

Hyde, K.A.L.; Ekatan, A.; Kiage, P.; Barasa, C. 2001. *HIV/AIDS and Education in Uganda: Window of Opportunity?*

HIV prevalence has been falling steadily in Uganda since 1992 and is now approximately 8%. This decline has been most noticeable in the 15-29 age groups and has been achieved through an aggressive public health campaign spearheaded by the Ministry of Health, with support and encouragement from President Museveni. The anti-AIDS activities have been co-ordinated by the National Uganda AIDS Commission. The main strategy has been to disseminate a message that emphasizes empathy and support for AIDS victims, abstinence, faithfulness in sexual relationships and the use of condoms during sexual intercourse. It has been a joint effort with national and international NGOs and religious organizations playing significant roles.

Behaviour changes have also been documented, for example:

- ⊕ A two-year delay in the onset of sexual intercourse among youth aged 15-24 years
- ⊕ A sharp increase in condom use from 15.4% to 55.2% among men and from 5.8% to 38.7% among women
- ⊕ A drop of nearly 50% in the proportion of men and women exchanging sex for money
- ⊕ Decrease in the proportion having sex with casual partners
- ⊕ Increase in the proportion using condoms with non-regular partners.

However, challenges remain and a national AIDS control strategic plan is being re-launched with substantial funding from the World Bank. The Ministry of Health is negotiating with drug companies to reduce the cost of AIDS therapies. The Ministry of Education and Sports is also currently developing a strategic plan to fight AIDS and HIV infection in the education sector.

This study of the impact of HIV/AIDS on the education sector was part of a three country study (Uganda, Malawi and Botswana) and had three broad aims:

- ⊕ To assess the strategies being used to educate students about HIV/AIDS in schools
- ⊕ To assess the impact on students as orphans, caregivers and those infected with HIV.
- ⊕ To assess the impact on teachers as educators and employees.

Carried out by a four-person team in Uganda, the study took a multi-pronged approach to the assessment:

- ⊕ Interviews with stakeholders (government, NGOs and international agencies)
- ⊕ Developing projections of teacher and student numbers using national demographic and educational statistics
- ⊕ Survey in 10 schools (6 primary and 4 secondary) in two districts (Masaka and Jinja)
- ⊕ Interviews with orphans

The study's findings and recommendations are summarised below under the three broad areas of interest.

HIV/AIDS Education

Findings

- ⊕ There is very little reference to HIV/AIDS in the formal curriculum; only the last year of primary has any significant content

Schools depend on invited guests, (MOH, TASO, AIC), outreach programmes, public education, and counselling from Senior Women and Men Teachers to provide AIDS education for students

Student knowledge about basic facts of HIV/AIDS is good, increases with age, and varies by gender and urban/rural location. Students were unsure about some common myths, e.g. that having sex with virgins cures AIDS.

Teachers and radio are the most commonly cited sources of information, with girls favouring teachers and boys, the radio.

Discussion about HIV/AIDS topics between teachers and students was considered embarrassing by both sides.

Guidance and counselling was an underdeveloped part of the school curriculum and needed guidelines and more personnel to make it effective

HIV/AIDS was not seen as a major problem among students, i.e. students perceived that only a small proportion were HIV positive.

Sexual harassment was generally not seen as a major problem and several schools showed evidence of strict guidelines and policies to prevent teacher/student sexual harassment. Students still felt vulnerable to members of the general public and non-teaching staff.

Recommendations

There are four strategies that can be used to improve the capacity of the education system to contribute to a decline in HIV/AIDS prevalence. These strategies are:

Enhancing the HIV/AIDS content in the curriculum

Improving the ability and skills of teachers to transmit this curriculum

Developing and enhancing guidance and counselling services

Creating an environment within schools that is hostile to sexual harassment, early sexual activity, etc.

These strategies can improve the knowledge and life skills of students and enhance their ability to avoid the behaviours that can lead to HIV infection.

Impact on Students

Findings

Teachers and head-teachers identified increased levels of absenteeism and dropout as the principal negative consequences on students.

Approximately 37% of the students interviewed reported having lost at least one parent. Ten percent had lost both parents.

School interruption, i.e. having to drop out of school at one point or another, was the schooling indicator that was most affected by the loss of a parent. Thirteen percent of

primary students with both parents alive had had to interrupt their schooling, but 43% of those without parents at secondary level had had to leave school at some point.

There did not appear to be evidence of gender bias in absence from school; this had more to do with whether parents were alive and whom the student lived with.

Personal sickness was the most common reason for being absent.

Having a father die led to fewer negative consequences than losing a mother with respect to repetition, absenteeism and school interruption.

