

## HIV/AIDS: Its Impact in the Zimbabwean School Curriculum

Lawrence Mapaire

Mutendwahothe Walter Lumadi

University of South Africa  
Department of Curriculum and Instructional Studies  
Lumadmw@unisa.ac.za

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### Abstract

*This report presents the findings of the impact of HIV/AIDS on the quality of education in rural secondary schools in the Zaka district, Zimbabwe. The methodology involved ten rural secondary schools and a sample of 20 teachers (10 males and 10 females) and 40 students (20 boys and 20 girls). This study used a qualitative methodology throughout the interview sessions because "letting people talk" has been found by most social researchers to be the most appropriate when dealing with this nature of research. Findings in this study indicated that the quality of education is being impacted by the HIV/AIDS epidemic. The quality of education is being impacted by the HIV/AIDS epidemic mainly because trained teachers are lost due to illness and death: student-teacher contact is reduced as a result of permanent or temporary absenteeism of teachers and students. The findings also suggest that students with parents that are infected with HIV/AIDS were mostly affected. This research study recommends that schools should establish Anti-AIDS clubs to educate students about HIV/AIDS transmission and prevention as well as to deal with the needs of those affected with the virus. The study further recommends that students should develop a culture of reading material on HIV/AIDS so as to gain a better understanding and hence make informed decisions about sexual behaviour.*

**Keyterms:** HIV/AIDS, orphan, curriculum, rural secondary school, caregiver, child-headed household

### 1. Introduction

Globally, the HIV and AIDS epidemic remains a major public health, social, economic and development challenge today. HIV/AIDS is the most terrifying epidemic of modern times (Jackson, 2005), number one killer disease (Carr-Hill, Katabaro, Katahoire and Oulai, 2002:11), the disease that has moved like a bush fire and killed many people (Serwadda, Mugerwa and Sewankambo, 1985) and, therefore, that threatens to halt or reverse all the social and economic advances made, ultimately to waste all investments in education. There is no doubt that AIDS is a global health emergency that threatens the future of the entire world (Armstrong, 2005:4). In December 1997, the World Health Organization (WHO) reported that an estimated 30.6 million people worldwide had been infected with the human immunodeficiency virus (HIV), the virus that causes the acquired immunodeficiency syndrome (AIDS) (Storad, 1998). Worldwide, 11 people are infected with HIV each and every minute an astounding 27 million new infections develop annually resulting in an estimated one million deaths according to the Joint United Nations Programme on HIV/AIDS.

### 2. Literature Review

The Joint United Nations Programme on HIV and AIDS (UNAIDS, 2010:180) has estimated that in the Southern African region there are more than 20 million people living with HIV, and that around 10 percent of these people are below the age of 15 years. Africa remains the epicentre of the global HIV epidemic; more than 25 million people have died of AIDS since its discovery in the 1980s, while more than 12 million children have lost one or both parents to the syndrome (Armstrong, 2005:8). << Sub-Saharan Africa remains the worst-affected region in the world, with the highest prevalence between 15% and 35%. At the end of 2005, 64% of all people living with HIV, or 24.5 million individuals, lived in sub-Saharan Africa. A brief summary of the frightening scenario is as follows:

- In 2005, an estimated 2.7 million people in the region became newly infected with HIV.
- Two million adults and children died of AIDS.
- Women have become the face of the epidemic in Africa, and around 59% of all adults living with HIV in sub-

Saharan Africa are women (UNAIDS, 2006).

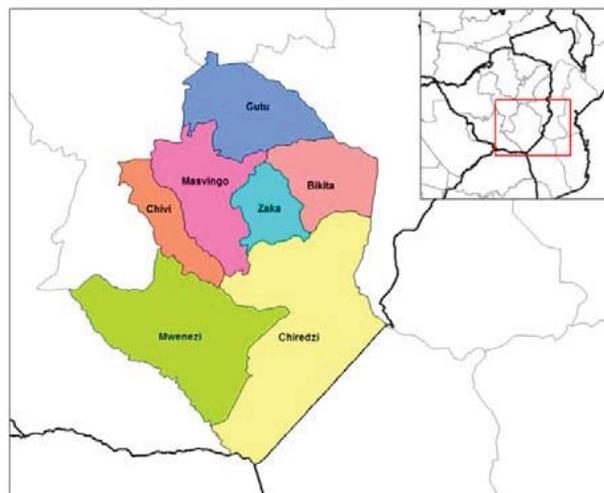
- HIV and AIDS are directly affecting millions of children, adolescents and young people. In 2005, the region was home to 2 million children under 15 years of age living with HIV.
- Children under 15 years account for one in seven new HIV infections globally and a young person aged 15–24 contracts HIV every 15 seconds (UNICEF, 2005).
- Children under 15 account for one in six AIDS-related deaths and a child under 15 dies of an AIDS-related illness every minute of every day (UNICEF, 2005).
- An estimated 12 million children under the age of 17 (just under 10% of children) living in sub-Saharan Africa have lost one or both parents to AIDS.

