Rethinking Community HIV/AIDS Prevention Approach: A Community “Containment” Approach

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Abstract
HIV/AIDS virus has come to stay and cannot be eradicated. In spite of the efforts of educational and other community related strategies adopted for HIV/AIDS prevention in Africa, population of HIV/AIDS victims have continued to grow. Thinking through socio-economic factors which influences risky behaviours promote the spread of HIV/AIDS, a prevention strategic model is advanced to cater for victims and reduces risky behaviour, through a proposed community approach called “containment”. The model justifies the need to integrate socio-economic, socio-political, cultural and educational approaches, to elicit actions from government, civil society, and the community people, and to empower the family for responses towards the rising need of victims, health care and reductions of the scourge.

Introduction
The scourge of HIV/AIDS virus has humbled the world, since it was identified, in 1980. The world hit by this incredible, terrifying realities of highly infectious and incurable disease have been fighting against this pandemic, because of its implication on the health, social lives and survival, of the world’s community. The fear of the HIV infection and the ignorance about its causes in the past created strange behaviour, at times barbaric practices, strange rituals and the attempt to isolate those afflicted were all manifested. Although other diseases with very nasty experience and consequences have threatened human existence, HIV/AIDS makes the reality of infectious diseases the third leading cause of death in the world. Stine (2001) submitted that as we embark on a new century, HIV/AIDS poses one of the greatest challenges to public health, human rights, and development.

The concern for HIV/AIDS is on how it affects the poor, women, children, destitute and millions of others whose life situations are further degraded by the denial of basic human rights. To paint this picture clearly means showing how poverty, high of cost of health care of victims, the denial of individuals and their communities the opportunities to discuss the difficult issues surrounding HIV/AIDS, and organize themselves into self-help groups, relates to affect measures for protection from HIV infection. Societies where human rights are not fully respected the likelihood of vulnerability to infections and further
exclusive from the society increase drastically. (Stine, 2001) If millions of lives are to be saved, political and economic solutions must be found and integrated with those of education. However, looking at the continuous growth of the scourge, the objective of this paper is to propose a community approach to fight and prevent HIV/AIDS pandemic. However, enough knowledge about the disease could be reviewed to underscore the need for community approach suggested in this paper and theoretical framework on which the proposed strategy and its execution are based.

**Understanding Community Approach – A Framework**

Community approach focuses on providing communities with their felt-needs, while adopting empowerment and people’s participation as a strategic approach. To understand community approach and develop a framework for strategy, the terms community must be clarified. The word community from a deep sense could be perceived to mean different things, whatever the word is referred; its common knowledge is that community means solidarity. The word solidarity only means literally the showing of complete unity and support for each other (BBC English Dictionary, 1992). According to Osuji (1992), the word community explains that the word is popular because it expresses a yearning of social wholeness. It implies mutuality and inter-relatedness, which is different from, alienated, fragmental and antagonistic world of daily experience. While Wilkinson (1986) is of the opinion that the appeal of the concept community rests on a vaguely articulated but passionately held belief that community somehow is a good thing, a beloved entity or quality to be promoted, defended and restored in social life.

These views of community focus on the feeling of a people for themselves, making a case for a strong bond for solidarity and common tie for accepted behaviour towards a good inter-relationship. Majaro-Majesty (2001) indicates that people come together under a particular identity, in which a need to solve a common problem brings them together. Repo (1971) and warren (1980) justified, that physical closeness does not mean membership in same community. Interest is a factor that determines whether solidarity and emotions are shared towards one another. Hence, we see, community as an ideal, to be met, a desire that should be worked out or developed. A community is a process, or a strategy towards building solidarity among people.

A community therefore is taken here as a human creation, which only exists once there is an identified need to be met despite existing differences between stakeholders. Development workers should try to view community as such institution not already formed and ready to be operated upon, but as an institution to be developed. In this case, building coherence and solidarity needed for people in/with the same circumstances to take actions to derive mutual benefits is community approach. Development workers should approach the concept of community as a strategy to pull people together for solving problems.

