

# HIV/AIDS and Education



1 Nicholas Street, Suite 726 Ottawa ON K1N 7B7  
Telephone: (613) 233-7440 • Fax: (613) 233-7440  
E-mail: [info@icad-cisd.com](mailto:info@icad-cisd.com) • Web: [www.icad-cisd.com](http://www.icad-cisd.com)

“That HIV/AIDS has not been adequately considered in... development thinking is perhaps not surprising... However, its grim reality is now becoming apparent. Not only does it mean that development goals will be unattainable, but in fact there may be a real reversal in the development status of many nations, and ‘development’ cannot be business as usual. Nowhere is this more the case than in the education sector...” (Peter Badcock-Walters and Alan Whiteside, *HIV/AIDS and Development in the Education Sector*, 1999)

## Background

Education, from early childhood to adult education, is at the heart of development. It is critical for economic growth, is a primary means for societies to nurture and renew their cultural life, and has a major positive impact on public health and nutrition, especially for women and children. It concerns the development of that most valuable of resources: human capital. But it is also intrinsically valued as an end in itself, as a realization and expression of the human spirit.

The Development Assistance Committee of the OECD has set ambitious targets for progress in education and poverty reduction, to be achieved by 2015. Chief among these are:

- reducing the number of people living in extreme poverty by half
- provision of universal primary education in all countries
- promoting gender equality by eliminating gender disparities in primary and secondary education
- reducing mortality rates for infants and children under the age of five years by two thirds

These laudable objectives are unlikely to be met for one stark, insufficiently-considered reason: HIV/AIDS. The epicentre of this human tragedy is Sub-Saharan Africa, but HIV/AIDS is fast making inroads in Asia and parts of Central Europe and Latin America.

## Youth, Educators and Vulnerability

There is clear evidence that both young people and educators face special risks from HIV/AIDS. About a third of the world's HIV+ people are between the ages of 15 and 24—and every minute six young people under 25 become infected. Youth commonly lack basic information about how to protect themselves from infection. Young women and girls are particularly vulnerable and are less likely than boys to be informed about effective means of AIDS prevention. Recent surveys conducted in fifteen countries around the world found that 50% or more of girls aged 15 to 19 do not know that someone who looks healthy can be HIV+ and transmit the virus to others.

Various circumstances increase the risk for both students and educators. In many developing countries, there is much age mixing in schools, which tends to raise levels of sexual interaction among pupils. In addition, the age of sexual initiation seems to be falling in some countries. In Malawi, research suggests that half of primary school children are sexually active. At the same time, young people lack opportunities to learn about sexuality and reproductive health.

Students—especially girls—are vulnerable to sexual harassment and abuse. A Human Rights Watch report (March 2001) on sexual violence in South African schools documents an alarming incidence of rape and abuse experienced by girls at the hands of both teachers

and fellow pupils. There is reason to believe that young girls are targeted for sexual aggression because they are perceived to be 'safe' or free from HIV infection.

Experience shows that occasional and regular patterns of migration or mobility can promote risk of HIV infection. In education, such patterns include:

- full-time boarding at schools and colleges
- temporary accommodation arrangements for trainee teachers when they are posted to schools without accommodation
- teachers who cannot be joined by their families because of a lack of teacher accommodation
- the necessity for rural teachers to travel long distances, and be away for long periods, to collect pay cheques
- the necessity for educators to attend training courses away from their families for weeks or months at a time

HIV/AIDS has the potential to affect:

- demand for education
- supply of education
- availability of resources for education
- potential clientele for education
- process of education
- content of education
- role of education
- organization of schools
- planning and management of the education system
- donor support for education

[drawn from M.J. Kelly: *What HIV/AIDS Can Do to Education, and What Education Can Do to HIV/AIDS*, presented to the Sub-Saharan Africa Conference of Education for All, 2000: Johannesburg, 6-10 Dec 1999]

## Demand for Education

HIV/AIDS is already having an impact on the numbers of school-age youth. In Zambia, Swaziland and Zimbabwe, the number of primary school-age children is expected to be more than 20% lower than pre-HIV/AIDS projections by 2010. In Kenya and Uganda, the figures are 12% to 13% lower. In families where parents are sick, children — especially girls — are being taken out of school to

provide care or to make an economic contribution to declining household incomes.