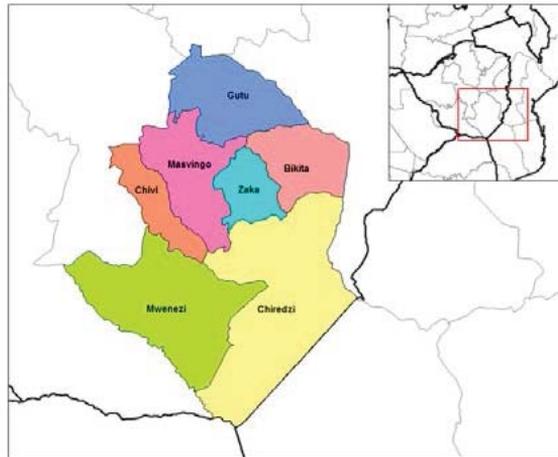
### 2.1 HIV/AIDS in Zimbabwe

Zimbabwe is a land-locked country in Southern Africa with an area of 390 757 square kilometres. The first case of HIV infection in Zimbabwe was diagnosed in 1985. Today the country is experiencing a generalised HIV epidemic, with an HIV prevalence in the adult population (15–49 years) of about 24.6%. Each day an estimated 564 adults and children become infected with HIV. About 50% of the people living with HIV/AIDS are infected during adolescence and young adulthood. At the end of 2003, an estimated 980 000 children younger than 17 years had lost one or both parents to HIV/AIDS. The estimated number of women living with HIV/AIDS has been higher than that for men since 1989 and recent data from the national surveillance system show a decline in HIV prevalence among pregnant women from 26% in 2002 to 21% in 2004. In 2009 around 1.2 million Zimbabweans were living with HIV and around 200 000 of them were children under the age of 15 years (UNAIDS, 2010: 180). AIDS is widely accepted as being one of the main causes of a dramatic increase in the number of orphans. The estimated number of children aged 0–17 years orphaned because of AIDS in Zimbabwe rose from 760 000 in 2001 to one million in 2009 (UNAIDS, 2010: 186). The UNAIDS organisation has reported that the HIV prevalence rate in Zimbabwe for adults aged 15–49 years in 2009 was 14.3% and life expectancy 46 years (UNAIDS, 2010: 181).

### 2.2 HIV in Zaka

Zaka is a district in the Masvingo province, located 86 kilometres southeast from Masvingo on Ndanga communal land. The village was established in 1923 and lies in a very low-lying area, hence the Shona-derived name *kwo-ka-zaka* which means “to where it is going down”.





Zaka district (Wikipedia, the free encyclopaedia.Mht)

The Zaka district is a typical Karanga smallholder farming area, which is a semi-arid, mountainous area with erratic rainfall averaging 6–800 millimetres annually. The soils are generally poor. Subsistence farming is the main economic activity and the main crops grown are maize, groundnuts, cotton, sorghum finger millet, sunflower and pumpkins. It is the most densely populated rural district in the province and probably in the whole country.

According to the official information on Zaka district (March 2008), the most recently available population and HIV/AIDS statistics were as follows.

Population statistics:

- total district population – 185 107
- male population – 84 920 (45.88%)
- female population – 100 187 (54.12%)
- orphan prevalence – 19%
- 2 148 households headed by children less than 19 years old
- 2 868 households headed by the elderly, 75 years and above (CSO, Zimbabwe Census 2002)

HIV/AIDS statistics:

- HIV/AIDS prevalence among adult population – 24%
- HIV/AIDS prevalence among child population – 15.3%;
- percentage of HIV/AIDS patients on home-based care – 97% (District AIDS Action Committee)

### *2.3 HIV/AIDS and quality education*

Education is one of the sectors worst affected by the pandemic. There is broad consensus on the actual and likely impacts of the epidemic on the education sector (Kelly, 2000; Coombe, 2003; Bennell, 2003). HIV and AIDS represent a direct threat to achieving the goal of “Education for All”. The epidemic affects the supply and demand for schooling, especially in areas with higher HIV prevalence, for instance the Zaka district.

