'Talk what others think you can't talk': HIV/AIDS clubs as peer education in Ugandan schools

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> The clubs will do peer education; the clubs will be a forum for affected students to share their experiences. (HIV/AIDS Technical Advisor, Ministry of Education, 4 October 2004)

> The clubs extend what we do in the communities. We train the leaders so that they can do peer education. (AIDS health official, 2 October 2004)

In this article, we make the case that HIV/AIDS clubs in Ugandan schools provide valuable information to students who may not have easy access to health services. As one club motto suggests, the clubs 'talk what others think you can't talk'. The innovative peer education methods, which include drama, popular culture and community outreach all have great appeal to youth, and provide unique opportunities for female students to raise gender issues and develop leadership skills. We conclude that innovative adaptation of the Ugandan model may complement other HIV/AIDS educational programmes in Africa and beyond.

Keywords: *Drama; Gender; HIV/AIDS; Peer education; Popular culture; School clubs; Uganda*

Introduction

A substantial body of research suggests that youth aged 15–24 are particularly vulnerable to the HIV/AIDS epidemic in Africa (World Health Organization, 1992; Uganda Ministry of Health, 1998; Carter, 2004), and international organizations, governments and local institutions are taking a range of initiatives to address this challenge to youth (United Nations AIDS, 2004). Such initiatives, which have been categorized across three time-scales (Campbell, 2003), include long-term

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macro-economic development, which recognizes that the spread of HIV is associated with high levels of poverty, unemployment and poor medical systems; medium-term attempts to change norms of sexual behaviour through community action such as peer education; and short-term aggressive detection and treatment of HIV and other sexually transmitted infections. It is the medium-term focus, in particular the role of peer education, which is the subject of this article. The context in which we are working is Uganda, and the particular example of peer education we are investigating is HIV/AIDS clubs in secondary schools.

Peer education programmes on HIV have been available for many years (Michel, 2005), with more recent research focusing on school-based programmes in particular (Wolf *et al.*, 2000; Bennell *et al.*, 2002; Campbell & McPhail, 2003; UNAIDS, 2004). Michel (2005) notes, however, that few studies focus on the impact and efficiency of these programmes, and while they describe their components, do not explain in any depth how these components were derived. Our research on HIV/AIDS clubs in Uganda seeks to address this gap in the research on peer education, describing in some detail not only the components of this peer education initiative, but the way these components were derived.

However, there are two additional reasons why a focus on Ugandan HIV/AIDS clubs is particularly timely. First, the research of Bennell *et al.* (2002), who conducted a comprehensive survey of HIV/AIDS education in Botswana, Malawi and Uganda, suggests that there has been greater behaviour change amongst youth in Uganda than the other two countries under investigation. Although the survey did not seek to investigate directly the sexual behaviour of primary and secondary students, it did find enough evidence to suggest that 'young people in Uganda have made important changes to their sexual behaviour, which makes them less vulnerable to HIV infection' (2002, ix). According to records from the largest voluntary testing association in Uganda, HIV prevalence rates for 15–19-year-olds fell from 17% in 1992 to 6% in 1998, for females, and from 4% to 2% for males. In contrast they found that infection rates continue to rise in Botswana, and while they have stabilized in urban areas in Malawi, they have increased in rural areas. Second, while all three countries do have HIV/AIDS clubs, those in Malawi and Botswana appear to be less successful than those in Uganda. 'Students in Malawi and Botswana are particularly unhappy about the lack of opportunity to participate in their own HIV/AIDS education: they were tired of being lectured at and not being able to ask questions or debate issues' (2002, p. 36).

Clearly, it is impossible to attribute the encouraging developments in Uganda directly to HIV/AIDS clubs alone. As Bennell *et al.* (2002) suggest, Ugandans have adopted a multi-sectoral approach to HIV/AIDS education, at both the national and local level. Nevertheless, as indicated in the next section, we have found in earlier research (Mutonyi, 2005) that over 50% of students in our study learnt about HIV/AIDS from their school clubs. We thus provide a critical analysis of both the achievements and challenges of this peer education model, and offer recommendations for schools in other parts of Africa and beyond.