The dramatic growth in the number of AIDS orphans (to almost 24 million in East and Southern Africa by 2010) will also affect demand for education. Orphans are particularly vulnerable to a vicious poverty cycle that is their inheritance from HIV/AIDS. Only 24% of Mozambican children who have lost parents to AIDS are attending school. Orphans and family members who take over the care of orphans often find the costs of schooling prohibitive. In the absence of breadwinners, many orphans may be forced into child labour to sustain themselves and their beleaguered households. Some may be forced into desperate survival strategies, such as engaging in sex work, that put them further at risk.

Young people, especially young women, are particularly at risk from HIV/AIDS. In Eastern and Southern Africa, about half of those who become HIV+ are between the ages of 15 and 24. At secondary and tertiary levels of education, illness among students will increasingly take its toll, adversely affecting attendance and enrolments.

Other factors that contribute to irregular attendance or decreased enrolments are:

- loss of family income from AIDS-related illness and death, as well as costs of care and funerals
- increased drop-out rates as young people are required to care for sick family members and to generate income
- damage to extended family and community structures and consequent loss of the traditional economic 'safety net'
- trauma arising from illness and death
- stigma and discrimination suffered by students as a result of their HIV status or HIV/AIDS in the family
- the perception that investment in education is not worthwhile, given the growing prospect of premature mortality

## Supply and Quality of Education

The education sector is typically the largest employer of public service staff in developing countries. Among the most dramatic impacts of HIV/AIDS on the supply of education is the loss of trained teachers. UNICEF

estimates that 860,000 children in Sub-Saharan Africa lost their teachers to AIDS in 1999. A recent sample survey in South Africa found that more than half of the deaths among members of the largest teachers union between August 1999 and May 2000 were AIDS-related.

In the worst affected countries, the AIDS-related decline in teacher supply is expected to outstrip the ability of training colleges to provide new qualified teachers. Student-to-teacher ratios and other quality indicators are likely to worsen significantly over time.

Patterns of HIV/AIDS impact among teachers are similar to those among other educational staff teacher trainers, college and university lecturers, education officers, inspectors, planners and managers, inevitably reducing the education system's overall capacity to match supply with demand.

The productivity of teachers is severely compromised by mounting AIDS-related illness. According to the World Bank, an average of six months of professional time is lost before a person develops full-blown AIDS. Other factors affecting education supply and quality include closure of classes and schools in areas affected by declining population and enrolments (in the Congo, schools have already closed after losing all of their teachers to AIDS). Dependence of remote schools on untrained teachers is increasing as qualified educators succumb to AIDS and move to be closer to mainly urban-based health facilities. Teacher attrition is being caused by the movement of educators to industry and other branches of government to replace skilled people lost to AIDS. The loss of experienced educators, as well as specialists in maths, science and technology, results in an ever-decreasing number of qualified staff. Another loss is that of institutional memory — as the teachers move away, so, too, does the history of the institution.

### **The Availability of Resources for Education**

HIV/AIDS is likely to reduce financial resources available for education, in many cases reversing the hard-won gains in educational provision achieved over the past twenty years. Public funds re-allocated to health

and welfare services will result in reduced public funding for education, and declines in growth and national income. Costs related to absenteeism, staff illness, and death and bereavement benefits will further reduce availability of funds. Families and communities will be unable to contribute — financially and otherwise — to education as they have done in the past, due to loss of income, diversion of resources and effort to AIDS care, incapacity of the ill and loss of family/community leaders. Costs for education are out of reach for a growing numbers of orphans — in Zambia alone, it is estimated that there are almost 1.7 million AIDS orphans, with 7% of the country's households already headed by children aged 14 or under. In addition, the return on investment for bursaries and student loans will slide as numbers of graduates drop and working lives are curtailed by sickness and mortality.

### **Potential Clientele**

The potential clientele and beneficiaries of education will change as HIV/AIDS reshapes demographics. Rapid growth in numbers of orphans and the huge pressure that this will exert on extended families, communities and all public services will affect education at every level. Survival strategies of AIDS-devastated families will take many children out of school, due to inability to meet educational costs while the need for children to become full-time care givers or income earners will increase.

