

HIV/AIDS IN ASIA: HUMAN RIGHTS AND THE EDUCATION SECTOR

HIV/AIDS
& EDUCATION



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The AIDS epidemic in Asia and the Pacific is considered to be only in its infancy. In the entire Asia-Pacific region, the number of new infections in 2004 was nearly 1.2 million. This brought the total number of HIV-infected people to around 8.2 million. HIV prevalence among the adult population in South and South-East Asia was estimated at 0.6%, and in East Asia and the Pacific at 0.1% – much lower than the prevalence seen in some sub-Saharan countries (UNAIDS 2004).¹

Looking at the picture from a macro-level, however, disguises situations in specific population groups or sub-regions where the epidemic has advanced much further. Already in 1993, the epidemic peaked among Thai military recruits at over 4%, after which interventions started and the rate dropped significantly to 0.5% in 2003 (MOPH 2005). Among female sex workers in Cambodia, a prevalence exceeding 28% was found (WHO 2005) and a prevalence of HIV among pregnant women of more than 2% has been recorded in certain states in India, in areas in China, and in Myanmar, Cambodia and Thailand (UNAIDS 2003). An infection rate of more than 1% in pregnant women nationwide is one of the criteria for UNAIDS to classify an epidemic as ‘generalized’ rather than ‘concentrated.’ (UNAIDS and WHO 2000)

UNAIDS estimates suggest that over half of new HIV infections are occurring among young people (15-24 years old) – or over 7000 new infections a day worldwide (UNAIDS 2004). As increasing numbers of adults with children fall ill and die, and with infection rates in teenagers on the rise, the impact of HIV/AIDS on children and young people is growing (Wijngaarden and Shaeffer 2002).

This paper takes a closer look at the impact of the HIV/AIDS epidemic on education from a human rights perspective. Since no specific research studies on the impact of AIDS on education, let alone from a human rights perspective, have been conducted in the Asia-Pacific region, the paper offers a conceptual framework to assess how HIV/AIDS has an impact on human rights and the education sector, and discusses directions for a future response based on conceptual models described in earlier publications (Shaeffer 1994; Kelly 2000; Wijngaarden and Shaeffer 2002; Tomasevski 2003). In brief, human rights is discussed both in relation to access and demand for education by children affected by HIV/AIDS, and also in relation to supply, quality of education, the role of schools and management issues.

All studies on which the conceptual frameworks discussed in this paper are based were conducted in Africa since no studies specifically on the impact of AIDS on education in Asia have been undertaken, so far. The few impact studies in Asia that exist focus mainly on macro-level changes to the economy (Bunna and Myers 1999; Bloom and Godwin 1997; Godwin 1997; Viravaidya et al. 1992). The main purpose of these studies seems to support advocacy efforts intended to convince policy makers to put AIDS on their agendas. However, some studies (most of them by NGOs) have examined the impact of AIDS at the micro-level (Wijngaarden and Shaeffer 2002).

¹ Statistics have been updated since the paper's original presentation based on UNAIDS' most recent figures.

The final part of this paper identifies the inter-related dynamics of human rights, HIV/AIDS and the education sector, and outlines how the education sector can be mobilized to protect human rights in the context of HIV/AIDS.

How HIV/AIDS Threatens Human Rights in the Education Sector

The relationship between education and AIDS is complex:

As a major actor in the development of human resources – through the teaching of literacy and numeracy, the transmission of basic knowledge and skills for survival, and the delivery of vocational, tertiary and professional training – the education system bears both a special burden in terms of being affected by AIDS and special responsibilities for responding to its impact. (Shaeffer 1994, p. 8)

Shaeffer identifies three issues for discussion: first, changes needed in the education system in order to effectively deliver messages (including those related to human rights) about the epidemic; second, the question of how to deal with the immediate impact of AIDS on the education system, itself (including human rights violations or gaps in policies and laws protecting people living with HIV/AIDS); and third, the longer-term response of the education system to such impact (Shaeffer 1994, p. 9).

In the worst affected areas, especially for sub-Saharan Africa, the impact of the AIDS epidemic on the education sector has been severe. The impact can be analyzed at different levels (Shaeffer 1994). The next paragraphs examine these different levels of analysis and describe the human rights implications at each level.

Access To and Demand for Education

HIV/AIDS has an impact on the access to and demand for education. Children infected with HIV (even if without symptoms of illness) and those affected by AIDS may be denied their right of access to education and to school due to fear and stigmatization within the school and in the wider community (Malikaew 2002). This seems to be the case particularly when a community experiences the first impact of the epidemic, members increasingly fall ill, and fear and discrimination are on the rise. This impact is likely to decrease when AIDS as a disease and cause of death becomes more common. With more and more families affected, AIDS becomes less of an exception and, therefore, less of a moral stigma.