Background to study

In 1994 organizations including the United Nations Focusing Resources on Effective School Health (UN-FRESH) in partnership with the United Nations Children's Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank, initiated a project called Life-Skills Based Education (UNAIDS, 2004). Skills-based health education aims at providing young people with access to critical prevention interventions, including services to develop the life-skills needed to reduce vulnerability to HIV/AIDS infection (UNAIDS, 2004). Comprehensive life-skills programmes have been designed to help young people refrain from unwanted or unhealthy behaviour and to improve individual assertiveness, coping and communication skills. The programmes address self-awareness, self-esteem and empathy; private communication and interpersonal relationships; decision making and problem solving; creative thinking and critical thinking; and coping with emotions and stress.

In the spirit of this initiative, Uganda in 1997 began a skills-based education programme for HIV/AIDS prevention, developing school health policies on HIV/AIDS, school-based counseling and HIV/AIDS school clubs (UNAIDS, 2004). The programme is an integral part of the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY), implemented by President Yoweri Museveni (Ministry of Education, 2004). Museveni notes that with the implementation of Universal Primary Education in 1998, there are over seven million primary school pupils and one million students in secondary and tertiary institutions, all of whom, while at great risk of HIV/AIDS, are also easily accessible for the purposes of information dissemination. The integration of HIV/AIDS education in the formal school system, in general, and the introduction of HIV/AIDS clubs, in particular, is thus consistent with PIASCY policy. The integration is also informed by The Revised National Strategic Framework for HIV/AIDS Activities in Uganda (Uganda AIDS Commission, 2004), a policy that seeks to promote safe sexual behaviour among young people aged 15–24 years. This policy is informed by the view that the main impact of HIV/AIDS on youth is 'diminished capacity to engage in social economic activities while they are preoccupied with survival' (Uganda AIDS Commission, 2004, p. 11).

In a research project conducted in 2003–2004, we had already found (Mutonyi, 2005) that HIV/AIDS clubs are effective in raising awareness about HIV/AIDS in schools. In a study involving 160 grade 11 students in four Ugandan schools in the eastern part of the country, we asked the students the following question: What media do you access to get information on HIV/AIDS? We found that over 50% of students indicated that the HIV/AIDS clubs in their schools had helped to inform them about HIV/AIDS. Indeed, within the formal school context, HIV/AIDS clubs were the only source of information that students identified as helpful in providing information about the pandemic; no reference was made to teachers, school administrators or counsellors.

What was not clear from this initial research project, however, was exactly how these clubs operate, what their administrative structure is, and how they interact

with the wider community. Given the impact of these clubs, we decided that further research was necessary to better understand the functioning of these clubs, and to consider whether they should be promoted more widely. Thus the questions we wish to address in this paper are as follows: (i) What is the mission and administrative structure of HIV/AIDS clubs? (ii) What peer education strategies do they use? (iii) What are the achievements and challenges of these clubs? After describing our research methodology, we address each of these questions in turn, and then provide a series of recommendations that may be useful to educational practitioners, policy-makers, and researchers in the wider international community. In addressing HIV/AIDS peer education at the secondary level, our research seeks to contribute to wide-ranging efforts to promote adolescent health, in the interests of both personal growth and national sustainability (Neema *et al.*, 2004).

Methodology

In October 2004 and February 2006, we conducted a follow-up qualitative multiple-case study with the four schools in eastern Uganda, which included one girls-only residential school (Bulula Girls School), and three co-educational schools—one day school (Mount Elgon Secondary School) and two residential schools (Masulila High School and Namisidwa High School). The schools are representative of the four main types of schools found in Uganda as they include urban and rural schools, day and residential, monastic and co-educational. We interviewed 6 past and present club leaders, 4 club patrons, 4 school administrators and approximately 57 teachers. In addition, a range of artifacts associated with the clubs were collected, photocopied and used as sources of data.

