). There are also many examples of a fourth kind:

- reflections on the theory and practice of HIV-AIDS education, some of them quite brief, such as talks given at annual Gay Educators conferences, others much more extensive, such as the papers by Bruce

Parnell referred to above. As an outsider to the field who has knowledge of other branches of adult education, I am struck by the seriousness and sophistication of many of these reflections.

It would be useful to systematically build knowledge of Australian HIV/AIDS education by developing a research and evaluation strategy. Such a strategy would

(i) be based on an audit of research and evaluation in Australian HIV/AIDS education. This audit could be done quite quickly by (a) a representative sample of educators meeting and identifying the strengths and weakness of current models of evaluation, and gaps in knowledge about the dynamics and outcomes of education programs and other informal and incidental forms of education and learning; (b) checking the findings of this meeting against the Australian and international literature;

(ii) involve the development of a rolling three year research and evaluation program, properly resourced, with clear goals and lines of accountability, and annual reviews;

(iii) be based on principles of participatory action research, namely

- information is collected from all stakeholders

- data collected is returned to informants for checking and comment
- the research generates discussion about further action involving all stakeholders
- decisions on what course of action to be followed as a result of the research are to be taken by those responsible for the decisions;

(iv) take a holistic approach to evaluation, collecting data on and making judgements about

- satisfaction with programs
- learning outcomes of programs
- application of learning
- community impact of the learning (Kirpatrick, 1975).

Such an approach to education evaluation is strategic - it is designed to generate information that will help ... and educators to act more efficiently.

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**AFAO PROJECT: BEST
PRACTICE IN HIV-AIDS ADULT
EDUCATION**

EXCERPTS

BEST PRACTICE

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RESEARCH & EVALUATION

It would be useful to systematically build knowledge of education and learning around HIV-AIDS in Australia by developing a research and evaluation strategy. Such a strategy would

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- (Kirpatrick, 1975).