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THE IMPACT OF HIV/ AIDS ON POVERTY AND EDUCATION IN AFRICA

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Abstract

This article deals with the impact of the HIV/AIDS pandemic on poverty and education in Africa. It considers the scale and scope of the pandemic and its anticipated impact on education systems in heavily infected sub-Saharan African countries. It looks for lessons derived from twenty years of coping with HIV/AIDS in the Southern African Development Community (SADC) region. The paper concludes by suggesting how the education sector can improve its management response to the pandemic in order to protect education provision and quality, and to mitigate the distress of increasing numbers of orphans and other vulnerable children (OVC).

Keywords: Poverty, Education, HIV/AIDS, Africa, Children, Women, Government

I. INTRODUCTION

HIV/AIDS has had a devastating effect on many developing countries of Africa, largely by undermining human capital, particularly in countries like South Africa, Ethiopia, Botswana, Swaziland and Uganda. The disease primarily affects the adult population in its most productive years, thereby, thwarting population incentives to save and invest. The AIDS epidemic destroys the social fabric of whole communities and undermines the capacity of governments to provide basic social services. Thus, this disease curtails the potential for sustained economic development and social transformation. Since development has to start with human resources, many African economies suffer with problems such as, a high rate of poverty and a low-skilled population. These countries desperately need human capacity building by expanding institutional infrastructure and by increasing public awareness of AIDS (Rena, 2006a: 22).

UNAIDS says there are an estimated 40.3 million people currently living with the virus across the world, with almost 5 million infected in 2005 alone. UNAIDS warns that there are growing epidemics in Eastern Europe and Central and East Asia. The UNAIDS Report further says more than 3 million people died of AIDS-related illness in 2005. Of these, more than 500,000 were children. Per the report, sub-Saharan Africa is still hardest hit by HIV/AIDS. It is reported that of all the people living with HIV, two-thirds, or 25.8 million, are in this area. In 2005, 2.4 million people in sub-Saharan Africa died of an HIV-related illness, and a further 3.2 million were infected with the virus.

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It is also reported that 14 million children have been orphaned by AIDS. According to a report by the US Central Intelligence Agency in 2002, the rapid spread of AIDS threatens to undermine populous nations, such as India, and destabilize security over the next decade. The report indicates that cumulative AIDS cases will triple in five populous countries - China, Russia, India, Nigeria and Ethiopia - over the next decade from an estimated 23 million today to as many as 75 million by 2010 (Rena, 2006a: 22). In sub-Saharan Africa alone, for example, some 17.2 million people have died of HIV/AIDS, of which 3.7 million were children under the age of 15.

Human resources are essential and constitute the basis for the economic development and social progress of any country. The wealth of any nation is more dependent upon the development of its people than upon the accumulation of material capital. Many African countries are under the threat of the pandemic; HIV/AIDS has created major challenges in the area of human resource development.

Education needs opportunity, as water needs a dam, to channel its potential energy into productive uses for society. Education needs equal access to all children: the street child, the physically and mentally disabled child, the visually impaired child, the child soldier, the child sitting in a refugee camp, the child sold into slavery, and especially, to the 65 million girls not allowed, or unable, to go to school (Waldman, 2006: 30). We need to study the impact of HIV/AIDS on the educational development of the girl child in Africa and the rest of the world, which is already beset with major obstacles to the girl's development.

Through numerous summits, conventions and the work of UNICEF and non-governmental organizations, the world has collectively agreed on a list of important goals for the education of the world's children known as the United Nations Millennium Development Goals (Waldman, 2006: 26-27). Both governmental and non-governmental organizations all over the world, particularly in Africa, must work together to reach the 'Millennium Development Goals'.

II. NATURE OF THE PROBLEM

The scope of the HIV/AIDS pandemic can be broadly predicted for various parts of the world, including the sub-Saharan Africa region. For the past twenty five years, counter-attacking HIV/AIDS has focused principally on preventing the spread of the disease. But the reality in 2006 is that the virus has infected and affected such vast numbers of people that it has transformed into a pandemic: a vastly complex set of social, behavioral, governmental, economic, and psychological factors that constitutes a completely new phenomenon.

The HIV/AIDS pandemic is fuelled by disadvantage. In turn, it creates and sustains further immoderation, making it impossible for children of poverty to benefit from development. In this way it gives birth to an even larger population susceptible to infection and vulnerable to the impact of the disease.

Poverty, HIV/AIDS and education together create a circle of hope and despair. Poverty and HIV/AIDS thrive on each other, while education provides some hope for a way out of despair – for children affected by the pandemic, for families devastated by its onslaught, and for countries in Africa caught in its grip. However, basic social services – health, education and social support – are inequitably accessible to the poor in many countries of Africa. Furthermore, the education service in high-prevalence countries is itself under attack from the disease and therefore too often unable to respond appropriately to the material, emotional and more complex learning needs of those affected by HIV/AIDS. Education systems have shown too that they are incapable as yet of responding satisfactorily to the AIDS-related special needs of educators who are affected by AIDS, or of orphans and other vulnerable children – in particular girls.