We also attended a school club exchange in which a range of dramatic performances took place, and visited an AIDS support organization in the town of Mbale. We had a series of meetings and interviews with the Technical Advisor of the HIV/AIDS unit of the Ugandan Ministry of Education and interviewed two Ugandan health officials. We also visited an HIV/AIDS non-governmental organization called *Straight Talk* in Kampala in order to identify some of the school-based issues that were of concern to them. The interviews amounted to 84 hours of digital tape recordings, all of which have been transcribed and categorized. Aspects of this research have been shared with the Ministry of Education (Norton & Mutonyi, 2004) and *Straight Talk*. Below is Table 1 giving a summary of schools and student members in clubs that participated in the study.

Table 1. Membership in AIDS clubs

School	Members in HIV/AIDS clubs	School population
Bulula Girls School	102	849
Masulila High School	45	1200
Namisidwa High School	100	1500
Mount Elgon Secondary School	120	2000

It is important to note that while the number of club participants in each school is small compared to the school population as a whole, their impact is greater than the numbers suggest since over 50% of the students in the original study indicated that HIV/AIDS clubs were an important source of information on HIV/AIDS. The peer education strategies described below provide insight into their impact.

Mission and structure of the HIV/AIDS clubs

The Ugandan Ministry of Education has stipulated that the primary mission of the HIV/AIDS clubs in any given secondary school is educational. As the Technical Advisor of the HIV/AIDS Unit of the Ministry of Education noted, 'The clubs will do peer education; the clubs will be a forum for affected students to share their experiences. Also they will have cadres that will open up the school environment through putting up messages or types of information that the students need'. According to the Technical Advisor, the clubs can help extend what is addressed in other forums like radio and newspaper, especially since students may be reluctant to approach teachers: 'you know there are some things that students will not share with their teachers; but through the clubs, students are able to share and get information they need'. The medical personnel who took part in this study had a similar observation about the role of HIV/AIDS clubs in schools:

> The clubs extend what we do in the communities. We train the leaders so that they can do peer education. These leaders are trained in how to help students who could be infected or those who may have lost loved ones to HIV/AIDS. This way, we can reach more people compared to leaving such work to medical personnel alone.

From our visits to the participating schools, it became apparent that there were both commonalities and differences among the clubs. Mount Elgon Secondary School and Namisidwa High School had the most active clubs while Bulula had been in existence for six months and Masulila High School's club had only just started operating. Each club had a title, with Mount Elgon and Namisidwa's clubs called 'The AIDS Challenge Youth Club', Bulula Girls', 'The Anti AIDS club', and Masulila High School's the 'The HIV/AIDS club'. Two schools also had a chosen motto: 'Talk what others think you can't talk' (Mount Elgon) and 'Together against AIDS' (Namisidwa High).

As described by one leader, all the clubs had a similar administrative structure: 'the club is headed by a patron who is a teacher, and students who are members of the club. There is the club chairperson and her assistant, a secretary, treasurer and three executive members and then the general members of the club'. There were approximately equal number of girls and boys in Mount Elgon and Namisidwa clubs, girls only in the Bulula Girls' club, and a majority of boys in the Masulila club, primarily because it had been a boys' school, and had only recently begun admitting girls. The objectives of the clubs were wide-ranging. They sought to promote HIV/AIDS awareness among students of the school and other schools; enhance sharing of experience, information, knowledge and skills among students; strengthen existing

