

Improving Educational Quality (IEQ) Project

**DEFINING “QUALITY” IN THE MIDST OF HIV/AIDS:
RIPPLE EFFECTS IN THE CLASSROOM**

IEQ undertaken by:

American Institutes for Research

in collaboration with
**The Academy for Educational Development
Education Development Center, Inc.
Juárez and Associates, Inc.
The University of Pittsburgh**

Report prepared by:

**Abigail M. Harris
Fordham University
Jane G. Schubert
American Institutes for Research**

March 2001

Contract #HNE-I-00-97-00029-00

Defining “Quality” in the Midst of HIV/AIDS: Ripple Effects in the Classroom¹

The Dakar Framework for Action is a reaffirmation of the vision set out in the World Declaration on Education for All in Jomtien a decade ago. It expresses the international community’s collective commitment to pursue a broad-based strategy for ensuring that the basic learning needs of every child, young person and adult are met within a generation and sustained thereafter.

(Dakar Framework for Action, 2000)

Great strides in recognizing and acting upon the decline of basic education in many countries have been made during the past three decades. The Jomtien Conference in 1990 raised the international voice to address basic learning needs of all children, youth and adults. As with any gathering of passionately concerned and committed individuals to a “cause,” the process toward consensus of the issues, the goals and the vision required lengthy and spirited dialogue among the participants. One of the most important outcomes was to move basic education to the development agenda and identify some ways nations could address the challenges created by the move such as promoting equity, focusing on learning, mobilizing resources, and so on (Haddad, 1999). Countries throughout the world embarked on a variety of long-term reform efforts that addressed one or more characteristics of the requirements to provide basic education services. The critical ingredient of the focus on basic education was revealed in the declaration proclaimed in Jomtien – Education for All – translated as universal access to education. In many ways, universal access to education (the lexicon now shifting to learning) was viewed as a moral imperative that required the dedication and active participation across all sectors and levels of society to successfully accomplish. It was a worthy, but highly ambitious vision.

A litany of local, national, and international efforts were launched to meet the goals of Jomtien, that led to, for example, millions more children in school plus greater attention and action to including girls among those millions. The next important milestone in the commitment to basic education occurred in Dakar 2000 with a stocktaking reflection of the accomplishments and disappointments since Jomtien. This resulted in: a reaffirmation of the Jomtien vision; recognition of the progress made during the decade since Jomtien; documentation of the unfulfilled vision of Jomtien (e.g., millions of children still with no access to primary education); the commitment to education as a fundamental

¹ Paper presented at the 44th annual meeting of the Comparative and International Education Society, Washington, DC, March 2001. Research findings presented in this paper were generated as part of the USAID funded Improving Educational Quality Project. Comments are welcome and can be addressed to Abigail Harris at harris@fordham.edu or Jane Schubert at jshubert@air.org.

human right; and a statement of goals which, among others, extend the education for all goal of a primary education to the year 2015 and improve all aspects of the quality of education so that ...measurable learning outcomes are achieved (draft Dakar Framework). The intentional focus to address quality is a recent but critical ingredient if those who receive a basic education (whether in or out of school) are to persist in a programme and actually learn something! Few people would argue to keep children out of school or provide them with low quality learning environments. However, the reality suggests that the two priorities: quality and quantity (access) do not yet coexist compatibly so as to ensure that the highest quality education is offered to the highest number of children. In fact, there is a wide gap between the focus on the quantity of children who have access to schooling (learning) and the quality of learning they receive. Consider the following illustration.



As the image depicts, each of the priorities strives for the same outcome – successful completion of primary school. Although they may be “coequal” their agendas may not be aligned. In fact, the struggles of the education sector to successfully upgrade the learning experience for children is often diluted by the successful increase in the number of children who now attend school. For example, it has become almost impossible to keep up with the number of trained teachers required to teach; most schools never had enough learning materials for children before the numbers increased and now many children never even receive a book to use in school, let alone to take home after school; and most

communities work “overtime” to provide shelter for teaching and learning to even take place. How can these two very desirable priorities – providing learning opportunities for all children and ensuring these opportunities are high quality – be compatible? How can the gap between the two be reduced so that they are more aligned in their common goal?

