Documenting Student Representation of Indigenous HIV/AIDS Information and Integration Into the School Curriculum

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ABSTRACT

Often times, contemporary health and epidemiological practices ignore indigenous information on HIV prevention. Colonial hegemony tends to replicate indigenous knowledge bases as primordial, superstitious, and lacking vivid scientific explanation to qualify the test for medical diagnostic study. Using an information science viewpoint and an anti-colonial discursive theory, this paper challenges the skewed discernment that it is only Western knowledge production that is considered legitimate knowledge. The authors argue that indigenous HIV/AIDS information exists and can be integrated into the curriculum to complement Western knowledge paradigms on adolescent HIV prevention.

KEYWORDS

Adolescents, Anti-Colonialism, Health Curriculum, HIV Prevention, HIV/AIDS, Indigenous Knowledge, Information Systems, Schooling

INTRODUCTION

Most writing on HIV prevention is skewed towards medical diagnostic studies, save for a few that focus on awareness and education. For as long as the HIV/AIDS pandemic lives with humanity and claims lives enormously, redemption has to continuously emerge from research variation to minimize the pathetic losses. Adolescents in developing countries have been hit hardest in 2013 with 570 girls aged between 15-24 infected weekly in Uganda, 468 for Kenya, 491 for Tanzania and only 25 for Rwanda (UNAIDS, 2013). In 2016, HIV prevalence increased four times among adolescent girls than boys aged 15-19 and 20-24 in Uganda (Uganda AIDS Commission, 2017). The often-recorded antecedent factors include 25% teenage pregnancies (Uganda Bureau of Statistics & ICF, 2017), children born with HIV, cross generational sex, early sexual debut, multiple sexual partners, gender based sexual violence and sharing sharp unsterilized objects (Uganda AIDS Commission, 2017; UNAIDS, 2015; Weiler, 2013).

Although numerous research studies advocate for Information, Education and Communication [IEC] to minimize spread of HIV/AIDS among adolescents (Ybarra, Emenyonu, Nansera, Kiwanuka &

Bangsberg, 2007; World Health Organization, 2013; UNAIDS, 2016), there is still little documentation of indigenous HIV/AIDS information interventions (Ministry of Education and Sports, 2011; UNAIDS, 2016; UNESCO, 2014; Vu et al., 2017; World Health Organization, 2016). Much of the available literature on HIV/AIDS prevention is hugely tilted towards Western knowledge production. This paper aims to evaluate whether indigenous information bases can positively complement HIV prevention efforts among adolescents. First, the paper discusses the question of whether the delegitimization of indigenous knowledge by colonial hegemonic influence is a justification of a knowledge gap in contemporary HIV prevention efforts.

Second, the paper will provide and analyze the definition of indigenous HIV/AIDS information to show that it is equally important as Western information. Third, using the Anticolonial discursive theoretical lens as dialogue, the paper examines that knowledge is not solely the production by the colonizer but equally resides among marginalized groups, and the review of existing literature profoundly explains the legitimacy of indigenous HIV/AIDS information. Fourth, the paper shows that after a theoretical validation of the relevance of indigenous information, an ethnographic study among students reveals diverse names of HIV/AIDS that depict how society describes the indigenous nature of HIV/AIDS information. The fifth part analyzes integration of indigenous HIV/AIDS information in the curriculum as a strategy to vocalize indigenous knowledge in HIV prevention among school-going adolescents. This paper concludes that indigenous HIV/AIDS information can positively complement HIV prevention efforts, if well integrated in the curriculum for adolescents. Indigenous HIV/AIDS information extends beyond mere local description of the pandemic; its epistemological, axiological and metaphysical bases are central to developing a sustainable HIV/AIDS prevention curriculum.

Delegitimization of Indigenous Knowledge and Colonial Hegemony

During the decades of pre-colonialism, indigenous knowledge dominated African society and survival options (Ssekamwa, 2000; Njoroge & Bennaars, 2000). It is not until colonial domination of Africa that intrusion of western knowledge imposed a monolithic worldview that gave power and control in the hands of Europeans. Boateng (1983) argues that western education and colonial practices gradually delegitimized indigenous African ways of knowing, describing them as savage, superstitious, and primitive. The delegitimization of indigenous knowledge through Western influence consequently saw traces of indigenous African knowledge (like homegrown health and sexuality education) vanishing gradually for two distinct reasons. One, Wane (2009) argues that erosion of indigenous African health and sexuality education can be explained partly by an examination of the relationship between individual and society in knowledge production to unearth deeper social meanings. In order to understand knowledge production, we must study the social circumstances within which knowledge has been conceived and born, in addition to a critical examination of its propagators.

Indigenous African health and sexuality knowledge bases are symbiotically dependent on the sociological antecedents of the individual and society. Adyanga (2012) explains that the sociological antecedents of the individual and society are closely related to the context, social class, affiliation and identity of the knowledge producers, which symbiotically influence each other in a complex manner, creating a hybrid knowledge that is a product of such interactions. The hybrid knowledge remains a controversial issue within the study of western and indigenous knowledge production. Being treated inhumanly in the eyes of western hegemony (Boateng, 1983) leads the African to give up their history, culture, practices and indigenous knowledge bases. For example, today's African adolescent is disrupted from accessing indigenous health and sexuality knowledge because such an adolescent is a product of colonial history (Nsamenang, 2006). Adolescents do not understand indigenous ways of knowing, are trained to dislike what is 'African' and trained to like what is Eurocentrically 'sugar-coated'—it is a freewheeling generation that only chooses to disregard informal lifestyles and become affectionate about formal lifestyles as the foundation of civility (Wane, 2006).

Grown in a generation of extreme liberalism, adolescents lack understanding of historical occurrences and forms of knowledge acquisition in African society. They do not understand that

knowledge exhibited through oratorial processes and informal folk media such as stories, riddles, local songs, community ceremonies and local/community perceptions (Warren, 1991; Kaya, 2014; Mawere, 2015) has all the facets to provide intellectual liberation just as western knowledge attributes do. This is mainly because today's adolescent has not been exposed to the rich and diverse indigenous African cultural values, communal norms and medicinal customs, so they innocently lack the capacity to accept that indigenous health and sexuality education can equally provide sustained HIV prevention.

