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The Impact of HIV/AIDS on teachers and other education personnel in West and Central Africa: A synthesis of the literature from 2000 to 2004.

E R N W A C A – Cameroon

with support from IIEP

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EXECUTIVE SUMMARY

This paper examines the literature on how HIV/AIDS has impacted teachers and other education personnel in Burkina Faso, Cameroon, Cote d'Ivoire, Ghana, Mali, Nigeria and Senegal.

The findings show that the HIV/AIDS situation is serious in all the countries studied although the prevalence rates range from 0.5 in Senegal, 5.8% in Nigeria and 11.8 % in Cameroon (UNAIDS, 2003). Generally, it was found that infection rates in the education system reflect the national rates. However this was not the case in Ghana where the education sector has a prevalence rate of 9.2 % while the national rate is 3.0.

Factors contributing to the infection of education personnel are varied; they include higher disposable incomes; temporary separation from spouses while working in remote areas; frequent transfers from school to school and issues of *multiple sex partners*

HIV/AIDS infection among teachers results in higher mortality rates, an increase in early retirements and lower productivity. All these factors compromise the effective delivery of education by accentuating problems of access, equity, efficiency and management. If this situation continues to go unchecked then education targets such as Education for All (EFA) will never be attained.

Responses aimed at tackling the epidemic have come from diverse stakeholders in the education sector. Teachers themselves (through trade unions) carry out Information Education and Communication (IEC) and teach HIV/AIDS preventive education. The authorities have had to recruit teachers to replace those who have died, introduced HIV/AIDS preventive education and assigned sick teachers to less demanding tasks. Non-governmental organisations (NGOs) and faith-based organizations have also initiated and sustained the teaching of HIV/AIDS preventive education.

Recommendations have been made for further research to generate statistics on the infection rates among teachers and to explore issues surrounding their sexuality. In the area of policy and practice, the authorities need to factor in projected deaths and retirements in human resource planning, generate a workplace policy to care for infected and affected personnel and formalise HIV/AIDS education throughout teacher training colleges and school systems.

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1. INTRODUCTION

HIV/AIDS affects all sectors of development in Africa including education. It affects teachers, school administrators, ancillary personnel, ministry personnel and pupils/students. This study was commissioned as part of the Education Research Network for West and Central Africa (ERNWACA) and International Institute of Educational Planning (IIEP) data collection project.

The impact of HIV/AIDS on education in sub-Saharan Africa is particularly alarming as the pandemic has impacted this sector of human development more than any other. There is total unanimity on the gravity of the situation and the urgent need to seek mitigation strategies and solutions (Fall, 2002) (Cohen, 2000), (AF-AIDS, 2002) and (Apia, 2000). However, before solving any problem it is necessary to measure and analyze it i.e. to determine how and why HIV/AIDS has impacted on different categories of persons involved in education in sub-Saharan Africa.

This paper examines the literature on how HIV/AIDS has affected teachers and other education personnel in Burkina Faso, Cameroon, Cote d'Ivoire, Mali, Nigeria, Ghana and Senegal. The work is principally a synthesis of literature on these countries collected for IIEP HIV/AIDS Impact on Education Clearinghouse by ERNWACA.

In all, 35 documents (dated 1999 to 2004) were reviewed. The documents included research reports, policy documents, action plans and general comments on teachers. The geographic distribution of the documents was as follows:

Country	*N ° of Documents
Burkina Faso	5
Côte d'Ivoire	5,
Cameroon	5,
Ghana	5
Nigeria	2,
Senegal	3,
Togo	1
Mali	1.

*The remaining eight documents cover more than one country of sub-Saharan Africa.

Reading the literature, one is immediately struck by the almost total lack of statistics. This highlights the need for empirical studies in the countries concerned. Some of the papers start by saying "...there is a paucity of data..." on the HIV/AIDS situation as well as its impact on the education system and almost all the studies call for empirical research to be carried out.

The literature indicates that HIV/AIDS affects not only students/pupils and teachers but also, others working in the education sector. This paper focuses on teachers and other personnel and was guided by the following set of questions:

- What is the prevalence of HIV/AIDS among teachers?
- How has HIV/AIDS affected the professional lives of teachers?
- What has the impact of teacher infection/affection been on school systems?
- How does management cope with the infection and affection of teachers?
- Are school administrators/managers and ancillary personnel also infected and affected?
- What are the implications of teachers and other personnel being infected
- What is the way forward?

