

Introduction

The Possibilities of African Leadership

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“What shall we do?” is the refrain of Oliver Mtukudzi’s popular song “Todii.” This Zimbabwean master, who has reached his country’s youth with his aptly named “Tuku music,” wants an answer to his compelling question about the AIDS crisis. In its Declaration of Commitment on HIV/AIDS: Global Crisis—Global Action (June 2001) the United Nations General Assembly recognized the age-based dimensions of the pandemic and the need to focus on those most at risk, “particularly women and young people.” During the UN debate, the *New York Times* published op-ed pieces by Secretary General Kofi Annan and the Mozambican prime minister, Pascoal Mocumbi. While the secretary general’s column was appropriately diplomatic, the prime minister, perhaps hardened to the task by Mozambique’s decades of poverty and war, made a courageous statement given the political climate:

As a father, I fear for the lives of my own children and their teenage friends. Though they have secure families, education, and the information and support they need to avoid risky sex, too few of their peers do. As prime minister, I am horrified that we stand

to lose most of a generation, maybe two. The United Nations estimates that 37 percent of the 16-year-olds in my country will die of AIDS before they are 30. As a man, I know men's behavior must change, that we must raise boys differently, to have any hope of eradicating HIV and preventing the emergence of another such scourge.¹

Africa's charge to modern leadership is the restoration of community. This is not a wistful desire for a (impossible or romantic) return to the static status quo ante, but rather a quest for the indigenous cultural, social, and political resources that have bound communities together. By *restoration* I mean a conscious effort to recognize the *processes* that may create secure and safe environments for Africa's children. These processes include communal vigilance, communal labor, and resources of kinship that in many cases promote a highly cooperative atmosphere. Rural people's knowledge—expertise derived from experience and communicated in an appropriate capacity-building mode—provides the curriculum for those acts of binding.² These community resources have been disrupted by colonialism, urban migration, industrialization, the collapse of agriculture, and political violence. The HIV/AIDS pandemic may be added to that list, particularly in the southern and eastern African nations most affected. Prime Minister Mocumbi's assertion of moral authority may be the first step required in establishing this type of leadership. He speaks as a leader who is a father, adding the respect of African family ties to that of state office.

The family provides some of the boundaries of childhood and youth in Africa, as it determines the movement from home to school to work, sets parameters for entry into society, and establishes the rules for marriage and the next generation. In the context of this volume, other age-related boundaries are the biological circumstances of birth and peri-natality, children's growth, and vulnerability to disease through malnutri-

tion. Children's susceptibility to disease may be affected by social responsibilities that keep them out of school and other information pathways—family size, the child's place in the family constellation, participation in the family's decisions about schooling.

The phenomenon of childhood itself can be seen as a window through which to view *all* other social interaction. A community's hopes and aspirations are embodied in their children; children present possibilities. They are the community's bright signal that, whatever else may be happening, life has important meaning. And the moment of childhood is fleeting, placing real urgency on the response to crises like HIV/AIDS. The dramatic question *What shall we do?* often galvanizes community action and in South Africa we see mass demonstrations in support of AIDS treatments and funerals of gigantic proportions. The engaged community leader responds, *If we do not address this problem quickly, our future is much harder to imagine.*

In looking at leadership, children, and HIV/AIDS in Africa, schooling is the most ubiquitous sector. The heavy emotional and economic investment that African communities make in securing education for their children is due to its perceived and actual role in social mobility. The grandmother in Sudan solemnly placing her hand on the head of her grandchild with the blessing, *In sha' Allah, t'itwazif* ("God willing, you'll be a bureaucrat") speaks volumes to community expectations of schooling. Prestige, stable employment, escape from rural poverty, and entrée to the resources associated with urban life are all part of the grandmother's wish that her grandchild have a better life than her own.

A major challenge to development in the postindependence period has been to increase the access of girls to schooling. That schools be part of the HIV/AIDS equation is consistent with their rootedness in the everyday life of Africa today.



