MALAWI AND THE FIGHT AGAINST HIV/AIDS

A COUNTRY PAPER BY THE MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY, THE EPISCOPAL CONFERENCE OF MALAWI AND THE COUNCIL OF CHURCHES

PRESENTED AT THE SECTORAL MOBILISATION WORKSHOP FOR THE FIGHT AGAINST HIV/AIDS IN EDUCATION AND TRAINING SECTOR, PRETORIA, SOUTH AFRICA, 26-28 FEBRUARY, 2001

THE PROBLEM OF HIV/AIDS IN MALAWI

Malawi, just like other sub-Saharan countries, has not been spared from the HIV/AIDS pandemic. National AIDS Control Program (NACP) estimates that up to 1998 Malawi had over 265,000 AIDS cases since the first AIDS cases were discovered in 1985. NACP estimates that by the same year, 735,000 Malawi's were infected with the HIV virus. This means that one in every ten Malawi's is HIV positive. The situation gets compounded when we focus on the ages between 15 and 49 which is the economically productive age group. NACP estimates that 14% of this group is infected with HIV. The infection rate is even higher among the girls between 14 and 25 than the boys in the same age range.
The Government of Malawi has developed a four National HIV/IADS
Strategic Framework, which is a guide for all stakeholders in the multi faceted
fight against the pandemic. Government ministries religious organisations
and NGOs are all called upon to translate the National Strategic HIV/AIDS Framework into action within their spheres of influence.

HOW THE MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY IS AFFECTED.

The Ministry of Education, Science and Technology has more than 4 million students in primary schools, secondary schools and colleges. In addition it has a work force of more than 60,000 employees in schools, colleges and administration offices (Ministry of Education, Science and Technology Headquarters, Education Division Offices, District Education Offices, Zones, and Schools and Colleges). This constitutes more than a third of the total population.

More over the Ministry is connected to almost all homes since almost each and every home has a student at school or college.
The Ministry of Education is therefore aware of the important role it has to play in the fight against HIV/AIDS. The Ministry of Education has to continue participating in this fight against HIV/AIDS by trying to save the youth in its educational institutions from contracting or spreading HIV/AIDS infections. The youth are the nation's window of hope. Though the majority of the youth may be presumed free from HIV/AIDS infection, they are the most vulnerable due to their physiological, psychological, social and economic circumstances.

NACP estimates that 46% of all new HIV/AIDS cases occurred in youth

Aged 15 - 24 with 60% of the cases in females

The study forms part of a larger research project, which comprises three Country studies: Botswana, Malawi and Uganda.

Despite the potentially extremely serious impacts of HIV/AIDS on Education in Malawi, very little attention had been devoted to this Fundamentally important problem. No robust research had been undertaken that systematically analyses all key quantitative and qualitative impacts of the epidemics on education.

The study focused on three key questions:

A) How has the HIV?AIDS epidemic affected primary and secondary schooling?

B) What would be the likely impacts of the epidemic on education provision during the next 10-15 years?

C) What should be done to mitigate these impacts?

Pilot School Survey

The survey was conducted last year (2000)

A small pilot survey of six primary and five secondary schools in Blantyre and Chiradzulu districts in order to assess the impact of HIV/AIDS at school level.

- Primary data: sample of primary and secondary schools
- Interviews with key informants in education and other link ministries, government departments, NGOs and donor agencies.
- Secondary data from a variety of sources.

Three main impact areas

1 HIV prevention among students: the current efforts of the Ministry of Education, along with views of students and teachers.

2 Impact on students: special attention was paid to three groups of children; orphans, caregivers and sick children

3 Impact on teachers: This concentrated on the impact on teachers.

HIV/AIDS PREVENTION

Preventing HIV infection among children and Youth is of paramount importance

- Students' HIV/AIDS related knowledge
- Radio was the main source of information
- Levels of sexual activity: Many students are beginning to have sexual intercourse during teenage years.
- Students did not perceive themselves as at risk. "It can not happen to me".
- Students did not perceive themselves as at risk. "It can not happen to me."
- "Death will happen any which way" attitude.
- The tradition of sugar daddies: an "easy" form of income generating.
- Sexual harassment cases more common in rural schools than in urban schools.
- when a girl refuses to get involved with a teacher, she is punished severely for no apparent reason, sent out of class while others are learning and sometimes failed a test.
- Some participants (students and parents cited examples of female students being made pregnant by the teacher...and such teachers are simply transferred to other schools. These cases go unreported.
- On condoms, students reservations: Contradictory messages they get about condoms (they do not know who to believe), inconsistent use of condom to someone whom they have gone out with for some time, unfriendly staff to youth, stigma attached to condom, etc.

