

**HIV AND EDUCATION**

South Africa has the fastest-growing HIV/AIDS epidemic in the world: over ten per cent of those infected worldwide live in South Africa. In May 2001, at least 4.7 million South Africans were reported to be HIV positive, 56% of them women (Centre for the Study of AIDS, University of Pretoria). By 2005 over six million South Africans will be HIV positive. By 2010 life expectancy will have dropped from a high of 68 years to less than 40 years.

The HIV/AIDS *virus* has been with us in Southern Africa since the late 1970s, and our response to it has been biomedical. Our understanding of the universality of the HIV/AIDS *pandemic* on the other hand is more recent: we are only starting to define the character and ferocity of this social, economic and cultural disaster. It has taken almost twenty years to grapple with the complexity of what we call HIV/AIDS. Our reaction so far has been hesitant and largely ineffective. Our health-focussed response has been inadequate, as rising prevalence rates show.

The education sector has a special responsibility vis a vis this pandemic. First, it must help in *containing the spread of the virus* through life skills teaching, care and counselling. Second, it must also take responsibility for *protecting the system of education*, helping educators to live with the virus now that it is transformed into a rolling pandemic, so that the sector can continue to provide education and training of suitable quality. Protecting education means stabilising the system against educator attrition, declining enrolment rates and poorer performance; mitigating the impact of the pandemic on educators, learners and institutions; and responding creatively to new learning needs.

Moving from a narrow health- and life skills curriculum approach towards a new perception of 'HIV and education' in its broadest sense requires a clearer understanding of what that entails. Individual researchers, policy makers and analysts, planners and funders each confront this plague from a different perspective, based on experience and training. Some are social workers concerned about orphans and other vulnerable children in our classrooms; some are concerned about violence against women and girls which spills into learning institutions and on which the disease thrives; some are concerned about controlling and managing the impact of high levels of morbidity and mortality on educators and children, and keeping education quality at acceptably high levels; others concentrate on the potential consequences of the pandemic for educational subsectors like higher education, schools, or early childhood development; still others are curriculum and materials specialists.

A broad multidisciplinary approach by educators to the pandemic is essential. The following 'HIV and education' construct is a work in progress. It attempts to set out particularly significant issues for education practitioners and researchers coming to it from different perspectives; there are clearly more facets to be added.

**General issues:** Learning to contend with the pandemic's impact on the education sector; identifying (1) the nature and extent of education's responsibility for fighting HIV/AIDS and caring for those affected; (2) at what point educators should transfer responsibility for learners in difficulty to social services; and (3) the extent to which schools and other educational institutions are (or should be) part of communities' response to the pandemic.

**Education and training subsectors:** In higher education (for example), protecting learners and staff as well as the institution itself; understanding within the university community how the pandemic will affect national and community life, and revising taught curricula in all faculties appropriately; creating a knowledge bank about the pandemic capable of serving national development and security; training for predicted labour shortages starting with teachers, health workers, and social welfare staff; undertaking research in priority areas, on orphanhood and thanatology for example, on the psych-social roots of the pandemic, on economic impact.

**Management, policy and planning issues:** Understanding and predicting the pandemic's implications for management and development within the education sector; managing the pandemic in a way that protects learners, educators and institutions; developing appropriate policies and strategic plans, and implementing them; systematically collecting and disseminating information and data as a basis for informed decision-making; establishing partnerships for action; mobilising and allocating resources effectively within the sector.

**Pedagogical issues:** Mainstreaming life-skills curricula in all learning institutions, and developing and evaluating appropriate materials; improving educator knowledge and skills; providing appropriate support to educators; evaluating content, implementation and outcomes of life skills curriculum; developing teacher competencies in care and counselling.

**Psycho-social and care issues:** Learning to be more sensitive to learner wellbeing, including children of trauma – those who are abused, harassed or victims of incest, who are vulnerable and at-risk, who are orphaned, who are heading households, or are caregivers; understanding adolescent sexuality, customary and imported behaviours, homosexuality and bisexuality and HIV/AIDS-related sexual behaviour; understanding 'orphanhood' and responding to it; learning from our past experience with school hostels, institutional care, and homebased care; analysing and planning for homebased care and school feeding schemes; defining the school's links with the community's response to the pandemic.

**Educator development and support issues:** Establishing HIV workplace policies in all learning institutions; supporting educators infected or affected by HIV; creating and applying appropriate codes of conduct; understanding the limitations of teachers as mentors, care-givers and guides and supplementing their efforts from social and health sector resources; reconstituting a culture of care and respect in learning institutions.

**Gender concerns:** Keeping issues related to the girl-child at risk at centre stage; recognising schools as unsafe places for girls and taking action; closely linking gender and HIV programmes for maximum efficiency; continuing advocacy, research and action on violence, abuse and rape in learning institutions.

**Values, and moral and ethical issues.** Understanding how values and customary and religious beliefs can either profoundly inhibit our understanding of this pandemic, or empower educators and learners to challenge the pandemic.

**HIV and international agreements, legislation and application of the law, regulations, codes and human rights issues:** Reviewing existing international and national conventions, education legislation and policy; establishing an appropriate legislative and regulatory framework; analysing issues of testing; identifying and protecting the rights and responsibilities of teachers; dealing rigorously with harassment and abuse, stigmatisation and discrimination in learning institutions; establishing codes of conduct and applying them.

**Training, manpower and economic implications of HIV:** Understanding the ramifications of HIV/AIDS for the teaching service including teacher attrition, replacement and deployment; identifying new teacher competencies required to cope with complex cohorts of learners; enabling training institutions to produce appropriately qualified teachers; helping to mitigate HIV's consequences for economic growth through education and training.

This broader concept of HIV and education means in practice that each educator is responsible in his or her own domain to make sense of what is happening, and to react appropriately. We are moving into unknown territory here, for few of the right questions and answers have as yet been tabled.

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