

The Effects of HIV/AIDS on Children's Schooling in Uganda

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Introduction

Children are persons aged below 18 years (UNHS, 2006). By the end of 2006, there were 2.3 million children living with HIV/AIDS around the world (Avert 2007). Nine out of ten of these, are in sub-Saharan Africa. In Uganda it is estimated that 57% are children, 15% of whom are orphans with 46% of the orphans due to HIV/AIDS (MOH, 2004/05). HIV/AIDS particularly in LDCs has far reaching implications for the nations in terms of eroding the productive population and collapsing economies, the impact is also manifested among school going children leading to poor attendance and performance patterns due to poor health, the associated stigma at schools and heavy adult responsibilities.

Uganda has been highlighted as a success story in the fight against AIDS though the vigilant open policy where the government and faith headed Organizations have openly spoken about the disease and the result has been a reduction in the adult prevalence rate (the proportion of adults living with HIV) down from around 15% in the early 1990s to around 5% in 2001. At the end of 2005, MOH results show a HIV rate of 6.3% of adults (15-59 years) were living with the virus. The country is seen as having implemented a well-timed and successful public education campaign.¹ however much still needs to be done especially among the school going, not only to prevent further spreading of the disease but also to contain the situation and reduce stigma. There is need to incorporate managing HIV/AIDS policies, currently not effected in schools due to the increasing numbers of learners and teachers becoming infected with HIV/AIDS. It is therefore important, for all schools to have an HIV/AIDS policy so that the rights of all learners and teachers are respected, learners and teachers with HIV are managed in an appropriate way, further HIV infection is prevented, a non-discriminatory and caring learning environment is created where children can freely express themselves without fear of ridicule.

Objectives of the study

The main aim of the study is to find out the effects of HIV/AIDS on children's schooling. More specifically, the study will attempt to;

- Identify obstacles to regular class attendance and performance due to HIV/AIDS
- Determine the school dropout rate among HIV/AIDS children
- Identify children who are stigmatized due to HIV/AIDS parents and its impact on their schooling
- Investigate children's adherence to ARVs and its effect on schooling

Problem statement

So many HIV/AIDS studies in Uganda and world over have been carried out especially targeting adults; however there is an information gap when it comes to the effects of the disease on children's schooling. More so as the survival chances of children born with the disease continues to rise due to ARVS, community awareness, voluntary testing and counseling services, so is estimated the role on school attendance, class participation, school enrolment and overall performance.

This study therefore aims to fill the information gap on the effects of HIV/AIDS on children's schools due to its adverse effects as compared to other districts in Uganda.

Significance of the study

The need to accumulate empirical data on the effects of HIV/AIDS on children's schooling is crucial to improvement in school performance and future welfare of the children. Currently in Uganda, there are no laws governing the management of HIV/AIDS in school. This study therefore seeks to utilize scientific procedures to output results upon which HIV/AIDS policies can be drafted to manage the situation.

Conceptual framework

Ability to attend school regularly and perform well is considered a functional outcome of a variety of demographic aspects such as the age of parents, health, marital status, relationship with child, education level, sex, residence, religion working through socioeconomic factors such as the school environment, attitudes towards education and infection of HIV/AIDS, ability to pay school fees, parents' attitudes to schooling, children's conduct at school, teacher pupil ratio, age of child, distance to school, birth position of child and the health status. The study therefore will analyze these interlinks for statistical significance to the class performance

Methodology

Literature was reviewed using a number of sources. Internet was the main source of information. Information was also obtained from available reports like the HIV/AIDS sero-behavioural survey 2004/05, population and Housing Census 2002 and the National Household Survey (UNHS) reports.

The other source of information was by analysis of some available data like the UNHS 2005/06.

Hypothesis of the study/ expected findings

1. Positive parents' attitudes to HIV/AIDS improve school attendance
2. Children belonging to poor HIV/AIDS parents perform lowly in school
3. High dropout rates in school targets children directly affected by HIV/AIDS
4. HIV/AIDS is responsible for the stigma at schools
5. Rich children affected by the HIV/AIDS, are not stigmatized
6. Nature of school affects stigma directed at children affected by HIV/AIDS

Results

Death of Parents

A Study carried by Karin A, et al (2002) in Uganda shows that 37% of the students interviewed reported having lost at least one parent. Ten percent had lost both parents. The same study also found out that paternal death had fewer negative consequences than losing a mother with respect to repetition, absenteeism and school interruption. Orphans are reported as being subject to excessive labor demands from guardians extending the age of first enrolment

Growing number of orphans

Uganda is experiencing rapid growth in the numbers of AIDS orphans (46%) of the total orphans are due to HIV/ AIDS (MOH 2004) and 380,000 children die of AIDS every year. This is posing great difficulties in providing welfare services like education and health already impoverished people

HIV/AIDS and sex

Reviewed literature has shown that girls are more vulnerable than boys in the context of the HIV/AIDS epidemic, a possible bottleneck to the erosion of the recent gains made in promoting female participation at all levels of the education system. (Uganda has affirmative female action towards female education to include scholarships and 1.5 points awarded to female candidates entering government universities). A Recent study in South-western Uganda however shows that school absenteeism among girls from AIDS-affected households is significantly higher than among boys (Karin 2002). This is mainly because girls are expected to stay at home to nurse the sick and undertake the additional tasks (both inside and outside the household) and as a result, school performance of such girls is highly undermined. It is also noted that, there is a small difference for school attendance between girls and boys due to gender discrimination, with girls' schooling being viewed as more dispensable and therefore accorded less importance.