The consequences of the pandemic are of particular concern for families and their children. Children lose parents and with them access to social support, socialization and all-round development. Poor nutrition leads to persistent health problems. Affected children's chances of escaping from poverty are limited further, because they perform poorly or are forced to drop out of school altogether. They are likely to adopt behaviors that lead to sexually transmitted infections including HIV, and thus become the next cohort of the impoverished HIV-infected.

III. THE IMPACT OF HIV/AIDS ON EDUCATION

HIV/AIDS have consequences for learners, educators and the system itself. Through the very few formal assessments of the impact of HIV/AIDS on education, we have only recently begun to understand all its ramifications. We have to move quickly from a narrow virus-focused set of prevention schemes, toward a much broader focus on the psychosocial and economic consequences of AIDS, and understand how to respond appropriately.

Recent initial surveys from India and China were conducted to assess the impact of HIV/AIDS on learners and educators in low-prevalence countries. But there are clearly lessons to be learned from the experience in Africa about the characteristic profile of the pandemic and its implications for education. Formal assessments of the impact of HIV/AIDS on the education sector in Botswana, South Africa, Swaziland, Namibia, Zimbabwe and Ethiopia give clear indicators of the consequences. It is reported that the pandemic prevalence is high, in sub-Saharan Africa. However, HIV challenges education: all learners and educators, education provision and access, education quality, education development and the achievement of UNESCO's Education for All goals.

Impact on learners and the demand for education

Due to HIV/AIDS, there will be fewer learners than predicted as fewer children are born to HIV-infected mothers, who are less fertile and bear fewer children before they die. Children who are infected at birth are likely to die before they reach school. Those who continue through school are at significant risk of infection, during or soon after completing their education. Helping to prevent the spread of HIV/AIDS among learners is likely to be the most important determinant of whether spending on education has been a success for human and economic development. Finally, children infected and affected

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by HIV have more complex cognitive, social and emotional needs. AIDS-affected children may be ill and unmotivated. They have to cope with the trauma and stigmatization of an AIDS-related loss in the family. It is to be noted that hundreds of thousands of these children are orphaned, isolated and undernourished, and at greater risk of sexual abuse, violence and withdrawal from school.

The consequences that need to be addressed by education systems include declining and delayed school enrolments, erratic attendance, poor attention and performance, higher dropout levels, and reversal of Education for All development gains in the sector. Under these circumstances, achieving the Millennium Development Goals by 2015 will be very difficult (Rena, 2006b).

Impact on educators and the quality of education

In some countries in sub-Saharan Africa, it is reported that as many as twenty percent of teachers and about ten percent of principals are infected, and this may double by 2010. Many experience lowered morale and stress, and there is an increased workload for those who are well. In these conditions, systems lose efficiency, as they struggle to sustain costs related to educator attrition, redeployment and replacement, medical aid costs, pensions and sick benefits.

The problem is not merely one of 'wear and tear' on education services, but the loss of hard-to-replace skilled and experienced professionals across the system, from early childhood development to teacher training colleges and universities. The overall impact will be high educator attrition, declining quality, reduced access and larger classes, fewer specialists, poor performance and morale, and decline in management expertise.

Disturbance

The impact of HIV on education systems in high-prevalence countries was shown to be loss, isolation, grief and stigmatization, which pervades learning institutions. HIV/AIDS affects the learning climate and teacher morale. Both educators and learners have difficulty concentrating in the face of illness, death, mourning and dislocation. Learners affected by the presence of HIV/AIDS have a widespread sense of anxiety, confusion and insecurity. The psychosocial needs of affected children – manifested as visible problems like truancy or anti-social behavior, violence and withdrawal – are rarely met effectively. Violence along with teacher misconduct characterizes the learner community, young girls and boys fear they will be sexually abused or maltreated. There may be uncertainty and distrust between learners and educators, if the latter are seen to be those responsible for introducing or spreading HIV/AIDS. All this adds up to change and distress in heavily infected countries and schools in Africa. Not all institutions will suffer to the same extent. But there is enough personal and systemic trauma to undermine education quality generally (Rena, 2008).

What have educators learned?

It has taken a long time to face some of the basic facts about HIV and education. In the African region, where the pandemic quickly overwhelmed managerial capacity, there has been little systematic attempt – by governments at least – to learn from experience. In

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Asia and the Pacific, there has been a mistaken sense that HIV is an 'African' phenomenon, that even if the virus appears in some Asia-Pacific countries, it would be confined to at-risk populations (drug users and sex workers). Even then, it was thought that HIV prevalence would peak 'naturally' at low levels. Infection rates in Asia and the Pacific are still too low for an accurate assessment of the pandemic's likely consequences on education. But the region can start, nevertheless, to learn from Africa.

At the same time, HIV highlights management deficiencies. It shines a merciless torch on the fragility of education sector capacity, procedures and infrastructure as governments face the need to respond to a crisis of this magnitude. After twenty years of watching HIV spread, two out of thirteen countries are in the heavily infected South African Development Community (SADC) region. UNICEF reports in September 2001 showed that, globally, there were no holistic and operational policies in any country aimed at HIV and poverty, HIV and education, or children affected or infected by the disease.