information centres in order to develop effective communication for HIV/AIDS; promote awareness of the consequences of unprotected sex; and encourage students to go for AIDS testing counselling and other tests. The clubs we researched were largely managed by students. Some of the student leaders had prior experience with HIV/AIDS clubs elsewhere, while others became involved when the school initiated the club. Princess from Mount Elgon School noted as follows, 'I knew about the club because my dad works in TASO and so I wanted the club here'; Juliet, from Bulula Girls' School said, 'I knew about the club from my former school and so when it was begun, I joined'; David, from Namisidwa High school, became involved in the club because 'the activities of the club–educating youth on HIV/AIDS—was something I wanted to do'; while James, from Masulila High School said, 'I have heard experiences that I do not want my peers to go through. The club is a place I can get to share about this and so I like the clubs'. While each school had its own unique flavour, a common finding was that the students were passionate about their commitment to their club.

The student chairpersons of the HIV/AIDS clubs are trained in peer education techniques by organizations such as TASO (The AIDS Support Organization) and the *Straight Talk* foundation. As Princess, the chairperson of the Mount Elgon club said, 'I have undergone three level module training on how to share information on HIV/AIDS and offer some guidance and counselling. The training was organized by TASO and so we have information on how to handle the affected, infected and the curious'. The other members of the club were trained by the chairpersons on what activities the club could perform to communicate HIV/AIDS to their peers. However, the students did get help from teachers who were club patrons trained by medical personnel in skills of information sharing, guidance and counselling. As one teacher said, 'when we got training, we were given skills on how to share HIV/AIDS information and how to provide a conducive school environment for students who have been affected or who are infected with HIV/AIDS'.

Peer education strategies

While Freirein-based critical pedagogy has had a powerful impact on education in different regions of the world (Freire, 1970; McLaren, 1989; Pennycook, 1990; Luke & Gore, 1992; Simon, 1992; Giroux, 1995; Luke, 1996; Norton & Toohey, 2004), its impact on Africa has been recorded mainly in southern Africa (e.g. Norton Peirce, 1989; Janks, 2001; Stein, 2004). Critical pedagogies aim to support educational and social change by identifying the conditions under which educational opportunity is limited and undermined, and by developing educational programmes and practices that enhance human possibility. To this end, critical educational researchers are centrally concerned with understanding how power operates at both the micro and macro levels of society, and how more democratic structures might address educational and social inequities. Such theory and research is particularly relevant in the Ugandan context, where educational success is nothing less than a life

and death issue, and where power disparities operate not only at local levels, but in the context of wider, global inequities (Obbo, 1995; Mirembe, 2002). In many ways, the HIV/AIDS clubs in Ugandan schools function as an innovative form of peer-led critical pedagogy, in which, as one club motto indicates, students can 'Talk what others think you can't talk'. The HIV/AIDS clubs use a variety of strategies for peer education purposes, including drama, popular culture and community outreach, each of which provides opportunities for critical reflection on issues of power, possibility and educational change.

Drama

Drama is regularly used as a means of communicating information on HIV/AIDS to the student body. As one student leader said:

> You see, students will usually not turn up in big numbers when you are giving a talk on HIV/AIDS. So we thought that maybe if we organize the drama as a sort of entertainment for the school, we could have many students attending and we can use the opportunity to talk about HIV/AIDS. The drama is always about HIV/AIDS but it is also fun so students come to watch and listen. Drama is very good way of communicating HIV/AIDS to the students.

Most of the drama shows include mimes, poetry, songs, skits and role plays interspersed with short messages. According to one student leader, these messages are all conveyed in a 'simplified language which in most cases contains the students' private dialect'.

