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# Impact Assessment of HIV/AIDS on Namibian Educational Sector

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*HIV/AIDS in the education and training sector in Namibia has been of critical concern to Namibia especially because of its apartheid past and the resultant backlog of untrained and unskilled indigenous population. This unprecedented rate of HIV/AIDS infection and the proportionately high number of educated persons that have fallen victim to the pandemic has magnified the problem for the education planners. Indeed, Namibia's HIV/AIDS prevalence rate has become a common global reference point and a basic denominator used to explain the low life expectancy, poor standard of living of the majority of the indigenous population despite a very healthy, wealthy and progressive economy.*

*The potential threat of this YET incurable disease to Namibia's human capital development cannot be overemphasised, In spite of its impact and awareness of the severity of HIV challenge, efforts in the education sector appear to be un-coordinated and do not seem to match the magnitude of the challenge. The paper, therefore, discusses the pros and cons of government efforts and business response to the HIV/AIDS pandemic and examines further approaches to address the impact of the deadly virus.*

## Introduction

The main objective of the education sector among others is to provide quality education to all Namibians in line with the country's constitution. The Ministry of Education (MOE) which oversees the educational programmes for the citizenry was established by the amalgamation of the eleven second-tier educational services inherited from apartheid South Africa into one unified national structure. With the laudable programmes established by MOE, and with the fact that the MOE has the largest share of budget (23% in 2007) the impact of HIV/AIDS on the Namibian education sector constitutes a major threat to the nation's human capacity and as a consequence, the country's ability to sustain consistent and competitive performance and its prospects of attaining its Vision 2030 goals. This virus is causing physical, economic, social and psychological problems and indirectly impacting the intellectual capital of the country to sustain its development thrust. For Namibia to grow and become vibrant, the country must be able to develop and sustain a knowledge based economy where trained skilled and educated citizens are able to exercise their talents and experience to innovate and direct their social, business and economic affairs, in contrasts to their pre-independent history.

Based on the rich endowment of mineral resources, Namibia has been able to maintain, up to now, a middle income development infrastructure and lifestyle which largely the bulk of the indigenous population, whose average daily income, according to UN statistics (UNDP Development World Report, 2005 and 2006), is below US\$2. With this situation unabated, and compounded by the HIV/AIDS pandemic, the positive GDP growth and middle income development status could be eroded and undermine the effort of the government and the education sector to make Namibia a functional knowledge-based economy.

According to the National report on the development of education in Namibia (2004): The rising number of orphans and children caring for terminally ill-parents, coupled with depletion of family resources will, essentially, make it difficult for children to enrol and remain enrolled in schools. Even if these children access education, the quality of education received is likely to be impaired because of the psycho-social demands in the roles these children will have assumed to support the family. Coincidentally, schools teachers in Namibia are at high risk of HIV/AIDS infections. Projections suggest that around one-in-seven educators was HIV

positive in 2002. This should however, have a major impact on the quality of education service delivery, as the efficiency of such teachers should have been greatly compromised.

## **Problem Statement**

The first four HIV/AIDS cases in Namibia were recorded in 1986 by Namibia's Ministry of Health and Social Services (MOHSS, 2001). Ten years later, in 1996 HIV/AIDS had become the leading cause of death in Namibia. Consequently, Namibia becomes the fifth country with the highest HIV prevalence rates in the world, after Botswana, Zimbabwe, Swaziland and Lesotho (UNAIDS 2002). Namibia as a country, shares its boundaries with South Africa, Botswana, Angola and Zambia and has a sparse population of 1.8 million, and is 824,418 km<sup>2</sup> in size (Human Development Report 2002); can hardly afford any loss in its population to the disease since the country is currently rated as one of the least densely populated in the world (SIAPAC, Namibia 2003). If we consider the rate at which the citizens are affected and infected, one can imagine what will become of the "given" land and human capital resources within the next ten years. This indeed poses a challenge to all stakeholders, especially human capital practitioners, educators and learners within the education sector in the country.

The rising incidence and pervasive influence of HIV/AIDS and its adverse effect on Namibia's active learners and professional education labour force presents a major concern, for government, employers and international community, at large. Literature and studies conducted by (USAIDS/AIDSCAP, 1997, & UNAIDS 1998), suggest that the spread and impact seem greatest when persons live and work; away from home and family members (Madava, 2003). The death of so many of the most productive adults will continue to have devastating impact on the learners, educators, workforce, individuals, families, communities and national economy, especially the education sector which provides human capital knowledge based development inputs to the workplace. The above impacts could lead to ripple effects and reverberations in the education sector, which may consequently result in a vicious spiral for the Namibian nation, as a whole.