### **The Education Process**

HIV/AIDS will fundamentally alter the education process in developing countries. Patterns of participation by learners and educators will be disrupted, characterized by sporadic 'dropping-in' and 'dropping-out', causing general destabilization of the system as it attempts to adjust to continuous upheaval. Fragile educational management structures may be pressed to the breaking point due to constant trauma from episodes of illness, death and grieving. Increased dependence on less qualified and younger staff will jeopardize any gains made, and low morale and anxiety among all education stakeholders, accompanied by lack of focus because of concerns about loved ones who are sick at home, will

contribute to system fallout. Distrust between learners and teachers, as well as community hostility towards teachers, who may be blamed for the introduction and spread of HIV, will develop. A generalized climate of fear — with respect to people's HIV status, illness and death; to HIV-related discrimination and stigma; to sexual abuse and exploitation — will ensue, resulting in fear of the future.

## Content of Education

Effective HIV/AIDS education will need to form part of the basics of education, as will education about overall sexual and reproductive health, including other sexually transmitted disease — the risk of HIV infection is increased by up to 40 times by the presence of another STD. Human rights education which addresses HIV/AIDS in the context of larger questions of social exclusion and inclusion — especially gender equity and empowerment — should also be a fundamental part of any program. Work-related training and skills that can better prepare those compelled to leave school early (AIDS orphans and others) to fend for themselves and their loved ones should be introduced into the curriculum at an earlier stage.

## Role of Education

Counselling services and trauma support for students, educators and families will mean a change in the role of education. Educational institutions will need to become multi-purpose community centres for the provision of information and awareness about HIV/AIDS, and educators need to provide visible and vocal role models to highlight positive lifestyles and open up a transparent community dialogue on HIV/AIDS.

## Organization of Schools

To deal with the HIV/AIDS challenge, the organization of education must take into account a number of emerging needs, including flexible timetables that accommodate the income-generating burdens that students will bear. Provisions should be made to ensure that schools are located closer to the homes of both students and teachers, and special provisions should be

made for orphans and children from infected families, for whom normal school attendance is not an option. A learning continuum between classroom and home environments should be established, so that families and communities (especially women who are on the frontline of the epidemic) can be empowered in the HIV/AIDS struggle. And new partnerships between the formal education sector and other sectors, including NGOs, should be established in order to achieve community impact.

## Planning and Management

HIV/AIDS is a vital cross-cutting issue to be figured into all aspects of planning and management. The whole education system must be marshalled into a coordinated strategy for HIV/AIDS prevention and management, backed up by strong political will. Losses of teaching staff, planners and managers to HIV/AIDS will necessitate capacity-building and human resource planning to maintain the system, which will need to plan for the additional provision of qualified graduates in priority HIV/AIDS fields such as health care. More flexibly qualified education graduates can fill the gaps left by colleagues lost to HIV/AIDS. Effective research, information and monitoring systems will be needed to understand the impact of HIV/AIDS on the system, and crisis management, responsive decision-making, and streamlined funding mechanisms will all be required. Educators, planners and managers need retraining — to reduce high-risk behaviour (including sexual exploitation in the educational environment), to overcome cultural resistance ('breaking the silence' on HIV/AIDS), and to achieve a culture shift that openly addresses the epidemic, sexuality and positive lifestyles.

## Donor Support for Education

Donor contributions to effective and sustainable education systems in the developing world are threatened by HIV/AIDS. The epidemic may raise doubts and uncertainty about how and where to invest in education. Until recently, donors themselves have been slow to apprehend the gravity of the situation. The UN has estimated that between US\$7 and US\$10 billion is required globally for an effective response to HIV/AIDS.

However, total aid flows for HIV/AIDS in 1998 were just over US\$300 million.

Few donors have comprehensively reviewed their education sector cooperation in the light of HIV/AIDS. Until this happens, education sector goals for development assistance are will remain uninformed and unrealistic.