One approach to reducing this gap is being undertaken by a USAID funded activity entitled The Improving Educational Quality (IEQ) Project which, since 1991, has formed partnerships with local educators and researchers in national institutions in 16 countries to address the issue of quality. The specific questions addressed in the research reflect the education context of each country so each country’s activity is unique to a reform effort in that country. However, in addition to a context-based approach, the country-based activities share other factors in common: a systematic examination of the quality of teaching and learning in classrooms; a team of national educators and researchers guiding and conducting the research and where possible, the activity housed in a national institution to strengthen its capacity to continue the process at the conclusion of the IEQ activity. The basic idea is that generating knowledge about factors that influence the quality of learning (the gap) pinpoints where improvements may be made, thereby moving the lines of quality and quantity more closely together. In addition, the knowledge gained must be shared inside and outside the education sector so discussions and decisions about what, how and who takes action on the “improvements” is shared. Failure to “address the gap” contributes to a shift from development to crisis modes of action.

IEQ is often asked how it “defines” quality – a fair question perhaps, but one that implies there is a universal definition of quality. Within the IEQ approach, a definition contradicts the principle of a context-based definition that responds to changing political and other environments. IEQ begins discussions on “definition” with the following framework, based upon initial experiences in IEQ partner countries:

IEQ’s working definition of quality is relative, not absolute. It views the following elements as essential. Quality is dynamic – a work in progress characterized by dialogue among policymakers and practitioners. Quality is reflected in student progress and teacher performance in meeting or exceeding appropriate standards (e.g., agreed-upon objectives in knowledge, skills, attitudes, values... socialization). Progress in outcomes related to teaching and learning must be set in measurable terms.

IEQ offers a framework to stimulate dialogue. Definitions vary because of the complexity of the issue. There is unlikely to be a universally accepted definition. Host country definitions of quality may be guided by goals of national, regional and local concern. Stakeholders operationally prioritize elements of quality. Examples include: academic achievement at the basic education level that reflect minimum standards of numeracy, oral expression, and literacy; conditions of learning, such as school/classroom environments, instructional strategies, and instructional resources that strive to treat all students equally. (Schubert, 1993)

In Malawi, one of the IEQ partner countries, the gap between universal primary education and quality education is wide. Free primary education was declared in 1994 and the system has been trying to accommodate the overflowing schools in many ways. It is a difficult battle. But the gap provides the opportunity for probing into the teaching and learning environment to pinpoint areas where interventions and/or policies may accelerate or facilitate a movement toward closing the gap. The IEQ/Malawi Team (the Malawi Institute of Education and Save the Children Federation (US), Malawi Field Office) has been working since 1999 to examine the impact of a SAVE teacher training and community development programme designed to strengthen the quality of teaching and learning in southern Malawi. The partners are using a longitudinal, multi-methodological approach to study what is happening in the schools and classrooms –for example, measuring Standard 2,3,4,5 pupil performance in English, Chichewa, maths; observing teachers’ instructional skills in each of these content areas; measuring teachers’ content knowledge of these areas; documenting teacher professional training and support; interviewing parents, teachers, community members and headteachers. The knowledge gained has been enlightening regarding teacher mobility, pupil absenteeism, the disconnects among the language of teacher, pupil and the learning materials. However, overshadowing all the policy efforts infused into the education system; the innovative and labor-intensive professional development programmes for teachers; and the dedicated labors of the parents and other community members who support the local schools through new classrooms and other in-kind efforts is the emerging, horrific reality of HIV/AIDS. This is a cruel overlay to an existing set of problems.

The existence of the HIV/AIDS pandemic in Africa is real and frightening. It’s real because there is no denying its’ presence and it’s frightening because this presence permeates the core of life in every human being who lives in a society where HIV/AIDS has intruded.

Malawi, like many of its African neighbors, has been hit hard by the AIDS epidemic. Prevalence rates amongst adults between the ages of 15 and 44 are estimated at 16% with higher prevalence rates for pregnant women from both urban (26.0%) and rural (18.2%) areas (Chesterfield & Enge, 2000). The Malawi National AIDS Control Programme (NACP; 2000) estimates that 46% of all new adult infections in 1998 occurred in youth aged 15-24 with young women suffering the greatest burden (60% of new infections). In Malawi, at least one teacher per day dies because of this and if one considers who is affected within the circle of that teacher – loss of teaching personnel; loss of a mother; loss of a wife; the strain on the family and the school (pupils and teachers) while the teacher suffered and eventually died; long-term loss of a contributor to national development and so on.

What follows are the findings of an attempt by IEQ/Malawi to explore how this pandemic is intruding into the classroom and the lives of teachers and children. The study did not include questions specifically about HIV/AIDS and yet the impact of the crisis began to emerge in response to other questions such as, “What are some reasons you miss school?” and “Are both of your parents living?”

The nature of the IEQ approach permitted the flexibility to explore this change. In our first interview in February 1999, children were asked about who they live with and their activities outside of school. From our findings we moved on to questions the living status of parents and reasons for missing school. More recently, in October 2000, we again asked these questions of the same children. We also added questions about teacher stability and continuity of teaching. Below are some of the findings.

