Juma, M. 2001. © Commonwealth Secretariat. ***Coping with HIV/AIDS in Education. Case studies of Kenya and Tanzania.***

The overall purpose of these case studies was to assess the impact of HIV/AIDS on education in selected districts of Kenya and Tanzania, and to review the various mechanisms in place in the affected communities to address the impact and challenges in education.

The study approach adopted in Kenya was a case study of Bondo District and some Nairobi city slums, while in Tanzania the study was conducted in Bukoba and Muleba districts in the north-west of the country on the shores of Lake Victoria. The case study approach was believed to provide thorough and in-depth information. It arises from the distinctive need to understand the complex social phenomena involved in the spread of and response to the HIV/AIDS pandemic. The districts covered by the case study were among the areas with the highest rates of HIV/AIDS infection.

The data collection techniques adopted for the case studies included a documentary review covering a variety of sources varying from media reports, research reports, workshop and conference reports, teaching materials, circulars, posters and leaflets. There were also Focus Group Discussions (FGDs), unstructured interview schedules, questionnaires and checklists.

A wide range of stakeholders were selected from all the sampled districts; they included teachers, NGO staff and education officers, as well as community leaders. A number of government and NGO officers involved in HIV/AIDS prevention programmes at the national level were also interviewed.

Data were analysed quantitatively and qualitatively, Quantitative data were computed into means and tabulated for interpretation, while qualitative data were analysed by identifying themes and trends, and categorised for interpretation and analysis.

From the analysis, it is clear that almost everyone in the communities studied had heard about the HIV virus and AIDS, although the problem appears to be one of assessing how widespread the menace is and its overall impact. There appears, however, to be some ambivalence about the severity of HIV/AIDS; the general tendency of many people in the communities surveyed is not to admit the seriousness of the HIV/AIDS menace. They perceive it as a common problem in their day-to-day lives which has taken its toll among children, young people and the middle-aged as well as the elderly. Some people still believe that HIV/AIDS is someone's creation and that treatment for it is being deliberately withheld in an attempt to reduce the population.

On the basis of the research method adopted by the case studies, determining the mortality rate with sufficient supportive evidence was quite difficult. This was partly due to a lack of concrete information regarding HIV/AIDS cases because of the lack of openness about the menace. It was also difficult to verify mortality rates from the local district hospital records. Through the FGDs and interviews, it was clear that the mortality rate of HIV/AIDS related cases is high. Some children infected at birth did not live long enough to attend school. There are cases of children being enrolled in school only to drop out in order to earn money to support their families and help with health care expenses for their sick relatives.

At the national level, especially in Kenya, there is some evidence of increased mortality as reflected in the recent national census the overall results of which showed a national decrease in the projected population. The case studies also revealed that the HIV/AIDS pandemic seems to be the most single important health challenge that Kenya and Tanzania, like other parts of the developing world, are facing. HIV/AIDS is a major health problem that has the potential to reverse the significant gains
made in life expectancy and infant mortality.

The disease was said to be transmitted in various ways which included the sharing of sharp instruments, such as needles, during injections or ear piercing, and attending to HIV/AIDS patients, especially washing their bodies which have sores, as well as negligence in blood transfusion. The major cause, however, was identified as unprotected sexual intercourse.

The overall goal of the governments of Kenya and Tanzania is to slow down the progression of the HIV/AIDS epidemic, eventually bringing it to a halt, and to respond adequately to the consequences of the epidemic. To realise such goals, both governments have solicited funds from bilateral and multilateral donors, and increased their own funding. HIV/AIDS programmes have been launched which have focused on aspects such as management, information, education and communication, clinical services, counselling and mitigation of socio-economic impacts, epidemiology, surveillance, research and blood testing.

Although the programmes reflect a genuine effort to combat the spread of the pandemic, the response in the two countries was slow and took root after the disease had already had far-reaching and devastating effects. Generally, the programmes have not worked synergetically, with most of them being sporadic and patchy. Lack of political will in combating the pandemic is manifest at all levels of the political leadership, especially in Kenya.

To cope with HIV/AIDS at the community level, it was noted that there have been intensive sensitisation campaigns, especially in the urban areas, to warn the public about the HIV/AIDS problem. This has been done through public meetings convened by local leaders and churches that give warnings about the dangers of the disease, as well as providing counselling services. Hospitals and clinics use antenatal visits to make mothers aware of the dangers of the pandemic. On the whole, the sensitisation campaign appears effective among the adult population although more still has to be done to change people's attitudes and behaviour.

Households use a variety of strategies to cope with the economic shock of a prime-age adult death. The most commonly applied strategy is drawing on family savings or selling assets. The ownership of land, livestock, bicycles and radios is quite widespread in rural settings. Many households that suffer an adult death sell some of the durable goods as part of their coping strategy.

The death of a parent or another adult in the household quite often affects the nutritional status of surviving children by reducing household income and food expenditure. Such nutritional reduction impedes intellectual development and a person's long-run productivity. The effects of a prime-age death also lead to a fall in school enrolment among children in the household due to the reduction in the ability of families to pay for schooling; raising the demand for children's

labour; and children being withdrawn from school to work outside the home, help with chores and farming, or care for an ailing family member.

From the communities studied, it is clear that they are experiencing a tremendous social strain in coping with large numbers of HIV/AIDS orphans. At the family level, there is already an increased burden and
stress on extended family structures. Many grandparents and relatives are caring for young children and many go without the basic amenities. Many of the problems children experience at the household and community levels contribute to considerable absenteeism from school and dropout rates.

At the school level, it is clear from the case studies that pupils are well aware of the causes and dangers of HIV/AIDS. They learn of the problem from a variety of sources, including the media and the school. The HIV/AIDS education programme, especially in Kenya, appears quite weak. Despite the lack of a formalised approach in teaching about HIV/AIDS, schools in different regions have attempted various ways of imparting AIDS education, including specific programmes tailored towards the disease, and poems and drama.

Schools also try to cope with HIV/AIDS through material support to those affected, especially in cases of death, by contributing to funerals by way of donations and the provision of labour.

AIDS orphans generally have problems in coping with the numerous school levies, which in the end exclude them from school participation, although some schools give a special remission to such children. In the urban areas, there is a growing phenomenon of rehabilitation centres for children in need of special protection.

HIV/AIDS has an obvious effect on the management of teachers, especially their personal interactions with their peers, pupils and job retention. Many sick teachers, especially in the rural areas, take little official leave, as they fear rumours of stigmatisation and problems of redeployment or replacement. Consequently, some schools are generally understaffed due to the problem of sick teachers. This absenteeism is an important contributory factor to overcrowding in many schools.