The impact of HIV/AIDS on education is clearly evident in the decreased number of qualified and experienced teachers available. A UNICEF report (2000) estimated Zimbabwe’s AIDS-related death rate for teachers at 2.1 percent annually. Affected and infected teachers occasionally absent themselves from work due to opportunistic infections. In terms of learners, HIV/AIDS has made millions of children orphans, thereby increasing the responsibility of schools and teachers.

There is a global realisation that an effective and quality education system can only be sustained through ensuring that children and their educators are healthy and able to teach and learn in a healthy environment. On this note, “[e]ducation is the most powerful weapon you can use to change the world” (Nelson Mandela, Global Campaign for Education [GCE], 2004), while lack of schooling contributes to the further spread of the epidemic (Education International, 2006).

### 3. Research Methodology

This study used a qualitative methodology throughout the interview sessions, because “letting people talk” has been found by most social researchers to be the most appropriate when dealing with this nature of research. Neuman (1997:328-329) states that qualitative research involves documenting real events, recording what people say (with words, gestures and tone), observing specific behaviours, studying written documents or examining visual images. Qualitative methodology has been found to facilitate the understanding of processes rather than numbers. The specific focus of this study is to reveal the impact of HIV/AIDS on the quality of education. The research design utilised in this research is that of exploratory research. Semi-structured interviews, focus groups and in-depth interviews were used to solicit information about the impact of HIV/AIDS on the quality of education.

The population in this study comprised a total of 10 rural secondary schools in the Zaka district. The population comprised 382 teachers and 9 021 students. The study therefore used a simple random sampling procedure in which every member of the population had a chance of being selected. From each of the 10 rural secondary schools, the researcher assigned numbers to each member of the population. The researcher then generated random numbers and corresponding members of the population formed the sample. In the final analysis, the researcher ended up with 10 female teachers, 10 male teachers, 20 boys and 20 girls as the representative sample.

### 4. Findings

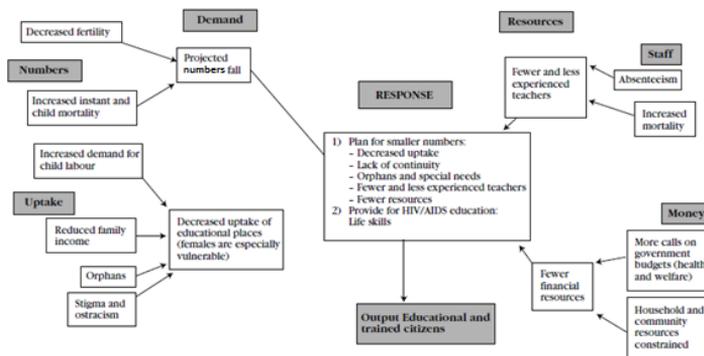
#### 4.1 Impact of HIV/AIDS on quality education

According to the results of the interviews (semi-structured and in-depth) and focus groups, HIV/AIDS impacts on quality of education were identified as follows:

- The quality of training and education is weakened mainly because trained teachers are lost.
- Student–teacher contact is reduced with inexperienced and under-qualified teachers taking over before they are ready.
- Class sizes are larger because of teacher shortages.
- There is an increase in the number of dropouts and a decline in school completion rates.
- There is a shortage of trained teachers and decreased teacher productivity.
- There is a direct threat to reaching “education for all” with the millennium development goals (MDGs) for education.
- Schools are becoming dysfunctional, losing their teachers due to illness and death.

Even children who are spared a family bereavement often lose their teachers and classmates, their neighbours and role models to HIV and AIDS (UNICEF, 2005).

Diagram 1. The impact of HIV/AIDS on education



The findings are in line with figure 1 above, depicting the generalised impact of HIV/AIDS on education according to UNESCO.

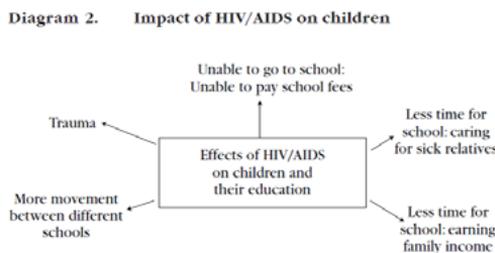
On the same note, Kelly (2000) has argued that HIV and AIDS have swamped education with a wide range of problems, while Coombe (2003) has warned about a collapse of education systems, unless there is both a comprehensive understanding and response by all sectors concerned. Teacher deaths due to AIDS-related illnesses are projected to increase rapidly over the next 10 to 15 years (Cohen, 2002; Bennell, 2003). On the demand side, children orphaned or otherwise made vulnerable by AIDS may not attend school because they have to look after the household, care for younger siblings or because they cannot afford the fees (UNICEF, 2005). The 2002 UNAIDS interagency working group on "AIDS, Schools and Education" notes that the attainment of the MDGs for education "cannot be achieved without urgent attention to HIV/AIDS" (UNAIDS, 2002).