Sometimes access to education for HIV-infected or AIDS-affected children is limited by the family or parents, themselves, rather than by the community – in this case, the demand for education by the family decreases (even though the individual child his/herself may still have a strong desire to go to school). Children may be pulled out of school to care for sick family members and to earn income that is lost if a breadwinner falls ill, or they may, themselves, be demotivated to go to school due to their stressful family environment or due to (fear of) teasing or bullying by classmates. This impact becomes stronger as the number of AIDS cases in the community increases. An affected family's demand for education may also lessen as a result of (real or perceived) stigma and discrimination by the surrounding community (Wijngaarden 2001).

Stigma and discrimination related to moral judgments and fears in the community about the HIV/AIDS epidemic may also lead to HIV-positive teachers or school administrators being denied their right to work.

Supply of Education

There is also an impact from HIV/AIDS on the *supply* of education. Teachers and administrators fall sick and die; not enough new teachers and administrators can be trained in time to replace them; or stigmatizing and discriminating social environments lead to teachers who are ill prematurely withdrawing from their teaching duty. These particular impacts occur when the epidemic has made strong inroads, and has thus far happened on a large scale only in Africa.

The supply of education is further threatened if teachers do not have access to antiretroviral treatment, which accelerates the on-set of illness and death. In this way, the right of people living with HIV/AIDS to treatment and care is linked directly to a child's right to education – withholding treatment to HIV-positive teachers threatens the supply of education.

Also, greater family and community poverty leads to fewer financial contributions to the schools, which also affects the supply of education.

In short, decreasing supply of education may lead to children being denied the right to education, and the supply of education may be threatened further if poverty, ignorance, stigma and discrimination prevent HIV-positive teachers from doing their job.

Quality of Education

There is an impact on the *quality* of education. Schools must be able to provide education of particular relevance to HIV-infected and AIDS-affected children, many of whom are orphaned, will leave school early, and will have particular difficulties entering the labor market. This is particularly the case for children of mobile populations, including ethnic minorities (Calouette 2002). Teachers and students may be traumatized and de-motivated to teach or to learn, which changes the whole teaching-learning process within classrooms (Yoktri 1999).

Adapting and renewing curriculum content is a fundamental strategy to decrease stigma and discrimination of adults and children infected or affected by HIV/AIDS. Safeguarding an individual's right to education, employment, confidentiality, treatment and care is also essential.

Role of Schools

The *role* of education in the community also changes, as more and different demands are put on it (Shaeffer 1994; Kelly 2000; Coombe 2001; IIEP 2001). The school must become an important entry point into the community for awareness-raising and teaching activities aimed at decreasing stigma and discrimination of people living with HIV/AIDS in the community, as was shown convincingly in a community-based multi-sectoral response project implemented in Sampatong District, Northern Thailand (Devine 2001). Teachers and school administrators (as well as monks and other influential people in the community) can play a major role in convincing community members that living side-by-side with people who have HIV or AIDS is safe, that these people deserve care and support, and what they have basic human rights (including the right to education) that need to be upheld (Devine 2002).

Management and Financial Issues

When the epidemic advances, there is an impact on aid agency funding available for education, at both national and community levels, as well as an impact on education management and planning (Shaeffer 1994; Kelly 2000; Coombe 2001). So far, in most countries of the world, the majority of financial and technical support has been provided to health ministries to deal with the epidemic – even though many people now agree that HIV/AIDS should, first and foremost, be seen as a development problem that can be prevented only by behavior change and, thus, through education. Since most behaviors are socialized, and since many young people in schools are not yet sexually active nor HIV-positive, the education sector has an enormous potential to instill knowledge, values, skills and healthy behaviors in young people that can protect them from HIV and STI infection and unwanted pregnancy. The management and programmatic costs of mobilizing the education sector to fulfill this potential, however, are enormous – and despite the increase in available funding to combat HIV/AIDS, most of it remains out of education ministries' reach. In addition, due to the increasing impact of AIDS on certain communities, families tend to have less money available to pay for the cost of educating their children.

How the Education Sector Can Be Mobilized to Protect Human Rights in the Context of HIV/AIDS

The UNGASS Declaration of Commitment on HIV/AIDS states that:

The full realization of human rights for all is an essential element in a global response to HIV/AIDS, including in the areas of prevention, care, support and treatment. It reduces vulnerability to HIV/AIDS and prevents stigma and discrimination against people living with HIV/AIDS, or at risk of it. (UNGASS Declaration, para. 16, 2001)

It is difficult to overstate the role that the education sector can play in fulfilling human rights – not only of those participating in the education system as learners or as teachers, but of whole groups in society. This section examines how the education sector can strengthen the fulfillment of human rights, and then continues from the HIV/AIDS perspective.

