

Education Sector

HIV/AIDS is affecting and will continue to affect economies and society at all levels, from the individual to the macro-economy. The most immediate effects are, of course, felt by the person who becomes sick, and then usually by his or her immediate family or household. Between the extremes of the individual and the macro-economy there are also effects on communities, enterprises and economic and social sectors. It is at these middle levels, which include both productive and service sectors, that interventions may be most urgently required. This AIDS Brief endeavours to provide some ideas as to how the educational sector may be affected and what types of response are required.

Background

Education (or human capital development) is critical for both economic growth and development. Evidence from the developing world shows that initially universal primary education will contribute strongly to growth. As economic growth continues so the importance of secondary, then higher level education, particularly of a technical and vocational nature, will increase. Education has many other positive developmental effects; the more education girls have, the lower the rates of infant and child mortality and the better the general health and nutritional status of families will be. Education is of particular importance in increasing life chances for the most disadvantaged sectors of any population, including girls and women. The education sector is usually the major employer of public sector staff and it receives the largest share of government revenue in a country. Because of its size, the status of teachers and the contact with young people, the education sector has an important role in responding to the AIDS epidemic.

In this AIDS Brief “education” includes school and out-of-school teaching-learning activities, from early childhood (including day care) to adulthood (including adult literacy programmes). It also includes post-school learning in universities, colleges and apprenticeships.

Key Elements

The impact of the AIDS epidemic on individuals, families, and communities at the micro-level of society can be immense. People fall ill, cannot work, and lose income. Their families spend money on care and treatment and lose further income in acting as carers. Traditional support systems are stretched and broken; families and communities lose their economic, social, and cultural viability.

Although the elite classes can be seriously affected, the greatest impact is on the poor. Poorer families and communities spend less on nutritious food, adequate shelter, routine preventive health measures, non-AIDS-related health care, education and other basic needs. Women are at a special disadvantage. On the one hand they have fewer opportunities in terms of schooling and employment, land-ownership, security over land title, wage-earning and profitable self-employment (especially at times of recession and structural adjustment). On the other, they are at a special risk, often gaining access to income through sexual relationships with men. For widows and orphans, loss of land, shelter and inheritance may force them to depend on relatives or migrate to cities, where they might join an urban underclass of commercial sex workers and street children.

As a result of all these social and economic processes, the AIDS epidemic can have a serious impact on the education sector - specifically on the demand for, supply of, and quality of the education provided at all levels.

Demand

Numbers

As a result of HIV and AIDS, fewer children may need education because the birth rate will decline following the early deaths of potential parents. The transmission of HIV from mother to child (which is estimated to occur in 30% of cases where the mother is HIV-positive), will increase infant and child mortality and further reduce the numbers of children entering school. In general there will not be a fall in the absolute number of children, but rather the rate of increase will decline.

Affordability and availability

In situations where schooling requires a financial outlay fewer children and their families will be able to afford education because of:

- the direct loss of family income from AIDS-related illness and death, and costs of care and funerals;
- expansion of extended families, where more children require money for schooling, which cannot be provided by the less productive remaining adults i.e. grandparents or teenagers;
- the loss of the traditional economic safety net of extended family and community. However it is not just the lack of financial resources that will keep children out of school. Other factors include:
 - the need for children to work or care for ill adults;
 - trauma related to family illness and death;
 - ostracism, discrimination, and stigma suffered by children due to infection or HIV/AIDS in the family;
 - in extended families, lower motivation provided by less educated guardian grandparents and reduced attention given to orphans by heads of households;
 - illness of infected children entering primary school;
 - the perception that investment in education will not give returns due to premature mortality.

Even if children enter school the above factors will reduce the chances of them completing their education.

Gender disparities

HIV/AIDS may increase educational disparities between boys and girls because girls are removed from school to nurse siblings or relatives, to substitute for the productive work of other family members or to save the costs of school fees. Moreover, girls may be encouraged to marry early - because they are pushed out or seek escape from overcrowded extended families; because men seek younger and presumably uninfected wives; and because parents want daughters removed from a “dangerous” school environment in terms of infection risk and sex education.

Special needs and orphans

Finally, it will become increasingly difficult for education to reach children, especially those defined as being in “difficult circumstances”. AIDS exacerbates problems of poverty, disinheritance, migration, orphanhood, child abandonment, psychological trauma, ostracism, discrimination, physical and sexual abuse - the very conditions which create such children.

A major problem identified with the HIV/AIDS epidemic is the burgeoning population of orphans. Evidence shows that orphans have higher mortality rates; are likely to be less well nourished; may be overworked by their guardians; and lack supervision, proper care, and school or vocational activities. Such problems may be exacerbated if the child is uprooted from family and community, either through outright orphanhood or because of the often enforced migration of widows and their children. Such circumstances are resulting in increasing numbers of abandoned, exploited and unschooled “street children”.

Supply

HIV/AIDS may affect the supply of education through deaths of personnel, school closures, and reduced budgets for education. Teachers and other education personnel are not immune to HIV infection, indeed in some instances HIV seroprevalence may be higher among teachers than other groups. Teachers’ higher incomes and greater mobility are

important risk factors, furthermore they may be posted to areas away from their families.