Policy formulation and planning in most African countries and other developing countries is often based on fallacies, or even pretence. For example, we think that we understand the complexities of the pandemic, when we do not; that we are making progress, when we are not (as rising prevalence rates show); that governments are responding effectively and purposefully, when they are not; and that we have the planning and management capacity to make a difference in this terrible crisis, when we do not – yet. We are hoping that we are helping to contain AIDS, when all the indicators suggest we are not. But, we are learning. We understand now that the education sector's task is not merely to help contain HIV/AIDS by providing life-skills or sexual education with an HIV component in the primary and secondary school curriculum.

There is consensus among countries and within the international community (the UNAIDS Inter-Agency Working Group, for example) that the education sector must: 1] help to prevent the spread of AIDS; 2] help to reduce its consequences for those infected or affected by HIV/AIDS; and 3] protect the level of provision and quality of education. Achieving these objectives means that the education sector must build a strong foundation for purposeful executive action.

IV. REDUCING THE IMPACT OF HIV/AIDS ON EDUCATION

HIV/AIDS lurks in communities and families, in the most intimate, private moments of human relationships. It is a creature of culture and circumstance, local perceptions and behaviors, custom and religious belief. That means it is virtually impossible to generalize about good practice: what works to break the power of HIV/AIDS in one place may not work in another. UNAIDS has analyzed successes in Senegal, Thailand and Uganda in reducing the spread of AIDS.

Providing support for children in trauma

Educators should develop techniques for targeting orphans and other vulnerable children (OVC) within the context of poverty. Orphans are learners or potential learners, and as many as 10 to 15 percent of all learners in high-prevalence countries in Africa will be

orphans within the decade; in some schools, as many as 60–70 percent of learners may be profoundly affected by the loss of parents.

UNICEF, UNAIDS and other partners elaborated these principles in 2001 in a strategic planning document. Botswana, where the Office of the President is in charge of the nation's AIDS response, has already taken practical action and is promoting the concept of a 'circle of care' which includes largely voluntary home-based care, a school feeding scheme for all children, orphan subsidies, and close co-operation among teachers, social workers and health practitioners.

Government Participation

Governments in Africa, formally, committed to co-operate with NGOs, but in practice, it is not clear how partners at national and local levels are being strengthened and resourced. It is quite obvious that governments have a responsibility to co-ordinate and strengthen local responses, create policy and establish a regulatory framework. It is their duty indeed to deliver health and social welfare services appropriate to community requirements, as well as to shift school and clinic programmes to cope with changing demands. Hence, governments must ensure that sufficient funds are mobilized and channelled to those who can make best use of them. In line with this, governments must work in support of communities, and national strategies must reflect this balance.

The challenge of 5 million AIDS orphans in the SADC region by 2010 may help to focus governments' attention more purposefully. It is to be noted that, at the local level, NGOs, community- and faith-based organizations are making a difference in the lives of women and children in Africa and they provide support to teachers and heads of schools as counsellors. They train children and teachers in peer counselling. They teach lessons of safe sex, work in communities to defuse violence, and care for the abused and violated.

V. CONCLUSION

In Africa, the awful pandemic we call HIV/AIDS is undoing the development gains of the past three decades. It is idiocy to believe that similar challenges to development will not emerge in Latin America and the Caribbean, Eastern Europe, Asia and the Pacific. This is not an 'African' disease.

HIV thrives on poverty, and it feeds poverty. Education may be the key to unlocking a better future for coming generations of children, but only if we can sustain adequate levels of educational provisions now that HIV is attacking the education service. As stated earlier in this paper, large numbers of educators and learners are affected by HIV and AIDS, and as a result, enrolments and performance are already dropping in some areas. The trauma of loss and grief is starting to characterize the education service in affected areas. African governments and their international partners have been slow to respond to the challenges of the HIV/AIDS pandemic. Communities and young people have to show their interest and indeed must be in the vanguard of the fight against AIDS. Real progress, however, will only be made when senior educationists and governments make a true commitment to fight this battle through money, resources, and the bureaucrats required to make things happen. It is to be understood that the management

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foundation for creating an enabling environment is notably absent in infected areas of Africa.

And all the time, more and more children are dispossessed by the burden of AIDS. The Noble Laureate, Amartya Kumar Sen's main concern was to make a difference in the face of catastrophe: diagnosis, counteraction, collaborative dedication and sustained accountability. The complex phenomenon of the HIV/AIDS pandemic is slowly being defined so that one can identify where action must be taken on a broad development base. Government's apathy has an ineffective impact on empowered communities to work co-operatively to take control of their own security and survival. But planning how to reduce the impact of the pandemic on the education service must still lie with national authorities.

HIV/AIDS is the most important issue in education today in developing countries, in general, and African countries in particular, and is, indeed the biggest challenge to development. This pandemic requires a fundamental rethink of development principles and procedures, and of relationships between governments, local communities, and funding partners. HIV/AIDS is deeply rooted in poverty, and until poverty is reduced, considerable progress cannot be achieved in limiting its transmission or coping with its consequences. Education is the potentially positive component of the HIV - poverty - education circle of hope and despair.

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