



## THE IMPACT OF AIDS ON THE EDUCATION SECTOR IN SOUTH AFRICA

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### Introduction

The HIV epidemic, which has spread rapidly through much of Sub-Saharan Africa, has emerged as one of the greatest threats to human development in South Africa. HIV seroprevalence among pregnant women has increased from less than 2% in 1992 to 22.4% in 1999<sup>1</sup>. It is estimated that between 3.4 – 5.1 million people are currently infected with HIV in South Africa<sup>2</sup>. Despite the high levels of HIV infections, the number of people with AIDS is still low. This means that AIDS remains a silent disease.

While it is easy to see how this burden of infection, and ultimately disease, will affect the health service, the effect of the epidemic on other sectors is not as well recognised or understood. This is especially true of the sectors that are essential to human development, such as education and social services.

It was in this context that Abt Associates was approached to conduct an assessment of the potential impact of the HIV/AIDS epidemic on the education sector in South Africa. The project started in December 1999, and is near completion. While the objective was to provide an overview of impacts, evaluating the Lifeskills Programme was not included in the scope of work. That subject is part of an ongoing evaluation project.

This paper will discuss the methodology that was followed, and some of the key issues that have emerged. Specific findings will not be presented, as the presentations to the Department of Education in South Africa will only take place in October, and consequently the results are not yet in the public domain.

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<sup>1</sup> Annual Antenatal Surveys. South African Department of Health.

<sup>2</sup> Report on the global HIV/AIDS epidemic. UNAIDS 2000.

## Methodology

Prior to initiation of the project a reference group from the Department of Education was formed. The role of this group was to oversee the project, to assist in directing the research, and to facilitate access to relevant informants and sources of information.

The study of the impact of the HIV epidemic consisted of a number of different components:

- Key informant interviews with senior policy makers and managers
- Group discussions with education managers in districts/regions in 2 provinces
- Customised projections of the effect of the epidemic on numbers of children in each province, by one year age band
- Customised projections of the levels of infection and illness within staff of the education sector
- A review of current policies, systems and capacity within the Education Department and government that might increase or decrease the vulnerability of the sector to the impact of the epidemic

### **Key Informant Interviews**

The purpose of both the key informant interviews and the group discussions with education managers was to understand the current education environment in South Africa. The researchers were aware that the HIV epidemic is occurring within a context of an education system going through enormous changes, as part of the transformation taking place in the broader South African society.

Following consultation with the reference group policy makers and managers were identified within the Department of Education. These individuals were then interviewed using a semi-structured questionnaire. The purpose of these interviews was to understand some of the present constraints within the education sector, and predict how the epidemic would impact in this environment. These interviews were also used to highlight important issues related to policies, systems and capacity that needs to be considered for developing a strategic response.

### **Group Discussions with Education Managers**

Group discussions were held with 6 districts in 2 provinces. One province suffers from a lack of resources, and has an advanced epidemic. The other province has greater resources and has a less advanced epidemic. The provincial education departments were asked to identify districts or regions, and to invite managers from that region to attend a meeting. These were held at the district offices. Although the people who attended were primarily from the district office, a number of school principals also attended these meetings.

The meetings followed a set format. Participants discussed existing strengths, weaknesses and challenges within the district. Study staff then presented some of the projections of the epidemic in those provinces. This was followed by a discussion on participants' experience of HIV/AIDS impacts, how managers believe that the epidemic might affect the work of the district, and ways that these impacts might be mitigated.

These group discussions were considered essential to compliment the key informant interviews, as they provided an insight into conditions and capacity “on the ground” within the education sector. They also considered feasible options for addressing impacts.

### **Customized Projections of Learners**

Abt Associates makes use of a mathematical model (the Doyle model) in order to produce customised demographic projections for specific populations. To understand how the HIV epidemic will affect the **demand** for education we used standard national demographic projections for the entire population, based on the national census and our best understanding of fertility and mortality within the population. This produced numbers of children in 1-year age bands for the next 15 years. Best and worst case scenarios were produced, and compared to a scenario of no AIDS in the population.

In addition to overall numbers of people, the model produces numbers of individuals infected with HIV, the number of AIDS cases and deaths, HIV incidence and projected numbers of orphans due to AIDS. All of these parameters are projected for the next 15 years.

### **Customized Projections of Educators**

The Doyle model was also used to understand the impact of the AIDS epidemic on employees within the education sector, which is the largest employer within the South African public service. Demographic data was extracted from the government payroll database. Using information for each employee on age, sex, race and province it was possible to generate customised projections on the expected rates of infection over the next 12 years.

The standard variables were produced, as for the learner projections above. In addition, projections were provided by province, and by job category and by salary grade. This will allow the Department of Education to prepare itself for the challenges that will emerge as an increasing number of its staff become ill.

### **Review of Department and Government Policies**

A review of relevant systems, policies and capacity was undertaken. This included both policies specific to the Department of Education, as well as general policies, governing, for example, conditions of employment in the public service. Specific AIDS policies and programmes were also reviewed.

