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CHILDREN AND YOUNG PEOPLE IN THE CONTEXT OF HIV IN TOGO

Godson Lawson & Ayoko Bahun-Wilson

Introduction

After millions of lives have been saved through prevention, care and treatment, after all the battles won over prejudices and ignorance regarding the disease and after all the milestones reached, “AIDS remains the second cause of death for children and adolescents (10-19) in the world and the first in Africa.” (UNICEF 2015). Despite the efforts made, HIV infection seems to be finding a new breeding ground: children and youth. The rapid and unexpected growth of the sero-prevalence rate among children, adolescents and young people provides ample evidence that the levels of risk and exposure to this group of the population are extraordinarily high, exacerbating and promoting inequities and the spread of the infection (Marijke Wijnroks 2013)¹.

Looking at the magnitude of this situation, Michel Sidibe² reveals, “Young women are confronted by a triple threat. They have a high risk of HIV infection, have a feeble screening rate and difficulty in accessing treatment. The world must not forget young women and must engage more to protect them from the devastating impact of HIV.” It is not surprising to hear, in many spheres of the HIV response today, the use of the term “failure” to refer to the challenges faced by actors responding to the HIV & AIDS pandemic.

While it is true that the process of finding solutions to HIV is very challenging, the fact remains that one of the ways to maximise opportunities of success is to first consider the possible obstacles in order to face new challenges, such as the increasing HIV infections among adolescents.

¹ Marijke Wijnroks was the Interim Executive Director at The Global Fund to Fight AIDS, Tuberculosis and Malaria

² Michel SIDIBE was the UNAIDS Director.

Adolescents, Young people and HIV in Togo

At the launch of the new guidelines regarding HIV and adolescents, the WHO reveals that more than 2 million of adolescents aged 10 – 19 are HIV positive and many of them do not have access to the necessary care and treatment to live healthy and prevent transmission. The number of infected adolescents worldwide has increased by 33% since 2001, while the global infection (adults and children) has dropped to 20% over the same period. Doug McClure who is the UNICEF HIV programme officer admits that about one of 7 new infections involves an adolescent. Unfortunately, every day, 170 adolescents are infected in Central and West Africa. Because of the lack of adolescents-friendly care, services and infrastructure, the mortality rate among young people who are vulnerable to HIV-related diseases has been increasing, while it has dropped in the adult population. The direct impact is that generations of orphans and vulnerable children who are HIV+ are suddenly confronted with survival issues, unplanned by care and support programmes.

Although significant work has been done in response to HIV & AIDS in Togo, making the prevalence rate drop from 6% to 2.2% between 1999 and 2017 (NAC-STI TOGO), the prevalence among the youth and adolescents continues to be a serious challenge. For example, 25% of young women aged 20 to 24 years are married before the age of 18. Further, 5% of the teenagers aged 15 to 19 years give birth every year. Only 12% of married adolescents use a modern method of contraception. This rate is the same with young women aged 20-24. Statistics show that between 2013 and 2015, there were 374 cases of early pregnancy among schoolgirls (Junior Secondary School 1 to Senior Secondary School 3). This statistic is alarming and requires urgent action. This situation pushed the Togolese government to consider adolescents as a vulnerable and marginalised category in the global population. To better reflect on the problem, there is need to identify enabling factors of the adolescents' vulnerability vis-à-vis HIV.

Factors that lead to the vulnerability and marginalisation of adolescents

In addition to the weak health system linked to poverty in sub-Saharan African countries, the rapid and unexpected increase of HIV prevalence

among adolescents and young people is related to various reasons. These include:

Lack of education on sexuality

The persistence of taboos on sexuality and sexual facts, as well as lack of communication between principal actors of socialisation³ of adolescents are today major risk factors for HIV infections in adolescents who will not have been adequately prepared to confront the challenges related to this stage of their lives. In fact, parents often forget that at the adolescence stage of development, sexuality is influenced by multiple factors. These include peers, the media and many other factors. During this period, adolescents do not always adhere to social codes and dictates. Instead, they can adopt or reject these social dictates according to the pressure they receive from their peers.

