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The Impact of HIV/AIDS on Primary Education in Kenya

1.0 Introduction

1.1 The Status of HIV/AIDS Pandemic in Kenya

By July 2002, over 2.5 million Kenyans (about 10 per cent of the population aged between 15-49 years) were infected with HIV, while 1.5 million Kenyans have already died from the virus since the first case was diagnosed in 1984, leaving behind more than 1.1 million orphans. An estimated 500-700 Kenyans die each day from AIDS, and about 300,000 are likely to be infected with HIV every year. Prevalence, however, appears to be decreasing. The HIV prevalence rate among those aged between 15-49 years has continued to slow down from 13.5 per cent in 2000 through 13.0 per cent in 2001 to 10.2 per cent in 2002. Recent estimates by the 2003 Kenya Demographic Health Survey (KDHS) show further drop in the prevalence rate (down to 6.7 per cent). Previous data have shown that the prevalence is higher in urban areas (16-17 per cent) than in rural areas (about 11-12 per cent). New data by the KDHS indicate that HIV prevalence rates have somewhat decreased from the 2002 levels to 10 per cent and 6 per cent in urban and rural areas, respectively, but with little variation by provinces.

1.2 HIV/AIDS and the Education Sector

Since independence, Kenya has made great efforts to improve access to and reduce inequalities in education. For example, according to the Economic Survey of 2003 the total primary enrolment rose from 5,428.6 million in 1993 to 6,314.6 million in 2001. Growth in the education sector reflects political will towards provision of *Education for All.* Educational achievements in the past decades could, however, be reversed by: The increased mortality and morbidity (illness) particularly among the young people; reduced life expectancy; increased infant and child mortality rates and; changing socio-economic landscape, and as such no level of the education system will remain unaffected.

The pandemic is likely to have serious effects on patterns of demand and supply. First, the projected number of children requiring education will decline. Impacts of the pandemic will lead to: Declined birth rates, following the premature deaths of potential mothers; increased infant and child mortality due to peri-natal transmission and orphan hood and; declined numbers of children seeking admission to school. There is real danger that children from families infected and affected by AIDS will be forced to stay out of school to care for the sick, till the land, or even engage in child labour in order to earn money to supplement household livelihood needs. Besides, the children could drop out of school for feeling discriminated against, among other reasons. To the extent that many orphans become pre-occupied with survival imperatives, education may no longer continue to be a viable option, amongst other self and family needs.

1.3 Problem Statement

Based on the magnitude of its impact as a leading cause of death in sub-Saharan Africa, the perception of the AIDS pandemic has shifted beyond purely health sector concerns to a crisis of multi-sectoral importance. In the education sector, HIV/AIDS is affecting both the providers of education including, teachers, and those seeking education as well as their families. Many countries in Eastern and Southern Africa are losing teachers to AIDS. The HIV related teacher absenteeism severely impacts on the ability to supply education and attainment of the Millennium Development Goals (MDGs) and targets, particularly that of universal primary education. Further, target 2 of the MDGs pertinent to education may be unattainable by 2015 due to reduced demand for education. Yet, remarkably little attention has been devoted to addressing the fundamental and potentially calamitous impacts of the HIV/AIDS pandemic on the development of the education sector regarding how it affects the demand and supply of primary education in Kenya.

1.4 Objectives of the Study

Objectives of the study were: 1) To assess the impact of HIV/AIDS on demand and supply of education in primary schools in Kenya; 2) To assess the anticipated trends of the impact of HIV/AIDS on primary schools in Kenya for the next 10 to 15 years; and 3) To review the role of education in mitigating the impact of HIV/AIDS in the educational sector.

2.0 Results

2.1 Impact of HIV/AIDS on Teaching Staff

In the context of HIV/AIDS, the teachers' two main roles include protecting the pupils by imparting knowledge and skills for safe and abstinent living and protecting themselves against infection; and advising on access to treatment and positive living to those infected.

One of the greatest effects of the HIV/AIDS pandemic on the education sector has to do with increased rates of morbidity and mortality among teachers. Data on AIDS related deaths and HIV prevalence among teachers is lacking, but available evidence shows increased teacher mortality associated with the disease.

WHO estimates that 21 per cent of adult mortality in Africa is caused by AIDS. We used this estimate to compute the number of teacher deaths caused by AIDS between 1997 and 2001. Overall teacher mortality (in absolute numbers) due to AIDS rose from 255 in 1997 to 448 in 2001. During the same period, the mortality among primary school teachers rose from 191 in 1997 to 336 in 2001. Data on teacher attrition reveals that a significant number of trained and untrained teachers have left their teaching stations. If one compares the annual estimates of primary school mortality, attributed to the impact of AIDS, to estimates of the annual attrition due to retirement and/or resignation, the annual AIDS related number of deaths is about the same as the annual number of retirements, resignations and/or those leaving the service without notice.