We examined the data by looking in the classroom – first at the lives of children attending school and secondly, at the classroom context for those able to attend school . Keep in mind that these are children who are in school. Our data do not permit us to address what is happening in the lives of children who were not in attendance when we visited the schools. We deconstruct the findings to explore possible relationships and identify potential opportunities to better meet the basic learning needs of children.

- Parental death: During the course of one year, the percentage of children in school who had lost one or both parents increased from 12% to 17%. Thus, children are surrounded by parental death and dying. Even children who come from healthy families are faced with the sadness and mourning of their peers who are dealing with parental death and dying.
- Caring for the sick: One-third of all the children in the study reported that they sometimes miss school to care for someone who is sick. This percentage is almost doubled for children who have lost both parents.
- Funeral activities: Six percent of the children reported that the main reason they miss school is funeral activities.
- Absenteeism: Children whose mothers were dead had a higher absenteeism than children whose parents were living or whose fathers were dead.
- Dropout: Children with both parents dead in October 1999 were twice as likely to dropout (17.1%) during the 2000 school year as children with one parent dead (9.1%) or both parents living (9.5%).
- Repetition: Repetition rates for children whose parent(s) were dead were 5-15% higher (depending on the cohort and standard) than for children whose parents were living. The average age for pupils with both parents dead was about 6 months older than the average age of their grade cohort.
- Achievement: Within a grade cohort, for children whose parents were alive or dead, the average performance in numeracy and literacy tasks was comparable. Also, the percent of achievement gain during the 2000 school year was comparable regardless of parental status. One possible explanation is that parental status is only one of the stressors affecting performance. Children whose parents are ill or who are affected by other stressors (economic, the loss of a teacher, family members or friends, etc.) are not identified by a question about parental mortality. Better control on the factors affecting a child’s well-being may allow better prediction of achievement.
- Textbook use: Although there were no differences in reported use of textbooks during class, pupils whose parent(s) were dead were less likely than pupils of living parents to report taking textbooks home (particularly if both parents were dead). It is unclear if this is a consequence of a school factor (e.g., payment of school fees), a family support/supervision factor, or a student factor (e.g., motivation).

CLASSROOMS AND TEACHERS...

In 1994, the government of Malawi introduced free primary education for all children (FPE) resulting in a sudden and dramatic rise in pupil enrollment and a concomitant severe teacher shortage. To reduce the shortfall, large numbers of untrained teachers were recruited. Recruits were given a brief orientation before being assigned to various schools where their services were needed. Posting was based on need rather than preference or language compatibility. Subsequently, substantial teacher attrition has compounded the problem resulting in the need to continue to recruit large numbers of new untrained teachers every year. Even without HIV/AIDS, the situation was dire; with the increasing impact of AIDS and the reported high morbidity amongst teachers, the situation is in crisis. Below are some of the findings from IEQ research in the 65 schools.

- **Class size:** Class enrollments were quite large in most of the 65 participating schools, particularly in the lower grade levels. The average class size for standard 2 classes in the study was 96 pupils (median=90). Class enrollments decreased progressively for standard 3 (mean=83; median=70) and standard 4 (mean=68; median=62). Since class enrollments are not always indicative of average daily attendance, teachers were asked, “Most days how many pupils (boys...girls...) come to your class? Generally the total number attending that was reported by teachers was about 70% of the total enrollment.
- **Age range:** The range of ages in most classrooms was quite large. As Table 1 suggests, while many pupils were fairly close in age to the median for each standard, sizable proportions of pupils were substantially younger or older. The average range in ages found in the 65 standard 2 classrooms was almost 6 years. This is likely an underestimate in that pupils were sampled in each classroom (i.e., it is likely that in some classes the oldest or youngest pupil was not included in the

Table 1: Percentages of boys and girls by standard for selected age ranges.

	N	Median	Ages 5-7	Ages 8-10	Ages 11-13	Age 14+
Standard 2						
Boys	497	9	19.9 %	44.9 %	28.1 %	7.0 %
Girls	486	9	23.4 %	48.4 %	24.6 %	3.5 %
Standard 3						
Boys	239	11	6.3 %	35.2 %	43.9 %	14.7 %
Girls	251	11	8.4 %	39.9 %	46.6 %	5.2 %
Standard 4						
Boys	223	12	2.2 %	21.5 %	53.3 %	22.8 %
Girls	247	12	-	26.3 %	55.9 %	17.8 %

NOTE: These data were drawn from a stratified random sample of 65 primary schools. Stratification was based on class size (reported in 1997 school census data; n=50)) with the additional inclusion of a sampling of schools without 1997 data (new or non-reporting; n=15). Pupils (stratified by gender) were randomly selected from standards 2-4 classrooms with over-sampling in standard 2 (16 pupils per class in standard 2 and 8 pupils per class in standards 3 and 4).

sample). In practical terms this means that the standard 2 teacher has pupils as young as 5 or 6 in the same class with children 12 years and older. In standard 4 where the median age was 12, about 1/4th of the pupils were 10 or younger while about 1/5th were 14 or older. This suggests that teachers face wide disparities in pupil development and interests further complicating their choice of instructional approach.