### What Education Can Do to HIV/AIDS

In the short and medium term, education has the potential to:

- provide knowledge that will inform self-protection
- foster the development of a personally held, constructive value system
- inculcate skills that will facilitate self-protection
- promote behaviour that will lower infection risks
- enhance capacity to help others to protect themselves against risk

When infection has occurred, education has the potential to:

- strengthen the ability to cope with personal infection
- strengthen capacity to cope with family infection
- promote caring for those who are infected
- help young people affected by HIV to stand up for their human rights
- reduce stigma, silence, shame, discrimination

When AIDS has brought death, education has the potential to:

- assist in coping with grief and loss
- help in the reorganization of life after the death of family members
- support the assertion of personal rights

In the long term, education has the potential to:

- alleviate conditions such as poverty, inequality, ignorance, gender discrimination and social exclusion that facilitate the spread of HIV/AIDS
- reduce vulnerability to risky situations such as prostitution and over-dependence of women on men.

[drawn from M. J. Kelly: *What HIV/AIDS Can Do to Education, and What Education Can Do to HIV/AIDS*’, presented to the Sub-Saharan Africa Conference of Education for All, 2000: Johannesburg, 6-10 Dec 1999]

### An ‘Education Vaccine’ Against AIDS?

In the early stages of the HIV/AIDS epidemic, there appeared to be a high correlation between levels of education and prevalence of HIV — the better educated were more likely to become infected. Recent evidence suggests that this pattern may be changing. The virus is increasingly prevalent among the less educated, the illiterate and the poor, and may be declining among those with primary and post-primary education. This trend may in some measure be linked to initial AIDS awareness and prevention measures introduced in the education sector. Some observers are speaking with hope about an ‘education vaccine’ against AIDS.

This lends urgency to the goal of universal primary education — to equip the poor to protect themselves against HIV/AIDS. Although there is no question that HIV causes AIDS, there is also no question that poverty and unequal power relations (especially gender inequality) provide the fertile ground in which the virus grows. As education attacks these social conditions, it can have a powerful impact on HIV/AIDS.

### Teaching Activities and Programmes

Effective HIV/AIDS, sexual health and sex education needs to be built into the curriculum at all levels of the system. This amounts to a revolutionary change in many countries where moral conservatism and cultural taboos are deeply entrenched. Such education needs to go beyond the basic biological facts to an open discussion about sexuality, relationships, values and choices.

To date, many HIV/AIDS and sex education efforts have been held back by the reluctance of educators to deal with sexual issues — a problem compounded by cultural resistance and a lack of adequate training in sex and HIV/AIDS education. Providing better training, information materials and preparation for educators is a major priority.

HIV/AIDS education programmes have, to date, been lacking in recognizing traditional and cultural beliefs that may identify witchcraft, evil spirits or offence to ancestors as causes of AIDS. To succeed, education programs must incorporate sensitivity with respect to traditional belief systems in order to enlist the involvement of traditional leaders and healers.

Another barrier to effective HIV/AIDS education is the relatively early departure of many young people from the education system — in many countries the majority of students have left formal schooling by the age of 15. This suggests two things: the importance of starting sex and HIV/AIDS education at an early age; and the importance of programs targeting out-of-school youth and adults. In South Africa, an innovative national initiative, LoveLife, makes use of the arts, mass media, music and popular culture to reach large numbers of young people with positive messages about sexuality and HIV/AIDS prevention.

Some parents in developing countries are concerned that the introduction of sex education will lead to greater sexual activity among youth. UNAIDS studies around the world have found little evidence to support this concern. In fact, there is evidence that young people exposed to such education are more likely to be cautious.

Access to sex and HIV/AIDS education is ultimately a human right, vitally connected to universal rights to education and basic health. A human rights approach to development can be defined as ‘empowering people to take their own decisions about their own lives, rather than being the passive objects of choices made on their behalf’ (DFID, *Human Rights for Poor People*, 2000). It follows that young people and adult learners have a clear entitlement to education about HIV/AIDS, not only as a health issue but also as a development issue with huge human rights implications.

Because of the stigma and discrimination associated with HIV/AIDS — as well as associations with equality, rights to privacy, and the right to work — human rights education at all levels is required. Equally important are life skills programs that develop capacities for

problem-solving, decision-making, critical thinking, self-esteem, relationship-building, communications, confidence and responsibility. Because many youth and orphans need to generate income to support themselves and their AIDS-affected households, vocational training opportunities need to expand.

Life skills programmes have often had limited impact where they have been introduced in a ‘top down’ fashion, with inadequate consultation and poor teacher preparation. Emerging thinking stresses certain elements to strengthen life skills programs: the involvement of young people, families and communities in program design; participatory and experiential learning techniques, especially peer learning models; expanding collaboration with partners outside the system, including AIDS service organizations, NGOs, community-based organizations, and business. Life skills also need to draw on both modern youth culture and traditional cultures.