HIV/AIDS Education and Curriculum

- HIV/AIDS Education has been introduced in the curriculum through carrier subjects like Social Studies, Health Education, Agriculture. Biology and Home Economics and more recently Life Skills Education.
- More primary schools students (62%) than secondary students (32%) acknowledged that HIV/AIDS education was being offered.
- Main carrier subject in primary school- Health education and in Secondary School - Biology.
- Teachers admitted that they felt very uncomfortable to teach HIV/AIDS and sexuality related components in the curriculum.
- Some teachers jump the HIV/AIDS topics and ask students to read on their own.
- Students study HIV/AIDS education topics in order to pass examinations rather than to change behaviour.

GUIDANCE AND COUNSELLING

No guidance and counseling in primary schools.

The traditional counseling of advice giving was viewed as guidance and counseling.

In theory, secondary schools were having formal guidance and counseling. A member of staff was appointed to help

Counselors:
- focused on career guidance
- have no formal training in Guidance and Counseling
- have many responsibilities
- not offering counseling and guidance except in ad hoc situations

Other school based HIV/AIDS education interventions
Why Wait programme
EDZI TOTO Clubs
Scripture Union's Bible Clubs in primary schools.
Involvement of guest speakers through NGOs and the Ministry of Health officials.

IMPACT ON STUDENTS
Orphans

- No data in schools
- Observation: Increase in number of orphans
  63% of teachers reported existence of orphans in classes they were teaching.
- Urban Primary I: 16% female and 13 % male orphans
- Urban Primary 2: 33% female and 31 % male orphans
- Rural Primary 3: 16% female and 15 % male orphans
- Rural Primary 4: 16% female and 13 % male orphans
- Rural Secondary: 12% 12% female and 15 % male orphans

6.0 IMPACT OF HIV/AIDS ON TEACHERS

6.1 Introduction

When the immune system of the body weakens and eventually breaks down due to HIV infection, individuals are a prey to a multitude of opportunistic infections (Kelly, 2000, MoHP, 1999, and World Bank, 1998). Hence, HIV infected people suffer clusters of serous illnesses. In Malawi, HIV/AIDS related illnesses are worsened by absence of costly antiretroviral therapy that a teacher and society in general cannot afford. Thus, before mortality, full blown HIV infected teachers face bouts of morbidity that may range from diarrhea. tuberculosis, pneumonia, loss of appetite, skin diseases, fungal meningitis and many others.

Morbidity, in most cases, entails absenteeism from work due to general fatigue (body tiredness) and searching for medical assistance. Apart from morbidity, absenteeism and mortality an HIV/AIDS infected person may face social exclusion because the immediate society and general community does not want to associate with such cases, because religion has been ostracizing them as sinners (adulterers and fornicators) and or because personnel policies may discriminate against the infected and affected.

6. Morbidity and Absenteeism

With the advent of HIV/AIDS in Malawi, there has been a threefold increase in TB cases over an eleven year period (1984/1985 to 1996) (NACP.1999:11). The World Bank (199$:15) states that a recent sero-prevalence study in Malawi showed two thirds of TB cases were HIV infected". It is obvious that among these increased TB cases are teachers. Thus, it is obvious that HIV/AIDS has caused morbidity among the teaching profession. However, it is not easy to catalogue the exact magnitude of morbidity arising from HIV infection because of unreliable reporting and diagnosis, and paucity of studies in both health and education institutions. Data on illness reported from health facilities are incomplete and out of date. Reports on AIDS cases are even more incomplete because of the requirement for an HIV positive serology and pre and post testing counseling.

(World Bank, 1998;14)

Basing on the sample survey of this study (323 teachers in 11 schools), morbidity is apparently quite significant among female and male teachers. In a single school term (three-month period), illness of the self has been the leading cause of absence. 35.5 per cent of the male teachers who were interviewed by the researchers or requested to fill a questionnaire mentioned their own illness as a causative factor for absenteeism whereas 41. I per cent of females did too (see Table 6.1 below). Although it could be argued that the correlation between illness of self and absence may not give us a complete picture on how **HIV/AIDS** is affecting the school system it

nonetheless allows us to observe to what extent teachers are ill whilst schools are in session. Actually, illness of self, as a leading cause of absenteeism among teachers, shows us the extent to which morbidity of teachers is serious.