- **Range of skills in a class:** One might imagine that the large age range in a class reflects an effort by teachers to compose groups that were more homogeneous as to academic skills (either through repetition or class placement). As expected, mean performance increased with each standard. However, this does not mean that pupils in the upper standards were uniformly more skilled than pupils in lower standards. On the contrary, the range of skills within a class tended to be rather large. It was common for teachers of standard 4 to begin the year with about 20-30% of their pupils who were illiterate in Chichewa (unable to read 30% of the words from a passage in their reading text and unable to write more than 5 Chichewa words). In the same classes, between 65-70% demonstrated mastery in reading Chichewa from their texts but only 16% were able to write correctly more than 15 Chichewa words.
- **Teacher training:** Untrained and under-trained teachers were the mode. Roughly three-fourths of the teachers had completed only 2 years of secondary school education and two-thirds were not qualified as teachers (i.e., lacked the required teacher training). More than one-third had been teaching for 3 years or less and almost three-fourths of the teachers had fewer than 6 years of teaching experience.
- **Teacher Absenteeism:** During the interviews, teachers reported that they rarely missed school but when they were absent, the main reasons they gave were illness (50.0 %), funeral activities (10.1 %) and training activities (9.6%). Although AIDS was not discussed formally as part of the interview, the search by researchers for absent and missing teachers provided an entrée. Often the explanations provided by colleagues and headteachers were vague or inconsistent.

Some teachers with symptoms of declining health continued to teach. In one rural school in the study, the replacement teacher only lasted one term before falling ill and dying. Estimates of HIV/AIDS teacher infection rates in Malawi range from 13-40%. Teachers in the study were fairly young with two-thirds of the teachers between the ages of 20-30 years, which according to a recent strategic planning report in Malawi includes the age group most likely to be infected already (Malawi National Response to HIV/AIDS for 2000-2004, 2000).

- **Teacher Mobility:** During 1999, IEQ/Malawi researchers visited 188 classrooms in 65 schools in the at the beginning of the school year to collect baseline data. When researchers returned to the schools near the end of the school year, 50% of the teachers were no longer teaching the classes they began with in February. After discovering the pervasiveness of the pattern, researchers returned to the schools to look for explanations. Many different reasons were identified to justify the teacher mobility. In some instances the teachers had remained in the same school but had been reassigned to a different class or to cover several classes. In other instances, the teachers had left the school. Some had left permanently (e.g., through posting away or death) while others were gone temporarily through illness, training, and so on. In most schools headteachers were frustrated. They lamented the loss of a teacher for any reason because replacements were in short supply. They struggled to cover classes by whatever means possible, often shuffling teachers between positions or shifting teachers to different classes if they returned from training or illness.

School Climate: These are some of the findings. They hint at a school environment in which children are surrounded by constant change and often distressing events. Even children from healthy, intact families are surrounded by other children who have lost a parent or whose parents are dying. Children and teachers are absent because of their own illness or to attend funerals and to care for others who

are sick. Often teachers with declining health continue to teach. While this reduces teacher shortage temporarily, other teachers and children are exposed to the dying process. As a Zambian student whose professor had AIDS reported, “The course really suffered, and we couldn’t blame him. We knew what was happening. He had lost a lot of weight and used to get infections, and he wasn’t motivated and it wasn’t really his fault. So the course that he was teaching really suffered because we were left to our own resources. A lot of times he wouldn’t come for lectures. We would feel sorry for him...it was depressing for us as well.” (Bollag, 2001, p. A45). While we know that some children appear resilient, the current stress is unrelenting. Teacher mobility and shortages reduce opportunities for children to establish lasting relationships with teachers.

Instructional Process: With high teacher and pupil absenteeism, instructional time is disrupted. Textbooks and guides were designed for a full school year of full-class instruction. No provision is made for individual learning or for adjusting lessons to learner needs. Yet, repetition isn’t the answer. With repetition, the age range of pupils within a class increases. As the age range in a class increases, so too does the risk for girls (Caillods, 2000). Recent studies in Africa show that teenage girls are 5 to 6 times more likely to be infected by the HIV virus than boys their age (UNAIDS, 1999, p. 15).