Families are of a fact the smallest unit of a community. Its significance in supporting individual members is in its ability to stay together and connected under a strong emotional bond of oneness. In the past African communities stayed and lived together, catering for each other, financially and health wise. In fact an individual felt strong realizing the largeness of his family. Poverty and diseases have been pinpointed in recent times as the greatest attacker of the family bond. In the same vein, culture, economic and political problems also cause serious threat to families’ ability to, rights and solidarity to solve health problems that they are faced with today (UN, 2005). As will be shown below, HIV/AIDS have proved
beyond doubt that diseases affects more of the family bond and have over powered the strength inherent in family solidarity.

Bringing families together could mean a better way of realizing the highly needed community with social wholeness and mutuality especially in this contemporary days of industrialization where a lot of physical and psychological division and separation amongst families owning to migration and struggles for survival from poverty have occurred. Victims have in most cases been abandoned and stigmatized even by their own family members. Those who have the courage to stay to carter for victims are either frustrated by the financial and time demanded by victims. In the case of death of victims the orphaned are both stigmatized and avoided as suspects to carry the virus, and in cases where they are accepted, by extended families, they are supported poorly, to return or remain in school. Therefore, in this conceptual framework, community would be regarded as families in the process of coming together to solve problem, a process of bringing people together to meet mutually benefitting goal. In the framework of this paper, any strategy that would target at helping HIV/AIDS victims and their family members, to be re-united or pulled back together in solidarity to support victims and fight the spread of the disease will be regarded as community approach to HIV/AIDS, prevention.

The HIV/AIDS Scourge

The global update on the HIV/AIDS pandemic release in December 2003 and 2005, containing both the estimates of HIV/AIDS infections data, and causalities, concluded that there is a steady increase in the population of people living with HIV/AIDS, new infections and as well as the number of AIDS death. The global summary of HIV/AIDS epidemic for December 2003 shows that globally HIV/AIDS epidemic killed more than a million people in 2003, and estimated 5 million people acquired the human immunodeficiency virus (HIV) bringing to 40 million the number of people living with the virus around the world. This shows a steady increase from estimated total of 34 million people living with AIDS in 1999 to 46 in year 2003, thus bringing people newly infested with HIV in 2003 to 5 million with a range estimate of 4.2 – 5.8 million people (UNAIDS and WHO 2003).

In Sub-Sahara Africa, HIV patients have remained relatively steady – generally at high levels – for the past several years across much of the region. This is due to the fact that high levels of new HIV infections are persisting and are now matched by high levels of AIDS mortality. In 2003, an estimated number of 26 million people in this region were living with HIV, including the 3.2 million, who became infected during the past year. Claiming more than 25 million lives and another 39 million people currently infected with 95% residing in low- and middle-income countries (UNAIDS, 2005), Sub-Saharan Africa has maintained its lead amongst regions of the world, as the worst hit by the virus. In Nigeria, according to UNESCO (2003), “since the first case of HIV/AIDS was diagnosed, in 1986, the infection has continued to spread from 1.8% sero prevalence in 1988 to…5.8% in 2001...threshold; Nigeria is now at a potentially explosive stage of the epidemic”. (Pg. 9)

UNAIDS/WHO (2002) haven foreseen the effects of this scourge on humanity and its environment, warned that, the epidemic can rob households and communities of the capacities to produce or afford food, turning shortage into a Food crisis. If such an emergency is allowed to persist, it can generate further social displacements, and worsening the sexual exploitation of women and children – all factors that favor the further spread of HIV/AIDS. (P.4). The data stated above, buttress the reason for fear, but with the right
attitude of genuine concern for all, not for them, “the effected” - meaning that all both effected and non-effected citizens of the world have to see themselves as people, who must work together to heal the world for children yet unborn. In this attitude, it must be realized that with the rate of ravage, and spread of infections and death, no one is save. Going by the data released by UNAIDS, (2005), it is just a matter of time, one-way, or the other; one could be infected by it. Stine (2001) paints the picture clearer.

HIV/AIDS is truly persistent global pandemic and will require a proportionate response to bring it to heal. It is the plague or our lifetimes- and probably that of our children’s lives as well. We already have children age 20 and younger that don’t know what an HIV free world is. They were born into this recognized pandemic for the sake of every individual living with HIV; we must focus on what each one of us can do. Both persons can make a difference. Believing that, we are empowered to cope with longer whole. We must not let AIDS dictate that 49 are old age and age 30 is our life expectancy. (P. 2)

Stine (2001) above suggest a more pragmatic all participating effort, as this concerns all not some-meaning our community effort. In relating to community, the prerogative of community change agents will be tempered, before well-developed approach to solving social, cultural, and political and health problem is demanded.