2. PREVALENCE

Why and how are teachers and other education personnel infected with HIV/AIDS? The literature gives some indications. In Ghana, Apia (2000) explains this by invoking the “immoral behaviour” of teachers as being the prime cause, he does not explain what he means by “immoral” but we may assume that it is the practice of having unsafe sex with multiple partners.

In Burkina Faso, two causes have been evoked: (i) male teachers are forced to leave their wives behind when they are sent to work in remote areas and; (ii) young unmarried teachers tend to engage in unsafe sex (Catraye et al. 2001) and (Dakuyo et al. 2002).

Kanga (1999) reported that 64.86% of teacher deaths in Côte d’Ivoire were due to HIV/AIDS. Presently, it is estimated that at least one teacher dies of AIDS every day in that country and CILUS (2002) in trying to identify the causes of such a situation says young male teachers engage in risky sexual behaviour with multiple partners claiming to be “living their youth”. The young unmarried female teachers say they are looking for “self-discovery” and claim that experiencing sexual intercourse with multiple partners is one way of discovering the self. Both male and female teachers reported not using condoms (CILUS, 2002).

Another cause, according to the same report, has been the long resistance and denial of teachers and school administrators who tended to see AIDS as a Ministry of Health concern. In addition, some teachers preferred to remain ignorant about HIV/AIDS and those who had knowledge of HIV/AIDS were unable to share it with colleagues and students.

CILUS (2002) also identified other causes in Côte d’Ivoire such as cultural and religious beliefs and practices that facilitate the spread of HIV/AIDS among education personnel such as:

- The separation of young male teachers from their spouses or habitual sexual partners (as also seen in Burkina Faso)
- The lack of entertainment or leisure activities
- Sexual harassment from older female pupils

- The practice of exchanging sexual services for grades
- Parental hospitality which involves offering sexual favours to “warm the stranger’s bed”

In Cameroon, Nkwenti (2002) identified the important role that teachers have to play in the fight against HIV/AIDS but also highlighted several factors (inadequacy of teacher knowledge on HIV/AIDS, the taboo nature of the subject etc) which must first be addressed before teachers can be truly effective in delivering HIV/AIDS preventive education. These issues could be resolved through in-service training and the use of manuals.

Baku (2001) in summarising the HIV/AIDS situation in West Africa identified four factors that facilitate teacher infection. These are (i) the frequent transfer of teachers from school to school and village to village; (ii) the higher social prestige of teachers; (iii) higher disposable incomes and; (iv) the ‘promiscuous nature’ of a good number of them.

As previously mentioned, statistics on HIV/AIDS are almost completely absent from the documents studied. There is real and growing need to know how many teachers are infected and how many have died of HIV/AIDS. Such data would help inform any policy aimed at improving the situation. Dakuyo et al. (2002) give some indication of morbidity rates among teachers when they reported that in 1998, 1 578 teachers were living with HIV/AIDS in Burkina Faso. Martin et al (2001, p.20) indicate that in 2001, 500 teachers in Burkina Faso were infected. In Ghana, teachers are among the worst hit group, Apia (2000) and Working Group (2000) report an estimated prevalence rate of 9.2% in the education sector, which is far higher than the national rate of 4.6%.

In general therefore, it is safe to assume that in countries without statistics on prevalence rates in the education sector, infection rates among teachers correspond to the current national rates which range from 1.4% in Senegal (Fall, 2002) to 10% in Burkina Faso (Martin et al 2001, p.20) to 11 % in Cameroon (Kaptue, 2001) and (Nopele, 2001).

Regarding AIDS mortality the documents give little or no data. Dakuyo et al (2002) give a rate of 14.8% in 1996 in Burkina Faso. In Cote d’Ivoire, Kanga (1991) found that 64.86% of teacher deaths in 1999 were attributable to HIV/AIDS and presently, it is estimated that five to eight teachers die every week from HIV/AIDS (Yaro, 2002,) and (Cohen, 2000). In Ghana, Baku (2004) indicates that 893 teachers died of AIDS between 1996 and 2002. Nkwenti (2002) writing on Cameroon says a “rampant death toll” has been recorded among teachers but does not proffer any statistics. It would be safe at this point, given the similarities between Côte d’Ivoire and Cameroon and given the higher prevalence in Cameroon to assume that 5-10 teachers or more die every week of HIV/AIDS in Cameroon.