In the second instance, understanding the delegitimization of indigenous African information and sexuality education by colonial hegemony is an analysis of the colonial state, the politics of colonizers, and their relationship with non-Western society (Conway, 2004). Revealing the delegitimizing intentions of the colonizers within the imperial enterprise of domination and exploitation paints a plausible picture why indigenous African knowledge and sexuality education faded, replacing it with cumulative western forms of health and sexuality education (Shockley & Frederick, 2010). Colonialism is a general term signifying domination and hegemony, classically in the form of political rule and control on the part of a superior state over inferior territories.

Within their imperial enterprise, colonialists enslaved and treated Africans to the former's own curiosity and dominant interests. Poku and Mdee (2011) argue that the colonizers were forced to reconstruct Afrocentric education to serve European rather than African interests. In the process, Europeans integrated western forms of knowledge bases to replace what is natively African. In colonial discourse, the problem of treating Africans as alien rule with alien practice is the native question, which was a dilemma that confronted every colonial power and a riddle that preoccupied the best of its minds (Mamdani, 2004).

Using an anticolonial discursive theoretical lens as dialogue, this paper argues that knowledge is not solely the production by the colonizer but equally reside among the colonized and marginalized groups (Rosenberg, 2000). Knowledge production should be examined from both the indigenous and western narratives that constitute a universal knowledge (Haraway, 1998). Therefore, the paper specifically examines the following questions. What is legitimate about indigenous HIV/AIDS information/knowledge? what are student representation of indigenous HIV/AIDS information/knowledge? how can Indigenous HIV/AIDS information be optimally integrated in the school curriculum?

Definition of Indigenous HIV/AIDS Information

There is a multidimensional definition of the concept 'information' advanced by varied intellectual perspectives. Saracevic (2007) defines information as the effective assortment, storage and retrieval of documented data. It is the body of historically protracted knowledge, recordable material and data technologies. The storage of information is effectually legalized to support multiple publics and learning experiences. When information is plausibly appropriated to diverse publics, it is easily utilizable, accessible to diverse information needs and rendered free of poor dissemination methodologies. Hjorland (2000) looks at information science which he defines as knowledge science, branded as meaningful communication of concepts, retrieval of documents and texts, the domain of knowledge disciplines, information technology and systems, and about information seeking, knowledge representation, as well as an amalgam of media.

In information science, there is the vivid assumption that feedback is probable for an implicit communication process. The information network becomes a conduit through which to reaffirm the receival of a message by the intended receiver. Wilson (2010) describes information as the cataloguing of standardized data to license its usage in any itemized domain. When information experts catalogue information, they are preparing it for meaningful usage by the end-user. Health and sexuality information must be well-prepared to suit adolescent needs and interests if it is to yield tangible benefits in the public domain.

When we focus on indigenous information systems, we are primarily making reference to indigenous knowledge. According to Adyanga (2012), indigenous knowledge is a complex

accumulation of local context-relevant knowledge that embraces the essence of ancestral knowing and legacies of pronged histories, antiquity and cultures. It represents essentially a reference point to the production, categorization, and positioning of cultural and anthropological dialectics (Dei, 2008). Indigenous information is relevant to indigenous communities as a viable tool for reclaiming indigenous community epistemologies that originally suppressed by Western knowledge production systems and stamping indigenous information as inferior and backward epistemologies in postmodern settings (Tedia, 1992).

In traditional Africa, indigenous information refers to indigenous knowledge (IK) defined as local knowledge unique to a given culture and valuable to people's cultural customs and legitimately equipped indigenous groups with survival and trans-survival skills. Survival skills helped indigenous peoples to efficiently deal with life trials like the contraction of disease, as well as enabling indigenous peoples become goodwill ambassadors to spread positive awareness to help minimize risk and contraction of disease (Panford, Nyaney, Amoah & Aidoo, 2001).

But research on indigenous knowledge should focus on systemically unraveling power relations that assure the dominance of particular epistemologies in the academy. Indigenous information includes knowledge on ecology, hunting, food preservation, aesthetics, local organization, controls and enforcement (Adyanga & Romm, 2016), traditional water management, local classification and quantification systems (Grenier, 1998), indigenous human health systems (Tanzania Development Gateway, 2011), soil conservation practices, agroforestry and agricultural information (Lwoga, Ngulube & Stilwell, 2011), conflict resolution (Abdulla, 2016) and learning systems (Mawere, 2015).

In essence, keeping indigenous knowledge alive amounts to resurrecting the essentiality of homegrown information. It also means treating indigenous knowledge as important and Western knowledge bases in a defeat of the colonial legacy (Dei, 2008). The dominance of Western health and sexuality epistemologies integrated in formal schooling and global social relations should not demoralize indigenous knowledge value aiding HIV prevention.

But Grenier (1998) argues that indigenous knowledge/information is in people's minds and seldomly documented. When recorded (creation process), processed (through organizing, attaching descriptors and repackaged in suitable media), stored, preserved and disseminated to the right users; indigenous knowledge is then given a scientific recognition and meaning. This paper argues that a profuse integration of indigenous HIV/AIDS information demands for a coherent processing of the epistemic bases of indigenous HIV/AIDS knowledge, which is visibly explained within the Anticolonial discursive theory.