Table 6.1: Teacher Absenteeism in a Single Term

Reason for Absenteeism	Male (Frequency - %)	Female (Frequency - %)
Illness of self	33.5	41.1
Attending funeral	21.1.	20.9
Other family sickness	2.6	11.6
School related (attending meetings etc)	2.6	1.6
Other/maternity leave	1.3	5.4

Source: Field Survey

It was also reported through school management interviews that while many' teachers may be sick for a short time, there are some teachers who have been ill for long spells. For instance, one teacher had been sick for 4 to 5 months, while in another case, 2 to 3 years. However, the long-term illness that included a sick leave was only reported in two of the eleven sample schools. Three specific cases of illnesses were presented as possible HIV/AIDS related during the survey. These teachers were suffering from sores and boils, shingles and TB. Besides, two schools mentioned about two teachers who had long-term illness and/or medication either this year or the previous year. Six schools, under this study's survey, reported about long-term illness without sick leave that could be taken as serious morbidity within the academic year (2000). Of the six reported serious cases, two were from secondary schools.

Through this study's focused group discussions and management interviews, it was learnt that all primary schools had Social Welfare Committees that visited and encouraged fellow teachers who were sick and unable to report for duties. The preceding statement suggests that morbidity was occurring in primary schools although its magnitude could not be specified. Under focused group discussions, teachers were quick to point out that they did not know any AIDS related sick officer and/or HIV positive colleagues unless they openly declared such a status after an HIV testing. Overall, all sampled primary schools remarked that illness of staff was common.

The field survey of this study revealed that there were isolated cases of longterm illness in secondary schools. However, such illness could not be generalized to all five schools surveyed. For instance, one school has had no long-term or AIDS 'apparent' illness for the past five years. It was generally mentioned that "sickness was not a major problem in their schools" by managers in all schools remarked that illness of staff was common.

When looking at illness of self along with other reasons (attending funerals, sickness of other members of their family, school related problems, and maternity leave) for teacher absenteeism at both primary level and secondary, one observes that in a single term 43 male teachers out of 129 and 93 female teachers out of 194 (136 teachers out of 323 in total) were absent (see Table 6.7 below).

`reTable 6.7: A Sample of Absent Teachers and Days in One Tern

Number of Days absent	Number of absent male	Accumulated number of days absent	Number of days absent	Number of absent females	Accumulated number of days absent
1	8	8	1	12	12
2	11	22	2	23	46
3	9	27	3	24	72
4	5	20	4	5	20
5	4	20	5	12	60
6	3	18	6	2	12
8	1	8	8	5	35
30	1	30	30	2	16
40	1	40	50	2	60
			60	1	50
			90	1	60
				4	360 '
Total	43	193		93	803

Source: Field Survey

Table 6.2 above shows us that from an assumed 65 working days per term:

• There were two extreme cases of absenteeism. One teacher was absent for 30 days and another one for 40 days. The highest accumulated number of absent days by men was 193 days. Besides, a significant number of teachers were absent for one to three days,

. Most of the female teachers were absent for one to three days. However, by accumulation four teachers clocked 360 days. Such absenteeism is likely to have been maternity leave that government regulation stipulates to be for 90 days,

. Overall, 136 teachers were absent for 996 accumulated days during one term.

Contrary to the significant level of absenteeism in both primary schools and secondary, a focused group discussion of secondary school teachers carried out by this study challenged that

. . . as far as they know they have not been able to notice how HIV/AIDS is affecting their work as teachers. Teaching standards in [one head teacher's]

opinion have not been much as a result of HIV/AIDS . . . . only thing they knew of was that the situation [outside the school] was very discouraging because a lot of people were dying of HIV/AIDS.

The field survey of this research depicts that proportionately more female teachers were absent from primary and secondary schools than their male counterparts. However, the absence of female teachers from school is not just due to illness of self but their high frequency in caring., for other sick relations than their male colleagues.
Besides, the illness of self was presumably, in some cases, due to maternal factors (see Table 6.1). Furthermore, Malawian women traditionally spend more time (days) at a funeral ceremony than men, although this survey found that relatively more male teachers spend more time at funerals than female teachers.

When the 996 accumulated absent days are considered in relation to teaching days, it can be argued that the pupils were denied proper learning for roughly three years by the absence of teachers. In fact in a system where learning is teacher centred due to lack of textbooks and pattern of training, the high degree of teacher the high degree of teacher absence implies that quality learning is far from being achieved

Economically the absence of 136 teachers in 996 accumulated days can he quantified in terms of at least 72,045.66 Malawi Kwacha each term as lost

-Salary for a teacher at the entry point of PT4 is 1146.7 per month..
-Pay per day = Malawi Kwacha 1446.7/20 = K72.335
-Funds lost in 996) days = 996x72.335 = 72,045.66 Malawi Kwacha

funds since such absence hardly warrant any salary deduction.