School rules and regulations played a major role in causing absenteeism: children were sent away for fees, discipline, etc. This was the second most common reason for being away from school.

Orphans reported feeling lonely, unloved, and financially deprived. They also expressed much anxiety about their future and their prospects for further education and career opportunities. Some reported anxiety about being vulnerable to HIV infection through sex work.

Orphans reported being subject to excessive labour demands from guardians. Other students confirmed this.

Although some discrimination against orphans was reported, students generally displayed much empathy and sympathy for their plight.

Taking care of sick parents who later die of AIDS has a lasting impact on students.

There was no systematic method of identifying orphans or children in need, whether material or emotional. Nor was there a general strategy for providing assistance.

NGO assistance to orphans or with HIV/AIDS education, while useful and appreciated, was perceived as ad hoc and intermittent.

Assistance from two major NGOs had shifted from direct subsidies to assistance directed at promoting family economic self-sufficiency

Teachers and head-teachers felt that the number of students who were orphans would increase and this would lead to poorer quality teaching/learning environment. Students would be too poor to afford necessary school materials, and a higher proportion of them would be under psychological and emotional stress.

Recommendations

The government can enhance the training already planned for teachers and educational staff to include issues of orphan support as the evidence suggests that orphans make up a substantial proportion of students in schools. Therefore, while out-of-school programmes for orphans will be important, a comprehensive in-school approach for addressing the constraints faced by orphans must be developed.

The MOES can initiate the following:

Explicit development of guidance and counselling guidelines covering such issues as confidentiality, ethical standards, appropriate referrals, roles and responsibilities of guidance and counselling staff, head-teachers, school management and district education officers.

Review of the options for providing supplemental material support for orphans and other vulnerable children, in an inclusive and non-stigmatising way.

Districts can coordinate the work of NGOs to ensure that service provision is more even.

Districts can assist line Ministries to provide a coordinated response to the needs of orphans and other needy children, even if this is only to make assessments and identify those most in need of assistance.

NGOs can:

Reach out more consistently and extensively to schools and educational institutions with HIV/AIDS prevention programmes

Schools can:

Proactively reach out to communities through PTAs and school management committees to identify children in need of material and emotional support.

Develop systematic strategies for providing assistance to needy children enrolled in schools.

Impact on Teachers

Findings

Deaths were a relatively insignificant cause of teacher attrition.

Absenteeism was reported to be low both by teachers and students.

The primary cause of absenteeism was school-related duties (meetings, sports fixtures, etc.) followed by personal or family sickness.

Official support in cases of sickness or death was meagre. Official regulations called for dismissal after 180 days of sick leave. Occasionally, District Education Offices paid for head-teachers' funeral expenses.

On the other hand, teachers felt that the school administration was generally supportive in cases of illness and provided assistance when resources were available.

There was very little discrimination reported against those who were HIV positive.

Levels of morale varied from school to school and depended on conditions of work (proximity to transportation and medical services, supplementary pay, and availability of housing).

Recommendations

Develop a corps of HIV/AIDS education specialists.

Develop a district-based system of support (counselling, education) for teachers affected by HIV/AIDS.

Investigate options for sickness and death benefit insurance schemes for teachers.

Incorporate information about teacher absenteeism, sick leave into the EMIS and disaggregate death statistics by gender and age.

Role of New Government Initiatives

The government of Uganda has begun or is beginning a rejuvenated anti-AIDS programme to guard against the threat of a resurgence of the epidemic. There are two linked initiatives that govern all the sectors and two initiatives from the Ministry of Education and Sports that are relevant to HIV/AIDS. These are:

Uganda AIDS Commission's Strategic Framework;

World Bank's HIV/AIDS Control Project in support of the UAC's Strategic Framework.

Ministry of Education's Strategic Plan for HIV/AIDS,
The ongoing Primary Teacher Development and Management Plan, 2001-2003.

These initiatives already incorporate many of the recommendations above but the following areas need further development:

- Broadening the perspective of the curriculum review
- Inclusion of HIV/AIDS in pre-service education.
- Elaborating HIV/AIDS education's links to examinations, to teacher assessment, school inspection, and system management
- Introducing school-based interventions planned in the UAC framework directed at the care of orphans or the mitigation of the impact of the epidemic on both children and teachers.
- Strengthening the management of HIV/AIDS within the Ministry of Education
- Strengthening the management of HIV/AIDS within the Districts
- Developing strategies for providing technical advice and expertise at both national and district level
- Establishing support mechanisms for HIV/AIDS educators
- Establishing a budgetary base for the MOES' HIV/AIDS work within the Medium Term Budget Framework.