Fig. 0.1. An AIDS mural painted by adolescents at ML Sultan Technikon in South Africa to demonstrate their resolve in combating AIDS. Johns Hopkins University Center for Communication Programs. Photograph by Gary Lewis, JHU/CCP. Used with permission.

Every type of African community, both rural and urban, knows that education is about the most ubiquitous of infrastructure. Schools are the locus of local professionalism, and schoolteachers are often the most educated members of a community. Schools in Africa are centers of intercultural communication and contact, delivering a curriculum that tries to promote not only national unity but also global understanding. (I am always amazed at the precise recitation of European or American geography by African schoolchildren, in contrast to the fuzzy knowledge their American counterparts possess.)

Yet the geography of HIV/AIDS is a major threat to the continued progress of getting female children through Africa's schools. First, teachers are one of the largest professional groups infected with the AIDS virus in southern Africa—it has been reported that eighteen teachers were dying per month in Nairobi in 2001. This tragedy is a component of the deterioration of the early promise of teachers as rural development leaders in postindependence Africa. Second, when one or both parents in a family sicken or die, major responsibilities shift to daughters. Tsitsi Dangarembga's film *Everyone's Child* (1996) depicts a family of orphaned children as they decline into poverty and isolation with the death of parents from AIDS. Dangarembga is also the author of *Nervous Conditions*, a novel about girls and school in Zimbabwe. A study conducted with data from thirty-eight African countries revealed that the gross enrollment ratio for females decreased as HIV/AIDS infections rose.³ With bitter irony it is reported that pupil-teacher ratios improve under these circumstances as well (i.e., class size is reduced).⁴ The gross enrollment ratios for girls in the southern African countries were the highest on the continent prior to the HIV/AIDS devastation. Swaziland's education motto, *Umfundzo uze ufe* (You learn until the grave), takes on a new and ominous meaning, and the impact of the low status of women on their susceptibility to HIV infection is compounded in the case of girls.

Education is still crucial to African development, and girls' education can be a critical mitigating force to the HIV/AIDS threat, as it helps girls build individual identities and acquire the skills needed to support themselves in the community and beyond. The positive effect of girls' education on the wider community is even greater as educated girls become educated mothers who can contribute to household and community life with greater knowledge.

There has been serious growth in thought given to the role that school can play in changing community attitudes toward HIV/AIDS. Curricula are being developed by national ministries and international donor agencies that emphasize risk prevention behavior and stigma reduction, as well as simple means to help students and their families cope with illness. An overall theme of emphasizing girls' choices and ability to act is being worked out on paper and finding its way into donor discussions of education assistance, among other sectors of intervention.

The potency of this "education vaccine" against HIV/AIDS and other social ills depends on the whole support system for education, from infrastructure to teacher recruitment and preparation. The inoculation has not always taken and its lack of effectiveness disappoints parents and communities that have so heavily invested in education in the postindependence era. "Behavior change is possible," read the T-shirts distributed by a youth group dedicated to AIDS prevention in Swaziland, but operationalizing this earnest message is difficult, particularly if it is viewed not just as a personal credo but also as a campaign for major social reform. The impoverished status of schools and poorly trained teachers are the most devastating impediments to the vaccine's effectiveness. Schools have always been seen as the places that shape children's knowledge, attitudes, and practices. But teachers are not receiving the training or the materials that they need in order to share use-

ful health information with their students. There are so many layers of leadership above the classroom teacher where directives and authority lie and yet action is often frozen when the subject is HIV/AIDS. Nevertheless in many cases, school is the locus that comes to planners' minds when pro-social messages must be delivered to children. The inclusion of trained youths as peer educators may reduce the burden on teaching staffs.