Strategies of HIV/AIDS Prevention

Global response to HIV/AIDS pandemic becomes expanded as years rolled by. Accumulated expenses on HIV/AIDS projects and programmes have continued to increase even in low and middle-income countries. Dozens of national AIDS coordinating bodies are now in operation and a growing number of countries (many of them Africa) have begun extending anti-retroviral and other AIDS-related medications to their citizen. But at the moment, these developments do not match the region epidemics in scale or pace (UNAIDS, WHO, UNESCO, 2003 and 2005). AIDS response is moving into a new phase, Political commitments have grown stronger, grass-roots mobilization is becoming more dynamic, and funding increasing treatment programmes and prevention efforts are being expanded. But measured against the scale of the global epidemic, the current pace and scope of the world’s response to HIV/AIDS fall far short of what is required.

The struggle against AIDS has reached a crossroad either we choose making slow progress or we choose to put all our strength together in response and commitment against this epidemic. These choices are clear. Review of these strategies commonly used will provide the lapses, which need to be improved. Here the strategies and approach of HIV AIDS prevention have been categorized into two - Education Approach and Service Provision. I will review these two categories, its content, and objective, for a better insight into formulating a community-based strategy for preventing HIV/AIDS.

Educational Strategies: Educational strategies are basically born from two far-fetched reasons, first is the growing sexual activity amongst people around the globe (UNESCO, 2003), and growing sex freedom amongst adults and adolescence (Stine, 2001). Sexual
promiscuity, among people of young and old, has been singled out as major reason, for the fast spread of the HIV virus, while sexual behaviours become a target of organization, institutions and agent. Character modification - risk behavioural and attitude transformation of clients/beneficiary of HIV/ AIDS awareness programmes and sex education are approached basically through the below listed actions by Birdwhistle and Whitman, (1997). They include:

- Family life – which places emphasis on preparing children for family life and production.
- Sexuality education – which place more emphasis on the individual sexual activity, biology, and behaviour.
- Population education – which emphases sociological, environmental, and economic consequences population growth.
- Science education- which emphasis on biology aspects.
- Medical disease education-, which emphasizes disease, risk, and medication information.

Educational strategies are totality executed through either formal or informal educational structures. Using them merely as channels of information and warning to young people about the dangers of HIV infection and the tragedy of AIDS. Research has shown that accurate knowledge and warning of HIV transmission and how to prevent the infection are not sufficient conditions for students to change or avoid risky sexual behaviours (Fishers and Fisher, 1992). Welbourne- Moglia and Moglia (1989), also point that research has indicated that traditional, didactic teaching methods do little, either to engage students in learning information about HIV/AID or to alter their HIV-related attitude and behaviours. Also the strategy faces the problems of helping students learn how to learn (Ogunsola-Bandele, 1992, 2000). This involves individual learning styles – their ways of perceiving, processing and utilizing information.

Informal education approaches use for instructing young people in schools on sexuality is usually a very difficult one (UNESCO-Abuja (Nigeria, 2003). Sometimes, school authorities themselves avoid making a clear decision from among choices, thereby leaving the classroom teachers in a vacuum – having to respond to the direct questions of their students without a clear mandate from policy-makers as to how to go about it. This is a problem because teacher’s skills are stereotyped by policies instead of a more dynamic and prompt teaching decision.

**Service Delivery Strategy**

Service delivery strategy is mainly described as providing services to help and show concern for HIV/ AIDS victims. This strategy includes, counseling and provision of anti-retroviral drugs to help reduce temptations and willingness of infecting other unsuspecting people with the HIV/ AIDS virus. This way, service provision, serves as donation of contraceptives for safer sex among very vulnerable groups such as prostitutes, men who inject drugs, and long distant drivers. A more philanthropically approach, is adopted to finance, rehabilitation programmes of people living with HIV, and the venerable groups, who are willing to change attitudes to sex.