Given the critical role education plays in human capital development base as inputs for the competitive existence of all industries, the destruction of both skilled and unskilled learners and educated labour in the various sectors have many negative forward and backward consequences on economic activity (Bepura, 2002). As a result, the pandemic is taking its great toll on human capital development and quality of work-life, in terms of: availability, access, decent work, freedom, security, provision, stress levels and use (N'Daba, Hodges-Aeberhard, 1998). Furthermore, death through HIV/AIDS is having its unpleasant consequences on qualified Namibians, resulting in loss of family bread winners, family income support systems, economic stability and also, on organisations performance, tacit knowledge, competitiveness and profitability (Asemota, 2004).

## **Review of HIV/AIDS Situation in Namibia**

According to the 2000 Sero Prevalence Survey, 22.3% of Namibians aged 15-49 were HIV positive. UNAIDS (2002) reports that over 50,000 Namibians have died of AIDS, and 200,000 adults and 30,000 children are living with HIV/AIDS. As of 2002, there are an estimated 61,380 orphaned children due to loss of their parents to AIDS. This constitutes 62.5% of all orphans in Namibia (SIAPAC, 2003). Newton (2004) corroborates other HIV/AIDS workers on Namibian education sector that about one in seven teachers are infected and 42 children become orphans everyday. It was also estimated that about 80,000 children under the age of 15 are living without one or both parents because of HIV/AIDS disease. Rispel, Letlape, & Metcalf (2006) reports that 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.

Woods (2004) predicts that within the next several years 1 in 3 children will be orphaned before reaching the age of 18. The Catholic Aids Action, Namibia (2001) reports that in 2000 there were an estimated 31,000 AIDS orphan in Namibia. By 2006, the number is expected to quadruple. That is, about one child in eight will be an AIDS orphan. Some of these will themselves be infected with HIV-AIDS and their education was bound to suffer added to the

challenges of accessing it. Rispel, Letlape, & Metcalf (2006) reports that in 2005 an estimated 2.7 million people in Southern African region became newly infected with HIV and 2 million adults and children died of AIDS in the same period. They further affirmed that majority of children born to HIV infected mothers who are infected with HIV at birth die before they enter school. Additionally, the educational performance of those few children who are started on anti-retroviral treatment at an early age, and who survive long enough to enter the schooling system is relatively poor due mainly to absenteeism. Also many children infected with HIV at birth die before reaching the age of 10. The Global Campaign for Education (GCE, 2004) reported in Rispel, Letlape, & Metcalf (2006) has calculated about 700,000 annual cases of HIV in young adults.

They add that HIV and AIDS represent a direct threat to reaching the goal of "Education for All", while lack of schooling contributes to the further spread of the pandemic. Rispel, Letlape, & Metcalf (2006) suggest that the epidemic affects the supply and demand for primary and secondary schooling especially in countries where there is a higher prevalence of HIV. The United Nations (2002) in its report states that HIV and AIDS weaken the quality of training and education mainly because trained teachers are lost; student-teacher contact is reduced, replacement with inexperienced and under-qualified teacher. Additionally, a teacher's illness or death is more devastating in rural areas where schools are dependent on only one or two teachers. The picture painted by these statistics poses a threat and challenge to learners, educators and people managers within and outside the education sector.

Since the beginning of the infection, the number of reported HIV infections, hospitalisation and deaths from AIDS continued unabated. In addition, the MOHSS report that since 1996, data on deaths and hospitalisation recorded in public hospitals indicated HIV/AIDS to be the leading cause of death in adults. At the end of December 1993, Otaala (September 2000) states, a cumulative number of 6,562 cases had been reported by National AIDS Co-ordination Programme (NACOP) including 2,517 detected in September, 2000. That is why government, non-governmental organisations, businesses, educational institutions, private and public parastatals are rising to the challenge of waging "holistic war" against the disease.