Bolton (1993) has observed dramas on AIDS programmes based on a text *Sex, Lies and Tricky Bits* shown to students aged 16 to 18, and suggests that drama can have a strong influence on personal and social development because it can be tailored to meet the specific needs of the students. Such conclusions are supported by McDougall (2003), who draws on research in India to make the case that in many developing countries, live folk theatre has been a key tool for assessing social problems, raising awareness about issues and mobilizing public support for change. However, it is Stein's (2003) research in South Africa that we believe has the greatest relevance for exploring the power of drama in Ugandan HIV/AIDS clubs. Drawing on her research with Grade 7 African students, Stein explores adolescent sexuality through students' visual texts, texts which allow them to 'draw the unsayable' (p. 191). In a world in which adolescent sexuality is culturally marked by silence, and young girls are vulnerable to sexual assault by boys and older men, she makes the case that a range of semiotic modes can be drawn upon to express fear, violation, pain and loss:

> Locating meaning making in other forms and semiotic modes that go beyond language into the visual, the corporeal, sound and performance can become another form of resistance. (2003, p. 191)

Thus while Stein found that the visual mode presents possibilities for the exploration of power in emerging sexuality, we contend that drama provides young people, and girls in particular, with the opportunity to 'perform the unsayable', and to raise gender issues that are traditionally marked by silence.

Popular culture

Besides performing drama to the school audience and local communities, the clubs hold discussions around the issues raised in comic books such as '*Kikosi*' and '*Shattered Dreams*' as well as the teen newspaper '*Straight Talk*'. As one student leader noted, 'when we get the newspapers and comic books, we put up a notice on the school notice board to alert all the students that the reading material is available. In most cases some of the copies are kept in the school library but we get some for the club. The club members access the copies in the club and then we hold discussions'. As one of the club patrons noted, such discussions are lively and energetic: 'the students like coming to the clubs. You can see them reading material together, with some even discussing what they are reading. It is a great way of getting students together'. Not only do the students engage in discussion around these popular cultural texts, but they frequently act on their debates. As a club leader noted, 'we write articles and send them for publication in the *Straight Talk* newspaper. Sometimes they are reports on what we discussed in the club'. Such reports include a wide variety of topics, including sexual abuse, poverty, domestic relationships, date rape, and HIV testing.

There is much research to suggest that popular cultural texts provide an important window on the activities and investments of students in contexts that extend beyond the school curriculum. (See Giroux & Simon, 1988; Buckingham, 1998; C. Alvermann *et al.*, 1999; Norton, 2001). Norton (2001, 2003) makes the case that youth-oriented newspapers and magazines can be particularly powerful media for raising social issues that affect the lives of young people. Because of the sense of ownership that students have over these texts, they feel comfortable engaging in debate and critique, and are not constantly trying to second-guess the views of teachers and other adults. Our research indicates that popular cultural texts are common currency in HIV/AIDS clubs in Uganda, and are highly effective for the purposes of peer education.

Community outreach

Although the HIV/AIDS clubs are administered in schools, the schools we visited extend their educational role to the local communities surrounding the school. In particular, members of these clubs act as a resource for other youth who have not had the opportunity to attend secondary schooling. While one student leader noted that, 'the youth not in school look at us as their source of information', another commented that 'In the drama, we inform them about where they can get help and at the same time send a message to the community that these youth need to be helped, not be taken advantage of'. These observations are corroborated by both the medical personnel and Technical Advisor, who said the most challenging aspect of the AIDS campaign is to help out-of-school youth who have been forced into adulthood because of poverty and the loss of parents.

However, it is not only the out-of-school youth who benefit from the activities of the club members. Club members visit HIV-positive people in their communities, providing both empathetic and material support. As Dorothy from Bulula Girls said,

'when you visit the HIV/AIDS positive persons in the community, you learn about how best you can care for that person'. In addition, the students have taken up the initiative to purchase nutritious food for the patients and help with household chores. As David said, 'we sometimes repair the roofs, clean the compounds and buy beddings, depending on the need of the person we are visiting'. These students also support the community through activities promoting environmental conservation. As Juliet said, 'we sometimes go into the community planting trees to conserve our environment'. All these activities have made the HIV/AIDS clubs an important part of the communities they serve.