Moreover, it can easily be seen that during this period of “quest for sense” (Ka Mana 2006), adolescents and young people have margins of freedom and pro-activeness which enable them to meet the socially prescribed roles and their reality. In other words, they compose the sense and rules of their relationships based on available norms and symbolic resources, the social status and the available moral authorities and “morality doers” that care for their salvation, wellbeing and health. Based on this scenario, elements of socialisation to sexuality reveal that when it comes to love and sexuality, adolescents are confronted with normative messages which are somehow contradictory. These messages force them to view their relationships in one way or the other and push them into romance, transgression or conformity, passion or distance, risk or prudence. This period is at the same time a period of “true faithfulness” to one’s partner because of the adolescent principles of exclusive love and sex. As a result, betrayal or suspicion of having been betrayed is reason enough to end the relationship (Le Gall, Le Van 2010).

³ The first actors in the socialisation of children are parents and families.

Rape, Sexual violence and HIV

The issue of rape and sexual violence is at the heart of adolescents' vulnerability to HIV. In Gbodjome, a small village in the Lake County, Togo, it has been revealed that from the year 2014 to 2015, fourteen girls were raped, and seventy-seven cases of violent treatment of young boys and girls were also reported. Of the seventy-seven, thirty-two victims were girls and forty-five of the victims were boys. In the year 2015, there were nine cases of children who were raped, and these children's ages ranged from 8 to 12 years. In March of 2018, of the sixty cases that were reported to court, fourteen were linked to paedophilia, seven had to do with rape and similar offenses. This data reflects the statistics at the national level and Vincent PITCHÉ⁴ confirms;

adolescents and young people are really vulnerable just by looking at the rate of undesired pregnancies among the youth and the frequency of sexual and gender-based violence faced by women and young girls.

Unfortunately, these aggressions, abuses and sexual violence often occur in contexts where the abuser is in a position of trusted authority vis-à-vis the victim. The adolescents are often abused by parents, neighbours, family members, doctors, sports coaches, religious counsellors (pastor, priest / catechist), professor, friend or someone they know. Data have shown that the majority of sexual aggressions are done by someone well known to the victim. The abuser/rapist often uses verbal pressure and/or threats during the aggression. These abuses happen in schools (restrooms, classes, teachers' hall), on the way to school and at teachers' residences.

To illustrate this point further, sexual favours given by students are often a result of the economic power of teachers and other members of the academic staff. The persistence of sexual violence in schools can also be explained by the deficit of female teachers in primary and secondary schools. This has a negative impact on adolescents' mental, psychological and physical health. The immediate consequences can be suicide, mental and physical challenges and risk of HIV and STI infection. Young girls who are victims of violence often show signs of post-traumatic stress syndrome and most experience a decline in their social skills and schools performance.

⁴ Vincent PITCHÉ is a professor of medicine and National Coordinator of the National AIDS Council –Sexually Transmitted Infections in Togo.

Apart from sexual violence, gender-based violence is one of the factors that makes adolescents vulnerable and at risk of HIV infection. In Togo, a study conducted by the Ministry of the Promotion of Women in the year 2010 revealed that the prevalence of gender-based violence against girls aged 9 to 18 is 62.5% for physical violence, 91.9% for psycho-moral violence, 5.5% for sexual violence, 25% for economic violence, 21% for institutionalised violence and 22% for discrimination. These statistics sufficiently reflect the gender inequalities which sometimes constitute an important source of stigmatisation and discrimination.

Stigmatisation and Discrimination

The fear of stigma and discrimination is very significant in a context where the nicknames given during adolescence and schooling follow throughout. As Augustin Dokla⁵ acknowledges, “9% of People living with HIV have been excluded from family activities.” Stigma and discrimination are at the root of the following actions which are currently happening in schools and colleges in Togo:

- The refusal to register a child living with HIV or suspected of being HIV positive
- Non-assistance to a child living with HIV who is injured.
- The refusal to share food, plates with other children during school breaks.
- The lack of attention from teachers to some children.
- Quarantining students whose parents died after a long illness.
- Refusal to buy food from suspected HIV positive vendors.
- Shaming students suspected of being HIV positive.
- Unjustified continual punishment.
- Corporal punishment.
- The use of derogative nick names to students suspected of being infected.