Katharina Tomasevski, in her excellent overview of human rights and education (*Education Denied: Costs and Remedies*, 2003) and in her UNESCO-supported manual on rights-based education (2004), has analyzed how commitments governments have made by ratifying a variety of human rights conventions obligate them to act in the education sector following her 'model of the four A's:

Availability embodies two different governmental obligations: the right to education as a civil and political right requires the government to permit the establishment of schools respecting freedom of and in education, while the right to education as a social and economic right requires the government to ensure that free and compulsory education is available to all school-age children. The right to education as a cultural right requires respect of diversity, outlined especially through minority and indigenous rights.

Accessibility means that the government is obliged to secure access to education for all children in the compulsory education age-range (but not necessarily for secondary and higher education). Moreover, compulsory education ought to be free of charge. The right to education should be realized progressively, ensuring all-encompassing free and compulsory education as soon as possible, and facilitating access to post-compulsory education as circumstances permit.

Acceptability requires minimum guarantees for the quality of education, such as health and safety or professional requirements for teachers, but goes far beyond. These guarantees have to be set, monitored and enforced by the government throughout education, whether the institutions are public or private. Acceptability has been considerably broadened through the development of international human rights law; for example, indigenous and minority rights have prioritized the language of instruction. The emergence of children as subjects of the right **to** education and rights **in** education has further extended the boundaries of acceptability to the contents of educational curricula and textbooks, which are increasingly examined and altered using human rights as the yardstick.

Adaptability requires schools to adapt to children, following the yardstick of the best interests of each child in the Convention on the Rights of the Child. This change aims to reverse the trend of forcing children to adapt to whatever schools may have been made available to them. As human rights are indivisible, adaptability requires safeguards for all human rights **within** education as well as enhancing human rights **through** education. (Adapted from Tomasevski 2004, 8-10)

It is not difficult to imagine how the four A's are affected when a country experiences an HIV/AIDS epidemic. Tomasevski continues to describe the human rights requirements that each of the four A's entails in a table. In this table below, we have added HIV/AIDS implications for each of the components.

AVAILABILITY	Obligation to ensure compulsory and free education for all children in the country within a determined age range, up to at least the minimum age of employment. HIV/AIDS leads children never to enter school or to drop out of schools earlier or make education less relevant, which makes this obligation more difficult to fulfill.
ACCESSIBILITY	Obligation to eliminate exclusion from education based on the internationally prohibited grounds of discrimination (race, colour, sex, language, religion, opinion, origin, economic status, birth, social status, minority or indigenous status, disability). This should include HIV sero-status or that of parents or family members. Obligation to eliminate gender and racial discrimination by ensuring equal enjoyment of all human rights in practice rather than only formally prohibiting discrimination. This includes stigma and discrimination related to infection with HIV of the child or one or more members of her / his family.
ACCEPTABILITY	Obligation to set minimum standards for education, including the medium of instruction, contents and methods of teaching, and to ensure their observance in all educational institutions. HIV/AIDS leads to new demands on all these. Improving the quality of education entails ensuring that the entire process of education conforms to all human rights. This is especially true for children discriminated against, stigmatized, denied access to or pushed out of school because of HIV/AIDS.
ADAPTABILITY	Obligation to design and ensure education for children precluded from formal schooling (e.g. refugee-seeking or internally displaced children, children deprived of their liberty, or working children) – this should include children affected or infected by HIV/AIDS. Obligation to adapt education to the best interests of each child, especially regarding children with disabilities, or minority and indigenous children, and children affected and infected by HIV/AIDS. Obligation to apply indivisibility of human rights as guidance so as to enhance all human rights through education, such as the right to marry and found a family, or freedom from forced and child labour.

(Source: Tomasevski 2004, p. 11, adapted by the authors)

The UNGASS Declaration commits Governments to:

By 2003, enact, strengthen or enforce (...) measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups, in particular to ensure their access to (...) education (...) while respecting their privacy and confidentiality, and develop strategies to combat stigma and social exclusion connected with the epidemic. (UNGASS Declaration, para. 58, 2001)

There are several possible ways in which the education sector can help Governments fulfill this commitment.