New approaches and financial resources are urgently needed by the growing AIDS orphan population, as is a rethinking of conventional, ‘formal’ educational methods in order to move towards more flexible, community based responses within a framework of life-long learning.

Teaching is being transformed by HIV/AIDS, with new tasks constantly emerging for educators in the fields of care, counselling and trauma support. The array of deprivations and special needs arising from HIV/AIDS ‘will challenge the education system to go beyond its traditional teaching role and develop capacity and systems to support the large numbers of children in crisis, and provide them with life and survival skills from relatively early ages’ (LoveLife, *The Impending Catastrophe: A Resource Book on the Emerging HIV/AIDS Epidemic in South*, 2000).

### **Institutional, Planning and Management Interventions**

Carol Coombe of the Centre for the Study of AIDS in Pretoria has proposed the following framework for protecting education in the face of the HIV/AIDS threat:

- stabilizing the education system (system self-preservation) to ensure that even under attack by the pandemic the system works so that teachers are teaching, children are enrolling and staying in school, managers are managing, and personnel, financial and professional development systems are performing adequately;
- mitigating the pandemic's potential and actual impact on the sector (counteracting the pandemic) to ensure that those affected and infected by the pandemic can work and learn in a caring environment which respects the human rights of all;
- responding creatively and flexibly to HIV/AIDS (outwitting the disease) to ensure that the system continues to provide meaningful, relevant educational services to learners in and out of school in complex and demanding circumstances.

Stabilizing the system requires that the potential consequences of HIV/AIDS are factored into education plans by ministries and their partners in the NGO and international sectors and that there are enough teachers to replace those who leave—especially those with expertise in teacher education, maths, science and technology. Supply teachers are required to cover for those who are regularly absent, and new teachers need to be trained in order to keep expansion and quality up. Support for those coping with trauma in the classroom is required, as are methods to replace management skills.

To mitigate the impact of HIV/AIDS, schools need to be safe, founded in a culture of care, meaning a zero tolerance policy for violence and rape to ensure that human rights are protected and nurtured.

### A Foundation for Action

Advances in the educational struggle against HIV/AIDS must be supported by placing HIV/AIDS at the centre of educational agendas, policies, planning and management. Coherent strategies that can be shared must be developed—politicians, education officials and international agency staff must commit to this development. Research into HIV/AIDS with respect to education is also required, followed by critical analysis of information and performance. Partnerships between government departments, civil society organizations, religious groups, and business can serve to support

advances in education, as can streamlined funding mechanisms so that resources are distributed effectively.

The Mobile Task Team on HIV and Education in South Africa has developed a ‘Rapid Appraisal Form’ to assist educators in assembling a baseline analysis of their own national or local situations as well as to identify indicators of progress on HIV/AIDS and education. UNAIDS is currently finalizing a global strategy framework on ‘HIV/AIDS, Schools and Education’ to inform and guide education planners, policy makers and task force teams.

### The Role of International Agencies

International development agencies can play a critical role in the education arena by integrating HIV/AIDS into all planning and implementation of educational assistance and by entering into partnerships to support the educational response to HIV/AIDS. HIV/AIDS can be incorporated into agency-sponsored workshops and negotiations, and agencies can disseminate knowledge. Improving co-ordination among aid agencies, shoring up depleted human resources in the most affected countries and providing support to the HIV/AIDS network will assist in promoting a new international focus with respect to education.

### Conclusion

One commentator on HIV/AIDS and Education has written movingly of ‘the awe-inspiring silence’ which surrounds the epidemic at the institutional, academic and personal levels. Many educators and institutions continue to carry on ‘as if HIV/AIDS did not exist’ (M J Kelly, *African Universities and HIV/AIDS*, 2000).

In a world transformed by HIV/AIDS, nothing can be business as usual. It is time to break the silence. In the words of Nelson Mandela at the Durban 2000 International AIDS Conference, ‘The time for action is now, and right now.’

## Bibliography

*The Impending Catastrophe: A Resource Book on the Emerging HIV/AIDS Epidemic in South Africa* (2000). LoveLife.