Campbell and McPhail (2003) make the point that positive community relations are important in providing contexts that will support health-enhancing behaviour change. In their research in South Africa, they found that the neighbourhood often functioned as an extended family, in which many people helped one another in times of crisis. In our study, the involvement of youth in the wider community would have the effect of increasing levels of trust, civic participation and positive local identity, all of which, according to Cameron and McPhail, are supportive of positive behaviour change.

Achievements and challenges of HIV/AIDS clubs

In discussing the achievements and challenges of HIV/AIDS clubs, it is important to note that we are not in a position to comment on a causal relationship between the peer education that took place in the schools, and the empirical sexual behaviour of students. Nevertheless, it is interesting that United Nations reports affirm that Ugandan youth have largely understood HIV/AIDS related messages (UNAIDS, 2004), and it is possible that part of this success could be attributed to the peer education of HIV/AIDS school clubs. Certainly, student leaders were enthusiastic about their role as peer educators and counsellors, and provided us with many examples to support their view that HIV/AIDS clubs are effective in peer education.

In seeking to understand the relative effectiveness of these clubs, it is interesting to compare this model with another peer education initiative in Summertown, South Africa, where peer educators were seeking to promote condom use among young people (Campbell & McPhail, 2003). Nine months after its inception, the peer education team in Summertown was disbanded. The main reason for the lack of success of this programme, according to Campbell and McPhail (2003), was the extent of teacher control of the programme, and their insistence that peer educators be chosen by teachers. They conclude that the choice of peer leaders 'is important not only in relation to the learners' sense of ownership of the programme, but also in relation to ensuring that peer educators are people with whom learners are most likely to identify, and to whom they relate well (Campbell & McPhail, 2003, p. 135).

Our research suggests that Ugandan youth not only have a great deal of control over the HIV/AIDS clubs, but they also provide a supportive context for the development of female leadership. Although Mirembe and Davies (2001) found that female students played relatively subservient roles in the Ugandan school they

studied, our study found that HIV/AIDS clubs give female students the opportunity to develop skills as leaders. In our discussions with the students, we learnt that young women were eager to become more active in their schools and communities, and that female students who hold leadership positions provide role models for other young women. The Technical Advisor told us a story on how girls in one school defended the rights of a fellow female student:

> The clubs have had a great impact in improving the assertiveness of the students. We got a report that students in one school in the northern region of Uganda stormed one of their teachers' home demanding he allows the girl he had taken out of school be returned to have her education. The students had noticed the relationship between the teacher and this student and when the following term the girl didn't return to school, the students decided to do something about it. Of course the teacher tried to deny it but the students insisted and decided to check the house and there she was, preparing food for him. The girl is now back at school and that is an example of how these students are utilizing the resources available to them to fight for their rights.

While this story exemplifies the extent to which HIV/AIDS clubs are supportive of youth in general and girls in particular, our research suggests that not all students are in favour of gender equality. In the three mixed schools, there were a number of male students who expressed ambivalence about expanding possibilities for Ugandan girls. One of the male students said, 'when you educate a girl it is O.K. but the problem is these educated girls do not respect their husbands. They refuse to kneel before their husbands'. Another added, 'my mom works because she is educated but the way she treats my dad, I don't admire that girls be educated… when my dad comes home late, she doesn't serve him food and things like that and yet that is her husband'. Many of these male students believed that paying dowry meant that the woman must be subservient to her husband's demands. When one of the students was asked whether he would consider using a condom if he was infected, in order to protect his wife, he replied as follows, 'she is my wife, if am dying, we die together'. Such beliefs highlight the need for both medium and long-term strategies in the fight against HIV/AIDS, particularly with respect to gender disparities that limit educational opportunities for girls (United Nations Development Program, 1995; Serwadda *et al.*, 1995).