Anticolonial Discursive Theoretical Framework

To validate the significance of indigenous HIV/AIDS information is to locate the argument of this paper within the anticolonial discursive theoretical framework. Dei (2008) engages an anticolonial discursive framework by pointing out that power and knowledge are not solely exhibited by the colonizer, but reside among the colonized and marginalized groups. The implication is that anticolonial discursive theory arises to valorize indigenous concepts and cultural frames of reference in the universal sense. Sefa and Alizera (2001) posit further that anticolonial discursive theory builds upon insights from narratives of indigeneity deeply rooted in classical traditions of Marxist, Feminist, post-colonialist and deconstructionist struggles. Kincheloe (2006) argues that anticolonial theory offers broad interpretation of anticolonialism as the oppressive nature of colonialism upon indigenous knowledge production systems. Semali and Kincheloe (1999) observe that the most damaging aspect of colonial struggle is acceptance of the dominant discourses that marginalize the culture of the colonized and exalt the colonizers' values as superior.

Finally, Smith (1999) comments that in anticolonial discursive paradigms, the progressions of colonialism rewrite history that denies the colonized their existence, devalues their knowledge, and debases their cultural beliefs and practices. The colonized should engage with indigenous knowledge for a pure understanding of the pluralist processes of knowledge production. The theory equips the

colonized psyche with the tools to weaken and oppose colonial hegemonic dogma and instead to view such dogma as imposed, dominating, oppressive, and harboring selfish motives. The theory opens possibilities for moving beyond the current fragmentation of indigenous knowledge to a more continuous viewing of the colonizers with lenses of cynicism, and inviting the classical assumption that what is indigenously produced is rational, has historical foundation and is legitimate information. However, the elements of legitimacy of indigenous information are deeply explained in the review of literature.

Literature Review on Legitimacy of Indigenous HIV/AIDS Information

Existing literature posits that legitimacy of indigenous information is classically situated in the sociology of knowledge production and identity politics (Dei, Hall & Rosenberg, 2000). This sociology means that indigenous knowledge for emancipating value is engineered by the individual and society whose purpose is to expose subjugation and mobilize for liberation. Indigenous information gives clue to local contexts, is ethnically interactive, ethnocentric and sensitive to social inclusion. It is about demobilizing the oppressive regimes and advocate for innate value in indigenous health and sexuality knowledge (Simmons & Sefa Dei, 2012).

Arriving at this argument would imply employment of objective transformation and resisting of oppressive ways of knowing. Transformation should be able to strengthen the individual self and the collective soul to annihilate the continued reproduction of colonial and postcolonial relations in information classification, replacing them with a vibrant campaign for indigenous HIV/AIDS epistemology. For example, modern society has long depended on exotic information on HIV prevention but the pandemic has persisted. To reconcile what is lost is to permit room for knowledge growth by an 6extensive search for significance in indigenous information on HIV prevention.

There are studies corroborating that to qualify indigenous knowledge as a socially acceptable knowledge base is to look at identity politics as a legitimate portion of knowledge production. Francis and Adre le Roux (2011) argue that social identity is about defining the self as a unique individual and thinking of oneself as a member of a social stratification. Giddens (1991) argues that social identity is about locating indigenous knowledge away from oblivion, placing it in the social world as part of human knowledge. Within this understanding of social identity, the clear implication is that identities are socially encased, shared and interconnected in social contexts. To locate indigenous HIV/AIDS information within the language of identity politics is to resurrect the significance of indigenous epistemology in a worldview and vocalize its importance in adolescent education.

Several researchers postulate that the legitimacy of indigenous information is its social value and own endurance (Baumwoll, 2008; Grande, San Pedro, & Windchief, 2015; Grenier, 1998; Johnson, 1998; & Matsui, 2015). The legitimization of indigenous knowledge is to make it exclusive to every global society and diffused orally across generations (World Bank, 2004). When Indigenous information is legitimately imposed, it becomes a treasured resource to emancipate humanity (Wotherspoon, 2004). The implication of the preceding argument is that indigenous information is a complex accumulation of local and context-relevant knowledge that embraces the essence of ancestral knowing and the legacies of diverse histories and cultures (Dei, 2008).

It represents essentially deeper lines of ancestral wisdom embedded in the very core of indigeneity, a reflection to native production and categorization of indigenous knowledge. Indigenous information is related to the communal philosophy where learners were instructed in how to respect properties of the whole society and used their acquired knowledge for the service of the society (Manheim, 1936). A toll on indigenous HIV/AIDS information is the provision of knowledge for the service of modern society about HIV prevention roles and patterns. In connection, Mawere (2015) concludes that indigenous information production is a function of social processes and structures, on the one hand, and the pattern of intellectual life, including the modes of knowing, to respond to community challenges.

However, understanding the scope of indigenous HIV/AIDS information nests in a reconceptualization of the Indigenous Approach to HIV/AIDS prevention (Meyer-Weitz et al., 1998; Uganda AIDS Commission, 2015, 2017; UNAIDS, 2015). An indigenous approach to HIV/AIDS information system highlights the informal classification of information like the use of folk media such as stories, riddles, local songs, community ceremonies and perceptions (Warren, 1991; Kaya, 2014; Mawere, 2015 & Nsamenang, 2006). Legitimation of indigenous information breeds social tolerance and supporting a democratic exchange of information in communally engaging ways (Conway, 2004). Indigenous information further replicates more informal methods of communication describing no permanent school walls while the fireplace was the indigenous classroom (Ssekamwa, 2000). To understand the indigenous approach to HIV/AIDS information is therefore to perceive the traditional way of information access and dissemination with totally homegrown methods of HIV/AIDS awareness and prevention, other than adoption of exotic possibilities that hardly represent the alternative indigenous sense of knowledge (Warren, 1991).

Authors like Flavier, De Jesus and Navarro (1995) have projected the Indigenous Approach to Knowledge acquisition to mean the information base that enables social communication and decision-making. In order to minimize contracting HIV/AIDS, the Indigenous Approach to HIV/AIDS information access provides competitive decisions that guide, benefit and direct our sexual behaviour and lifestyles. The Indigenous Approach presumably provides that in understanding the gravity of the HIV/AIDS pandemic, secondary school students need to communicate to each other about the scourge and know what social communication that is useful. This is why Grenier (1998) complements that the indigenous knowledge approach and its utilization is portrayed in community activities and language. To effectively integrate Indigenous HIV/AIDS information in secondary schools therefore, it means motivating students to admit that HIV/AIDS exists and is a community language. The sort of names given to HIV/AIDS are in themselves revealing vivid descriptions and indigenous knowledge bases upon which to understand and mobilize against the pandemic among adolescents.

