



**The Impact of HIV/AIDS on the Quality of Education in Higher Institutions of Learning: A Brief Overview of Major Challenges and the Way Forward**

by  
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# **The Impact of HIV/AIDS on the Quality of Education in Higher Institutions of Learning: A Brief Overview of Major Challenges and the Way Forward**

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## **Abstract**

*HIV/AIDS is one of the greatest challenges faced by humanity. Africa carries the brunt greatest burden of the pandemic and home to more than 70 per cent of the victims of the diseases. This paper highlights some of the implications of HIV/AIDS on the quality of education in higher institutions of learning. It also identifies the roles to be played by these institutions in the fight against the pandemic with emphasis on developing appropriate HIV/AIDS policies and strengthening partnership with a range of actors in the field.*

## **I. Introduction**

There is no aspect of life that has not been affected, directly or indirectly, by the scourge of HIV/AIDS. Several studies reveal that AIDS is now the principal cause of excessive morbidity and mortality in Africa. For example, a report published in 2005 by the African Union Commission, UNAIDS, and other agencies indicated that "... about 30 million people live with HIV – over 70% of the world's total. Of global AIDS deaths, at least 75% occur in Africa"<sup>2</sup>. The pandemic is knocking at every door and impacting all aspects of life. What is worse, despite some indicative statistics, the damage being caused by the deadly virus and its accompaniments is quite incalculable.

Millions of children and young people are suffering from the HIV/AIDS. Millions of children are orphaned and forced to lead a life of misery and destitution. These children rarely go to school and even if they do they discontinue long before the death of one or more of their beloved parents or other members of the family. In this regard, HIV/AIDS erodes the capacity of young people for self-actualization and "future-building". By so doing, it destroys their physical, psycho-emotional and economic strength and exposes them to a number of risks.

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<sup>2</sup> African Union, et al. 2005, Scoring African Leadership for Better Health

Though the full extent and impact of HIV/AIDS has not yet been understood fully, Ethiopia is one of the countries experiencing a significant surge in incidence and prevalence of the virus. According to recent estimates, the HIV/AIDS prevalence rate among the adult population aged 15-49 is about 7 % in the country as a whole but with great rural-urban discrepancies which stands at 3.7% and 13.7%, respectively. Conservative estimates indicate that more than 3 million people are living with HIV/AIDS of which 230,000 are children. Moreover, the country is home to more than 4 million HIV/ADS orphans who lost one or both of their parents to the pandemic and other related infectious diseases like malaria and TB.

A number of international and regional initiatives have attempted to curve the spread of the Pandemic. For example, Goal 6: “Combat HIV/AIDS, malaria and Tuberculosis” of the 2000 UN Millennium Development Declaration urged member states to stop the spread of the virus and began to reverse its impact by 2015. Likewise, the Abuja Declaration of the OUA in 2001 re-committed African Heads of State and Government not only to arrest the expansion of the pandemic but also to effectively deal with malaria, TB and other related infectious diseases, as part of Africa’s contribution to the implementation of the Millennium Development Goals (MDGs). Accordingly, a considerable progress has been made towards reducing the negative impacts of HIV/AIDS and also towards achieving the MDGs. Despite some encouraging results, however, the challenges posed by HIV/AIDS continue to affect millions of people every year.

## **II. The Impact of HIV/AIDS on the Quality of Higher Education**

Several studies suggest that students and the campus community are often at risk from HIV/AIDS. This relatively high risk of HIV/AIDS in institutions of higher learning is associated with a number of factors. In the first place, the majority of the students enter into campus life at very active reproductive age (15-24 years). Secondly, students and teachers as well as administrative staff come from diverse cultural background which prescribes or proscribes different sexual behaviors and orientations. Thirdly, for most of

the students, especially for those coming from remote rural areas, college setting is their first time when they start to lead independent life and begin to exercise some degree of personal freedom. Of course, some might have been engaged in risky sexual behaviors even before joining college, but it is very likely that the new and relatively “autonomous” college environment can expose the relatively inexperienced students to unsafe sex which may result in contracting HIV/AIDS and other reproductive health problems. Fourth, it is also possible that poverty may force students to engage in unsafe sexual behavior for the sake of getting money to finance their studies.

Regarding some of the potential factors aggravating the spread of HIV/AIDS, a World Bank study in selected African universities reported that:

- African universities are high-risk ground for HIV transmission due to “Sugar daddy” practices, sexual experimentation, unprotected casual sex, multiple partners, prostitution and gender violence;
- HIV/AIDS awareness has not been translated into any form of meaningful action;
- HIV/AIDS teaching programmes largely depend on individual initiatives.

