

# **Understanding the impact of HIV/AIDS on education systems in selected Eastern and Southern African countries**

## **Final Report**

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The UK Department for International Development (DFID) supports policies, programmes and projects to promote international development. DFID provided funds for this study as part of that objective but the views and opinions expressed are those of the authors alone.

## **Executive Summary**

The purpose of this research was to improve our understanding about the current impact of HIV/AIDS on primary education in four Eastern and Southern African countries, Kenya, Mozambique, Tanzania and Uganda through collecting empirical data. At both the national and local levels, we examined the impact on the teaching force in different districts; the socio-economic situation of orphans in each country; and, assessed the potential for routine monitoring using different sources. At the local level, we have examined how the HIV/AIDS epidemic has affected schooling amongst affected communities and, in addition, the levels of knowledge and attitudes amongst both students and teachers in order to assess the need and relevance of preventive education.

The pilot studies and the main fieldwork were carried out in five districts in Kenya, three districts in Mozambique and one district each in Tanzania and Uganda. The research was very well received and supported in all four countries.

### **Main Findings and Policy Implications**

The reported age of first sexual intercourse was very young and in most cases was with someone their own age, rather than with someone much older. Any reproductive and sexual health programme must take these very young ages into account

Students had almost as much knowledge about how the epidemic is spread as teachers and their attitudes were almost as sophisticated. Interventions are needed to increase their respect for themselves and their potential partners.

Whilst students ascribed an important role of teachers as sources of advice, teachers themselves expressed discomfort/reluctance to systematically teach the HIV/AIDS material. This can only partly be solved by more training, it is also an issue of who are the right people to be delivering HIV/AIDS messages to young people; and what information should these messages contain.

Communities are experiencing economic hardship due to the health consequences of HIV/AIDS, and greater difficulty in meeting the costs of schooling. Nationally this has been compensated for by the reduction or elimination of fees. Some of the impact is mitigated

through the efforts of NGOs.

There is a pervasive lack of any data with which to monitor the impact of the epidemic even on teachers. Deaths are not fully recorded, absences hardly at all. It is important to include the community in monitoring these impacts as they are less likely to be influenced in reporting.

## **Introduction**

### Background

The potential impact of HIV/AIDS on education has been discussed and researched for over nine years now (see for example the presentations discussed at the IIEP workshop in 1993). In particular Schaeffer (1994) showed how HIV/AIDS was likely to impact on educational systems analogous to its impact on the individual, weakening and disrupting the system, leaving it open to opportunistic problems, and the necessity for change and innovation. Despite his clear statement then, the epidemic has only recently been seen as a major impediment to the educational International Development Targets concerned with Education For All.

In addition to problems in meeting these targets, it is often advocated by those debating and writing in the area that educational systems could and should do more to help prevent the spread of the pandemic among the 'generation of hope' (those not yet sexually active). The education sector is, by its nature, a unique tool for disseminating information and awareness about HIV/AIDS and is usually the major employer of public staff in a country. Current prevention and management approaches to the pandemic depend on education, though the sector's own responses are largely seen as random and insufficient (Kelly 2000).

The research project was conceived to take account of and shed light upon these concerns. It has grown out of a long collaboration between the lead researcher, Roy Carr-Hill and researchers in Mozambique, Tanzania, and Uganda with whom he has worked on various HIV/AIDS related issues. Kenya was also included. All four countries are at very different stages both in the epidemic and their responses to it. Uganda opened its borders early on in the crisis seeking and accepting help from the international community. Tanzania, also hard hit has had less international support. Both Kenya and Mozambique are experiencing increasing HIV/AIDS prevalence, though particularly in the case of Mozambique this is based on estimates and projections as widespread testing does not exist.

### Objectives

Our general research objectives were to improve understanding about the current impact of HIV/AIDS on primary education in four African countries through collecting empirical data at both local and national levels, examining the impact on the teaching force in different districts, assessing the socio-economic situation of orphans in each

country and in each case assessing the potential for routine monitoring using the different sources.

Most analyses of the overall impact of HIV/AIDS on educational systems (Carr-Hill et al, 2000; Gachuhi, 1999; Hernes, 2000) have been organised around the demand, the supply and the content or quality of educational services. Kelly (2000) has proposed a useful comprehensive analytic framework. He suggests that HIV/AIDS affects the education sector in ten broad ways:

1. Pupils and School Enrolments
2. Teacher, Teaching and the Supply of Education
3. Community and Public Resources Available
4. Nature of Potential Clientele
5. Process of Education
6. Content of Education
7. Role of Education
8. Organisation of Schools
9. Planning and Management of Education
10. Impact on donor funding

But, there is very little systematic evidence as to the impact on the demand for, the supply of, and the quality of education as actually delivered in schools. As Kelly (2000) himself says, the examples he provides are largely illustrative, the evidence is not rigorously based and some is anecdotal (p.23); and see also Coombe (2000, p.10).

