

Session 3: The Impact of HIV/AIDS on Education and the Teaching Profession, I

Mr Dennis Sinyolo welcomed participants to the second day of the symposium, which focused on the impact of HIV/AIDS on education and the teaching profession. Introducing the presenters, he explained that in collaboration with strategic partners, EI had initiated an Education for AIDS programme through the unions in several regions. Ms Helena Awurasa, the EFAIDS co-ordinator for the Ghana National Association of Teachers (GNAT), and Ms Lulama Nare, Head of the Gender Department of the South African Democratic Teachers Union (SADTU), made presentations on aspects of their research, which had informed the EFAIDS programme in those countries.

Ms Awurasa began her presentation, 'An Assessment of the Awareness of HIV/AIDS in the Educational Sector and the Needs of Teachers and Education Workers Living with HIV/AIDS in Ghana', by explaining that the prevalence of HIV/AIDS in Ghana was 3 per cent — one of the lowest rates in sub-Saharan Africa. She said data on the sub-Saharan region showed that in 2006 there were 14 HIV-positive women for every ten HIV-positive men. However, of a total Ghanaian population of 22.5 million, approximately 500,000 people were living with HIV/AIDS. Further, of the 220,000 teachers and education workers in Ghana, it would be a fair assumption that some were HIV-positive. As the incidence of HIV/AIDS among this professional group would have a negative impact on its labour productivity and affect Ghana's education system, the study was undertaken by GNAT and the Teachers and Education Workers Union of Ghana (TEWUG). It was funded by the Swedish International Trade Union Development Secretariat.

The study's findings revealed that there was a high level of awareness about HIV/AIDS among teachers and other workers in the education

sector. Ninety per cent had heard about HIV from the television, radio, newspapers or other people. As many as 78 per cent of education workers had attended some form of awareness programme, and teachers were more likely to be exposed to awareness training than non-teaching staff. Men working in the education sector were more likely to receive awareness training than women. However, the majority of people known to have died from AIDS were women.

Educational counselling was cited as an essential tool in the campaign against stigmatisation. The research revealed that voluntary counselling and testing (VCT) was still not popular among workers in the education sector. Only 9 per cent of all respondents said they had ever attended VCT, and whereas the majority of the respondents thought it important for everyone to know their HIV status, only 27 per cent reported that they were aware of their own.

The researchers considered that direct contact with people living with HIV/AIDS was an important source of information about the disease and this might inform future policy and practice. Among their target population, the researchers identified and interviewed ten HIV-positive Ghanaian teachers. Of these, seven found out that they were HIV-positive by accident, as they were asked to undergo testing because their spouse or child was ill. None of them received counselling prior to the test. Nine of the ten were now receiving regular counselling. It was also noted that five of them had experienced some form of discrimination due to the stigma attached to the disease.

The study concluded by proposing recommendations for appropriate responses to the needs of teachers living with HIV in Ghana. These included:

- ◆ Education for the general public, which should include addressing negative attitudes that led to stigma and discrimination against people who were HIV-positive;
- ◆ Financial support, care and acceptance for those affected by HIV/AIDS;
- ◆ Education, care and support for the children of those affected by HIV/AIDS.

It was noted that while the government provided some subsidies, considerable sums of money were needed for anti-retroviral drugs (ARVs). Ms Awurasa proposed that a fund or support scheme should be established through the district assemblies of teacher unions for teachers and educational workers living with HIV/AIDS and that they should be provided with decent and affordable housing. Finally, as a way of displaying solidarity with those who were affected by HIV/AIDS, she urged unions to organise their HIV-positive members. Ms Awurasa concluded her presentation by noting that there was a role for the Ghana Education Service in exploring the possibility of providing special retirement packages and free ARVs, and training teachers and counsellors to support those living with HIV/AIDS.