Additionally, 996 days could he equated to salaries (funds) for 19.8 months at the entry point level of a PT4 salary segment or in general it could he used for hiring additional teachers. The absent days must also he seen in terms of increased cost of learning for children and additional economic price (unpaid work) that cover teachers incur. It is, therefore, economically unacceptable for teachers to he absent. Worst still when such a cost can he equivalent to three years within one term, it is worrying because it is possible that approximately 2988 teaching days would he lost through teacher

absenteeism in a complete school year. On aggregate, absenteeism of teachers in the eleven schools signify the loss of teacher productivity since a full teaching load and/or teaching continuity are not guaranteed (Kelly,2000).

If we assume that 136 teachers from a total of 323 in the sampled schools were the only ones absent, it can be postulated that at least a teacher was absent each of the 65 working days that make a term.

-A single term is 65 days.
-996 accumulated person days of absenteeism implies that 966/65 =
15.32 person days of absence in eleven schools
-Absence in each school is at least 15.32person days/1_ 1 schools
1.39 person days.
-Thus at least a teacher is absent in each school every working day

A head-teacher of a certain school informed the researchers that the school had three out of forty one teachers absent on the day the field survey was conducted. The absence of at least one teacher each day entails that teacher
cover is likely inefficient and ineffective. Thus, it can be concluded that there is no "real" teacher cover in Malawian schools.

However, secondary schools managers and even teachers in this study, have argued that when a teacher is absent .

... the teacher [in boarding schools] arranges for make up classes in the evening. [Besides. teachers] must leave some work for the person who will cover their class... Some classes are put together - teaching time is
reorganized so that there is not much disruption . .. [or] the subject might be changed ... [in other words] teachers swap periods with each other so that absence is not disruptive. Sometimes other teachers 'sit in' for study period with pupils to cover for absent teachers. [In fact] the double shift system is good because teachers can attend a funeral and return in the afternoon (assuming it is close by).

Selected primary school teachers and managers under this study, remarked that

Teaching cover is provided .... It is possible to hold a class but they have huge numbers [of pupils] having been combined with other classes. Extra teaching is provided for pupils in standard eight. The head and his deputy usually provide teaching cover .... Sometimes teachers from classes with more than one teacher are reassigned to teach classes without a teacher. The absent teachers leave lessons to be covered prior to their absence.

The qualitative statements arising from both primary and secondary school teachers denote the extent to which absenteeism is common in the sampled schools. Nevertheless, it is assumed that such absence is not serious because there is teacher cover or the absent teacher makes up for lost time in many cases. 91 per cent of the men that were sampled by this study and 82 per cent women disagreed that teacher absenteeism was a big problem at their school. Furthermore, 72 per cent male teachers and 80 per cent females disagreed that teacher absenteeism had risen significantly as a result of HIV/AIDS.

In terms of gender, it is apparent that 193 female teachers out of 194 (99.5 per cent) were absent at least for one day whereas 43 male teachers out of 129 (33.3 per cent) were absent for at least a day in a single term in the surveyed schools. This finding implies that teacher cover is more likely to work effectively and efficiently when the number of male teachers exceeds female teachers in any school. Thus, the schools that have a high proportion of female teachers than male are more likely to have ineffective and inefficient teacher cover.

In conclusion, although the relationship between morbidity and absenteeism is quantitatively pronounced, qualitative remarks by teachers depict a scenario that reflects factors other than illness of self as affecting absenteeism. Actually most of the teachers argue that funeral attendance tend to cause more absenteeism than illness of the self. This study also reveals that females are more prone to absenteeism and illness of the self than their male counterparts. However, one of the presumed causes of absenteeism (maternity leave) if and when quantified as an accumulated number of absent days has to be interpreted as an inevitable consequence among female teachers.

6.3 Mortality

From the eleven schools surveyed under this study it was learnt that thirty-six teachers died between 1994 and April 2000. Twenty-seven of the thirty-six teachers were male. Additionally, during the mield survey in May 2000, two schools out of eleven lost two ore ommicers (a head-teacher and class teacher). Thus, a total of thirty-eight deaths, only one was from a secondary school. The majority (twenty-five out of thirty-six) of the teachers reported dead in the eleven surveyed schools were aged between 26 years and 39 years. Only six of the twenty-five teachers (23 year old) reported dead in the schools visited during the held survey were male. The annual breakdown of death for the eleven schools over a six-year period (1994-1999) was 1 death in 1994, 5 in 1995, 2 in 1996, 7 in 1997, 7 in 1998 and 11 in 1999. All these deaths must be seen against an estimated total teaching more of 323 more each year.

Among the eleven schools that were visited by the researchers, the highest recorded number on deaths from a single school was 11; and the lowest was I between 1991 and

2000. The school with the highest number of death had the following annual death breakdown: 1 in 1995, 2 in 1996, 3 in 1997, 2 in 1998, 4 in 1999 and 2 in 2000. These deaths were against an average teaching more on 40 teachers per year between 1995 and 2000.