Sometimes, NGO and CBOs’ collaborate with government agencies to deliver health education communication and other services to the grass root in complex situation.
using innovative and effective strategies. In Nigeria, UNICEF in collaboration with National Youth Service Scheme (NYSC) directorate, and other Civil societies, notably the Associations for Reproductive and family Health (ARFH), Action for health incorporated, Society for Family Health (SOFH) among others to implement HIV/AIDS prevention programmes. Governmental organisations and national NGOs have been instrumental to the production of HIV/AIDS educational materials. This includes manuals for the training of teachers, and students. Health providers’ community members kit (advocacy kits) posters, films (video tapes) and soon. In Nigeria, faith-based organizations are increasing efforts to support AIDS orphans, while providing care and support for People Living with HIV/AIDS (PLWHA), just as Intensive campaigns, against discriminations and stigmatization is continued.

Community Approach to HIV/AIDS Prevention

Examining the two strategies, for HIV/AIDS Prevention above uncovers the fact that in spite of the large awareness of the pandemic, these two; have not been able to reduce nor prevent the virus if research statistics show that HIV/AIDS infection has been increasing across the globe, especially in Sub-Saharan Africa. The quest for a sustainable approach seeking to incorporate the community into the fight against the spread of HIV/AIDS is still in pursuit. World Health Organisation establishment and publicizing of Community base Health Care (CHBC) was important, as it seeks to elicit and integrated efforts through an integrated approach for the HIV/AIDS victims family members, who are in contact with this victims and sexually promiscuous and perverted groups (prostitutes, and homosexual).

Community Home-Based Care is defined as any form of care given to sick people in their home: such care includes physical, psychological palliative and spiritual activities (WHO 1993). The goals of CHBC, is to provide hope through high quality and appropriate care helps to maintain their independence and achieve the best possible quality of life (WHO, 1999). This community approach draws it strength from two factors - family and community- families are the central focus of care and form the basis of the CHBC team. Communities are places where people live and a source of support and care of individuals and families in need. In the opinion of Joy Phumaphi, Minister of Health Botswana:

Home-Base care is taking us back to the root of human coexistence. It reminds us that we all have the responsibility to one another. If we hold hands through this tragedy... we will be able to retain our humanity and will come out of this epidemic as a stranger community. (WHO, 2002,P. 34)

Most CHBC services so far have been established through unsystematic, needs based effort. WHO (2002); fact sheet on HIV/AID for nurses and midwives, discloses that 70% and 90% of illness care takes place within the home, and research place within the home and research also show that most people would rather be cared for at home and that effective home care improves the quality of life for ill people and their family caregivers.

Implementing CBHC in terms ensures that all the essential elements in CHBC are included. CHBC team consists of ill people, family caregivers, health and social welfare
personnel, community health workers and community volunteers. Other key stakeholders that may be included in the team are community and spiritual leaders, traditional healers, pharmacists, community health agencies, or organizations and community groups) including groups of people with HIV/AIDS, orphans, youth and women). A number of individuals may support CHBC, such as business and union leaders and journalists and other mass media personalities. The first requirement for cure is to ensure the basic needs of shelter, food safe water, sanitation, cooking utensils and clothing. Providing effective CHBC is difficult if these basic needs are not being met.

Community home based care in resource-limited settings are mainly focused towards giving care to the sick in AIDS, and support to the family members who are care-takers of these AIDS victims. This approach is limited, even though it takes a bold step lobbying and incorporating National, State and Local Government into playing a more responsive role, by which community based strategists seek to lobby reforms of state structures in health delivery. This community approach does not look complete in my opinion; any efficient community approach should consider root causes and attack them, as it brings care and support to the sick and burdened. It should also consider strengthening family bonds, which was weakened by economic hardship and frequent migrations from the family by parents and members for jobs and live sustenance. If families are empowered with stable financially, parents will once again resume their natural roles as guardians and counselors to their wards and children. In that wise children who either to would have taken to the streets to fend for themselves through any means which includes prostitution and dependence in older men for sex gratifications and multiple sex partners in case of female adolescent.

Towards a more Effective Strategy

Haven reviewed strategies of educational support, and Community home cares approach towards AIDS prevention; it becomes clear that the epidemic is spreading fast and uncontrollably inspite of these approaches. The following questions are to be asked. Why is it that in spite of all these strategies, we don’t have reductions in the HIV/AIDS infections? In this vein UNESCO provides a long list of questions and factors that impedes families to stand up to the fight against HIV/AIDS:

Financially where does the funding for treatment, feeding, especially special diets and nutrition, come from? Psychologically, how do they cope with depression, loneliness, and rejection stigmatization e.t.c. What is the role of the extended family? What are the roles of clans and communities in psychological help? Educationally, how does the family cope? How are the children of sick parents or even those left behind by dead parents educated? How is their education financed? Physically, how is caring handled especially for the terminally ill, home care or hospital care?