Ms Nare introduced her presentation, entitled 'An Evaluation of the Prevention, Care and Treatment Access for South African Teachers'. She explained that in 2004 an alliance of South African and US non-governmental organisations (NGOs) designed a two-year project to mitigate the impact of HIV/AIDS on the education sector and on South African teachers. The project, Prevention, Care and Treatment Access (PCTA), was designed in response to the findings of a comprehensive study of the impact of HIV/AIDS on educators conducted by the South African Human Science Research Council (HSRC) at the request of the Education Labour Relations Council (ELRC). The study revealed that HIV/AIDS prevalence among educators in all provinces, and from all age and racial groups, was 12 per cent. However, the three provinces with the highest HIV prevalence rates among teachers were Eastern Cape, KwaZulu-Natal and

Mpumalanga. The PCTA project was designed to offer an integrated approach to prevention, care and treatment among teachers through:

- ◆ Preventing the transmission of HIV/AIDS
- ◆ Promoting the treatment of HIV-positive people through ARVs
- ◆ Providing palliative care for those who were HIV-positive.

Ms Nare presented a summary evaluation of the impact of the PCTA project on South African teachers, and reviewed the changes which had occurred in teacher knowledge, attitudes and practice as a consequence of its interventions. The study was initiated by SADTU in collaboration with the Department of Education and other unions, including the National Professional Teachers Union and the Suid Afrikaanse Onderwysers Unie. She advised that the research design was quasi-experimental and looked through pre- and post-assessment at the extent of change brought about by interventions in the schools selected for the study. Schools and educators comprised the intervention/experimental group and for comparative purposes a control group was identified in Free State province. Free State had a similar prevalence of HIV among teachers and its overall demographics were similar to those of the intervention provinces. The intervention period lasted nine months and the key post-intervention research questions were:

- ◆ Did teachers in the intervention group access prevention, care and treatment services to a greater extent or differently, compared with teachers in the comparison group?
- ◆ Did teachers access VCT from the community care centre?
- ◆ Did HIV-positive teachers and their families access anti-retroviral treatment and care?
- ◆ Were teachers fully informed about the AIDS pandemic and the impact it had on the school, the community, the union and teachers' families?

- ◆ Were teachers motivated to take action to prevent the spread of HIV/AIDS?
- ◆ Were teachers empowered to take action when they or their colleagues were the victims of stigmatisation or discrimination?

The assessment probed specifically the extent to which knowledge about HIV/AIDS had increased, whether teachers had been encouraged to access treatment, whether they talked openly and whether there had been changes in teachers' knowledge as a direct result of the intervention. Altogether, 374 data gatherers were deployed in field work and in interviewing 1,723 teachers and educators in 374 schools.

In summarising the findings of the study, Ms Nare noted that 50 per cent of the teachers interviewed in the post-testing phase had attended peer education sessions. Of these, more than 80 per cent had found the information they received satisfactory. The most noticeable impact of the intervention was teachers' and educators' increased knowledge about HIV/AIDS. There was very little evidence of attitudinal change in respect of the stigma associated with the disease. This attitude fostered fears of rejection by family and colleagues, and of job loss, and reluctance to access VCT.

In conclusion, Ms Nare stated that despite the disappointing overall findings, the intervention had created awareness of the union effort and had encouraged teachers to attend education sessions. Clear messages had also been sent from the leadership of teachers' organisations about the importance of voluntary testing and counselling. Despite the availability of free treatment, the teachers did not wish to be seen attending clinics as they were afraid of being identified as victims. The psycho-social support provided by the



Ms Lulame Nare

Department of Education for HIV-positive teachers was far from adequate and there was a fear that the doctors themselves might disclose information about their patients. Finally, Ms Nare proposed that teachers needed to have trust and a sense of privacy and to be able to rely on confidential resources; all three would take time to build.

The recommendations of the study included the creation and sustaining of an enabling environment for individual attitudinal and behavioural change to occur among teachers. The creation of such an environment would require strong support from unions and Department of Education staff. Ms Nare stressed the importance of sending a clear message that teachers would not lose their jobs if they were found to be HIV-positive. This complemented her call for greater availability of anti-retroviral drugs for HIV-affected teachers.