Qualitative statements arising on this study have shown that the HIV/AIDS impact on education is on the rise. For example, managers (district education personnel and headteachers) and teachers under Focused Group Discussions have reported that

. . . any teachers are dying because of AIDS, . . . more teachers have lost their husbands .... the head teacher who died had TB, . . . the District Education Ommice has at least one request for a common and transport every day.

It has been stated that more every 52,000 pupils in Malawian primary schools one teacher died in 1999 (UNICEF, 2000:8). This entails that out of 2.8 million pupils in primary schools in the year 1999, Malawi lost 54 teachers. UNICEF further reports that "for reasons that are not entirely clear, HIV sero-prevalence is very high a among teachers and school administrators" **(UNICEF, 2000:8).** The number of teachers in 1999 was 45,784. This implies that by the end of 1999 the schools had, at most, 45,730 teachers. The quantitative observation as against the qualitative statement seems contradictory because it is not obvious that a loss of at least 54 teachers (0.001 per cent of the total teaching force) in one year reflects high sero-prevalence. However, it should not be forgotten that the number of death acts as a probable pointer to the rate of sero-prevalence.

Figure 6.l : Mortality of Primary School Teacher 1993-1999

Year	**Number of Deaths**
1993	250
1994	248
1995	340
1996	400
1997	410
1998	360
1999	460

Source: Ministry of Education, Science and Technology (2000) Note: Data is not broken down by gender due to method of recording.

The Ministry of Education's own records on death of primary school teachers shows a more dismal situation than that of UNICEF (see Figure 6.1 above). A comparison of two sources (Ministry of Education and Department of Human Resources Management and Development - see Annex 6.1) depicts that the situation on mortality is worse than that presented by UNICEF (2000). In 1999, the number of deaths was 456 from a total teaching force of 45,784. Besides, Figure 6.1 shows that the number of deaths is increasing over the period. However, the death occurrence seems to be on a decreasing acceleration between 1994 and 1997. But the decreasing acceleration should be considered with caution since the period scrutinized is short. Is this decreasing acceleration of death levels a sign of hope that the teaching force is responding positively towards expected behavioural change as a result of its education (Kelly 2000:25)? However, such quantitative records of death do not provide us with adequate evidence against the estimated and expected high HIV sero-prevalence rates among teachers and school managers.

The extreme scenario of primary school teacher death has been presented by Malawi **Schools Support System Programme (MSSSP)** review report (1999). This report estimates that at least 2,369 teachers will die in 2001. Much as it may be agreed that HIV/AIDS is increasing the death toll of primary school teachers in Malawi, the MSSSP scenario seems too extreme in the face of the current trend on death, and shows as if the education system has no hope of overcoming the problems arising from HIV/AIDS. The death records from the MoEST (Figure 6.1) give a glimmer of hope if and when there are immediate HIV/AIDS interventions. In general, Figure 6.1 conforms to the expected trend of increasing mortality in a situation where HIV sero-prevalence is know or thought to be high (World Bank 1998:16). In essence, the MoEST data in figure.
6.1 MSSSP report (1999) and World Bank report (1998) depicts that the severity of the AIDS epidemic is the dominant determinant of primary school teacher mortality in Malawi.

Between 1993 and 1998 the death records of secondary school teachers showed that it increased until 1996 but went down by 1998 (see Figure 6.2). It must be pointed out that such data was only for 96 conventional public secondary schools.

Figure 6.7: Mortality of Secondary School Teachers 1993-1998

Year	Number of Deaths
1993	22
1994	22
1995	23
1996	24
1997	18
1998	12

Source: Department of Human Resources Management and Development (DHRMD) (2000).
Note: The data is based on records of qualified secondary teachers whose terminal benefits have been paid. Therefore, it may not reflect the entire picture of mortality of secondary school teachers in public institutions. However, it should be taken as indicative. Data is not broken down by gender due to method of recording.

When Figure 6.2 is associated with secondary school findings from interviews, FGDs and responded questionnaires under this study, the following is observed:

- The death, in absolute terms, is not as frequent as reported under primary education,
- The sample schools (five secondary schools) had two deaths against a total of 90 teachers between 1994 and 1999.

Whilst Figure 6.2 shows an apparent decrease on the number of secondary school teachers dying, the MSSSP review report paints a dismal picture. It is stated in the **MSSSP** review that 284 teachers will die in 2001. Perhaps this figure is arrived at after taking into account the converted Distance Education Centres as Community Day Schools. Without trying to discredit the MSSSP estimates, the evidence coming from the field survey (five secondary schools) apparently leans towards the DHRMD (2000) data in Figure 2. Even the qualitative observations from the five secondary schools that were surveyed depicts that death in secondary schools was not as common as the **MSSSP** review portrays.