3. IMPACT ON THE PROFESSIONAL LIVES OF TEACHERS

All the literature indicates that HIV/AIDS profoundly affects the professional lives of teachers. Dakuyo et al (2002), Yaro (2002) and Catraye et al (2001) indicate that in Burkina Faso infected teachers exhibit one or more of the following:

- **Long and frequent absences.** Catraye et al (p.39) note that teacher absences due to HIV/AIDS are on the rise. Some of these absences are because the individual is ill or at times because he/she has to take a sick family member to the hospital or attend a funeral (Akoulouze et al. 2001). Azoh (2004) refers to studies to show that in Côte d'Ivoire, teachers are absent for 6.8 months out of the nine that make up a school year. Casely-Hayford (2001) notes that teacher absenteeism is on the rise across all of the Economic Community of West African States (ECOWAS).
- **Low productivity.** Infected teachers become weak and are unable to concentrate on their work. Casely-Hayford (2001) says the work of such teachers is unproductive given the little effort and time they put in preparing their lessons.
- **Increased work loads.** Where a teacher is ill and does not return to school and the administration has yet to recruit a replacement, the load of the sick teacher is usually shared between those who are healthy and are coming to work. These increased workloads invariably reduce effectiveness in the classroom
- **Non-completion of curricula.** Infected and/or affected teachers often do not have time and energy to complete programmes on time
- **Permanent financial crises.** Buying anti-retroviral drugs (ARVs) is expensive and in some cases infected teachers have sold property to buy medication. When this happens, they may not be able to afford enough clothes to dress for school or the means of living comfortably enough to prepare their lessons. Those already advancing towards AIDS need to buy antibiotics and fungicides and this further compounds their situation making it very difficult for them to function properly as teachers (UNDP, 2001).
- **Teachers suffer from stigma** and discrimination further compounding their already precarious situation and rendering them more or less ineffective in their jobs. Relations with colleagues, students and parents become strained making it a mammoth task for the infected teacher to even come to school.

The above impacts can be generalized for all the countries studied.

4. IMPACT OF TEACHER INFECTION ON SCHOOLS

Dakuyo et al. (2002) and Catraye et al. (2001) report that the impact of teacher infection on the school is very serious in Burkina Faso:

- Salaries continue to be paid to absent or underproductive teachers. This situation results in a waste of already scarce education resources.
- The deaths or incapacitation of teachers reduces the stock of qualified human capital and this in turn compromises efforts in the direction of EFA. Training teachers requires huge investments and their early deaths or incapacitation due to HIV/AIDS means that replacements have to be trained using funding that could have been put to other uses. In addition, invaluable experience gained by some of these teachers cannot be obtained through training. Thus, teacher attrition (through early retirement or death) is causing very serious problems to school systems. In Cameroon, Matchinda (2004) reports a drop in the enrolment rate from almost 100% in the 1980s to 71 % in 1996 due to HIV/AIDS since some students withdraw from school when their teachers no longer come.

In Cameroon, Nkwenti (2002) pinpoints low quality teaching, and absenteeism as the major impacts of teacher infections and Matchinda (2004) adds that HIV/AIDS has accentuated problems of access, equity, efficiency and management. In Côte d'Ivoire, Azoh (2004) has provided evidence to show that because of HIV/AIDS, teachers are absent for 6.2 months out of the nine that constitute the academic year. This implies that they effectively only teach for 2.8 months.

It should be noted that the situations described above are applicable to most of the countries covered. However, teachers are not the only infected personnel of education systems.

5. IMPACT OF TEACHER INFECTION ON STUDENTS/PUPILS

Caillods (2004) says "Teachers are at the heart of the teaching/learning process." Dembele (2004) reinforces this by saying that "Teaching is ...the strongest school-level determinant of student learning and achievement." Thus, when teachers and other education personnel are infected and/or affected by HIV/AIDS, then the schools and education systems suffer, the teaching/learning process and student achievement are compromised. As a consequence students/pupils suffer since:

- They receive a lower quality of education because teachers are weak, traumatized, absent and are dying.
- They experience financial loss in the sense that expenditure for education does not get them their money's worth. In developing countries like those of sub-Saharan Africa, education is seen primarily as an investment. In the case where teachers are infected

and are not delivering quality services, such an investment is deemed wasted or even lost.

- Teacher morbidity encourages drop out and absenteeism among pupil/students since when they do not see a teacher for sometimes, they will tend to stay away when that teacher is supposed to teach and this can gradually lead to complete abandonment of school.
- Planned expansions to meet EFA demands may not be attained by 2015 due to teacher deaths and early retirements which reduce human capacity. Thus some children will not receive an education at all.