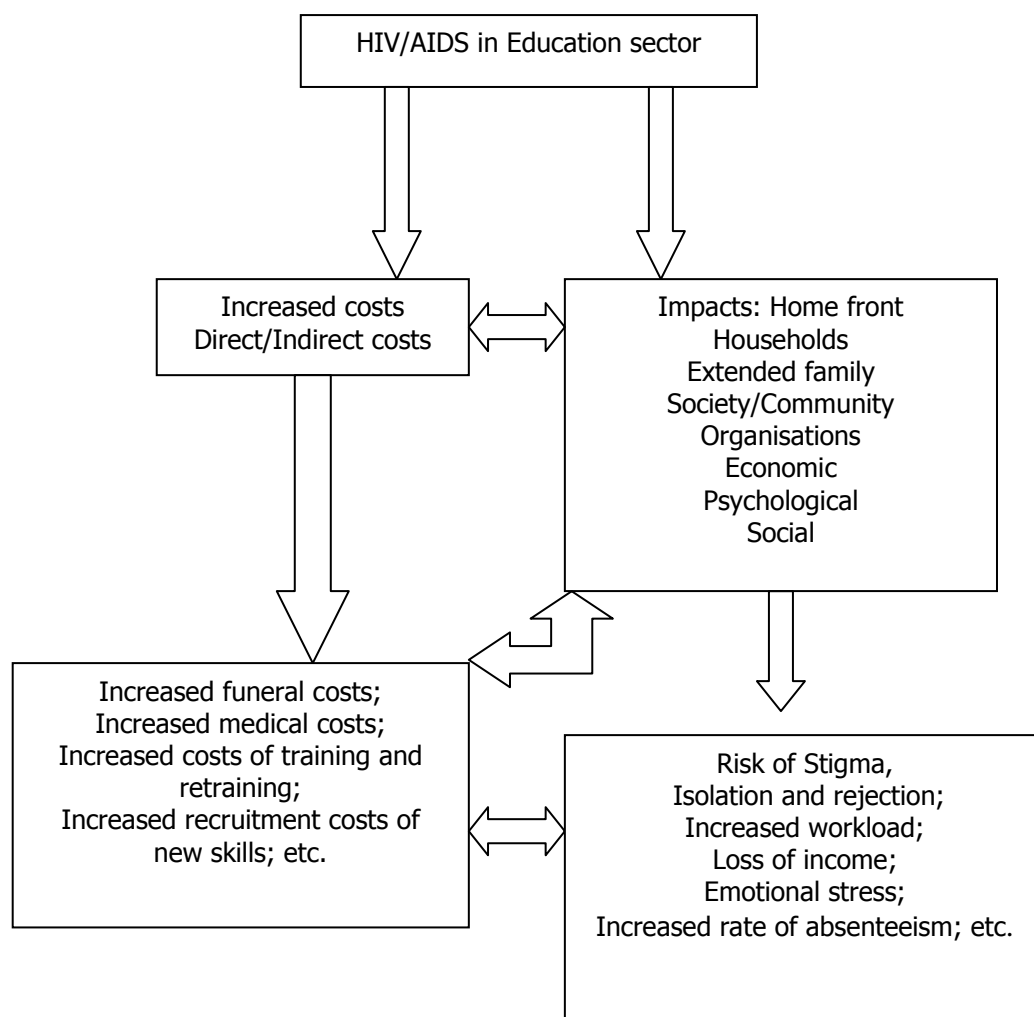
## **Methodology**

Extensive literature search was carried out to assess the impacts of HIV/AIDS on the educational sector in Namibia. Both the problem statement and model for showing the impact of HIV/AIDS on the Namibian Education sector were also developed. While the impacts of HIV/AIDS on the education sector are many and varied, only three levels of impact, which have direct relevance to the education sector, were considered for this research. These are, namely: households, educational sector itself and also, at the macro-level.

## **Findings and Discussion**

It has been shown that data on HIV prevalence rate amongst learners and educators is limited. Consequently, it is uncertain whether they are at a higher or lower risk of HIV infection than other adults in Namibia (Abt Associates/MBESC, 2002). The empirical data provided in Abt Associates/MBESC (2002) amongst 116 schools, reports that, the death rate averaged 1.5% per annum over the period of two years, with a higher rate in the North. Furthermore, the median age of death of staff due to the illness was quite low at a median of 36.5 years for female staff and 40 years for males.

The flow model chart below is used to show the impact of HIV/AIDS on the education sector of Namibia.



### Impact of HIV/AIDS on Education sector

(Adapted from: Engh, et al, 2000)

#### ***General effects of HIV/AIDS on the educational sector***

**Initial impact is at the home front, (micro-level)** then it moves to the education sector and finally, reaches the macro level of the economy.

**The impacts of HIV/AIDS on households** vary, but commonly involve (Jackson, 2002, Abt Associates/MBESC, 2002, USAID/NAMIBIA, 2005): Loss of income as a result of the death of the bread winner who might have suffered from the disease; increased poverty and widening economic disparities; coupled with increased spending on medical care and funerals. Also, there are increased workloads on women and children; emotional stresses caused by bereavements, and traumas; associated with the disease. Orphan problems; with an increased number of children taking up breadwinner roles, for which they are ill equipped. This, consequently, increases school drop-out rates.

The foregoing, will undoubtedly lead to increased learning disabilities amongst learners; low morale and poor motivation. The fear of destitution; risks of stigma, isolation and rejection, could also lead to poor and below average performance and productivity, amongst learners and teachers.