The purpose of this part of the project was to identify which existing factors might assist in developing a strategic response to the epidemic, as well as factors that might be detrimental to an effective response.

## Broad Findings of the Study

The impact assessment that Abt has done has gone into great depth to try and understand the challenges that the AIDS epidemic will cause for the education sector. A few issues will be discussed below, but this only represents a small part of the results of this study.

### **AIDS in education is not only about prevention programmes**

There is a tendency to focus on preventing infections among scholars as the predominant focus on AIDS in education. While this will always remain a priority, AIDS will have a far broader effect on the education sector, and the response therefore needs to consider many more effects that HIV will have on learners, staff and the learning environment.

### **AIDS Will Exacerbate Existing Problems**

The education sector is already facing many challenges independent of the AIDS epidemic. It is therefore difficult for education managers to focus on AIDS, at a time when they are trying to maintain learning in the classroom and implement major reforms, with limited resources and sometimes low morale among staff members.

On the other hand, by focusing on addressing existing problems, and finding solutions to them, we will be starting to address some of the challenges posed by the HIV epidemic. We are also more likely to win over education managers and teachers if we integrate our response to AIDS into the general work of the department.

### **Learner numbers will plateau, and then decline**

It is unlikely that there will be a sudden decline in learner numbers due to the epidemic. However, learner numbers will plateau, as opposed to increasing if there was no AIDS epidemic. In the longer term there will a decline in learner numbers.

### **A large number of teachers are likely to become ill and die of AIDS**

There are going to be many schools that face illness and death among their staff due to AIDS. Present systems to provide substitute teachers and for replacing staff are cumbersome. The department will have to find ways to allow schools to replace teachers more quickly, and with greater flexibility.

Despite the decline in learner numbers the requirement for teachers will grow. This is due to the high AIDS death rate among teachers predicted over the next 10 years. The implications of this is that government planners need to consider attrition due to AIDS carefully when assessing training requirements for teachers in the country. Until recently the South African government was considering a reduction in teacher training capacity, as an excess number of teachers were being trained for a "no AIDS" scenario. This will need to be reviewed in light of the AIDS epidemic.

While levels of HIV infection are already high, the Department of Education has a responsibility to try and prevent new infections among staff, and in particular among teachers. Doing this will require that teachers understand their vulnerability, but are also given skills and support in challenging high risk behaviour.

### **Schools will have to deal with some sick children, but with a much larger number of AIDS orphans**

The greatest challenge for schools in terms of learners will not come from children with AIDS. This is because most children infected at birth will die before they reach the age of formal schooling. Teenagers who become infected through sex are only likely to become ill once they have left school, although the impacts on tertiary education will be greater.

A far greater challenge to schools will be dealing with the enormous number of AIDS orphans, who will be predominantly in the school-going age group. The potential impacts on these children, and on schools include:

- Dropping out of school because of:
- Financial need of the household
- Social stigma
- Need to take care of siblings
- Need to care for sick family members
- Inability to pay school fees. This has implications for the funds available to schools.
- They may only reach the formal school system when they are older than the norm.
- They may have erratic school attendance

### **Schools will need to be involved in identifying vulnerable children**

Given the impacts identified above, it is essential that support structures be set up to assist children who are vulnerable to the impacts of this disease. The schools are in a pivotal position to do this, and to coordinate a response by the health and welfare organisations in the community.

Some of the responses that will be important are:

- Initiating and strengthening coordination with other sectors
- Developing ways to identify and support vulnerable children before they drop out of the education system. One possibility is a register of AIDS orphans in schools.
- A greater flexibility with the education system to deal with the needs of affected learners
- A greater focus on out of school youth
- Training, motivating and supporting educators and managers to perform these new roles.

### **We can prevent a large number of young people from being infected with HIV**

A large number of new HIV infections will continue to occur in young people, even after the overall epidemic has reached a plateau. We have the opportunity to access these children in schools. Implementing effective programmes that reduce high-risk sexual behaviour among adolescents needs to be prioritised, but these programmes need careful evaluation. We may need to look at more innovative ways at modifying behaviour than have been used up till now.

### **Combating stigma**

Another challenge will be supporting sick staff-members, and finding ways to improve their quality of life. Government as an employer needs to show that does not discriminate against its own staff members who are infected with HIV, or who have AIDS.

A greater effort is needed from the department to reduce the stigma of the disease. High levels of ignorance about AIDS continue in many sectors, including within schools and the education department. The Education Department needs to continue its efforts to fight stigma and ignorance.

### **Monitoring the effects of the epidemic**

The researchers recognise the limitations of relying on mathematical models. We would suggest monitoring key indicators that can be used to track the progress of the epidemic. These include:

- Absenteeism rates among staff
- Deaths among staff, and in particular among teachers
- Rates of enrollment into schools, particularly looking at differences in enrollment between girls and boys.
- Numbers of orphans in schools
- Drop-out rates in schools

There is no doubt that the AIDS epidemic will present enormous challenges to the education system. We need to find ways to mitigate these effects that are feasible and take into account the realities of the present system.

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