The HIV/AIDS related mortality represents a critical share of the eventual outcomes, while the morbidity associated with the pandemic constitutes an ongoing resource handicap. HIV/AIDS related absenteeism is a serious problem against teacher availability for quality service provision in the Kenyan educational system. Increased absenteeism takes the form of sick teachers taking time off by, while other teachers attend funerals or care for their sick or dying relatives and close friends.

Assuming that an infected teacher loses, on average, approximately six months of his/her professional time before developing full-blown AIDS and 12 months thereafter, then infected teachers are more likely than uninfected ones to be more regularly absent from class for longer periods due to the progressive nature of the disease. For the teachers, increasing absenteeism results in less teaching time and reduced quantity and quality of teaching.

2.2 HIV/AIDS and Demand for Educational Services

2.2.1 Current and Projected Annual Intake

In the *Kenya with AIDS* projections, the size of the primary school age population rises from 5.8 to 7.9 million children by 2015. In contrast, under *Kenya without AIDS*, the number of school age children would increase to 9.3 million or by about 15 per cent more children. Taking into account the impact of AIDS on enrolment, the primary school age population will grow by about 19 per cent between 2000 and 2015 under the *Kenya with AIDS* projection. However, in the *Kenya without AIDS*, the primary school age population is projected to grow by 33 per cent.

It is clear from the above projections, that the primary school sector will be smaller by 2015 due to HIV/AIDS epidemic than it would be in the absence of it. Thus the overall emerging picture, if the current HIV/AIDS trends continue, is that of reduced demand for educational services.

2.2.2 HIV/AIDS and Orphans

Due to HIV/AIDS, the number of orphans in the population is projected to continue rising. Going by the WHO definition of an orphan as "an individual below 16 years who has lost either her mother (maternal orphan) or both parents (double orphan) to the epidemic", the proportion of children with one or both parents dead rose from 43,359 in 1990 to an astounding 965,975 in 2000. By 2010 the number is projected to rise to 2,189,593.

The sudden increase in the number of orphaned children indicates a likelihood of low enrolments in primary schools. Anecdotal evidence suggests that orphaned children have a high probability of dropping out of school. With the loss of both parents and the subsequent possible decline in enrolment for the orphaned children, the demand for educational services will also decline.

3.0 Demand and Supply Model for Teachers

3.1 Impact on the Balance of Demand and Supply

Mortality of teachers due to AIDS would reduce their supply by 27,100 over the 2005-2010 period, while their demand would be lower by 36,640 over the same period, creating a deficit of 9,540. However, this shortage may not be felt in the education system because Kenya has surplus graduate teachers who could easily be deployed to fill the gaps in the system.

3.2 Projections

The probable trends of the HIV/AIDS pandemic among teachers, are extrapolated from data on total mortality among teachers, with the assumption that a certain proportion of these deaths were AIDS-related (21 per cent). In making these projections the use of anti-retroviral (ARV) drugs was not taken into account, because only a limited number of AIDS patients have access to them. The study therefore excludes anti-retrovirals in making the projections.

A logarithmic projection from 1998 to 2015 shows that mortality has been rising steadily for the first four years, approaching stability thereafter and then decreasing slowly every year. This trend perhaps depicts the overall decreasing trend of HIV/AIDS prevalence in the country. It is observed that: (1) The AIDS related mortality in absolute terms is low, starting at 1,242 and 932 per thousand (for all teachers and primary teachers respectively) in 1998 before falling to approximately 14 per thousand by 2015 and (2) It appears that the contribution of AIDS-related mortality to overall teacher attrition is small and may even become less significant with time.

3.3 HIV/AIDS and Gender Disparities

Girls and young women are highly vulnerable to HIV/AIDS infections. This is due to causal factors which are in part manifestations of gender differentials in HIV/AIDS impacts and include: limited access to or even lack of education altogether; denying females access to quality information and meaningful economic livelihoods; undue use of sex for economic gain; and confinement of females to domestic work on traditional role allocation structures. Shortfalls in household incomes or constrains due to HIV/AIDS deaths and the care for the sick relatives affect girls more than boys, implying a higher likelihood that HIV/AIDS is likely to reduce the enrolment rates for girls.

4.0 Conclusions and Recommendations

4.1 Conclusions

The foregoing analysis presents HIV/AIDS as a social and health problem with such negative effects on the primary education as: morbidity and related absenteeism; resource wastage in terms of time and costs and expenditures at the individual child, teacher, activity and needs fulfilment levels; other costly outcomes such as destitution and orphanhood negatively effecting children's school attendance and access to quality equipment and other essential needs.