Important also is the need to find out the strength that people (especially those...affected with AIDS, the sero-positive e.t.c.) are now using to cope and what can we do to further build upon such strengths (UNESCO, 2003.P. 12).
In our own opinion, these questions, should lead us to re-conceive our strategies and redirection of all efforts of “prevention” work. The world should come to terms with the ravaging power of the virus, and the visible presence of HIV/AIDS in our neighbourhoods and communities, addressing it in more practical ways. First of all, prevention is a deceptive word, which gives the notion of low existence, non-alarming rate, and that the virus can be completely eradicated. HIV/AIDS’ spread, to epidemic level, and now to a pandemic level, indicates that it will continue to spread/exist in spite of preventive measures.

Instead of continuing in this path of prevention, a more sincere strategy should be formulated to answer the questions of stated above. It is in this view that I propose the strategy that I call “containment”. The word ‘containment’ is borrowed from the word contain, which means control, curtail, and restrain. The strategy should become an approach to accepting the reality of something dangerous and keeping it under check, reducing it, and not allowing it to further spread. The word “prevention” could still hold for individuals “each man strategy” but in community approach individualism is not acceptable, it has to reduce, while togetherness and community solidarity must increase. In the efforts of enemy that seek to eliminate humanity under a new ideology that:

1. Since the Virus is incurable, it will stay with us just as any other disease before it and every one is at equal risk of contacting the virus.
2. That every man should have the right to learn about the virus, its infection pattern and as well as its management.
3. The need for the protection of the rights of the victims to gain and retain job employment, admission to educational institutions, free associationship and normal living.
4. That the survival of the human race is not in the castigation of the victims but in the support given to the victims who are infected so that they can live a normal healthy life.
5. To attack from grassroots every kind of socio-economic problems leading to development of attitudinal and social behaviours or live styles that encourages the easy contact of HIV virus.
7. Mainstreaming of policies to suit the healthy living of the society, in terms of food production, health care and the sponsorship of scientific and social researches that would see to the discovery of the vaccine and social, political, economic, and cultural risks and threats to further explosion of the virus.

This new thinking and approach is predicated on the reasons that, root causes responsible for the spread, are not often attacked. Habits, attitudes and life-styles of people are attacked more, as if there are none other means or medium apart from sex through which HIV/AIDS is likely to spread. Research has it that sex is one of many means of HIV/AIDS transmission. People’s life-style, attitudes and habits are either learnt from survival experiences or pleasure, tradition or culture. Survival experiences indicate the pressures of surviving in a capitalistic world, caused by modernization and industrialization. The survival instinct of an individual would encourage and promote prostitution and
promiscuity amongst urban dwellers in Sub-Sahara African, Asia and other Latin-American counties. Protected sex with condom has been confirmed not to be 100 percent save.

The reasons for prostitution and sexual pervasions are attributed to poverty and lack. Society where basic amenity and opportunity for wealth creation is minimal: sex becomes an easy means of providing quick resources. Men having sex with men, (homosexuality) has been found out to be a product of sociology and culture, with the undertone for economic attainment in Zimbabwe. Ruganga (2000) reports that

... With industrialization came the concept of homosexuality. When men migrate to economically developed areas, a disposition in the male/female ratio occurs male-to-male sex also had an important role in the regulation of heterosexual sex. Traditional Shona society placed high value on premarital abstinence...hunting, military duties and other survival activities, which sanctioned heterosexual sex, encouraged sex between men.

This reality does not seclude Zimbabwe alone, it tells of what happens globally in both high and low-income nations. Low-income societies are faced with more severe consequences than high in-come ones. Even in high-income generating societies or countries, societies, with low-income earners, for example, in North America are found to be highest in HIV/AIDS prevalence and high mortality rate. HIV/AIDS pandemic, therefore ought not be treated for sexuality habits or behaviours alone, root causes to the problem should be inclusive. UNAIDS/WHO epidemics update (2002) pointed out that

.... Stem also from a complex web of mishaps and policy mistakes … drought or foods, mismanagement and poor governance, misguided market reforms, a lack of extension and other support services for stricken farmers; the removal of consumer protection (allowing food prices to rocket as an emergency worsens): and political instability are among the factors involved… (P.34)

The root causes of poverty in low income nations, especially in Sub-Sahara Africa, have traversed political and tradition systems of living to bring about the erosion of indigenous social checks and measures of social pervasions. These realities provide ideas and inputs for a comprehensive HIV/AIDS prevention strategy, discussed below.