Impacts at the local level are the most invisible and where the problem of routine monitoring, rather than extrapolation from national estimates, is most acute. Our research therefore focuses more specifically on the first six groups of Kelly's list. These are immediately experienced at the local level and actually affect what goes on in schools.

Specifically this has meant collecting different types of information. From the *national level*: gathering information on how many trained teachers have died and how this affects the productivity of the training cycle; how teacher sickness affects productivity of teachers and thence the effective teacher-student ratio; whether any classes or schools have closed because of population decline and if so how many. In terms of orphans, documenting changes in the numbers and different types of orphans, examining how orphanhood is defined in each database and how this relates to the socio-cultural context.

At the *local level* we have sought answers to various questions. In terms of pupils: are there fewer children to educate? Is the cost of education becoming prohibitive for more children? Are more children dropping out for economic and social reasons? In terms of available

community and public resources what has been the effect on family incomes? Have public funds for education been reduced? How much of the salary bill is being paid to sick but inactive teachers? Does the community ability to contribute labour and so forth continue? In terms of the processes of education are there new social interactions with AIDS-affected individuals in schools? what are the community views of teachers who may have brought HIV to area? Has the pattern of school attendance changed? Has the pattern of teaching changed? Is there an increased risk of sexual harassment for young girls presumed to be safe?

The objective again was to collate as much empirical data on the local situations as possible, drawing not only on the collection of primary data through limited local studies, assessing whether and how the quality of education as it is delivered and learning as it is received has been affected by the pandemic, but including published and unpublished literature sources.

In addition to the direct policy relevance of the information collected at both a national and local level a further objective is to identify and document the possibility and difficulties of routine monitoring of this information.

These were a very wide range of questions and, as we shall show, we were not able to answer all of them and others only partially.

## **Methods**

The focus here is on the potential for collecting reliable empirical information routinely and on limited, in depth community studies. Three aspects have been studied:

- ◆ The current and projected impact on the teaching force of death and sickness in different administrative areas of each country
- ◆ The nature and extent of orphan participation in primary schooling
- ◆ The actual impact on both pupils and teachers in a small number of communities in each country

The community studies (in each country) are limited in the sense that they are not intensive ethnographic studies. But they provide a much clearer picture of how all the factors interact in any given situation. They involve:

- ◆ collecting basic data from records on attendance of both teachers and pupils;
- ◆ administering questionnaires to students and teachers;
- ◆ discussions with students, teachers, parents and community leaders.

Two of the community studies are follow-ups of earlier studies carried out by the two lead researchers in Tanzania (Kataboro, 1999) and Uganda (Katahoire, 1993) for their individual PhDs. Many impact studies have been conducted in these two countries. As far as we are aware there has been little work documenting the changes that have taken place over time. These community studies include questions on if and how the local community has changed in the last five years in relation to the HIV/AIDS epidemic. These questions are also raised in the Kenya and Mozambique studies but with less emphasis. In the latter two countries the data gathering exercise is more extensive covering more communities.

We set out to assess the potential for collecting reliable information about teacher illness, attendance and productivity through examining personnel registers, which are an under-exploited resource. We also explore the possibility of collecting detailed information on orphans through exploiting existing orphan databases such as those constructed by governmental and non-governmental agencies and from school registers.

Our methods include structured questionnaires for head teachers and district education officers, modified KAP questionnaires for teachers and students, focus group discussions with teachers, pupils, orphans and members of the local school community. Also, semi-structured interviews with education ministers, district and national personnel, teacher welfare bodies and NGO personnel working in the field. Both international and national literature searches exploring published and unpublished materials are included and the interrogation of disk files of personnel registers of teachers for Mozambique and Uganda.

The following numbers were interviewed in the four countries

**SUMMARY TABLE OF NUMBERS INTERVIEWED**

	Kenya		Mozambique		Tanzania		Uganda	
Districts	4		2		1		1	
Schools	12		7		4		4	
FGDs	39		23		10		13	
Teachers	91		85		16		45	
Pupils	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
All ages	122	127	259	269	127	131	76	106

Data from different sources is cross checked, for example details of teachers' absences are asked for in the teacher and head teacher questionnaires. Focus group discussions with both teachers and students repeat questions and raise issues that are in the individual questionnaires.

## **Findings**

The following section summarises the main findings of the field research across the four countries.

### Pupils/Students

There has been no obvious reduction in the number of students, mainly because fees have either been reduced or eliminated as part of the drive towards EFA. The impact on attendance as reported by head teachers was lower than expected. However, the focus group discussions reported increasing economic difficulty in sending children to school due to having to support other community members with H/A.

An extremely young age of first sexual intercourse, particularly in Kenya, is one of the most striking findings. This is most often with someone in the same age range and appears to be consensual. However, the focus group discussions raised the issue of girls being lured into sexual relationships with boys who spend money on them. In Uganda there is evidence of an increase in the age at which sexual intercourse is started.