The result of HIV infection will be:

- absenteeism caused by illness, tending the sick, and attending funerals;
- loss of staff due to increased mortality;
- transfers from (or refusals to be posted to) heavily affected areas.

Of particular impact are the generous terms and conditions under which government staff are employed. In some countries they may have up to a year of sick leave with various levels of payment, and then their employment cannot be terminated unless a medical board is convened. This will create major difficulties for Ministries of Education, who have to pay staff who are not working.

A fall in pupils - through lower enrolment or non-continuation - will lead to a decrease in the number of classes and schools. Reduced supply of education may also stem from lack of support and finance from heavily affected communities and/or the government. As both have other competing demands for resources, funds for maintaining facilities and places, let alone building new ones, may be very limited.

At school and community level, as extended families grow, available income decreases while more financial resources are needed for illness and death; thus less money is contributed by the community to the school. At the level of the education system, funds may be required for health-related personnel costs such as treatment and care of staff, insurance, death benefits, etc.; training and paying replacements of affected personnel (who may still be on the payroll), and on implementing an effective AIDS education programme.

At the same time, increased funds might be required for new clients and roles which the education system may need to adopt - scholarships for orphans, teacher-training in counselling, new curricula in family life education, new school-based programs in income generation. The Ministry of Education, however, may receive a diminishing proportion of the national budget as demand for resources increases from other sectors.

Process and quality

The “numbers”, “tone” and quality of education are changing as a result of the impact of HIV and AIDS. The processes and social interactions which make education work are inevitably being coloured by the epidemic. These include:

1. increased randomness in education, especially where systems already affected by recession, debt, poverty, or disasters are further disrupted by absenteeism of teachers and pupils caused by HIV and AIDS;
2. a less-qualified teaching force, as experienced teachers are replaced with those younger and less well-trained;
3. discrimination, ostracism, and isolation of students and teachers who are infected or ill or who have families where somebody is ill or has died from AIDS. Teachers may face suspension of social and health benefits and/or dismissal. Pupils may face formal suspension or be pressured to leave “voluntarily”;
4. the occurrence in some societies of sexual relations in schools, voluntary or otherwise, among students and between teachers and students.
5. The need to include AIDS or life-skill education in the curricula. It is increasingly realised that education at the pre-secondary level will be needed if behaviour change is to occur. This will require development of new material, training of teachers to use this, and the possible need to obtain community acceptance of it.
6. The special needs of those children who are infected and are in schooling will need to be considered.

Higher Education

Most of the above processes are also present at higher education level, but here vulnerability and potential impact are exacerbated because: students of technical and vocational schools, colleges and universities, are more sexually active, usually residing far from their families and in boarding schools; and these establishments are often located in larger urban areas where the risk of infection is greater.

Sectoral Vulnerability and Response

Those in the education system are directly susceptible to infection because:

- teachers often belong to a relatively privileged layer of society in terms of income and mobility and because of their working practices;
- students, often beginning in upper primary school and continuing through higher education, engage in sexual relations voluntarily among themselves or are compelled to do so. The education system itself is vulnerable because:
- HIV/AIDS-affected families and children reduce demand for education;
- HIV/AIDS-affected schools and education systems are compelled to limit the supply of education, because of teacher shortages and financial constraints;
- the presence of HIV/AIDS-affected teachers and students and the nature of their interaction leads to a reduction in the quality of education. Coping strategies require:
- AIDS education policies and programmes within the ministry for teachers, other personnel and students. These should occur before sexual relations and drug injection practices begin; before large numbers of children leave the school system; and in the context of integrated health education activities and the promotion of healthy schools;
- access by teachers, other ministry personnel, and older students to information and counselling concerning techniques to prevent HIV transmission, and possibly to condoms;
- locating teacher training programmes, both pre-service and in-service, close to the teachers' place of residence, to limit long absences from home;
- ministry policies which encourage the assignment of teachers near their families;
- strict and enforced prohibitions regarding the sexual exploitation of students by teachers.
- special efforts to keep AIDS-affected children, especially girls, in school - through fee reductions, scholarships, and other support;
- focus on reaching those not in school and in "difficult circumstances" (on the street, in prostitution and child labour);
- special concern for AIDS-affected orphans, to ensure their educational, psychological, and social needs are met. Experience shows, however, that targeting only AIDS orphans (or even only orphans, when many children are in difficult circumstances) may be counterproductive and add to discrimination. Providing assistance to schools and communities heavily affected by AIDS may be more useful;
- expanded child-care programmes which permit older siblings to continue in school rather than care for younger children;
- flexible school schedules to permit children to attend when they are not working in the home and in productive labour;
- involvement of staff-parent associations in developing strategies;
- training teachers and counsellors in the non-discriminatory treatment and psychological needs of AIDS-affected children;
- regulatory and legal instruments, embracing inheritance laws which make it possible for widows and orphans to inherit property, laws prohibiting early marriage, and ministry regulations concerning non-discrimination towards AIDS-affected children;
- special training programmes for new teachers and para-professionals to rapidly increase competence and help to ensure they stay in the system;
- more money for education, despite the needs of other AIDS-affected sectors such as health;
- income generation schemes for families and schools affected by AIDS, to make up for lost income.

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