The story related above also raises great concern about the vulnerability of girls with respect to abusive teachers. A comprehensive HIV/AIDS study by Bennell *et al.* (2002) in Botswana, Malawi and Uganda calls for more concerted action against teachers responsible for the sexual abuse of female students. At the same time, however, the study draws attention to the precarious position of teachers infected with HIV/AIDS. Bennell *et al.* note that there is a great deal of secrecy and denial about the extent to which teachers are infected by HIV/AIDS in each of the three countries under investigation. Teachers fear discrimination by both school and community members, and are concerned about loss of income. For this reason, the data on teacher infection is not conclusive, and there are great disparities between male and female teachers, primary and secondary teachers and urban and rural teachers. What is clear from their research, however, is that teachers are in great need of support by both the schools and communities where they teach.

This stigmatization of HIV/AIDS victims is another challenge that the club members encounter, and is in fact a nationwide problem (IDRC, 1997). The student club leaders said the HIV/AIDS clubs were at first the most unpopular clubs because of their name, as fellow students thought the clubs were for students whose parents were infected or who had lost loved ones to the pandemic. David said, 'in the first year (2002/2003), many students didn't want to be associated with the club, thinking that people will think they are infected or that their parents are. However, slowly that is beginning to change'.

Suggestions for future youth groups

Giroux (1995) views education as a process whereby students are provided with opportunities to make choices, think critically, and make a difference. For other youth groups to have a successful HIV/AIDS club, our research suggests that the following guidelines may help to minimize possible challenges.

1. *Leadership training*: the training of student leaders by TASO has been essential to the success of the clubs. The leaders of three of the clubs discussed above were trained by TASO. The students who have undergone training have a broad knowledge base that equips them for their roles as peer educators and counselors. Further, given that the clubs have a different set of leaders each year, it is important that the incoming leaders are trained so that continuity is maintained. The leadership training should be designed in a way that accommodates the students' timetables.

2. *Resource materials*: one of the key activities of the clubs is reading teen magazines and newsletters that are supplied by *Straight Talk*. However, these resources are only available to schools on demand. One school did not have any copies of the materials and wondered how to get supplies, while another had outdated versions of the magazines. The resource materials should be available at all times for students to access the latest information on HIV/AIDS. Administrative support may be necessary to ensure that information and resources are regularly updated.

3. *School partnership policy*: exchange visits seem to provide a lifeline for some of the clubs, especially those in the boarding schools. The liveliness of one school club motivates the other school, given that each visit is reciprocated. The visits could also lead to creation of a network of school visits to exchange information.

4. *Supportive administration*: the schools that had high levels of achievement as a club were those with good administrative support. Once the administration is involved, there is room to lobby for better time allocation for club activities and wide advertising of the club. This is also necessary to help minimize the stigmatization that some clubs experience. The administration should not, however, exert undue control over the clubs. Research suggests that the very success of the clubs depends on student ownership.

Conclusion

As indicated in our introduction, approaches to HIV/AIDS prevention take place over three time-scales, from the most immediate need to provide treatment and care, to broader educational initiatives, and finally to long-term social change initiatives. While it is clear that HIV/AIDS clubs are effective in raising awareness about HIV/AIDS, it is difficult to draw a causal relationship between their peer education strategies, on the one hand, and empirical sexual behaviour change, on the other. Nevertheless, we have sought to make the case that HIV/AIDS clubs do provide valuable information to students who may not have easy access to health services. The innovative peer education methods, which include dramatic performance, popular culture and community outreach all have great appeal to youth and provide unique opportunities for girls to develop leadership skills.

Although we recognize that each country has different cultural practices, we hope that innovative adaptation of the Ugandan model may complement other HIV/AIDS educational programmes in a wide range of communities, not only in Africa, but in other countries struggling with the HIV/AIDS epidemic. As Ugandan Health Minister Jim Muhwezi told Reuters in December 2003: 'Children, if given a mission or message can be single-minded champions and in this case, can also influence their parents'. Our research suggests that HIV/AIDS clubs provide these single-minded champions with an institutional structure that is highly facilitative of peer education in the ongoing struggle against HIV/AIDS.

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