Currently in Uganda, legitimate indigenous or homegrown HIV/AIDS information methods used in secondary schools include preaching abstinence, talking to adolescents, and emphasis on behavioral change. In the 2011/15 Uganda's MoES strategic HIV/AIDS plan for example, the cultural/indigenous approach was rolled out as a complementary strategy to the 'Abstinence Be faithful and Condom use (ABC)' strategy to HIV prevention in secondary schools. But also, in ensuring sustainable HIV prevention, adolescents need to further appreciate the pre-colonial methodologies of knowledge transmission for lifelong learning, although many challenges abound to this indigenous information sharing approach (Sengendo et al., 2001).

Indigenous knowledge on HIV/AIDS prevention is still scanty and rarely adopted in times of extreme postmodernism (Muyinda, Nakuya, Whitworth, & Pool, 2004). In postmodern lifestyles, indigenous information cannot easily be transmitted when adolescents spend more time in boarding schools, family social distancing is far-wider from their traditional setting, and traditional family ties continuously weakened by generational transgression (Sengendo et al., 2001). The best approach is to document, preserve and integrate such traditional wisdom in the school curriculum.

Besides, a curriculum is able to check misinformation and conflictual beliefs emanating from misrepresentations of HIV/AIDS information which might threaten to increase risk of further HIV infections. Again, modern schools need to provide sexuality education more informal ways than clinging more to the biomedical methods of HIV prevention such as condom use (Amuyunzu-Nyamongo, Biddlecom, Ouedraogo, & Woog, 2005). Western and indigenous knowledge systems co-exist to provide more relevant and comprehensive information on prevention of disease. Studies have emphasized that HIV/AIDS programs that combine both biomedical and indigenous knowledge representations are more succesful than those that ignore any of the representations (Meyer-Weitz et al., 1998; Uganda AIDS Commision,2017; UNAIDS, 2015).

In legitimating indigenous information, there is need to strengthen the use of indigenous methods of sexuality and HIV prevention in schools to enable adolescents to access accurate and comprehensive information to aid their health choices (Government of Uganda, 2006). This is possible through the development of a curriculum that is in tandem with adolescent health and sexuality information. The curriculum offers knowledge and learning outcomes that competitively transform learners' behaviour, attitudes and skills to respond to indigenous sexuality and health prerequisites. In a sampled Ugandan school, the authorities and teachers were quite positive on the issue of integrating indigenous sexuality information in the teaching-learning process. The head teacher had to use his professional experience to resonate the advantage of imparting sexuality education:

In my 19 years of service in management of schools, I have found the issue of sexuality education so demanding yet so neglected. We encounter experiences of many young people that mostly revolve around their sexuality life but often times we are overwhelmed by the fact that we lack the capacity to handle sexuality education in a more informed and professional manner. Integrating indigenous sexuality information into the school curriculum would be a strong step towards combating the grave challenges we meet in this direction as teachers.

But to implement HIV/AIDS information in schools, the Ugandan government instituted several initiatives for HIV/AIDS information provision (Ministry of Education and Sports, 2006). The Presidential Initiative on AIDS Strategy for Communication to the Youth (PIASCY) is one of the initiatives by government where young people in primary and post primary institutions are equipped with information on life skills, as well as reproductive health and HIV prevention. The PIASCY was initiated by the president of Uganda in his efforts to fight the AIDS scourge among young people. However, much as PIASCY is being promoted in schools, HIV/AIDS activities and teaching have not yet been integrated in the formal secondary school curriculum.

They are just run a long side the formal curriculum (Ministry of Education and Sports, 2011). The second strategy has been the adoption of several policies like the Education and Sports Sector National Policy Guidelines on HIV/AIDS and the HIV prevention strategic plan of 2011/15 to guide dissemination of HIV/AIDS information in education institutions (Ministry of Education and Sports, 2006, 2011). In conclusion, understanding the indigenous portion of HIV/AIDS information is to analyze social perceptions of the disease in terms of names given to it and social values and practice surrounding HIV prevention and definition by the individual and society.

In conclusion, literature and theory has scoped theoretical reflections about Indigenous HIV/AIDS information. However, literature does not explain the benefits of Indigenous health information bases for integration in the school curriculum. As part of indigenous HIV/AIDS information, literature does not provide native descriptions of HIV/AIDS, and does not focus on actual integration of indigenous health information in the curriculum. This paper attempts to provide an ethnographic documentation of indigenous HIV/AIDS information from student voices. Again, theory about integrating the documented indigenous HIV/AIDS information is explained thereafter.

Student Representation of Indigenous HIV/AIDS Information

This paper illuminates how an ethnographic study conducted in diverse secondary schools in Uganda documents indigenous student perceptions and names of HIV/AIDS Information. The diverse representations of Indigenous HIV/AIDS information depict how the individual and society describe and classify the indigenous nature of HIV/AIDS. The study was conducted among Luo (northern region), Buganda (central), Iteso, Bagisu, and Basoga (eastern region), Banyoro, Bagungu, Banyankole, Bakonzo and Bakiga (western region), although most of the dialects about HIV/AIDS information are from Buganda.

Indigenous Dialects Relating to Physical Symptoms of HIV/AIDS

Physical symptoms of HIV/AIDS are called different names by different tribes. This means that amidst the power of cultural diversity are indigenous forces that influence society's native ways of knowing. In the Luganda language (cf. language of Baganda in Buganda) for instance, HIV/AIDS is natively called *"silimu"* while among the Basoga, Bagisu and Runyakitara it is called "*sirimu*" and the Itesot from Teso region in Eastern Uganda refer to HIV/AIDS as "*esilim*". These different native names given to HIV/AIDS have one central meaning of a disease that makes people appear unhealthy and very thin. The Bagungu, Banyoro, and Batooro of Western Uganda call HIV/AIDS "*akahuka komunywererwo*" (cf. an insect that sucks and drains blood from one's body, making one very thin), while the Baganda further call HIV/AIDS "*mukenenya*" (cf. Luganda language) to mean a disease that causes massive loss of body weight and prolonged frequent ill-health and makes people very thin.