Indigenous nongovernmental organizations (NGOs), the second leadership sector in Africa, often take over the delivery of messages where schools cannot reach. These grassroots agencies, often focused on a single issue and modestly funded, contrast with the international NGO donor sector, an extension of bilateral and multilateral development assistance. One indigenous NGO is SWAN, a women's organization in northeast Nigeria trying to address HIV/AIDS in communities near four international borders. These women are designing and placing posters with local and culturally appropriate themes throughout the Bornu State region, in schools and in tailor shops that cater to women. And then there is South African gender commissioner Farid Esack, a leader of a courageous movement in Cape Town, Positive Muslims (HIV-positive members of the Muslim community). The organization has a special educational outreach to young people and provides moral and health support in a community where it is badly needed. The courage demonstrated by Positive Muslims, of course, is in the context of Islam, where the penalties and ostracism for sex outside marriage are particularly severe.

How do we account for the proliferation of NGOs that attend to children's issues, educational issues, HIV/AIDS issues? We could consider this phenomenon as the very active phase of *restoring community* (from my definition of leadership above). A combination of higher levels of education and lower levels of available government employment—which used to be

the only objective of job-seeking graduates—accounts in part for the manifestations of leadership in these organizations. A related factor is the decline in the provision of government services, particularly in rural areas. The credos of self-reliance and civil society have long been on Africa's theoretical agenda and are now seeing implementation in the growing number of these NGOs.

Yet NGOs can target needs narrowly. Their small-scale operations are lean, mobile, and versatile, which has allowed many with educational and health themes, skills, and resources to pitch in with the HIV/AIDS prevention and treatment agenda. However, because NGOs are precariously funded, projects can be cut off in midstream, and due to their small scale their staff may lack the knowledge needed in a complex area like the prevention and treatment of HIV/AIDS. The current trend toward partnerships between these local NGOs and multilateral or bilateral agencies is important as networks and multi-sectoral approaches are key in the war on HIV/AIDS. But in encouraging these partnerships we must be careful that the purpose of having locally based agencies addressing local needs is not defeated. The potential of these organizations to grow local leadership can be encouraged, and the element of children's participation is easier to promote with local groups. Families and other individuals known to children play a special role in easing children into civil society, and there are many organizations that specialize in promoting children as research assistants, monitors of community conditions (e.g., sanitation and safety), and participants in intergenerational development teams. In the cases of children in refugee situations and displacement, the mobility of resources in the larger organizations is probably a better choice for service delivery.

Finally, in this tour of the possibilities of child-centered leadership for HIV/AIDS prevention and treatment in Africa, it is important to mention the Institute for the African Child at

Ohio University, the sponsor of this publication. The institute was founded in 1998 to help both medical and health specialists and social scientists and humanists crack each other's secret codes for research and service on issues related to Africa's children. The academic field of African studies has conventionally excluded the medical and professional fields from its deliberations, but no single discipline has all the answers to these most complex of human issues. The Institute for the African Child has joined the foundational African studies fields in the social sciences and humanities with interested faculty in communication, education, health and human services, and osteopathic medicine in common purpose. The institute's perspective covers the niche of childhood studies, but childhood is also intimately attached to the African mother, the family, community, national policy, and continental trends. In the chapters that follow are a variety of perspectives from African societies and institutions, selected to demonstrate the child-centric actions that are possible in the face of this worldwide public health disaster.

As the world asks about what to do about the many threats to its security, a foundation of that security—the health of our children—is unstable. We seek new meanings with this volume, with the assumption that children experience the world in a qualitatively different way from adults. Their experiences of health and ill-health, care giving and receiving, messages delivered and received, are gaps in our understanding of the swath AIDS is cutting through African societies. Probing those experiences may offer insights as to how childhood in Africa may remain a joyful possibility.

Notes

1. *New York Times*, June 29, 2001, A29.

2. Robert Chambers, *Rural Development, Putting the Last First* (Essex, UK: Longman, 1983).

3. Gross enrollment ratio (GER) is the total number of students enrolling in school, regardless of age, expressed as a percentage of the official school age population.

4. USAID, "Colloquium on HIV/AIDS and Girls' Education" (2000): 10.