Consequently, the negative impact of HIV/AIDS on the educational sector in general, and on higher institutions of learning, in particular, is considerably immense. The report of the AU Commission, UNAIDS and others as mentioned above underlines that “HIV/AIDS is spreading rapidly on African university campuses. Understanding and addressing this issue is critical since university graduates are Africa’s potential future leaders and technocrats.” When teachers, students, administrators and other support staff fall sick and gradually die from AIDS, a whole range of actions and responsibilities are jeopardized.

Apart from the psycho-emotional shocks experienced on the “left behind”, AIDS related deaths create a professional vacuum, increase operational cost as well as the burden of work on the already meager human resources, and extremely undermine the quality of teaching and research. It is abundantly clear that “... teachers with ill-health are absent

from schools for long periods of time. This affects the children's education and leads to overcrowding in classes, lowering the quality and efficiency of an education system that is already burdened with students with special needs, such as orphans experiencing psychological trauma after caring for sick parents" (AU et al 2005:34)

### **III. Responding To the Challenges of HIV/AIDS in Higher Institutions of Learning**

Without being too much resignation and pessimism, it should be admitted that the HIV/AIDS pandemic is going to stay with us in the unforeseeable future. In this case, it is very less likely to eliminate the problem of AIDS, but to control and significantly reduce its impact. Along producing qualified people, institutions of higher learning can engage, and should be engaged, in the fight against the pandemic. For example, they can mobilize students and the entire campus community to create awareness and bring about behavioral change. UNESCO (2003) argues that "As long as no vaccine exists and treatments remain unaffordable to many, education is the most effective strategy in the fight against AIDS. There is need for more education on HIV/AIDS at all levels." Similarly, the AU report stated that "In light of actual and potential losses, higher education institutions should have two major responsibilities. They should accept that HIV/AIDS is a reality on campus and therefore design their policies and management processes to factor in the disease. Second, all graduates of higher education should be provided with coping strategies for the diseases affecting Africa, including HIV/AIDS." (AU, et al, 2005:34).

Institutions of higher education are directly responsible for the physical welfare and education of a large number of young people many of whom will be future leaders of social, economic and political development. It is therefore expected that higher institutions of learning should play exemplary roles in addressing the challenges of

HIV/AIDS facing students, the campus community and society at large. If exposed to planned teaching by seasoning and gearing materials to the learners' level of understanding, students will contribute more to the task of educating the masses when they go out into the different parts of the country as career pursuers. In this regard, UNESCO identified the following areas of intervention for higher institutions of learning:

- **Prevention** of the spread of HIV/AIDS in all educational institutions and learning centers among all learners and educators
- **Provision** of basic social and psychological support to learners and educators affected and infected by HIV/AIDS
- The provision ... **quality educational services in AIDS affected communities** including effective school health; and
- Work closely with the Ministries of Education and Health to ensure that they demonstrate commitment, structures and the financial resources required to be effective in managing the response to HIV/AIDS competently and extensively.

In more practical terms, higher institutions of learning need to focus on:

1. Promote the rights-based approach in the fight against the HIV/AIDS pandemic;
2. Ensure integration of HIV/AIDS in their teaching, research and community outreach programmes;
3. Provide preventive and support services to those infected and affected members of the campus community; and
4. Develop appropriate HIV/AIDS policy and strategy for action; and
5. Put in place workable Monitoring and Evaluation mechanisms.

#### **IV. Challenges and Opportunities**

Though colleges and universities have the responsibility to protect students and the entire campus community from the scourge of HIV/AIDS, they may not be able deal with its multifaceted problems. First and foremost institutions of higher learning may not have the required human and technical facilities to monitor, follow up and provide support to those affected and infected. In the second place, financial resources are limited, especially for public higher learning institutions to engage in research and preventive undertakings. Thirdly, the age and heterogeneous background of students and the campus community will make it difficult, if not impossible, the task of bringing about behavioral change among these diverse groups.

On the positive side, however, the high level of educational attainment, the relatively higher capacity to comprehend the causes and consequences of the HIV/AIDS pandemic, and the ease of delivering messages to a relatively large and responsive audience within a relatively short period of time will play considerable roles in facilitating prevention, care and support. In other words, there is a fertile condition to bring about behavioral change and to create organizational structures for peer education, care-giving and collective action against the pandemic.

Similarly, it is also possible to forge and promote partnership with a wide range of actors in the field beyond the campus setting. For example, higher intuitions of learning can cooperate with a number of organizations with similar objectives, including UNESCO, WHO, UNAIDS, and others.

## **V. Conclusion**

The HIV/AIDS pandemic has become a great menace to humanity. It affects all sectors of society, but its heavy toll rests on the youth and adolescent population of which university students and campus communities form an important part. Apart from destroying precious lives at very prime ages, HIV/AIDS greatly affects the quality of education in universities and colleges.

In this regard, institutions of higher learning have a lot to do to protect young people within their respective domains and also to meaningfully contribute to the global fight against the pandemic. To do so, they need to build their technical capacity for protection, care and support and awareness creation as well as behavioral change.

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