Given the age range of the students interviewed there are relatively high levels of knowledge among them about HIV/AIDS, its prevalence, the risk factors associated with it and treatment.

There are some signs of shifts in attitudes and behaviour but there is still a long way to go! This is particularly the case in Uganda where changes in sexual behaviour have been observed in the 15-19 age range, and a corresponding reduction in HIV prevalence.

The role of teachers as an important source of advice for young people is noted in each of the four countries. Teachers are rated after parents on the questionnaires as a major source. Focus group discussions illuminate the central role of the mother and the inhibitions many youth have about approaching their fathers, further raising the profile of teachers in this respect.

There are still substantial gender differences in reported practices. There is some evidence, especially from Uganda that female orphans are more likely to suffer economic hardships in pursuing their education. They are less likely than boys in the same circumstances to be able to afford books, milk money and other extras that are required by the school. They are more likely to be kept from school to help around the house and with nursing the sick.

## Teachers

In all four countries teachers were being asked to teach some H/A related topics. But, this had little impact on the overall pattern of teaching because teachers expressed substantial reluctance to systematically teach HIV/AIDS material. In all cases this relates to the age and maturity of the students and the suitability of the curriculum; but also to the specific expertise of the individual teacher and their personal beliefs and attitudes about sexual and reproductive health education. Uganda has the highest proportion of teachers who feel that the AIDS training they received was adequate and that they enjoy teaching HIV/AIDS and related topics.

Teacher morale is surprisingly still quite high, except where there has been substantial change in the geographical area and within the school in terms of staff turnover and community confidence.

HIV/AIDS affected teachers do not face discrimination from school management, or pupils generally. Tanzania reports some management hostility in terms of delaying payment of gratuities and benefits and resisting medical retirement. However, some teachers report discrimination from the community.

Many of the schools visited have formed their own welfare associations to assist staff in times of emergencies. Much of the expenditure covers medical bills and funeral expenses. Money is also raised by separate contributions for assisting with the funeral expenses of children who have lost their parents.

## Community Responses

There are some expressions of suspicion about teachers but this was limited to a few schools that tended to have low academic standards and low status within the community. Otherwise there was no discrimination against those with H/A.

If a school is seen as a 'good' school, then there are few problems with teaching sexual health and reproduction within the school.

The level of deaths among community members in some of the surveyed districts was very high. This presents a financial and social burden to the remaining community members. It affects financial support for the school, the contribution of community labour and the preparation for, and funeral festivities also place an additional time burden upon mourners.

There is much evidence of the existing and potential importance of the

impact of NGOs. In all of the four countries most of the grass roots work with orphans was organised and funded by NGOs. All of the training of teachers in HIV/AIDS and related topics and students as peer educators was by NGOs. Government initiatives are much slower in response and less well received. In Uganda in particular, much of the reduction in the HIV/AIDS prevalence rates is credited to NGO efforts as earlier government interventions alone did not have an impact.

### Potential for Monitoring

In all of the countries there is marked lack of any data with which to monitor the impact of the epidemic even on teachers. Where deaths were recorded it was clear that they were hugely underestimated. It is impossible to estimate how much of the salary bill is being paid to sick or inactive teachers. This is the case for school based and district based information. At the school level comparisons between teacher-reported absence and school-reported absence of teachers showed serious under reporting on the part of the school. This is magnified at district level. Of the four districts studied in Kenya only one had comprehensive data on teachers absenteeism and early retirement.

There is a lack of systematic data about orphans at any level. Some schools keep records, but these are not compiled at district level. All NGOs working with orphans have databases but these are usually registers of all of the children the organisation has assisted, including siblings and other householders and/or compilations of the various groups of children that are considered at risk of which orphans are just one group. State records also relate mainly to at risk populations of children.

## **DISSEMINATION**

We plan to write a Synthesis monograph, in addition to the final report, hopefully to be published by DFID.

We are planning a number of articles.

- ◆ Exploring the early age of first sexual intercourse
- ◆ Harassment and Discrimination
- ◆ Separate country articles reporting the main findings from each research team
- ◆ Orphans and their schooling
- ◆ Teachers and the HIV/AIDS curriculum

Kenya has already convened a national workshop on the results of the study that was very well received. In particular, the Ministry has now requested all districts report on the number of orphans. There are

plans to hold a similar workshop in Mozambique.

Both the Kenyan and Mozambican teams have participated in an international conference on HIV/AIDS in June in Barcelona

We are planning to hold a joint seminar in London in September (dependant on funding) at which each of the country research teams will report on their findings and recommendations. We plan to open this to academics working in this field, the major international NGOs who support work with orphans, and national and international funding/donor agencies working with national governments.

**3,020 words (including Executive Summary)**