⁵ Augustin Dokla is one of the pioneer activists in the HIV response. He is the President of the Network of Associations of people living with HIV in Togo.

Such a situation creates some kind of “social sorting”⁶ which classifies and categorises the “pure” and the “impure” in schools and learning centers among adolescents. It reinforces their social isolation and the consequences from this range from lack of knowledge of the HIV infection, the ignorance of modes of transmission, ignorance of symptoms and absence of compassion for the neighbour.

Cultural practices and family abandonment

In addition to known cultural practices such as female genital mutilations, collective circumcision with unsterilised instruments, there are other dangerous practices instilled upon adolescents which are:

- Unsafe abortions
- Childbirth at home

The fear of mother-to-child transmission protocol, PMTCT, which systematically dictates an HIV test for pregnant women prevents girls from going to health centers by adopting home delivery. Forced marriages, early marriages or arranged marriages are also some of the cultural practices that put adolescents at risk of HIV infection. The rate of child and teen marriages in Togo is 37% in the rural areas against 19% in the urban areas. The situation is alarming. Almost a quarter of young girls are forced into marriage before the age of 18.

The story of Chefatou, a 15-year-old girl is a perfect illustration of this situation. Chefatou narrates:

I was living in Sokodé with my grandmother. I was in Class 6. One day, a man came to take me with him to Atakpamé. Upon arrival, he told me that I had to stay with a boy I did not know. I told him I did not want to. They beat me and called the boy and his friends to come and pick me. When we arrived in the boy's house, I was kept in a room with no permission to go out. And every night, the boy would come and have sex with me. I shouted for help, but no one came⁷.

⁶ « *Social Sorting* » is a selection system that actually creates frustrations. It is more observed in the Francophone and French education system. For more information, see “*Discrimination in Education*” in Encyclopædia Universalis France S.A. 2003.

⁷ This testimony was recorded by PLAN INTERNATIONAL TOGO in its work to protect children in Togo. The name has been changed to protect the identity of the child.

Chefatou's case is only one of millions of cases of adolescents' suffering and distress and these practices are deeply rooted in beliefs and false ideas on fecundity, the illusion of protecting girls from sexual deviance risk, the fear of unwanted pregnancies and the feeble social status of women. These practices are sometimes supported by religious conceptions which state that "The young girl should have her first menstruation in her parents' house but the second one in her husband's house". Unfortunately, the economic situations of the parents and mainly the resigned attitude of the fathers do not favour the protection of adolescent girls in particular. Adolescents in emergency and precarious situations, for example, during political conflicts, sometimes engage in "transactional sex" to get assistance, money, accommodation or even registration in schools and training centres.

Tourism and mobility

Precariousness, endemic poverty, instability and mobility are among other sources of adolescents and young people's vulnerability to HIV infection. In fact, many young people instead migrate from the rural areas to the urban areas, particularly the capital city of Lomé. This rural migration involves a large number of young and adolescent girls (6-17 years). These girls usually become house girls/helps or vendors in the markets and streets (Ségniagbéto 2015, Ségniagbéto and Pilon 2015)⁸. Official data shows that the age of mobility and migration in Togo is around 15 years.⁹ Hence, the mobility of children, is sometimes a result of the practice called "*Evi no amégbo*"¹⁰ in which a child is entrusted to a close relative/parent (Ségniagbéto, *ibid*). This practice is usually unsafe for the child involved because they may become victims of violence and sexual

⁸ Ségniagbéto, K. and M. Pilon. 2015. *Les migrations de travail des jeunes filles ouatchis vers Lomé : quelles évolutions depuis la fin des années 1950?* Communication presented at the 6th European Conference of African Studies (ECAS-6), 8-10 juillet 2015, University of Paris I Panthéon-Sorbonne et École pratique des hautes études (EPHE), Paris.

⁹ *Migration au Togo*, PROFIL NATIONAL 2015, International Organisation Internationale for Migrations, P 5 - 17.

¹⁰ « *Evi no amégbo* » is an old practice deep rooted in the history and sociology of AdjaTado in Togo and Benin. It is a family solidarity chain which imposes to the wealthy the moral responsibility to care for the poor in the family and ensure that they have a future. They are also obliged to do the same for others.

slavery, increasing their risk to HIV infection. Unfortunately, the new African Christian revival trend sometimes legitimises these abuses by using some biblical passages taken out of context so as to make the victims feel guilty.