6. INFECTION OF ADMINISTRATIVE PERSONNEL

UNDP (2001) and Cohen (2000) indicate that Ministry personnel, school administrators and managers as well as school support personnel are also becoming infected with HIV/AIDS in these countries. The impact of this situation on the school system is equally grave:

- Absenteeism of administrators and ancillary personnel
- Low productivity
- Poor examination results
- Lack of coordination of school activities
- Poor execution of some school activities e.g. an infected typist may not be able to type examination questions or administrative correspondence in time
- At the level of the ministry and the decentralised regional/district offices, infected and affected staff can impair activity not just for a school but for the whole country, region or district. Decision making which is already slow will become slower, materials and money may not be disbursed in time because those responsible are ill, and teachers may not be rationally deployed because the sick officials are unable to concentrate.

Given the gravity of the pandemic, teachers themselves as well as the authorities have responded in one way or the other to the epidemic.

7. RESPONSES FROM TEACHERS

In the wake of the HIV/AIDS epidemic and its heavy impact on education systems in West and Central Africa, teachers themselves have not remained inactive and through trade unions they are generating responses to the pandemic. In Cameroon, the Cameroon Teachers Trade Union (CATTU) has launched a wake-up call which (among other things) is asking teachers to refrain from high risk sexual behaviour and to refrain from entering into sexual relationships with students (Nkwenti, 2002).

In Burkina Faso, the primary school teachers union (SNAE-B) and secondary and higher education teachers union (SNESS) got involved in HIV/AIDS education in June 2002 (Education International, 2002). Both trade unions have sensitized their members on HIV/AIDS issues through seminars and workshops, trained provincial trainers, produced teaching manuals, organised films and public debates among other activities. Government authorities including the Ministries of Education and Health as well as the National AIDS Committee cooperated with the unions in their activities.

In Côte d'Ivoire, four teacher unions (SYNARES, SYNESCI, SYNADDEPCI and SYNEPPCI) have been working together with Education International (EI) in the domain of HIV/AIDS since June 2002 (EI 2002). They have carried out sensitization campaigns, trained trainers and organized regional seminars. The Ministries of Health and Education cooperated with them and the teachers showed much enthusiasm to learn about HIV/AIDS.

According to the same report, teacher trade unions are equally active in the HIV/AIDS domain in Guinea, Rwanda, Mali and Senegal. This clearly demonstrated that teachers are not just waiting for others to take the initiative, but are generating ideas and solutions to the HIV/AIDS impact themselves.

8. RESPONSES FROM MANAGEMENT

8.1 Human Resource Responses

In the wake of the pandemic, school management has adopted a variety of strategies to cope with infected teachers. In Burkina Faso, school authorities, sometimes assisted by Parent Teacher Associations (PTAs) have:

- Recruited replacement and temporary teachers to cover for those who are absent or have died because of HIV/AIDS. However, this results in a situation where two salaries are paid for one activity as the absent teacher continues to receive his/her salary. This phenomenon is on the rise as more and more teachers become ill. In Cameroon, Matchinda (2004) says the authorities are obliged to step up the recruitment of teachers in the wake of HIV/AIDS. There appears to be no government policy in this direction and she indicates that majority of such recruitments are through the use of PTA funds.

- Plans are underway to train new teachers to offset shortages that HIV/AIDS-related deaths and early retirements will cause. Catraye (2001) estimates that in 2010, Burkina Faso will need 1.44 billion FCFA to replace these teachers but does not indicate how the estimates were made. In Cote d'Ivoire, Kanga (1999) has shown that the deaths and retirements of teachers amount to an average of 47.91 % of the production of teacher training colleges. Such a situation greatly compromises the human resource planning efforts of the education authorities. Thus enrolments and productivity of such colleges must be stepped up to take in to account the impact of the infected teachers dying and retiring.
- Infected and sick teachers are transferred out of the classroom to less demanding posts so that they can continue to justify their earnings.

UNDP (2001) indicates that significant sums of the education budget have been diverted to be used in the fight against HIV/AIDS.

8.2 Curricular Responses

The advent of the HIV/AIDS epidemic has led to changes in curriculum and pedagogy in some instances. Ministries of education and health, groups/committees, NGOs and international organizations have ensured that information on HIV/AIDS and other reproductive health matters is now included in most school programmes in the majority of the countries studied. Akoulouze et al (2001) say in countries like Togo, Senegal, Mali and Burkina Faso, HIV/AIDS is a stand alone subject at primary and secondary levels. However, in Togo, HIV/AIDS education is concentrated in a few pilot secondary schools (Amevigbe et al. 2002). The contents of HIV/AIDS education in these countries include:

- The biology of HIV
- Signs and symptoms of HIV/AIDS
- Preventive measures

In other countries, information on HIV/AIDS is integrated into subjects such as biology and home economics. Furthermore, students and pupils have been encouraged to form health or anti-HIV/AIDS clubs which are run by teachers. Such clubs carry out HIV/AIDS education in an informal and extra-curricular way.