**Community Approach and HIV/AIDS “Containment”**

The two issues, which HIV/AIDS containment should address, are the need to reduce mortality rate, and the rate of spread of the HIV/AIDS epidemics. Frame working the six items highlighted above as the essential elements for containment strategy, will entail therefore – Any strategy which is inclusive of effort aimed towards demystifying HIV/AIDS existence through education and research, reduction of infections through poverty alleviation, and empowerment of indigenous tradition and culture, to check sexual attitudes, promoting peoples participation and communal solidarity, and the development of policies to protect HIV/AIDS victims, in order to rebuild encouraging the family solidarity in homes, which is fast eroding due to the effects of unemployment, poverty, over population and migration the reason for distance and separation of families.
The concept of ‘Containment’ seeks readdress the development process of the people, recognizing the relative differences that exist between societies in terms of needs, and situation. To contain/curtail HIV/AIDS, the economic, social, political, and cultural condition has to be assessed to determine to what extent these factors have degenerated to cause humanitarian crises such that it encourages the HIV/AIDS infection and spread, and mortality rate. Containment of HIV/AIDS will require the adoption of mainstream strategy of empowerment and participation. The two major approaches to community development ‘infrastructuralist’ and the ‘educationist’ should be brought together, to provide both the educational needs of people and their material needs. The disease demands enough of attention; it deprives its victims of opportunity to work and earn a living, it continue to capitalize on poverty to spread; and deprives them of good home. Caring for people living with the virus is not a sufficient response, but solving the problems of hunger and starvation, which political and economic instability brings.

Another problem is how to restore checks and balances inherent the traditional and cultural, which were destroyed or eroded by effects of industrialization, and national laws which downgrades, the people’s tradition. At this point, indigenous people should be allowed to by themselves uphold those cultures that frown against promiscuity, and sexual pervasions, by restoring traditional leadership with traditional justice. Even though, those cultural practices that promote HIV/AIDS infections should become an area of re-orientation. In certain African, and Latin American cultures, free-sex’ festivals are common and important cultural festivals, such festivals should be reference points for re-orientation by change agents.

Conclusion

All HIV/AIDS prevention strategies have failed to stop the pandemic from growing. The singular efforts of education, political, economic, and health care have all been found to be weak and cannot singularly or separately provide the required result of eliminating the virus. In spite of the wide spread knowledge and awareness of the virus, risky sexual behaviour that stands as the chief sources of infection have not been tamed. High level of poverty, and low political will power to attack poverty, unemployment and other economic problems that separates family members and causing the eventual abandonment of HIV/AIDS victims when they are most needed to provide care and support.

The impression HIV/AIDS virus could be eliminated and completely stopped has to be corrected with the knowledge that the virus has come to stay, which leaves us to choose how to live with it. This and other questions are the “Containment” model out to answer. The model proposes that first; we need to rebuild our community with the spirit of solidarity against the HIV/AIDS virus not as if we are doing victims a good but ourselves as all very close to being effected with the virus. As it seems it is just a matter of time, every one may be infected with the disease, either through sex or carelessness or through other sources. In that case the smallest and strongest community, which is the family, now broken by the effects of capitalism and industrialization (poverty and migration) will have to be rebuilt. National economic and employment policies have to recognize the needs of the family to stay together and empowered economically.

Containment demands the integrated approach, involving all community actor, politicians, health officers, and cultures to rebuild the society where basic factors of survival – food, job, and finance, are easily to work for and gained. The new approach holds that if, basic development factors – job employment, infrastructure, and credit facilities e.t.c. are
gained, and health risky behaviours will be reduced, while victims can live normal life and death rate reduced to barest minimum.

**Reference**


Birdwhistle and B. Whiteman V. (1997). sexuality education lesson plans: NSC web Mail ppress@iquest.net