6.3 Social Exclusion

It is expected that social exclusion may rise from within the school and/or the surrounding community that associates with the school (Kelly 2000, Sheaffer 1994 and Tayan 2000). It was learnt During FGDs of teachers under the field survey of this study that they [teachers] do not exclude their colleagues because they are HIV positive. In fact, the initial problem is to know whether among the teachers there is anyone who is HIV positive because this is hardly discussed and may be considered as confidential. Besides, even in circumstances where the signs denote that the teacher is suffering from AIDS no one is excluded.

On the other extreme, teachers who are ill from any sickness are given moral support. That is, schools have a welfare committee that makes deliberate attempts to assist each other and their pupils. Hence, sick teachers are encouraged to go for medical care and provided with transport where available and if need be.

6.4 Conditions of Service

There are a number issues (sick leave, medical care, financial grants and/or advances and death) that have to be taken into account when looking at HIV/AIDS and conditions of service of teachers. All these issues have to be seen in relation to availability of funds since HIV/AIDS entails expenditure for medication, feeding, shelter, transport and funeral.

Overall, teachers that were interviewed under this study state that conditions of service need to be reviewed by the MoEST. Teachers' salaries are not adequate. Something has to be done to improve teachers' salaries. Otherwise, the morale of teachers is very low. The MoEST will need to be more pro-active in protecting teachers who can easily get the virus in the laboratories. Risk allowance should be provided.

6.4.1 Sick Leave

The current Malawi Public Service Regulations (MPSR) state that teachers, as other civil servants, may be granted six months' sick leave with full pay and up to a further six months' sick leave with half pay in any one year period (MG 1991:1:530). However, a sick leave has to be certified by a medical practitioner. When a teacher is absent for two days or less due to illness, it is not counted against the sick leave. It has been further stipulated in the MPSR that officers may be granted unpaid sick leave after exhausting the paid and half paid ones. It is important to point out that sick leave regulations contain the following clause "... sick leave may only be granted [as long as] ... there is reasonable prospect of eventual recovery and fitness for duty." (MG 1991:1:540).

Implicitly the regulation implies that if the illness is assumed to be incurable it is not in the interest of the Government of Malawi to retain the officer. In tact, the MPSR goes further to highlight that an officer may be prematurely retired on public interest due to illness(MG 1991:1:815).

Through this study, it has been observed that at least two teachers have advantage of the sick leave. Although the MPSR is silent on the HIV/AIDS scourge, it somehow highlights it in terms of premature retirement and the three types of sick leave and their financial implications. However, it is perplexing when the phrase "... reasonable prospects of recovery and fitness ...." is taken into consideration because such a phrase denotes that **HIV/AIDS** may be excluded. **HIV/AIDS** ultimately leads to perpetual illness and ultimately death within an estimated period, therefore, can not be' categorized as curable and leading to prospects of fitness. Perhaps the clause in the MPSR is applicable during the early days of illness when the sick person suffers whilst in non-wasting condition and has prospects of recovery and fitness. Besides, at the stage of non-productivity, the HIV/AIDS sufferer can be covered by the retirement on public interest. However, premature retirement should be treated cautiously because it may be translated in terms of or be used as a way of discrimination and/or social exclusion. Besides, retirement on medical grounds is said to occur only when not occasioned by ones own impropriety or neglect. Thus, when is HIV/AIDS related illness due to impropriety or neglect?

On the whole, the eleven schools sampled by this study had no record of premature retirement due to any illness. In fact, we were told of retired primary school teachers that were re-engaged on month to month contract due to shortage of qualified teachers. In essence, although sick leave and premature retirement have been highlighted in the **MPSR,** it is apparent that teachers have no idea that they can take advantage of it if and when terminally ill. For example, a number of teachers who were interviewed remarked that it would be ideal if the Government could process HIV/AIDS sufferers' gratuities and pension prior to their death.

6.4.2 Medical Care

There is no special medical care for public servants (including public school teachers) in Malawi other than using the public hospitals, clinics and health centres within ones locality. Where teachers seek special treatment they have to pay from their wages. From this study's field survey, a number of teachers remarked about the need for a medical scheme that can be equated to a health insurance. That is, many teachers that were interviewed individually or under the FGDs during the field survey said "the Ministry of Education should create a medical scheme for its officers so that they are assured of assistance upon falling ill". A medical scheme sought by those interviewed arise because they expressed that salaries are very low and such a scheme reflect the importance and care of the teaching profession by the MoEST.