Girls in the age group of 15 – 24 years are four times more likely to have HIV compared to boys in the same age group (MOH 2006). This is attributed to cross generational sex which exposes school going girls to many risks including getting HIV infection, getting pregnant and subsequently dropping out of school.

Economic Status

Schooling among HIV/AIDS affected children in sub-Saharan Africa is particularly affected by the general poverty levels, 31% of the total population is below the poverty line insinuating lower incomes, limited access to health facilities and quality education, poor nutritional standards has also greatly contributed to general illness leading to school absenteeism and poor academic performance and fewer entitlements to the ownership of assets

Situational analysis

Rubaiza, 2007, reported that HIV has rendered many children orphans, it was estimated that in Uganda, approximately 3 million children had lost one or both parents by 2005. A situation that fuels both psychological and social disruption among many infected children.. Although the rate of HIV/AIDS transmission has fallen appreciably in Uganda since the early 90s' and consequently the numbers of individuals becoming sick is no longer growing. the number of orphans will continue to grow for the next 10 to 15 years. Even though infection rates have fallen, the long incubation of the virus ensures that a proportion of teachers will continue to be HIV positive, and consequently suffer long periods of illness and eventually die.

Sensitization

Since the launch of the Presidential Initiative on AIDS Strategy for Communicating to the Young People in Uganda (PIASCY) in 2001, Integration of formal and non-formal methods of information delivery in the education system of Uganda has become part of

the curriculum. In some districts, (Kampala Mukono and wakiso districts) forums have been introduced to train pupils in schools on HIV/AIDS. This is targeted at empowering children with life skills on how to avoid getting HIV/AID, helping the infected pupils cope with the problem and fight the associated stigma.

Buomore, 2007), In a study based in 5 primary and 5 secondary schools in Kampala showed that, In all the schools visited, there was a solid HIV education program. In a related study, (Rubaiza 2007), in a related study supports the idea of involving children in the fight against AIDS.

“We can use children to fight HIV since their behavior is still at an early stage of development unlike adults. Children if well trained can influence the behavior of their colleagues.”

HIV/AIDS education is also instrumental in fighting cultural systems in most Ugandan societies that prohibit public speech concerning sex matters especially in the presence of children. An open atmosphere is therefore availed in schools where children can freely express themselves.

However country wide evidence shows that there is virtually non existence of HIV education in secondary schools. Most respondents recognized that the government of Uganda requires HIV/AIDS education to be taught in secondary schools, but the majority reported that this was not actually taking place. This is not surprising, because approximately 75% of teachers and administrators have had no training for teaching the subject.

Discrimination/stigma at school

The origins of stigma lie in the shame, fear and silence that shape negative perceptions of people living with HIV/AIDS and of the behaviors thought to be associated with HIV transmission unveiling the truth. Evidence on ground where PIASCY has been operational, children participate in HIV/AIDS activities are less likely to be stigmatized.

Absenteeism and drop out

Studies carried out in Uganda, show Absenteeism and drop out as negative consequence of students losing parents or guardians, or of families being put under financial stress by sickness in the main breadwinner. Related studies have shown that there were urban and rural differences in the reasons for absenteeism. Rural students were more likely than urban students to have missed school because of deaths (26% versus 8.4%) or sickness in the family (28.4% versus 5.3%). The difference could be caused by actual levels of mortality in the different environments or by the fact that the continuing tradition of burying the dead in their rural homes makes it more likely that a rural student would attend the funeral of a family member. An urban student is likely to travel only for very close family members.

With respect to secondary and primary; secondary students are more likely to be boarders and thus less likely to get released from school for reasons both of distance and administrative barriers.

One clear indication is that the school itself contributes significantly to absence; children especially those from poor AIDS affected homes are continuously being sent for fees and materials and for discipline problems. Further analysis shows a number of different patterns emerge, Deaths in the family and being needed at home was much more common for those with only their mother alive than any other category. Family sickness was more important for those with only their fathers alive.

Conclusions

- Children live with family members who are infected with HIV often being traumatized by the experience and developing negative life outlook which consequently affect their general abilities
- Children act as care takers for sick parents who have AIDS increasing chances of absenteeism and poor classroom performance
- Many children have lost one or both parents to AIDS, and are orphaned and can therefore not afford school dues and even where, education is free, in UPE schools, they can not afford basic school necessities.
- As AIDS erodes traditional community support systems. An increasing number of households are headed by children, this obviously negatively impacts on their childhood.
- Children end up being their family's principal wage earners, as AIDS prevents adults from working, and creates expensive medical bills
- As AIDS ravages communities, schools lose teachers and children are unable to access quality education.
- The trauma children experience as they lose their friends to AIDS often catches up on their capacity to concentrate in class.
- Stigma targets children who have HIV in their family and are sometimes discriminated against by their peers, making school life uncomfortable.

Recommendation

- Diagnosis through HIV testing is important so that where feasible, children can be provided with appropriate medication and care to fight opportunist infections. Effort can also be made to vaccinate, immunize and provide good nutrition
- Effort should be made even in resource-poor areas to carefully monitor and provide infected children with antiretroviral syrups and powders drugs.
- The need to provide emotional support can not be over emphasized. This should be a joint venture for both governments and organizations to address the wider problems that may prevent communities from meeting children's needs.

- There is need for concerted effort towards HIV prevention programmes on a community level, educating people about how to avoid infection, address the stigma and discrimination surrounding HIV, which can encourage communities to freely discuss AIDS openly and frankly.

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