Some study participants described HIV/Aids as a socially lethal pandemic with all sorts of awful localized names. For people who often suffer from malaria for example, HIV/AIDS was described as "*Kamusujja*" (Luganda language) an indigenous dialect synonymous with malaria. HIV/AIDS is also associated with a lot of pain, where "*akawuka*" (an insect that stings) and "*embwa*" (a dog) are used to illustrate pain attributable to the disease. An analogy of continuous dog bites from a starving dog was used to illustrate the pain associated with HIV/AIDS. Participants also emphasized that dog bites lead to miserable and painful death, and as a disease that disfigures the body, HIV/AIDS was named by some as *"endwadde ya babi"* (cf. a sickness for the ugly).

All the different names of the disease denote that people's description of a social happening and life experience is a deep portrayal of their indigenous ways of knowing. Society names something according to experiences something creates upon that society, to create a hybrid of knowledge that is a product of social interactions. Whether the disease makes people tiny, gives ill-heath, sucks and drains blood out of people is a direct indication their evolving locally relevant dialects and knowledge.

Typical symptoms of HIV/AIDS are classified under the visible physical symptoms, invisible physical symptoms and the behavioral symptoms. The visible physical symptoms of HIV/AIDS are identified by biomedical facts associated with the symptoms of the disease. For example, loss of body weight due to frequent illnesses, reduced body immunity, skin disorders like hypes-zoster (*"kisipi"*)—a skin condition where patients develop painful wounds around the hands, neck and back, culminating into tuberculosis. Patients may also develop severe skin rushes on their face (referred to as "*oluyinja*" in Luganda) or the entire body, prolonged cough, diarrhoea, wounds in the mouth, big black spots all over the body and tuberculosis, were identified by a few respondents in the study. But the invisible physical symptoms for HIV infections can only be detected through blood screening implying students could not detect the hidden social description.

The non-typical symptoms of HIV/AIDS are also referred to as Non-clinical symptoms of HIV/AIDS. These refer to all symptoms that negate the biomedical view of HIV/AIDS symptom identification and these include people considered too fat, with many pimples on their face, very red or pink lips, and wounds on their bodies. Popular argument also points to people with swollen lips, cheeks or body, brown hair, massive hair loss especially among young people, malnourishment, skin and facial discoloration, suffering from severe malaria, having convulsions, sunken eyes due to dehydration, dark finger nails or no nails, with low appetite, wrinkled skin, protruding eyes, vomiting, dry lips, headache, mental disorders, bright eyes, with boils in the ears and a bold head among young people.

Behavioral symptoms were also associated with HIV/AIDS for example, there is the grape vine thought that, leading a solitary life may be strongly associated with HIV infection. Just as it is written in the New Testament Bible that people that contracted Leprosy were being removed from the community into some isolated dwelling, the same analogy seems to apply to those who think that people who contracted HIV/AIDS are supposed to be removed from public life. In this sensibility, people who are sickly and leading a solitary life are acknowledged by some groupings to be HIV positive because

experience has shown that HIV/AIDS infected persons tend to lead a life of detachment, seclusion and self-denial characteristics that place their personality is total deliberation.

The concept "Jealousy" has been proved to be synonymous with HIV infected people, branding the famed adage "*ennugu yo''* (Jealousy–Luganda) to refer to adolescents and other people living with HIV/AIDS. Behavioral interpretation of HIV/AIDS infected persons is further reinforced by those who allude to the allegory that HIV/AIDS infected people have multiple sexual partners because they are already infected with the HIV virus. Because they are already sick, they want infect others because of their reckless behaviour. It is imperative to further note that people who are chronically addicted to drinking traditional herbal medicine to cure their ailment, are also perceived as HIV positive. These people are described as "*Kadomola"* (Luganda)—the jerrican where herbal medicine is stored.

Although it is popular logic that beauty lies in the eyes of the beholder, it is the same game of logic that beauty is associated with HIV/AIDS infection by some folks. It is an all hefty drama that beautiful girls are believed to be living with HIV/AIDS as some young people we interviewed alluded to. Further still, death at a tender age is also associated with HIV/AIDS infected people because young people are not expected to die at an early age thus goes the saying "the old must die and the young may die".

Dialects Describing Persons With Risky Sexual Behavior

Local names describing persons with risky sexual behavior in reference to HIV/AIDS featured prominently in this study, although all the names documented are in Luganda language. For example, "*Endwadde yabazira''* (a disease for the heroes) was identified as a disease that affects men or boys with many girlfriends, considered to be heroes and *"real men"* by their peers. Participants also commented that it is the ''cowards" (with few sexual partners) who will survive contracting HIV/AIDS. Others identified the name "*akalya abatabazi"* (a disease that kills wanderers) as a disease that affects people with multiple sexual partners.

There are people who describe HIV/AIDS as *''obulwade bw'abawulu"* (the bachelor's disease). The name indicates that bachelors are at a high risk of HIV infection compared to married men because they are sexually involved with many girlfriends as compared to the marrieds who have more stable sexual partners. They asserted that this makes the bachelors more vulnerable and this name was very pronounced in male Focus Group Discussions (FGDs) across the schools. There are those respondents who described HIV/AIDS as *"akalya abavubi"* (a disease that kills fisher folks). HIV/AIDS has been rampant among fishermen who are considered to be highly at risk to HIV/AIDS infections, because they are believed to lead reckless lifestyles.