The Right of Children to Education

The education sector must ensure access to education for children affected by HIV/AIDS or for children from other vulnerable groups (for instance, ethnic minorities). Fulfilling this right may entail:

1. Issuing legislation ensuring that children affected by and infected with HIV/AIDS can access and remain in schools.
2. Developing guidelines and codes of practice on how to deal with children affected by HIV/AIDS or for other vulnerable groups in the classrooms.
3. Advocating with and training school directors on understanding and implementing this code of practice.
4. Encouraging multi-sectoral partnerships at the community level by linking schools to temples / churches / mosques / health centers / hospitals and other community authorities.

The Right of Teachers to Keep Working

The education sector needs to adapt and implement the ILO code of practise that stipulates and gives guidance in regards to fulfilling school personnel's right to employment. The implementation of this right is hampered by the general fear of infected / affected people, often based on incorrect assumptions about the infectiousness of HIV. In the case of teachers, there is an additional difficulty, which is the clash in popular perception between the low morals attached to HIV/AIDS as a disease with the high moral standards that are often expected of teachers – i.e. as role models for the community.

The Right to Confidentiality

It is important not only that the right to confidentiality is guaranteed in policies, legislation and guidelines, but that school administrators and teachers are actually made aware about its importance. In many countries (including the Philippines and Cambodia), the right to confidentiality appears in laws; however, at the provincial or district level, civil servants are often not aware of it, nor do they understand the necessity of upholding confidentiality and anonymity in voluntary counseling and testing (VCT) centers, schools or other public places.

The Right to Non-stigmatizing Curricula and Support Services

No school environment should be hostile to students affected or infected by HIV/AIDS. It is important that students of families affected by HIV/AIDS can recognize themselves in what they learn. As a first step, it is important that stigmatizing or discriminating statements are avoided in school curricula. In communities where

HIV/AIDS is prevalent, it is important that positive examples are set in schools – focusing on tolerance, acceptance, care and compassion of people living with HIV/AIDS, and on fulfilling their basic human rights. In higher prevalence areas (so far only in Africa), it is also important that students are taught how to provide basic care and support to their relatives with HIV at home.

The Right of Young People to Learn About HIV/AIDS and About Ways to Protect Themselves

Children and young people must be given the opportunity to learn about HIV/AIDS – including how to maintain their and their (future) partner's reproductive and sexual health. In most countries, parents and teachers feel embarrassed to talk about these matters openly with children and young people, and, in some countries, there is strong religious and moral resistance to teaching HIV/AIDS and sex education to young people. Even in countries where teaching young people about sex and HIV/AIDS is common, there is often disagreement about at what age children are 'ready' for it.

A common fear among adults is that teaching young people about sex will lead them to initiate sexual activities at an earlier age – i.e. children are assumed to copy or try out the behaviors discussed in the classroom. UNAIDS conducted a review of studies looking at the relationship between the provision of sex education and the onset of sexual behavior in young people, and found no such influence. Rather, in some studies, there was an indication that sex education actually delays the onset of sexual relations in young people (UNAIDS 2001).

Because of its sheer network of schools all over the country – and the resulting 'captive audience' of nearly all young people, at least in primary and lower secondary schools, the education sector is most strategically placed to reach young people with information and skills that can help them protect themselves against HIV/AIDS, STI and unwanted pregnancy. Apart from the moral resistance of parents and policy makers described above, a main practical challenge is finding ways of effectively teaching students about HIV/AIDS and sexuality in a classroom setting, avoiding the embarrassment that often occurs (both on the part of some teachers and on the part of some students) – possibly by exploring more learner-centered methodologies, such as moderated group discussions and role plays, in which the teacher can play a role in the background and the students learn most of the essentials from each other. In urban areas, another possibility is exploring ways in which interactive software or other ICT-based tools can provide the education young people need to protect themselves from HIV/AIDS, STI or unwanted pregnancy.

Conclusion

There are several connections among the education sector, human rights and HIV/AIDS. First, children and adults infected with HIV or affected by AIDS are often denied their right to education or their right to employment in the education sector. Second, the supply and quality of education are threatened by the epidemic. Third, there are important curriculum issues that need to be addressed by the education sector when the epidemic advances. Fourth, there are financial and management implications of the pandemic that have a relation to upholding human rights. And fifth, in heavily affected areas, schools need to change and play different additional roles in the community, for which planning and training is needed.

The education sector needs to take action to fulfill and guarantee the right to education for children and adults infected with HIV or affected by AIDS, fulfill the right to employment for HIV-infected/AIDS-affected teachers and school personnel, fulfill the right to care and support for those with HIV/AIDS, and guarantee confidentiality in the school setting.