**Impact on Educational sector** (Jackson, 2000, Abt Associates/MBESC, 2002, Brewster, Carey, Dowling, Grobler, Holland, & Warnich, 2003, & USAID/NAMIBIA, 2005). HIV/AIDS in the educational sector has resulted in increased absenteeism amongst learners and teachers. It has also led to increased teacher replacement costs; increased training and retraining of skilled manpower costs. Poor performance and low productivity could be rife, amongst learners and teachers. The disease could lead to poor learners' management; which will ultimately have negative impact on the future workforce of Namibia. Poor intellectual capital and knowledge worker development; and low morale amongst staff; are other consequences of the disease.

While the social and psychological needs requirements of disease sufferers are high; the burden to care and household roles on female teachers and learners are greatly increased. These, undoubtedly lead to increased learner withdrawals as care givers, early child labour; and increased stress levels amongst teachers and learners. The reality of the disease, increases workload due to death and illness of teachers; loss of institutional human capital capacity; and increased adult literacy and out-of-school learners' budget. The above tend to increase cross-border knowledge worker costs, which might be used as replacements for the depleted local human resource base in the sector.

**Macro-level** (Jackson, 2002, Abt Associates/MBESC, 2002, Brewster, Carey, Dowling, Grobler, Holland, & Warnich, 2003, USAID/NAMIBIA, 2005):

At the macro-level, gross domestic product (GDP) can be impacted; coupled with increased spending on health at the expense of other productive sectors. There is also difficulty of replacing existing labour force, because of acute skills shortage. Also vital are the high negative impacts on sectors that are dependent on professional, managerial, and skilled technical staff, from the education sector. Worse still, they are costly to replace; albeit, health compromised. As a result of the realities of the disease, there is increased poverty and widening economic disparities. This has led to poorer and decreased human capital development stock formation.

Consequent reduced spending on education will undoubtedly lead to slower skills accumulation and slower replacement rates of the exiting labour force and thus hampers entrepreneurship. These equally lead to reduced national savings and investment, which are critical for economic growth and development. While HIV/AIDS increases cost of doing business in Namibia; intellectual capital and knowledge management are incapacitated. Increased orphan-hoods and orphanage problems; coupled with increased national instability and social insecurity are other problems associated with the disease. Hampered quality education acquisition and delivery; ultimately increases illiteracy levels coupled with increased professional cross-border recruitment and selection costs. Above all, the quality of work life is impaired.

Additionally, the Government of Namibia initiatives to develop indigenous entrepreneurship, diversify economic activities and reduce regional imbalances, Pokane (2006) seem to be yielding fruits. But, the very poor prognosis of about 85 percent business failure rates in Namibia (Gaomab II, 2004), remains the major impediments to innovation and entrepreneurial development imperatives for economic growth, customer well being, wealth redistribution and poverty reduction in Namibia. Consequently, if we are to extrapolate or interpolate the human wasting capacities of the HIV and AIDS pandemic on innovation and entrepreneurship development in Namibia, the already established very gloomy business failure statistics are most likely to exacerbate.

## **Conclusions and Recommendations**

The foregoing assessment has shown that a lot has been done by government and lots more still needs to be done in the educational sector, regarding the impact of HIV/AIDS. Hitherto, the three major approaches to managing HIV/AIDS pandemic in the education sector have been through: (a) Preventive, (b) wellness and (c) counselling programmes which are targeted towards the infected, non-infected and affected staff and learners. Whereas preventive strategies include education and awareness programmes, the wellness

and counselling approaches focus mainly on affected staff and learners. But, attitudinal problems remain the major drawbacks of the current strategies.

Consequently, the following recommendations could be considered by policy makers and managers for reducing the magnitude of the impact of HIV/AIDS on the education sector: They are to provide opportunities and fora for teachers and learners to access flooding/implosion or shock therapy (Davison & Neale 1978), so as to have first hand observation and close contact with HIV/AIDS terminally-ill patients. This experience will, ultimately send the expected signals of the devastating nature of the illness and hence, assist in the desired behaviour change. They are also to implement job sharing mechanisms; establish flexible work schedules; and encourage career restructuring/re-engineering, in order to consciously fill the gaps created by the realities of the disease on the educational sector.

Structures should also be put in place to encourage cross-border knowledge workers access to the educational sector so as to sustain, improve, and develop quality education, which is currently one of the many problems brought to the fore in the education sector, as a consequence of the disease. Telecommuting and the development of life skills programmes for educators, staff and learners; should be simultaneously encouraged and vigorously pursued as a matter of urgency. While the creation and increased access to Anti-retroviral (ART) drugs are vital; teachers and learners should be encouraged to embrace behaviour modification and attitudinal change.

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