Potential Solutions

Education. If it is true that prevention efforts should necessarily take into consideration the complexities that lead to variations in the behaviour of adolescents vis-à-vis the risk of the HIV infection, the fact remains that education and training are two of the most essential levers for the empowerment of adolescents. Education is the area where a human community becomes aware of itself. Through education, the community defines its values and purposes, its self-conception of the human being and his or her accomplishment¹¹. In the area of HIV prevention among adolescents, the educative approach is always important. Therefore, this process can only be accomplished effectively through dialogue and the educational relationship.

Contrary to Emile Durkheim who considered education as “an action done by adults on those who are not matured enough for social life in order to stimulate, develop in the child, some physical and mental states requested by the political society as globally and the special environment to which he or she is intend to”¹², education about HIV prevention should use all the explanatory and comprehensive¹³ communication channels. Education helps to identify the processes of production of sense which are expressed in the different reasons why young people and adolescents understand their behaviour, express themselves in certain ways. This process cannot be completed efficiently without dialogue and an educational relationship.

¹¹ F. E. BOULAGA, *Lignes de résistance*, Editions CLE, Yaoundé, 1999, P. 26.

¹² Emile DURKHEIM, *Education et sociologie*, Paris, PUF, 1966.

¹³ Wereferhere to the approach of Max Weber, *Comprehensive Sociology*.

Educational relationship: an approach to regain consciousness on HIV prevention among adolescents

As mentioned by Rimón II who says, “because there is no efficient way to cure AIDS, education and communication are the essential components which can be used”¹⁴. However, it is not easy to help an adolescent to come out from a difficult situation. There is need to establish a relationship, or a link, hence, the need for an educational relationship. The educational relationship can, therefore, be understood as a dependency link and mutual influence that ensures adolescents’ training and development.

Framework of practice

The educational relationship is practiced within the family, religious settings, school, and in the society. In the family setting, the educational relationship between parents and children transfers values: societal, cultural, spiritual and identity, behavior models of doing, feeling and acting which mark the adolescents’ consciousness and future in his or her personal development. The educational relationship is highly influenced by the principles of collective consciousness as a structuring value and censor of attitudes vis-à-vis HIV. In the social context, the educational relationship between an adolescent and an educator or teacher, shapes the adolescent’s development according to collective values and ideals of the society (Jeanine Filloux, 2015), in relation to the type of citizen or person the society wants to have. If it is true that the path that takes a person from childhood to adulthood is through educational relationships with parents and educators, it is also true that this process provides symbolic aspects that mark the life of the person. Education becomes a cultural fact that ensures the transfer of essential knowledge to maintain and develop the society! From a Christian perspective, educational relationship in HIV prevention among adolescents is a ministry, a Church service where Jesus is at the centre of the action.

¹⁴ Jose G. “Oying” Rimón II is director of the Bill & Melinda Gates Institute for Population and Reproductive Health and senior scientist, Department of Population, Family and Reproductive Health, at the Johns Hopkins Bloomberg School of Public Health.

Scope

The Educational relationship is not a movement that emerges *ex nihilo nihil*. It comes and settles between two existing elements: the subject and the educator (Sunday school teacher / teacher). It is a field of action which is purely educational and helps adolescents to:

- Have gained knowledge on HIV, modes of prevention, treatment, stigmatisation and discrimination.
- Know how to rely on stable things.
- Know how to build and have a life project.

It must be recognised that the adolescence period is a stage where rules are broken down and it is only through the educational relationship that the adolescent will find his or her ways of being responsible.

Objective

The educational relationship aims among other things to:

- establish training and coaching links.
- enable the construction of identity and capacity development of adolescents.
- ensure a benchmarking and sharing function with an ethical approach.
- re-establish trust and friendship among actors.
- develop skills of discerning risks.
- create mutual listening.
- increase chances of a good accompaniment in respect of the adolescents' dignity and identity.
- act to enable change in young people for better social integration.
- empower the adolescent to become aware of his/her future in the society while showing authority, respect of life principles and rules.