#### 4.2 HIV/AIDS impact on learners

The respondents felt that the most noticeable impacts were as follows:

- learners having to remain at home to care for ailing family members
- learner absenteeism as a direct result of HIV/AIDS, because of children having to look after siblings in child-headed households
- heavy family responsibilities, with children, especially girls, relied on to take care of siblings or sick family members
- many learners dropping out of school because of inability to pay school fees
- children failing to go to school as a significant reason for illiteracy
- malnutrition and ill-health and risk of exploitation and abuse
- severe psychological and physical stress
- ostracism, discrimination, stigma and isolation of infected or ill students
- physical and sexual abuse
- children left emotionally and physically vulnerable because of illness or death of one or both parents

Figure 2 : the impact of HIV/AIDS on learners (children) as follows.



Findings of the HIV Prevalence and risk survey concur with the findings of this study. It found that the maternal orphan rate is 3.3% for children aged 2--18, and that around 10% of children will have lost a caregiver by nine years of age, rising to around 15% by the time they reach 14 years of age. The survey reports that at least one quarter of children (25%) aged 15--18 have lost at least one caregiver. Three per cent of children aged 12--18 headed households. In addition to these findings, the survey found that 45% of children live in homes where there is not enough money for food and clothes.

#### 4.3 HIV/AIDS impact on teachers

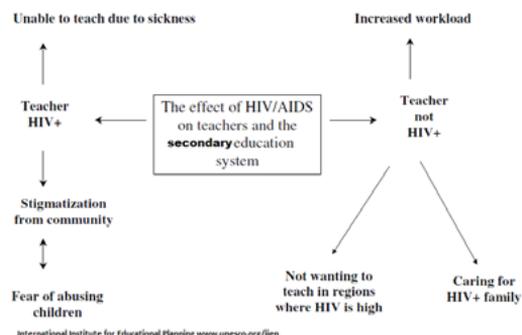
Teachers are central pillars of the education system, and their survival and wellbeing are essential to sustainability of the system. However, the HIV pandemic has dramatically reduced the number of teachers. HIV and AIDS have the potential to erode the gains made in education over the last few decades. In the wake of these challenges, results from interviews (semi-structured and in-depth) and focus groups indicated the impact of HIV/AIDS on teachers as follows:

- teacher illness and death

- learning adversely affected when a teacher dies
- neighbouring schools affected by deaths
- absenteeism due to HIV and AIDS severely reduced both teaching time and quality
- interference of discriminatory practices in the teaching-learning processes
- teachers ill-prepared to cope with rapidly changing learning and learners' conditions
- having to take care of sick relatives and help infected and affected learnerlearners (Education International, 2006)
- permanent or temporary absenteeism of one teacher with possibly strong repercussions for up to 100 children (UNESCO, 2005)
- poor teacher morale and low job satisfaction because of increased workload taken over from those who have died (Shisana, 2006)
- limited availability of teachers reducing access to education
- infected teachers eventually becoming chronically ill, with increased absenteeism
- increased morbidity and mortality of educators
- teachers and other key educational personnel not easily replaced
- teachers under severe psychological and physical stress
- ostracism, discrimination, stigma and isolation of infected or ill teachers

The International Institute for Educational Planning ([www.unesco.org/iiep](http://www.unesco.org/iiep)) sums up effects of HIV/AIDS in Kadoma and hence this study in the Zaka district fulfils most of the identified effects (impacts). Figure 3 illustrates.

Diagram 3. Effects of HIV/AIDS on teachers in Kadoma



#### 4.4 HIV/AIDS stigma and discrimination

The stigma and discrimination related to HIV-AIDS are different but interrelated phenomena that refer to a “process of devaluation of people either living with or associated with HIV-AIDS”: “[d]iscrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status” (UNAIDS, 2003). It is a human rights violation to discriminate against someone with perceived HIV status.