Finally, many people identify the name ''*embwa ye Katwe"* (a dog from Katwe). The nomenclature *"embwa ye Katwe"* is associated with the high population of dogs found in Katwe, one of the Kampala City Suburbs—a notorious hub for many prostitutes, who are associated with high cases of HIV prevalence. Because Sexually Transmitted Diseases (STDs) are synonyms with HIV/AIDS, some respondents tend to call HIV/AIDS *"enziku"* a name originally given to the Gonorrhea disease because Gonorrhea is one of the distinct symptoms of HIV/AIDS. The local names associated with stigma towards PLWHAs and HIV/AIDS were highly pronounced in the study and these include *''ennugu yo*" (literally meaning, jealousy in Luganda) identified by male respondents, as another commonly used name for adolescents living with HIV/AIDS at school. The name was coined based on the belief that PLWHAs are usually jealous and resentful of other people.

Dialects Emphasizing HIV/AIDS as a Self - Inflicted Disease

Some of the local names identified suggested that HIV/AIDS is a self-inflicted disease. A respondent identified ''*musujja gwaayala"* (Luganda) meaning a fever that is got by those, who search for it. Some people refer to HIV/AIDS as *"alinye mukaveera"* (literally meaning "S/he has stepped in a polythene bag" in Luganda) meaning someone has contracted the HIV virus because they have led a reckless lifestyle. She also indicated that a related name "*alina akaveera''* (S/he has a polythene

bag) is sometimes used to indicate that someone is living with HIV/AIDS. The study notes that these names were commonly identified by many adolescent respondents in this study.

Even names of animals were commonly used to refer to HIV/AIDS and PLWHAs in the study. Female adolescent respondents identified ''*embwa*'' (dog) and ''*oyo ayina embwa*'' (that one has a dog) as names commonly used at their school to refer to adolescents believed to be living with HIV/AIDS. They also said ''*embwa ye Katwe*'' (a dog from Katwe) means a prostitute, where the disease is associated with sex workers. The intonation "*enkima*" *(*Luganda) and "*alwala*'' (Luo) meaning "monkey" are other names that were identified as used to refer to PLWHAs and HIV/AIDS. Additionally, names associated with leaders spearheading the HIV/AIDS campaign included but not limited to the following "Ph*illy*". The name Philly is attributed to the first Ugandan and Musician, and HIV/AIDS advocate—Philly Bongole Lutaaya who greatly publicized HIV/AIDS as a new disease in the early 90s.

People have extensively developed names to describe this horrendous disease to the extent of relating the pandemic to insects that destroy the human body through sucking blood. For example, HIV/AIDS is referred to as "*akahuka komunywererwo*" commonly used among the Bagungu, Banyoro, Batooro and Batwa, (western region) means a destructive insect that sucks and drains blood from one's body, making its victims very thin. The description of HIV/AIDS is further related to insects with deadly poison, among such names is "*akawuka*'' (Luganda), meaning an insect that stings and inserts its deadly poison in a human body, eventually leading to death. The Itesot refer to "*ekurut*'' meaning a person who has been bitten by a poisonous insect, and there is no cure.

To some, HIV/AIDS is related to destructive insects that lick sugar in homes, the dialect, *"Ayina ekinyomo"* (Luganda). Apart from names associated with destruction, names associated with death were cited including; ''*namutta*'' (meaning death-in Luganda) and ''*namuzisa -olumbe olutayina ddagala*" referring to a killer disease without cure (Luganda). Besides, ''*Kaweddemu*'' is yet another name that means a person has a limited life span and is ''*already gone*" to signify that someone is living with HIV/AIDS and these names describe HIV/AIDS as a fatal disease without cure. There are local names associating HIV/AIDS with invincibility. The Luo, for example, refer to "*yamo*" (oxygen) and "*pii*" (water), as local names used to describe HIV/AIDS. A popular maxim for "*Yamo*" is that HIV is like oxygen because it is everywhere while "Pii" precludes HI V to mean water it is everywhere you go, and this is the reason why water and oxygen are used to highlight that anyone can easily catch HIV. It is a rendition to warn young people to take a lot of precaution to avoid HIV infections because of the easiness with which they can contract the disease. Because of its extensive malady, society has also described HIV/AIDS as *"esenyiga''* (Itesot language)—a disease that makes one tiny and susceptible to acquiring other diseases, emphasizing that humans are very vulnerable to this disease. Popular talk refers to "*Esenyiga*" as a disease that makes one tiny and easily susceptible to contracting other diseases.

Integrating Indigenous HIV/AIDS Information Into the School Curriculum

Through their varied voices, students have given indigenous interpretations and perceptions of HIV/AIDS information, and this information need to be integrated in the school curriculum. The Presidential Initiative on AIDS Strategy for Communication to the Youth (PIASCY) is government's first attempt to extend HIV/AIDS information in secondary schools in Uganda. However, PIASCY is just run a long side the formal curriculum but not actually integrated into the curriculum (Ministry of Education and Sports, 2006, 2011). This paper attempts to indicate how student representations of Indigenous HIV/AIDS information can then be integrated into the school curriculum, and building of knowledge, principles and values that learners need to understand about HIV/AIDS.

In Uganda's education system, indigenous health and sexuality information is quite scanty (Ministry of Education and Sports, 2018; Ministry of Labor Gender & Social development, 2006; Dube et al., 2015; Magara, 2015), yet its significance is highly recognizable for adolescents. It then becomes critical to highlight how indigenous health knowledge systems could be better merged into

the school curriculum. The school curriculum is a vibrant platform for guaranteeing adolescents' access to precise, judicious and organized information for HIV prevention. But lack of a judicious and an organized information base for HIV prevention is inclined to information misrepresentation, in addition to poor cataloguing and classification genres which invoke high dissemination failures. A good school curriculum sustains assimilates effectual indigenous health information systems and appropriates their insertion into the learning progression.