From the moment when the educational relationship is formed between two social entities namely the Adult-Adolescent binomial, it is crucial to integrate the dynamic of teamwork.

Dimensions

Meeting. No matter the objectivity given to the educational relationship, it is important to know that it is an intersubjective relationship in which each person's desires are considered. It is based on commitment and educational responsibility. In fact, it is meant to respond to adolescent needs. Consequently, it is important to care for the adolescents in order to prevent any destructive behavior patterns. The educator or teacher will build confidence in the adolescents and by showing them that they can trust their teacher not to betray them. In this regard, J. Rouzel articulates:

in this relationship, the educator is not neutral. He/She not only involves himself/herself, his or her personality, his/her feelings, his or her taste, his/her opinions, his or her passions, self-representation, the representation of others and of the world but also, he or she does it for an external cause. By doing this, he or she professionalizes his or her acts. (Rouzel 2014)

Exchange. Considering the fact that the educator or teacher intervenes in the social reality, behavioral and social exchange, it is impossible to function in a relationship which is based on neutrality. Hence, if there is neutrality at this level, it can only be gentle.

Listening. "Listening is essentially: availability, welcome, receptivity, a desire to be emotionally tender towards the other and to understand [...] but listening is at the same time keeping a distance. There can be no more listening with an internal space in an absence of differentiation and fusion than in an irreducible separation" (Maurice Capul et Michel Lemay, *De l'éducation spécialisée*). It is important to listen to words but also to gestures, attitudes and silences. Listening enables the adolescent to feel understood, recognised and worthy of interest. The educative work can only be done in intersubjective exchange and can only be pursued in a privileged relational framework of acknowledgement, listening and trust.

Authority. Authority here does not necessarily mean power, domination, and commandment. It is rather a capacity to be able to choose and do what pleases. In fact, it is not because one has authority that one has the divine rights to condition or submit to obedience. This would not work with adolescents.

Decision-making power. The educator or teacher cannot perform without parents' consent because parents are naturally custodians of parental authority over their child. Parents should not feel left out regarding their

children's lives, for example, for catechism meetings, youth gatherings, and so on.

Empathy. The educational relationship requires an empathetic attitude; this means an ability to identify oneself with others through emotions, by being careful to avoid pity. It is, therefore, imperative for the partners in the educational relationship to keep some distance. The educational relationship is everywhere and at all the times, and the educator must stay tuned, at all times of everyday life.

Presence. The educator should be present in the educational process of the adolescent although he must also keep some distance.

Distance. The distance here reflects the opportunity that the teacher gives to the adolescent to independently take responsibilities and assume some leadership initiatives.

Responsibility. Notions of responsibility and commitment in educational relationships are closely linked to ethics and morals; here the manipulation of conscience should be avoided.

To these factors, it is important to add respect, in the perspective of Kant (cf. Muglioni 2008). This refers to the conviction that every human being has an intrinsic value, which is based on his human status although some of his or her reactions may sometimes seem incorrect. He or she must also afford the adolescent freedom by leaving him or her alone to face his or her conscience (D. W. Winnicott).

Limitations

In the educational relationship involving adolescents, it is important to avoid indifference, lack of interest, too much empathy, alienation, avoidance, abandonment, fusion, transfer, suffocation, self-centrism, codification of behavior and total distance.

Jesus and the woman of Samaria to illustrate the educational relationship¹⁵

Background

We are here in the city of Sychar, which is the Shechem from of the Old Testament, in Samaria, a province of Palestine. The history tells us that between the Jews and Samaritans; there was some rivalry close to hatred that nothing could change. Four or five centuries ago, Samaritans were people whom the powerful King of Babylon Nebuchadnezzar had transplanted to Palestine. These people had adopted the Jewish religion, worshipping the same God but in their own way. Rather than going to Jerusalem, where the temple of Yahve is, they constructed their own temple on the Mountain of Samaria. This enabled them to remain autonomous. Between them, there was an old inherited cultural and racial hatred to the extent that a Jew, rather than taking any shortcut through Samaria to reach any place, would prefer to use the longest route. It is also true that the Samaritan people did the same.