However, Fayorsey (2002) reports an absence of AIDS-related curriculum components and pedagogy in Ghana. According to her, the teachers are eager for such innovations which, as Baku (2004) indicates, will soon be available. From Apia (2000) and Osafo

(2000), it appears that the major response in Ghana until the year 2000 was at the level of policy formulation and sensitization of stakeholders. Some schools initiated HIV/AIDS prevention programmes using their own resources.

In Côte d'Ivoire, the incorporation of AIDS awareness has been informal in the sense that activities in this domain are considered extra-curricular. CILUS (2002) says that such interventions are practically non-existent. However, some teachers have received training on HIV/AIDS and on methods of sensitizing pupils/students. Tijon-Traoure et al. (2001) and CILUS (2002) report that some IEC materials have been produced but their distribution has been less than adequate, and that although the TV allocates some time to transmitting information on HIV/AIDS this time is too short. Teachers (trained as indicated above) act as anti-AIDS club coordinators and teach about AIDS in civics classes and practical living classes but tend to concentrate on transmission and prevention mainly. However, it is clear from the literature that the geographical coverage of such activities is very limited, the number of teachers involved too few and that such teaching has yet to be formalised

Cameroon, which has the highest infection rate among the countries studied appears not to have any governmental action in this direction (Matchinda, 2004). Efforts to introduce HIV/AIDS education in the country is being made by the Catholic Church, Care International, Peace Corps and GTZ. A few local NGOs with limited geographic coverage are also tentatively involved.

8.3 Teacher Training Responses

HIV/AIDS has generated the need to retrain teachers. They need to acquire sufficient knowledge on HIV/AIDS as well as new pedagogical approaches to transfer such knowledge. Teachers have undergone training and plans are being made to intensify and formalize such training in some countries (Fall, 2002), (INEADE, 2001), (FAWECAM, 2002) and (UNESCO, 2003). Senegal appears to have a well-developed system that trains teachers of natural sciences, home economics, health education, and civics and moral education among others to incorporate knowledge of HIV/AIDS in their lessons. The program entails training the teachers and producing teaching aids - flyers, handouts and booklets - for classroom use (INEADE, 2001). Senegal has produced manuals for pupils and students at all levels as well as guides for the teachers (Ministère de l'Éducation-Sénégal, 2001) and (Seck, 2002). In Cameroon, the US Peace Corps has initiated a training programme for teachers of maths, languages and other disciplines to be able to impart knowledge on HIV/AIDS in their classrooms.

The training approach has mainly been informal, using workshops and seminars. The literature indicates that 400 teachers have been trained in Mali (Fomba et al., 2001) and 636 in Oyo State of Nigeria (Hubert et al. 2002) using this approach. Plans are underway to formalise such training in Ghana (Baku, 2004) and Nigeria (UNESCO, 2003) for example and pre-service training will thus become available. UNESCO has promised to assist in all efforts to teach HIV/AIDS to student teachers in Nigeria.

From anecdotal sources, Cameroon is teaching HIV/AIDS to student teachers in the *Ecole Normale Supérieure* which trains secondary school teachers. The course in sociology of education also has a component on HIV/AIDS that covers causes, modes of transmission and prevention of HIV as well its impact on education.

9. THE WAY FORWARD.

From reading the literature it is clear that the economic, social, developmental and intellectual costs of HIV/AIDS are enormous. Some strategies come to mind as means of stemming the infection of teachers and other education personnel.