In the education sector the impact of stigma and discrimination related to HIV-AIDS is a major cause for concern in countries considered to be experiencing a generalised epidemic. Findings indicate that stigma and discrimination may result in

- social exclusion
- marginalisation of infected and affected children
- negative learning environment
- absenteeism of learner and teachers and dropouts
- poor adherence to treatment
- psychological damage

Therefore the education system has a unique opportunity to effect change among children and young people, adults of the future, by passing on the knowledge, attitudes and skills they need to make informed decisions and develop positive attitudes.

#### 4.5 *Child-headed households*

The respondents indicated that the phenomenon of the child-headed household was one of the impacts of HIV/AIDS. According to Jackson (2002), this is a household headed by a child in the absence of an adult parent. The emergence of child-headed households in rural secondary schools in the Zaka district was intimately linked to HIV/AIDS. Problems of poor nutrition, lack of supervision and declining health status were a major reason for the high rate of dropouts.

#### 4.6 *Orphans*

All the respondents pointed out the growing number of orphans. Schoolchildren, who are either maternal or paternal orphans, suffer from material and/or emotional deprivation of one sort or another, which impacts adversely on their education. It is the orphans from the poorest households who generally have the most problems with their education. While manifold problems relate specifically to orphanhood, it is the existence of endemic poverty that is largely responsible for many of the difficulties faced by orphans. Orphans and vulnerable children are at higher risk for HIV infection, as they face numerous material, emotional and social problems (Skinner, 2006). They also face discrimination and stigma, as they are often shunned by society, lack affection and are left with few resources.

#### 4.7 *Absenteeism*

Another emerging impact echoed by the participants is absenteeism. HIV/AIDS is potentially an important factor in determining the extent of learner absenteeism in the Zaka district.

Absenteeism of teachers and students due to illness and time off to take care for the sick or mourn the dead had devastating effects on the quality of education. Whiteside and Sunter (2000:101) confirmed this with the following absenteeism statistics related to HIV and AIDS: HIV absenteeism, 37%; AIDS absenteeism, 15%; funeral attendance, 6%; health care, 5%; burial, 20%. With high teacher and learner absenteeism due to HIV/AIDS, instructional time was disrupted, lowering the quality of education.

#### 4.8 *Death rate*

This study's findings also focused on the death rate as a major impact of HIV/AIDS. High rates of HIV/AIDS reduce the personnel pool as teachers, lecturers and support staff become ill and die. In addition, high rates of HIV/AIDS increase the cost of maintaining education departments when more and more personnel are dying. According to Samah (1991) teacher qualifications are indicators of quality of education. The death of qualified teachers negatively affects the quality of education. The impact of AIDS in the Zaka district has been devastating. The disease has killed many highly educated people, businesspeople and economically active people, thus depriving the country of the entrepreneurship, technical and professional persons needed for high economic productivity. Both public and private health systems, working under strained budgets, are overburdened by the high cost of medication and care of AIDS patients. Many babies are born with the virus transmitted from their mothers, thus increasing infant mortality.

#### 4.9 *Learner to teacher ratio*

Teachers are highly susceptible to HIV/AIDS infection as their jobs take them to different parts of the country, away from their families (Jackson 2002:304). Teachers' mobility leads to HIV/AIDS-related deaths while others are absent temporarily through illness, and replacements are in short supply --- resulting huge learner to teacher ratios. As the number of students per teacher becomes too big, the class becomes unmanageable and the marking load becomes overwhelming for the teacher. Huge learner to teacher ratios lowers the quality of education.

#### 4.10 *Suicide*

There was a general feeling that HIV/AIDS was one of the main causes of suicide among learners. School-going children discovering that they were HIV positive have committed suicide. Dworetzky (1988:460) says: "[I]n the throes of a conflict or under intense stress ... many people apparently look on suicide as [a] decision to stop participating in a stressful life." These increases in the number of deaths among younger people will ultimately deplete the human resource base in the

future.

## 5. Conclusion

The quality of education is being impacted by the HIV/AIDS epidemic. This has resulted in a less-qualified teaching force, as experienced teachers are replaced with younger, less experienced ones. Much of the impact of HIV/AIDS afflicts children and women. The bulk of new AIDS cases is among young people, aged 15--25, and females are disproportionately affected. The ability of girls and women to protect themselves from HIV is constrained by their status in society. As a result of HIV/AIDS, fewer children may need education because the birth rate will decline following the early deaths of potential parents.

Children will be the most affected as a result of HIV/AIDS as they live with sick relatives in households under stress by the strain on their limited resources. They are left emotionally and physically vulnerable by the illness or death of one or both parents. Subsequently, children who have lost one or both parents are more likely to be removed from school, to stay home to care for the sick and to be pulled into the informal economy in order to survive. This is especially the case for girls.

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