Meeting

ACT I: Breaking the barriers

To ensure the success of the education on the HIV prevention among adolescents, there is a need to meet them. While Jews used to turn away from Samaria, Jesus went there voluntarily. Jesus is above barriers, and mistrust (no child or adolescent is to be neglected even if he or she is temperamental).

ACT II: the KAIROS, the right moment

If the Lord had come 15 minutes earlier, it would have been 15 minutes early. If he had arrived 15 minutes later, it would have been 15 minutes too late. Jesus arrived just in time. It is, therefore, important to find the right and opportune time (Karios) to decode the challenges facing an adolescent.

ACT III: the peculiarity of the meeting

With Jesus, each case is special; each child of God is unique. The woman of Samaria came alone to Sychar. Jesus is the friend of publicans, people who are deemed immoral. He always uses an inclusive approach. Every child is special and should be dealt with accordingly in particular and singularly.

¹⁵ The word: the woman of Samaria is used instead of the Samaritan woman because of personal theological positions.

ACT IV: Leave the tag

“How is it that thou, being a Jew, asketh drink of me, which am a woman of Samaria?” (Verse 9: KJV). The educational relationship should promote our living together beyond our differences. Jesus said: “But whosoever drinketh of the water that I shall give him shall never thirst” (Verse 14: KJV). Jesus’ approach is always perennial. He always offers something sustainable, something which does not dissipate the next day leaving one with feelings frustration. Thus, what Jesus gives, will be an everlasting source. The educational relationship should therefore have lasting effects and changes upon the adolescent’s life.

Honesty and Truth

Our fathers worshipped in this mountain; and ye say, that in Jerusalem is the place where men ought to worship. Jesus saith unto her, Woman, believe me, the hour cometh when ye shall neither in this mountain, nor yet at Jerusalem, worship the Father. Ye worship ye know not what: we know what we worship! (Verse 20-22: KJV).

The educational relationship with adolescents requires breaking of taboos about sex and sexuality so as to open the dialogue about these issues with adolescents.

Facilitator

I know that Messias cometh, which is called Christ: when he is come, he will tell us all things (Verse 25: KJV).

At the moment when the woman of Samaria acknowledged the need for mediation between her and God, it is at that moment that Jesus said, “I that speak unto thee am he”. The educational relationship should be rooted in faith and the conviction to receive what is missing.

Quake¹⁶ and disruption

The woman then left her water-pot! (Verse 28: KJV).

What an upheaval! What a quake! Why filling again, the water-pot? Why continuing all these unnecessary activities? Once the response is found, there is an urgency to share the news. The woman of Samaria went to look

¹⁶ The quake here must be understood in Soeren Kierkegaard’s philosophical approach, that is to say a spiritual act of faith.

for others, she goes to the people she usually avoids, she crosses the village, something she has not been able to do for so long. She breathes and inspires respect, everything in her shows that she has a new source of life. She is no longer the same woman. There is something that has changed in her life. She is no longer driven by taken-for-granted prejudices. Her new self helps her to overcome her prejudices and to take control of her own situation.

This should be the ultimate goal of the educational relationship. Adolescents must be able to organise themselves and to create new synergies for action. They must narrate their own testimonies, testimonies that are characterised by success and overcoming their burdens. They should be able to proclaim, "It is no longer because of what you said that we believe, for we have heard for ourselves" (Verse 42: NRSV).

Conclusion

Children and adolescents are not only a precious resource in our communities but also a target on which experts in the HIV response are called to build their strategies if they want to achieve the set targets. The urgency of the situation calls to all the actors involved to change their mental software,¹⁷ as suggested by Théophile Obenga in his theories of development in Africa. It must be clear today that, as far as adolescents are concerned, the scientific messages given by experts and specialists on HIV are often dry and unappealing. These messages do not consider the dimension of adolescents' sexual development during their questioning period. This is the period when they are curious to know more about sexuality. Yet, a time is coming and has now come when the truth needs to be told the way it is duly, crudely and nakedly to enable adolescents to make their own choices rather than putting them in a "state control system" by following out-moded concepts. This is why in this chapter the educational relationship model is presented as a flexible approach and a more effective alternative to the traditional HIV preventive methods.

¹⁷ Théophile Obenga, is Congolese, Egyptologist, linguist and historian. He is a disciple of Professor Cheik Anta Diop.

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