9.1 Recommendations for Research

This synthesis has identified many gaps in the literature that can be filled by research. While the literature is good at explaining the effects of HIV/AIDS and identifying causes of teacher infection, it lacks empirical evidence in most cases. Furthermore, the dynamics of the causes need to be examined. Thus, the following recommendation is made:

1. Empirical studies are carried out to determine the prevalence and mortality due to HIV/AIDS of teachers and other education personnel. This will give a better picture of the dimensions of the problem and enable appropriate mitigation strategies to be drawn up. Difficulties and complications may be encountered in such research and simulations/projection models could be used. To carry out appropriate human resource planning, the authorities must have an idea of the number of expected deaths and early retirement so that these can be factored into new or projected recruitments.
2. Study the sexuality of teachers and try to understand its dynamics. The literature suggests that teachers are “immoral” and “promiscuous” and that some even rape students. These statements are alarming and highlight the need to investigate teacher sexuality and generate ways of educating teachers towards behaviour change. Furthermore, there is need to assess the impact of IEC on teachers by investigating their sexual behaviour modifications.
3. Some of the literature indicates that teachers engage in risky sex when not with their spouses. This highlights the need to study marriage and divorce patterns among teachers. Information thus generated could be used to counsel them.
4. One or two authors mention older girls who coerce teachers into having sexual relations with them (in return for improved grades). The profiles of female students could be studied to help teachers deal with such situations appropriately. There is an abundance of literature on adolescent sexuality in the West but there is need to generate such literature for Africa in view of the different cultural contexts.

9.2 Recommendations for Policy and Practice

The authorities concerned can do much to reduce the impact of HIV/AIDS on education systems. If the situation remains unchecked, then EFA targets will not be achieved. Thus, it is recommended that the authorities should:

- Factor in teacher deaths and retirements due to HIV/AIDS in the training and recruitment of new teachers. From the literature, it stands out clearly that there are no set policies for the replacement of teachers that die or retire because of HIV/AIDS in a majority of the countries.
- Decentralize recruitment and management of teachers so that a teacher applies to a school or at most to a small school district. This would ensure that teachers know beforehand where they will be living and will not be forced to leave their families behind. Separations from spouses and frequent transfers have been identified in the literature as contributing to the high HIV infection rates among teachers.
- Enforce laws punishing sexual relations between teachers and students and create such laws in countries where they do not already exist.
- Include HIV/AIDS as a full semester course in all teacher-training institutions. For those already in the field, HIV/AIDS education must be organised in such a way to ensure that all teachers can participate. The majority of the training so far has been informal (through workshops and seminars) and has not reached all teachers in most of the countries.
- Generate policy on supporting and caring for teachers and other personnel who are infected and/or affected. People living with HIV/AIDS (PLWHA) can still be economically productive before the onset of AIDS. In all the countries studied, there is no such policy. It is important to keep infected teachers in good shape so that they can continue to work.
- Ask all teachers to undergo confidential HIV testing so that they know their status. They could choose not to disclose such information but policy would provide for assistance to those who choose to be open about their positive status. Having access to medication would enable infected teachers to remain productive. In this way, the massive loss of human capacity that education systems are currently suffering could be stemmed.
- Look for ways of banning cultural practices that predispose teachers to HIV/AIDS such as the “warming of a stranger’s bed’ practice in Côte d’Ivoire.
- Intensify IEC on HIV/AIDS at all levels of the education system and incorporate such knowledge in the formal curriculum. So far IEC has not reached all the schools and teachers and not all the countries have implemented HIV/AIDS education in the school system. Ideally, HIV/AIDS education should be a stand alone subject so as to be allocated sufficient time.
- Look for ways of encouraging teachers to get married and stay married.

- Encourage partnerships with NGOs, teacher trade unions and other organizations to continue the fight against HIV/AIDS. The trade unions in Côte d'Ivoire, Mali and other countries have contributed significantly in the fight against HIV/AIDS and have already acquired some expertise that can be put to further and expanded use.
- Generate psychological tests for the recruitment of teachers. Mature teachers will not experiment with sex as a method of self-discovery and will not have sex with multiple partners as a way of living their youth.

10. CONCLUDING REMARKS

This review has shown that HIV/AIDS has had a serious impact on the education systems of the countries studied although infection rates and impact differ from country to country. The countries have also responded to the epidemic in different ways, such as training teachers to teach HIV/AIDS education, including HIV/AIDS in school curricula and carrying out IEC.

However, from the literature one immediately notices a pattern in the degree of responses. There seems to be a negative correlation between the prevalence rate and the intensity of the response from the government. Cameroon, with the highest infection rate among all the countries of this study appears to be putting in the least effort against HIV/AIDS. Côte d'Ivoire, which follows closely behind Cameroon, is putting in a higher effort but which is still low compared to other countries with smaller rates. Senegal, with the lowest infection rate has generated well-articulated, laudable and structured responses.

Perhaps these high rate countries have reached a state of despondency? There is immediate need to step up the fight against HIV/AIDS in Cameroon and Côte d'Ivoire. Lessons could be learned from Senegal, Burkina Faso and Mali.

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