

**Early Childhood Development and Holistic Education:  
Breaking the Cycle of HIV/AIDS**

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In her informative and compelling presentation, Ms. Linda McGinnis detailed the most important fact concerning the world's development: today's youth is the largest cohort ever to move into adulthood, and nearly 90% of them live in developing countries.

Among the many obstacles that the majority of these disadvantaged young people face is the highest rate of HIV/AIDS infections. As society is well aware, and as Mr. Jonathan Brown reiterated, the world has the hard resources necessary to prevent HIV infected persons from developing AIDS, and the knowledge necessary to halt the spread.

The enormous number of youth transitioning into adulthood means a tremendous number of infants are on their way. In order to positively affect the cycle of the AIDS epidemic and foster a healthier, more productive future generation, we must embrace the role of a holistic pre-emptive education in the earliest phases of childhood. If we do not focus on these crucial years of human development the ingrained stigma will grow, the disease will continue to spread and we risk losing control.

Most developed countries have accepted HIV/AIDS as a national emergency and are taking the appropriate steps to eradicate and control the disease. For most developing countries, however, HIV/AIDS is yet another threat to development. The case is most severe in Sub Saharan Africa where the infection rates are highest in world. The situation in Sub Saharan Africa has caused policy makers and international organizations to focus their attention on taking care of those infected. Although education is also deemed important, it has been given neither the attention, nor the funding it rightly deserves.

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There are two major problems with HIV/AIDS education, the first is that it simply starts too late (if at all) and the second is the negative approach to learning that has been caused by a stigmatization of the disease, and of those who suffer from it. Both of these issues concern specific behavioral and cultural aspects of a population that can be altered if HIV/AIDS education is incorporated into a holistic approach to early childhood development.

Families, specifically those with small children, must be exposed to the facts in a non-threatening manner in which they understand the basic facts of prevention, transmission, and care. If the same concept is simultaneously applied from different fronts in society, overtime the information will become common knowledge and the community will more readily discuss the topic, thus giving way for a change in the overall attitude. If communities across a region take these grassroots steps, and the moves are paired with proper resources, they can take a leap towards breaking the cycle of the epidemic.

The latter statement is unfortunately easier said than done, which is why we haven't seen drastic changes in the general behavior of Sub Saharan African states. The resonating affects of family learning can only take place if the right infrastructure is supplied and when families themselves are ready to learn. Asking the world to invest in holistic approaches to HIV/AIDS education as a cure seems unrealistic when the death rate for teachers is at 25%. When lack of funding is a heavy weight, the obvious solution, it seems, is to treat those with the disease while focusing on educating the most vulnerable

populations. What is being forgotten is that the quality of tomorrow's population can only be as good as how and what we invest today.

Under the stress of poverty, hunger and sickness, it is hard to keep long term goals in mind, from the perspective of an individual in need as well as an international donor. Convincing a family about the importance of early child development and its correlation with HIV/AIDS prevention may only be possible with creative methods and proper incentives. For example illiterate families and individuals can be reached by using art, drama, music and theatre, whereas incentives may be pre-natal care and extra nourishment. Although such a tactic may be costly, once a family or child is exposed, it is more likely that education will remain on the agenda.

If we do not invest in the early education, and family education of the people in Sub Saharan Africa, we risk losing control of the disease. HIV has been morphing into different forms quite rapidly in the past few years. At the moment, the only true option we have is prevention, something that cannot be bought or sold, injected or swallowed. Prevention can only be taught and understood. It is imperative that we focus on the youngest of generations in order to guide the future of society in the right direction.

## Bibliography:

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