It is of the utmost importance to realize the potential that the education sector has in fulfilling the right of young people to information and skills that can help them prevent infection with HIV. This potential will be strengthened by taking a rights-based approach and by shifting the main focus in prevention programmes (including prevention of stigma and discrimination of people infected with HIV or affected by AIDS) from the health sector to the education sector.

References

- Bloom, D. E. and Godwin, P. (eds.). *The Economics of HIV/AIDS, The Case of South and South-east Asia*. Delhi: Oxford University Press, 1997.
- Bunna, S. and Myers, C. "Estimated Economic Impacts of AIDS in Cambodia." UNDP, 1999.
- Caouette, T. *Small Dreams Beyond Reach: the Lives of Migrant Children and Youth Along the Borders of China, Myanmar and Thailand*. London: Save the Children (UK), 2002.
- Coombe, C. "Rethinking Some of Our Perceptions about HIV/AIDS and Education." Paper prepared for the Southern African Development Community meeting on HIV/AIDS and Education, University of Pretoria, Faculty of Education, 26-28 February 2001.
- Coombe, C. "Mitigating the Impact of HIV/AIDS on Education Supply, Demand and Quality: a Global Review." A paper prepared for UNICEF Innocenti Research Center, Florence, Italy, 2001.
- Devine, S. *A Multi-sectoral Approach to Planning Services for AIDS Orphans, Sanpatong District, Chiang Mai [Thailand]*. Bangkok: UNICEF, 2001.
- Godwin, P. (ed.). *The HIV/AIDS Epidemic in Asia and the Pacific: Issues for Policy Makers and Programmers – 2. Socio-economic implications of the epidemic*. India: UNDP Delhi, 1997.
- International Institute for Educational Planning/UNESCO. "The Impact of HIV/AIDS on the Organization of Education Systems." Report on the IIEP Virtual Institute Discussion Forum, 15 October - 9 November 2001, Paris.
- Kelly, M. *Planning for Education in the Context of HIV/AIDS*. Fundamentals of Educational Planning Series #66. Paris: International Institute for Educational Planning/UNESCO, 2000a.
- Kelly, M. *The Encounter Between AIDS and Education*. Harare: UNESCO, 2000b.
- Kelly, M. "Defeating AIDS through Education." A discussion paper prepared for the First Caribbean Consultation on HIV/AIDS and Education. Jamaica, July 2002.
- Malikaew, S. "Why can't I go too?" *Bangkok Post*. 17 September 2002, sec. Outlook, p. 3.
- Ministry of Public Health. HIV/AIDS Situation in Thailand. http://www.aidsthai.org/aidsenglish/situation_03.html. [July 2005]
- Shaeffer, S. *The Impact of AIDS on Education: a Review of Literature and Experience*. Paris: UNESCO, Section for Preventive Education, 1994.
- Tomasevski, K. *Education Denied: Costs and Remedies*. London: Zed Books, 2003.
- Tomasevski, K. *Manual on Rights-based Education: Global Human Rights Requirements Made Simple*. Bangkok: UNESCO Asia and Pacific Regional Bureau for Education, 2004.
- UNAIDS and WHO. *Second Generation Surveillance for HIV: The Next Decade*. Geneva: WHO, 2000.
- UNAIDS. *Children and Young People in a World of AIDS*. Geneva: UNAIDS, 2001.
- UNAIDS. *AIDS Epidemic Update December 2004*. Geneva: UNAIDS, 2004.

UN. *UNGASS Declaration of Commitment on HIV/AIDS*. New York: UN, 2001.

Viravaidya, M., Obremsky, S. A., and Myers, C. *The Economic Impact of AIDS on Thailand*. Working papers series 4, Harvard School of Public Health, 1992.

Wijngaarden, J. "Ideas, Attitudes and Treatment Seeking Behaviors among AIDS and TB Patients in Phnom Penh, Cambodia." Family Health International /IMPACT, 2001.

Wijngaarden, J. and Shaeffer, S. "The Impact of HIV/AIDS on Children and Young People in Asia: Reviewing Research and Distilling Implications for the Education Sector." A paper prepared for the Workshop on Anticipating the Impact of AIDS on the Education Sector in Southeast Asia, 12-14 December 2002, Bangkok, Thailand.

WHO. Summary Country Profile for HIV/AIDS Treatment Scale-Up Cambodia.

http://www.who.int/3by5/support/june2005_khm.pdf

[August 2005].

Yoktri, M. "AIDS... Impact on Children in Thailand," translated from Thai by Prue Borthwick (UNICEF), Vieng Ping Children's Home, Chiang Mai, Thailand, 1999.