The Ministry of Health has observed that the cost of support, and treatment, for AIDS patients is extremely high. The AIDS epidemic has been

accelerating the utilization of health facilities, especially hospitals. By implication, public health expenditure has been increasing drastically in. Malawi. Thus when teachers are seeking medical schemes it has to be considered in relation to the escalating public health costs that was estimated to reach 22 per cent of the Ministry of Health budget by the year 2000 (MG 1990: ! 0). It has further been argued that the increase in budget from 15 per cent in 1990 to 22 per cent in 2000 in order to cope with increased number of hospitalized parents may not be realistic. Hence, the teachers' demand for a medical scheme could be a plausible alternative However. a medical scheme demands careful formulation and implementation if it is not to prove costly and wasteful.

Parallel to a medical scheme, teachers that were interviewed highlighted the need for a fund that can be granted or advanced for medical usage by them and their immediate families when ill. Of course the Malawi Government has a clause in its **MPSR** for advances. However, this fund, as an emergency advance that is payable in at least six months, is in most cases inadequate and not easily accessible because of the overwhelming demand and inadequate seed monies that have to revolve amongst both teachers and other officers under the Ministry of Education.

Besides, the granting of an emergency advance has conditions that may not be practical for an HIV/AIDS sufferer. For instance, the frequency of illness and the process for awarding an advance may not be conducive. Nevertheless, the advance has some advantages on paper. Some of the advantages are that it may be offered without interest or with a reduced interest. Besides, an advance can be offered for an amount in excess of a maximum equivalent of three month's salary and be repayable over a period exceeding the stipulated eighteen months maximum (MG 1991: 1 :718).

6.4.4 Death (Funeral)

The Government is responsible for meeting the following things upon the death of its public teacher:

- Cost of a suitable coffin,
- At most four motor vehicles for transporting the body of the deceased, accompanying persons and personal effects,
- Where appropriate ascertain a decent burial of the deceased civil servant (MG:1991:1:192).

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In addition to taking care of the immediate employee, the government provides service to the employee's relatives (mainly immediate family members) who die. Such assistance is mainly in the form of transport. Other services, like provision of coffin etc, are supposed to be procured by the bereaved person.

This study's survey found that in practice it is common for District Education Officers to only provide two vehicles for a funeral of a teacher and one vehicle for each death of a teacher's immediate relative. Furthermore, the vehicles provided are usually not the ideal

ones for ferrying funeral processions because they are small. In a number of cases some schools are requested to offer their vehicles for use by other schools. The DEOs argued that vehicles are not provided as stipulated in the MPSR because the demand for such services has been overwhelming. In a day there can be more than four requests for transporting the dead and its cortege. In relation to the one per cent death rate of teachers, the four or more requests for funeral assistance must probably be seen in terms of requests arising from both deaths of teachers and teachers' relatives.

6.5 Teachers Union of Malawi

The Teachers Union of Malawi is expected to bargain for and safeguard the rights of teachers in Malawi. For example, salaries, training and other conditions of service can be negotiated by TUM. However, the teachers interviewed under this survey expressed that "TUM is useless and ineffective". Besides, they (teachers) were not aware of TUM's role in education. These interviewed teachers highlighted that the only thing TUM was capable of doing was to collect subscription fees from primary school teachers.

A member of the TUM secretariat, when interviewed, conceded that they were yet to do something concrete on HIV/AIDS intervention. Nonetheless, they were keen to sensitize teachers through seminars and workshops. Such seminars would consider curriculum orientation, counseling and guidance on HIV/AIDS.

This chapter has shown us the plight of teachers and the education sector in the midst of an HIV/AIDS scourge. Such plight can be summarized in terms of:

- Increased morbidity that result in high levels of absenteeism and apparent poor teaching cover,
- Increased levels of mortality which seemingly is affecting more of the younger generation of teachers who are in their 20s or 30s in terms of age.
- Increased levels of mortality which seemingly is affecting more of the younger generation of teachers who are in their 20s or 30s in terms of age,
- High levels of unanticipated costs to both the institution and individual arising from absenteeism, funerals, transport, medical care,
- Conditions of service that are not a reflection of the rapidly changing circumstance,
- A teachers' union that is not swift and not pro-active in responding to the plight of its members in the midst of a pandemic.

Overall, although the death rate of teachers in this study apparently is not alarming, it should not be translated in terms of low HIV prevalence rates. The death rate is just showing us the end of a situation rather than the initial causative factors of the HIV/AIDS pandemic. Thus it is important for vigilance against HIV/AIDS to be as active as possible. Besides, the high magnitude of absenteeism among teachers due to illness of self noted in the sampled schools, entails a likelihood of high HIV prevalence rates. That is the level of

absenteeism due to illness of the self can be construed in terms of increased levels of teachers living with HIV/AIDS.