Maxine (2011) contends that curriculum development encompasses how a curriculum is planned, implemented and evaluated, as well as the processes and procedures that are involved in curriculum development. Using the Product and Process models of curriculum development and planning (Neary, 2003), this paper attempts further to show the framework within which Indigenous HIV/AIDS information can be infused in the curriculum. The Product and Process Models of curriculum development are important in forging an Indigenous HIV/AIDS curriculum suited to secondary schools. According to Maher (2004), Product and Process Models emphasize recycling of curriculum content into social and life skills. HIV/AIDS information affects social and life processes whose integration in school curriculum provides the ultimate significance of the HIV/AIDS information as a social reality.

HIV/AIDS information is a social and life requirement the purpose of which is to enable students minimize risks of contracting the HIV/AIDS disease. Therefore, integrating indigenous HIV/AIDS information in the curriculum is part of a social and life-skills training process. According to (Gosling, 2009; Hussey & Smith, 2008; Maher, 2004), the Product Model emphasizes the process of learning which includes critical thinking, innovative learning, creativity building and communicating transparent outcomes essential in stimulating students change in social and health behaviour. However, in the product model the teacher controls learning more that the students could do it. This means that the teacher plans, intentions, uses behavioural language, assesses learning and chooses electives. The relevance of product curriculum planning in HIV/AIDS information delivery is to resurrect the plight of teachers in the entire management of the curriculum development and implementation process. In the Process Model, it is the student that controls teaching and learning. In other words, both the teacher and students are active agents of the teaching-learning process who should participate in the planning, operationalization, and evaluation of the structure upon which HIV/AIDS information is redistributed to social systems and constructs.

In Product and Process Models of curriculum planning, interest is in seeing how teachers and students take lead in curriculum planning and development efforts to ensure that indigenous HIV/AIDS information is effectively and efficiently integrated in the mainstream school curriculum. This implies that as curriculum developers, teachers and students must have a clear idea of what they expect of the learning and why. Establishing goals is an important and necessary step in forging valuable instructional time, and the curriculum goals here would be classified as educational and supportive goals. According to Brandt and Tyler (2011), educational goals are referred to as learnings to be acquired. There is a portion of indigenous HIV/AIDS knowledge that has to be learned within the diverse local interpretations and stereotypes about HIV/AIDS information. For example, when a student participant calls the disease "*Silimu*" or "*akahuka komunywererwo*"—a disease that makes its victims very thin—the dialect depicts a background condition that people need to know about HIV/AIDS. Thus, the questions "*Under what circumstances is HIV/AIDS causing people to shrink in size? How does HIV/AIDS make people shrink in body size*?" become pertinent. As well as changes regarding the disease symptoms in the current times that need to be highlighted in teaching to curb misinformation, given that physical characteristics can no longer be used in identifying PLWHAs.

The answer to these questions is a source of knowledge identification and generation that need to be integrated and supported through the curriculum (Stanley Pogrow, 2011). Philosophically, indigenous HIV/AIDS knowledge is seen as hidden in the meaning of the dialect "*a disease that makes one tiny—loose body flesh*". Such indigenous HIV AIDS knowledge is borne out of social life experiences, common sense, orientation and economic backgrounds and general beliefs about

people and their mysterious circumstances. With the Product and Process models, McLaren (2011) argues that curriculum decisions are based on sources of knowledge which are shaped by experiences that emerge from, and are affected by, a diversity of social groupings and nomenclature. Curriculum building is based on the expansion the knowledge base accruing from an understanding of a society's moral values and choices, originality principles and by analyzing various problems and perspectives originating from a social condition (in this case HIV/AIDS).

Hence, developing a curriculum on indigenous HIV/AIDS information must be aided by the support goals of curriculum. Support goals of curriculum development, according to Hussey and Smith (2003), are the services to be rendered during implementation of the said HIV/AIDS curriculum in secondary schools. One of such support goals is teaching which should be planned effectively and efficiently. Teaching is both an activity of the teacher and the student if it is to be effectively appropriated. In teaching, the following philosophical foundations of education are critically important: The Epistemology, Axiology and Metaphysics of teaching and education (Njoroge & Bennaars, 2000).

First, the knowledge to be taught (content) represents the epistemological dimension. Epistemology is the study of the nature of knowledge and how these are attained and evaluated. It deals with issues related to the dependability of indigenous HIV/AIDS knowledge and the validity of its sources through which we gain credible HIV/AIDS information. Therefore, epistemology covers two areas: the *content* of thought and *thought* itself. For example, student representations of indigenous HIV/AIDS information display content of society's local thought about the disease. It is the *indigenous thought* about the HIV/AIDS pandemic.

Epistemology also covers *instruction* or *content* and *method*s. It is plausible that any curriculum about HIV/AIDS must have modes of instruction, content of the HIV/AIDS curriculum and the methods of delivery. What is important in epistemological terms is to examine the dependability of knowledge and validating the sources of such knowledge. Can we depend on students' representations, stereotypes and voices regarding HIV/AIDS information as true knowledge about the HIV/AIDS pandemic? If so, what is dependable in there? And how do we validate the sources? If we can validate the sources then there is a huge body of knowledge inherent in the student voices and perceptions about HIV/AIDS information. Central to these questions is that within the perceptions of HIV/AIDS information is *empiricism.* Empirical knowledge appears to be built into the very nature of human experience leaving with the disease. The diverse dialects about HIV/AIDS represent such true knowledge about the disease.

On the other hand, indigenous HIV/AIDS information must reflect an axiological principle which is the philosophical study of value asking the question: What is of value in the students' representations of indigenous HIV/AIDS information? The question of values deals with notions of what a person or a society regards as good or preferable. In that context, Sekiwu (2013) remarks that the classroom is an axiological theater in which teachers cannot hide their moral selves. By their actions, teachers constantly instruct groups of highly impressionable young people who assimilate and imitate their teachers' value structures to a significant extent.