Given the critical role of education as a major player in the development of human resources, through teaching of literacy and numeracy, transmission of basic knowledge and skills for survival, the education system could play a critical role in battling against HIV/AIDS prevalence through a number of strategies: 1) Enhancing the HIV/AIDS content in the curriculum; 2) Capacity building among teachers to enhance their ability to effectively transmit HIV/AIDS related messages in the curriculum; and 3) Development of guidance and counselling services.

4.2 Recommendations

The study suggests the following recommendations, all of which have education policy implications:

4.2.1 Supply of Educational Services

- Provide guidance to all teachers on basic facts about the disease, universal safety precautions and HIV/AIDS related human rights issues. Government should provide support to infected and affected teachers. These are fundamentals of support to which every teacher is entitled, to ensure 1) Adequate knowledge of the etiology of HIV/AIDS; 2) Adequate training and guidance in life skills curricula; and 3) Access to counseling if they are worried about their health and to help them cope with the trauma of working with pupils under difficult circumstances.
- As much as possible, infected teachers should have access to anti-retroviral therapy. This is a major way of sustaining the teaching service.
- To sustain the provision of educational services, the MoEST should ensure the potential consequences of HIV/AIDS are factored into the primary education plan, enabling the ministry to provide and post new and adequate teachers 1) To replace the dead; 2) To cover for those regularly ill and absent; and 3) To keep expansion and quality of teaching viable.
- Undertake an assessment of the financial

implications of the growing levels of HIV/AIDS related teacher absenteeism and mortality, with a view to computing the proportion of overall expenditure by the teachers, Ministry, and development partners in coping with the sick and dying teachers.

4.2.2 Demand for Education

• Government policies need to focus more on the plight of orphans' education and their integration in society. Effective strategies are needed to improve their enrolment based on a clear understanding of their needs and guided by locality-specific response initiatives.

• Undertake specific HIV/AIDS-targeted responses, improving access to health services for parents and caregivers; ensuring that those infected and affected by HIV/AIDS are not excluded from education through the negative impacts of stigmatisation and prejudice.

4.2.3 General

• Within the context of HIV/AIDS, schools are well placed to reach a great majority of children and young people. Since attitudes and beliefs are formed early in life, reproductive health programmes need to be implemented in primary schools to reach students before they become sexually active. School based reproductive health programmes in the curriculum should include education in one or more of these elements: family or life skills, sex, HIV/AIDS and school-based health services. Skills based education should be designed to help children develop the knowledge, attitudes, values ,interpersonal, critical and creative thinking, decision making, and self-awareness skills to enable them to make sound health-related decisions.

• To ensure that primary school teachers are adequately trained to teach sexual and reproductive health topics, the MoEST should: facilitate revision of the curriculum in primary teacher colleges in order to raise the profile of this subject; enhance the capacity of teachers to become counsellors and change agents on sexual and reproductive health; equip teachers with a comprehensive understanding of the social, economic and psychological effects of HIV infection and full blown AIDS to enable them to impart useful and empowering knowledge to their pupils, through grounding in the basic facts of HIV/AIDS transmission and treatment; initiate development of guidance and counselling guidelines covering such issues as confidentiality, ethical standards, roles and responsibilities of guidance and counselling staff, head teachers, school management and the education officers.

• The Ministry needs to improve its management information system to be able to identify the nature of data required to facilitate planning against the impacts of HIV/AIDS on the educational services. This system should be useful in giving insights into the nature and magnitude of impacts on primary schools, anticipating and planning the required responses to them, and capturing data on AIDS orphans (by age, grade level and gender); mortality among teachers and pupils; the absenteeism of both teachers and pupils (and the reasons for these absences) and; current coping mechanisms among other information.

4.2.4 Suggestions for Further Research

• This study indicates that there is very little information on the extent and impact of HIV/AIDS pandemic on the education sector. In view of the central role of the MoEST in the HIV/AIDS prevention and control, there is need for detailed information on the various effects of the pandemic on the sector, with an effort made to determine the number of AIDS orphans enrolled and their needs.

• There is an urgent need to assess the impact of HIV/AIDS on the education sector using actual field data. Such information should be collected directly from the teachers and students both as individuals and as members of the education system. The data on the scale and the extent of the pandemic as it relates to the provision of educational services will provide the rationale for prevention and mitigation. This information will also be useful to the government in assessing the potential for developing an affordable, socially and politically acceptable and cost-effective health care delivery system, covering HIV/AIDS related constraints affecting the teachers.

For detailed discussion of the issues contained in this Brief, refer to IPAR Discussion Paper No. 044/2004: ***The Impact of HIV/AIDS on Primary Education in Kenya*** *by Enos Njeru and Urbanus Kioko.* ISBN 9966-948-16-3.

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