Teacher Preparation: Teachers are not prepared to cope. What is clear from the emerging data is that in the next decade, there will be more classes with sick teachers, with over-stretched teachers, with untrained teachers and without teachers. While there may be access to a school building, the resources that were used in the past to create a learning environment will be scarce.

The purpose for seeking this information was to begin to identify and describe the possible linkages between the events in children’s lives—at home and at school—and their influences on pupils’ participation in learning. The interview questions were not direct probes about the influence of AIDS. Local researchers felt that direct questions were likely to be perceived as insensitive and culturally inappropriate. Instead we’ve focused on potential symptoms or indicators of the crisis and their relationship to various ingredients of schooling. We’ve begun to glean some understanding about the relationships between participation in learning and the growing health crises that destabilize the family and classroom—whether HIV/AIDS, malaria or other chronic illness. The findings presented in this paper help form an image of the impact of HIV/AIDS within the context of teaching and learning. But the image is blurry and we need to probe further to sharpen the focus. As we examine and discuss these findings further, consider the following:

- The meaning of quality education in the area where the research is being conducted is guided by local and/or national issues (findings are discussed by non-educators & researchers and their “voice” is validated) as compared with an international “template” of the meaning of quality;
- The challenges of unqualified teachers, overcrowded classrooms, limited access to resources etc is a “pre-existing” condition to the onset of HIV/AIDS and with or without the presence of HIV/AIDS, will have to be addressed – fixing AIDS will not fix the system;

- The access of children to primary education remains the same – BUT quality is subject to change, within the context of national priorities, educational reform efforts and learning outcomes;
- Does HIV/AIDS obstruct attention to existing educational problems?

These very preliminary explorations suggest some ideas for improving the children’s learning opportunities in the midst of this growing crisis.

- Promote continuity of instructional and emotional support by linking younger children with same sex older children for tutoring, support, and protection if needed.
- Provide instructional materials to support out-of-school learning that could be used by children who have to miss school.
- Support greater flexibility for pupils whose school participation and learning is disrupted. Rather than relying on repetition, support individualized learning by creating sequenced learning materials that can be used individually or in groups.
- Assume that teachers will be expected to teach classes they have never taught before with virtually no notice or training support. Provide teacher instructional support materials that are totally inclusive of what is required to present and support the lesson. The goal would be to build the knowledge and capacity of untrained teachers and under-trained teachers as they teach.
- Succession planning—assume that teachers and other educators will miss time from teaching due to illness and other causes. Anticipate and plan for these absences by setting up partnerships between teachers or generating contingency plans that take advantage of other resources in the school or community classroom

References

- Bollag, B. (2001, March 2). African universities begin to face the enormity of their losses to AIDS. *The Chronicle of Higher Education*, 47(25), A45-47.
- Caillods, F. (2000, October-December). Fighting the damages of AIDS to education. *ADEA Newsletter*, 12(4), 10.
- Chesterfield, R., & Enge, K. (2000, October 25). Girls’ education and HIV/AIDS: Measuring the impact on girls’ education. Paper presented at the US Agency for International Development Colloquium on Girls’ Education: A Key Intervention against HIV/AIDS and its Effects.
- Coombe, C. (2000). Keeping the education system healthy: Managing the impact of HIV/AIDS on education in South Africa. *Current Issues in Comparative Education*, 3 (1), 26p.
- Haddad, W. D. (1999, July). *Education for All for the 21st Century: A Discussion Paper*. Washington, DC: Academy for Educational Development.
- Matlin, S. (2000, April-June). HIV/AIDS in Africa: Placing it high on the agenda of ADEA. *ADEA Newsletter*, 12(2), 4-6.
- McGeary, J. (2001, February 12). Death stalks a continent. *Time*, 157(6), 36-45.
- Schubert, J. G. (2001, February). *The path to quality*. Arlington, VA: American Institutes for Research.
- Strategic Planning Unit, National AIDS Control Programme (2000). *Malawi’s National Response to HIV/AIDS for 2000-2004: Combatting HIV/AIDS with Renewed Hope and Vigour in the New Millennium*. *The Dakar Framework for Action—Education for All: Meeting our collective commitments*. (Adopted by the World Education Forum, Dakar, Senegal, 26-28 April 2000) Paris, France: UNESCO.
- UNAIDS (1999). *AIDS epidemic update: December 1999*. Geneva: UNAIDS.
- Vandemoortele, J., & Delamonica, E. (2000). The “education vaccine” against HIV. *Current Issues in Comparative Education*, 3 (1), 10p.