Within the students' representations of indigenous HIV/AIDS information, there are distinct values that schools can pass onto the learners. HIV/AIDS information must also exhibit ethical principles of moral conduct. "How should I behave?" is an ethical question. How people behave determines whether they contract HIV/AIDS or not, and ethical theory seeks to provide the right values as the foundation for right actions. This also brings in the notion of critiquing double standards when it comes to abstinence for girls but promoting promiscuity for the boy child as indigenous information that promotes risky behavior and needs to be identified as immoral and no longer acceptable in the modern world because exposes adolescents and society to increased risk to HIV infections.

Metaphysics seeks an irreducible foundation of reality or 'first principles' from which absolute knowledge or truth can be induced and deduced. Questions of "What is reality?" are propelled as metaphysical questions. The metaphysical response to indigenous HIV/AIDS information rests in the anthropological foundation of HIV/AIDS knowledge. It is evident that the local naming of HIV/AIDS

denote different anthropological bases to which indigenous HIV/AIDS knowledge is built. Varied representations of indigenous HIV/AIDS information are borne out of varied cultural backgrounds of a people and their lived experiences. People's local dialectics about the HIV/AIDS pandemic are borne out their anthropological understandings of the disease. In summary, sensory knowledge is built upon assumptions that must be accepted by faith in the dependability of human sensory mechanisms. The advantage of empirical knowledge is that many sensory experiences and experiments are open to both replication and public examination.

Apart from efforts to integrate indigenous HIV/AIDS information into the secondary school curriculum, such information must reflect good characteristics of quality information and successful information systems. Quality information should be delivered to develop a successful HIV/AIDS curriculum for schools. DeLon and McLean (2003) give the key drives of success information systems:

1. **Systems Quality:** The organization of indigenous HIV/AIDS information systems should be of quality with eminent value to both the users and its implementers in secondary schools. Information should be adaptable to its users, available, reliable and usable. School information systems should have the ability to adapt, accommodate and organize indigenous knowledge systems in their collections so that it is usable.
2. **Information Quality:** Indigenous HIV/AIDS information must be accurate, complete and comprehensive, easy to understand, relevant to the adolescent information needs and communicated timely because information is timebound. This entails finding out the specific indigenous information that adolescents seek for as regards HIV prevention. This information must be integrated in the curriculum for HIV prevention.
3. **Service Quality:** Such HIV/AIDS information must guarantee that a wider audience that uses it register positive feedback. This feedback can be in form of positive behavior response. School librarians should also appreciate their role in providing health information to the school community. They should proactively reach out to adolescents, serve with empathy and kindness to encourage users utilize this information, provide timely information to address learners' information needs.
4. **Use:** Can such knowledge about HIV/AIDS be triangulated to various social experiences? Proper contextualization of indigenous HIV/AIDS information to different experiences guarantees its usability factor in a multilingual school context. This further entails ensuring that information is repackaged in a common language like English or Swahili to guarantee its being understood by learners from different ethnic groups. Additionally, information use relies on the number of transactions or readerships executed as well as the number of site visits made by the users. Thus, the focus of school libraries as key information centres in secondary schools and teachers as supporting sub-systems, should be on increasing interactions with learners for effective utilization of information. School libraries need to be equipped with the relevant information and professional librarians such that it is accessible. It is imperative that school librarians participate deliberately in marketing indigenous information capabilities for HIV prevention.
5. **User Satisfaction:** Are users satisfied with the available and different representations of indigenous HIV/AIDS information? This means providing learners with indigenous information that is context-relevant, comprehensive, utilizes appropriate media (print, electronic etc), and is timely. This enables the determination of repeat visits to search for such indigenous information increasing access and information use as reflected in statistics on available user surveys.
6. **Net Benefits:** The benefits of establishing an efficient school health information system will be evaluated through providing accurate, complete, comprehensive and timely indigenous information for HIV prevention. The onus is on the government to ensure that this indigenous information is made readily available for use. Western information on HIV/AIDS prevention is assumed to be expensive, requiring the adoption of indigenous information systems that are

cost-effective. Adolescents will benefit if the cost of accessing and searching for HIV/AIDS information is cheaper, consequently, improving adolescent health choices for HIV prevention.

CONCLUSION

This paper takes great pride in documenting student representations of Indigenous HIV/AIDS information and integration in the secondary school curriculum. The theoretical analysis shows that there is need to document local realities about HIV/AIDS for an HIV/AIDS information data-base for information scientists, educators and HIV researchers. Second, is that building a powerful indigenous HIV/AIDS information data-base to complement HIV prevention efforts is to support anticolonial dialogue to counter resistance from Western knowledge bases, as we enable indigenous HIV/AIDS information find dominion into the curriculum for adolescents. The anticolonial discursive theory provides that indigenous health knowledge is just as important as Western information that over dominates medical literature. What is important to reflect upon is that there is hidden a variety of knowledge classifications behind the different indigenous names and descriptions of HIV/AIDS.

Sternberg and Lubart (2011) say that schooling can create creative minds and to create these minds we need to understand the resources upon which schools draw and determine such creativity. Integrating indigenous knowledge on HIV/AIDS in the school curriculum requires such creativity of minds to dissect. Therefore, teaching adolescents to abstain, to change behaviour, and use condoms in order to minimize contracting HIV/AIDS can also be complemented by use of indigenous health management systems. Epistemological, axiological and metaphysical learning bases are central in developing this HIV prevention curriculum. However, prior to curriculum implementation, the paper recommends DeLon and McLean's (2003) six drivers of information success to guide evaluation of indigenous HIV/AIDS information before it is integrated in the HIV prevention curriculum. On the overall, the proposed model for integration of Indigenous HIV/AIDS information management in secondary schools is provided.

In order to optimally integrate indigenous HIV/AIDS information into the secondary school curriculum, the drivers of information management should be identified and implemented, integrating Indigenous Knowledge (IK) into existing HIV/AIDS prevention, building metaphysical knowledge bases of IK on HIV/AIDS, identifying and using culturally constructed gendered information on HIV/AIDS, and developing epistemological knowledge bases of IK on HIV/AIDS, and axiological knowledge bases of IK on HIV/AIDS.

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