ACTIVITIES IN RESPONSE TO HIV/AIDS PROBLEM

● Mainstreaming **HIV/AIDS** education in the curriculum: at primary through Health Education and at secondary school through Biology as carrier subjects

● Introduction of EDZI TOTO and WHY WAIT Clubs as extra curricular in schools

Adaptation of Zimbabwe HIV/AIDS materials for secondary school.

The Ministry of Education, Science And Technology has come up with a number of activities. with the aim of achieving the following objectives:

- Raise awareness of the facts and risks of HIV/AIDS
- Sensitize and train youth in reproductive health issues
- Equip the youth and teachers with knowledge, skills and attitudes for adaptive and positive behaviour that enables individuals to deal effectively with demands and challenges of everyday life.

It is hoped that by empowering the youngsters at an early age, they will make informed decisions thus reducing HIV/AIDS incidences.

The Ministry of Education has come up with the following activities:

● **Mainstreaming Life Skills Education in the curriculum.**

The Ministry of Education, Science and Technology is coordinating Life

Skills Education project under Youth Reproductive Health.

Life Skills Education Project is sponsored by UNICEF and it started in

1997.

More knowledge on how HIV/AIDS is transmitted did not automatically lead to positive behaviour change MOEST had to take a holistic approach Life Skills Education.

Life skills defined as:

Abilities for adaptive and positive behaviours that enable individuals to deal effectively with demands and challenges of everyday life (WHO 1993).

Challenges (issues): STDs including HIV/AIDS, teenage pregnancies, drug and substance use and abuse.

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LSE goes beyond mere provision of knowledge and information. It provides the foundation that will help young people to overcome obstacles, avoid risky behaviours, develop and sustain positive behaviours through active involvement and participation in the learning process

- Life skills education aims at equipping the youth with the following main skills:
- Decision making and problem solving
- Effective communication
- Stress and anxiety management
- Conflict resolution
- Morals and values
- Interpersonal relationships
- Planning and entrepreneurship
- Self esteem and assertiveness'
- Good health habits

Youth or adults with these skills easily avoid contracting HIV/AIDS.

Life Skills Education has now been officially introduced in standard 4. Next step is to introduce it in standards 3 and 5 then the rest of classes at primary and secondary school.

Life Skills Education at senior secondary school Curriculum.

In the recent curriculum review, Life Skills Education has been introduced in the senior Curriculum as a core [compulsory] but non examinable subject.

POPULATION EDUCATION

The Ministry of Education is also tackling the HIV/AIDS epidemic through the LINFPA funded Population Education project which started in 1993 and is based at MIE. The population education project for in-school youth has produced instructional materials for use by teachers in standards 5 to 8 at primary level. The project is also producing materials for the Junior Secondary course. The main approach is by integrating HIV/AIDS, sexuality and reproductive health issues across the curriculum.

The Ministry has also submitted a proposal to SIDA (SWEDEN) through LTNFPA requesting for funding for a two year project on sexuality education in-service training for primary school teachers from the year 2000 to 2001. The project which will be managed by the Ministry of Education in conjunction with the Malawi Institute of Education and LTNFPA intends to train 20000 primary school teachers in sexuality education, sexual and reproductive health .In preparation for this project
A core training team has been trained and the first phase of a base line study to find out attitudes of parents, teachers, pupils and the community has been undertaken.

The training programme aims at changing the current attitudes of teachers towards the teaching of sexuality education and reproductive health issues including HIV/AIDS.

The Ministry of Education is aware of the ABCD
[**A**bstain
Be faithful to one partner
Condom
Death] approach advocated by other stakeholders, however, the Ministry of Education advocates abstinence amongst pupils especially those in the Primary and Secondary schools. One of the national goals of education in Malawi stipulates " inculcate acceptable moral and ethical behaviour ".

It must also be appreciated that amongst key stakeholders in education we have religious organisations as a key partners. These partners, based on religious principles, have a clear stand against sex before and outside marriage.

Where the school's proprietor, community, and students consent, the other alternatives may be discussed but condoms etc should not be provided within the school's premises. Students may however be introduced to services which they may access outside school.

CONCLUSION

The Ministry Of Education, Science and Technology realises the crucial role it has to play in combating the spread of HIV/AIDS. In addition to the already existing programmes especially for students, we need more programmes for students as well as employees. Work is already underway by a special **HIV/AIDS and Education** task force for interventions for employees of the Ministry of Education at Headquarters, Education Divisions, District Education Offices, schools and Colleges.