Badcock-Walters, P., Whiteside, A. (1999). *HIV/AIDS and Development in the Education Sector*. Pretoria: DFID.

Cohen, D. (1999). *The HIV Epidemic and the Education Sector in Sub-Saharan Africa*. New York: UNDP.

Coombe, C. (2000). *Managing the Impact of HIV/AIDS on the Education Sector*. Pretoria: University of Pretoria.

Coombe, C. (2001). *Rethinking some of our Perceptions about HIV/AIDS and Education*. Pretoria: University of Pretoria.

Gachuhi, D. (1999). *The Impact of HIV/AIDS on Education Systems in the Eastern and Southern Africa Region, and the Response of Education Systems to HIV/AIDS: Life Skills Programmes*. Nairobi: UNICEF Eastern and Southern Africa.

*HIV/AIDS and Education: A Human Capital Issue* (nd). Durban: University of Natal Durban/HEARD.

Helland, A., Lexow, J., Carm, E. (1999). *The Impacts of HIV/AIDS on Education*. Oslo: NORAD and the International Education Centre.

Kelly, M.J. (2000). *African Universities and HIV/AIDS*. Johannesburg: SAUVCA.

Kelly, M.J. (2001). *Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS*. Washington: The World Bank.

Kelly, M.J. et al (2000). *HIV/AIDS and Education in Eastern and Southern Africa: The Leadership Challenge and the Way Forward*. Addis Ababa: UN Economic Commission for Africa.

Kelly, M.J. (2000). *Planning for Education in the Context of HIV/AIDS*. Paris: IIEP.

Kelly, M.J. (1999). *What HIV/AIDS Can Do to Education, and What Education Can Do to HIV/AIDS*. Lusaka: University of Zambia.

Marais, H. (2000). *To the Edge: AIDS Review 2000*. Pretoria: University of Pretoria Centre for the Study of AIDS.

*AIDS and Young People: A Generation at Risk?* (July 1996). London: Panos.

Shaeffer, S. (1994). *The Impact of HIV/AIDS on Education: A Review of Literature and Experience*. Paris: UNESCO, Section for Preventive Education.

Smart, R. (1999). *Children Living with HIV/AIDS in South Africa: A Rapid Appraisal*. Pretoria: Department of Health and Save the Children (UK).

*The HIV/AIDS Emergency: Guidelines for Educators* (2000). Pretoria: Department of Education, Communications Directorate.

*Draft Global Strategy Framework on HIV/AIDS, Schools and Education* (2001). Geneva: UNAIDS.

*The Progress of Nations* (2000). New York: UNICEF.

*Confronting AIDS: Public Priorities in a Global Epidemic* (1997). New York: Oxford University Press.

Various (Dec. 2000). *Current Issues in Comparative Education Devoted to HIV/AIDS and Education*, Vol. 3, No. 1. New York: Columbia University.

## Web Sites

[www.fao.org/](http://www.fao.org/)

[www.undp.org/hiv](http://www.undp.org/hiv)

[www.unaids.org](http://www.unaids.org)

[www.safaims.org](http://www.safaims.org)

[www.hivdev.org.uk](http://www.hivdev.org.uk)

[www.unesco.org](http://www.unesco.org)

[www.worldbank.org/aids-econ](http://www.worldbank.org/aids-econ)

[www.iaen.org](http://www.iaen.org)

[www.und.ac.za/und/heard](http://www.und.ac.za/und/heard)

[www.aids2000.com](http://www.aids2000.com)

[www.fm.co.za](http://www.fm.co.za)

[www.usaid.gov/regions/afr/hhraa/aids\\_briefs/educate.htm](http://www.usaid.gov/regions/afr/hhraa/aids_briefs/educate.htm)

[www.lovelife.org.za](http://www.lovelife.org.za)

---

ICAD's aim is to lessen the impact of HIV/AIDS in resource-poor communities and countries. We are a coalition of Canadian international development organizations, AIDS service organizations and other interested organizations and individuals.

Funding for this publication was provided by Health Canada. The views expressed herein are solely those of the authors and do not necessarily reflect the official policy of the Minister of Health.

Additional copies are available on the ICAD Web site at [www.icad-cisd.com](http://www.icad-cisd.com)

Le feuillet "VIH/sida et éducation" est disponible en français.