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UNESCO Policy Briefs on Early Childhood

The Impact of AIDS on Early Childhood Care and Education

Background of the HIV pandemic

The HIV epidemic has transformed the childhood, youth and adulthood of millions globally. Over three million children and 38 million adults are infected with HIV worldwide. The epidemic affects early childhood both through the illness and death of children themselves and through the illness and death of parents, teachers, and other caretakers.

While the footprint of the HIV pandemic is felt globally, the impact is currently greatest in the southern cone of Africa. In the last year alone, there were 3.5 million new HIV infections among adults and children in sub-Saharan Africa. Yet countries well beyond Africa are affected. Recently, attention has been focused on the rapid rise of infection rates in Asia and in Central and Eastern Europe. In Eastern Europe and Central Asia, 1.2 million adults and children are living with HIV. India has 4 million infected adults and children, a total second only to South Africa. By 2010, if current trends continue, 10 million Chinese could be infected with HIV.

While new programs to increase the availability of treatment in resource-poor countries bring new hopes for longer survival for those who are HIV-infected, the availability of medications is only one essential part of what is needed. One of the most important challenges for those nations that already have high infection rates is how to raise healthy children while at the same time addressing the needs of those adults and children who are already infected. For a number of countries, this challenge is particularly urgent. In South Africa, an estimated 20% of reproductive age adults are infected, in Zimbabwe 34%, in Botswana 39%, in Swaziland 33%, in Lesotho 31%, in Namibia 23%, in Zambia 22%, and in Malawi 15%.[i]

A study to understand the impact of HIV on childhood

In an effort to understand the best way to support families raising children amidst the HIV epidemic, the Project on Global Working Families conducted a representative survey of over a thousand parents and other caregivers using health services in three locations in Botswana.[ii] Respondents were interviewed in the capital city of Gabarone, the large town of Lobatse, and the urban village of Molepolole. The study was designed to sample in proportion to the number of Batswana living in cities, towns, and urban villages nationally – the three major census classifications for Botswana. There was a 96% response rate. Parents were asked a series of detailed questions about the heath, care and education of preschool and school-age children, and both parents and other caregivers were asked detailed questions about caring for adult family members including family members who are HIV-infected.

Analysis of the survey results make clear that HIV is having a critical impact on the care of both HIV-infected children and of children with infected family members.

Findings: Child care

Parents who are HIV caregivers[iii] compared to non HIV caregivers, are significantly more likely to report that they are worried about the quality of child care their children receive (53% versus 34%). Their worries stem from concern about their children receiving adequate care when the children are sick. 75% of parents who are HIV caregivers worried that their children would not receive adequate care when their children were sick.

Findings: Caring for sick children

In the absence of adequate child care for HIV-infected children when they become sick, parents often are the ones who must provide this care. As a result, they frequently leave work to attend to sick children. Among parents who are HIV caregivers, 29% leave work at least once per month to attend to sick children compared to only 19% of parents who were not HIV caregivers. The need to be absent from work to provide care for sick children frequently led to loss of income and at times led to job loss. Both could result in serious implications for families' ability to care adequately for their young children as the loss of income led them deeper into poverty.

Findings: Parental time with children

Young children who are not HIV-infected themselves are often still deeply affected by the epidemic—both when their parents become sick and when their parents have to care for others who are sick. HIV care giving affects the ability of parents to provide routine care for children who are not infected. Parents who are HIV caregivers spent an average of 74 hours per month providing care to their children, 22 hours less than non-caregivers. The amount of time they needed to be working as HIV caregivers substantially reduced their availability to their own

children. 48% of HIV caregivers spent two or less hours per day with their own children.

Policy Recommendations

Several important policy considerations arise out of what we are beginning to learn about the impact of HIV on families with young children. In particular, there are implications for the quantity and nature of early childhood care and education services needed and the supports necessary to enable parents and extended family members to care for children who are HIV-infected and affected.

First, we need to markedly increase the supply of early childhood care and education in the countries with the highest rates of HIV. Many parents who previously cared for young children at home are no longer able to because of illness or death. At the same time, the necessity of the surviving parents to work, or in the case where both parents have died, the need of extended family members to work, is increasing the demand for early childhood care and education. Moreover, as documented above, the amount of time healthy parents have available to be the primary or sole caregiver of young children is declining because of the amount of time they have to spend as HIV caregivers.

Second, HIV is changing the nature of early childhood care demanded. Children who are HIV-infected and affected face both increased health and developmental challenges. To address these substantial challenges, we will need to increase the ability of early childhood care providers to care for children when they have illnesses and developmental problems and to increase the ability of parents and other guardians to get paid leave from work so that they can provide care for children when early childhood care providers cannot. Both of these measures are feasible. Both through the use of on-site health care professionals and social workers and by bringing children to nearby public services, residential care programs in southern Africa already help care for the physical and mental health of children who have been orphaned or whose parents are too ill to provide care themselves. It will be less expensive for day care programs than residential ones to provide this same critical support to HIV-infected and affected children living in the community.

Increasing the availability of paid leave, an ingredient key to parents' and guardians' roles, is also feasible. Twenty African countries, like many other countries throughout the world, already provide in their labor codes or public policies for employees to receive paid leave for their own health. These policies need to be adjusted so that paid sick leave can be taken for family illnesses as well as the employee's. South Africa already has a policy of providing employees with paid leave for child sickness or family death. While African nations currently face the highest HIV prevalence rates, these policy changes are equally needed in all regions of the world. They would provide a critical step forward for those working globally in the formal sector. Parallel initiatives to make leave affordable for those working in the informal sector need to be developed.

In summary, caring for the health and development of young HIV-infected and affected children will increasingly be shared by early childhood care providers and the children's families. It is only through their combined efforts that children will be able to receive adequate care and parents and other guardians will be able to work and earn the income needed to survive. It is clear that the overall need for quality early childhood care services is increasing as a result of HIV. Not only is there a need for greater supply, but it is also necessary for these services to adapt to meet the new demands of HIV-infected and affected children. Early childhood care services can play an essential role in helping families and societies survive the HIV pandemic. At the same time, parents and other caregivers of HIV-infected and affected children need the working conditions and workplace supports that make it possible for them to truly partner in this crucial task.

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The *UNESCO Policy Briefs on Early Childhood* is a series of short, flash notes on early childhood and family policy issues. It seeks to answer various questions that policy makers have about the planning and implementation of early childhood and family policies. For further information and the electronic version of the *Briefs*, please check:

http://www.unesco.org/education/educprog/ecf/html/policy/ecbrief.htm

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[i] Further statistics are available from: UNAIDS/WHO. 2002. Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections; UNAIDS/WHO. 2002. AIDS Epidemic Update. December.

[ii] This study was developed by Jody Heymann and coordinated by Divya Rajaraman, as part of a partnership between the Ministry of Health in Botswana and Harvard University.

[iii] The findings reported in this brief describe households in which there was at least one child aged 0 to 5 years old. The term HIV caregivers refers to parents who had been caring for children and/or adults who were HIV infected.