

The Impact of HIV on Children's Education in Indonesia

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Abstract²:

The Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) have become a serious problem for developing and developed countries alike in recent years. Since the early decades of this century, the number of people infected with HIV in Indonesia has increased significantly. Compared with other countries in Asia however, the percentage of people with HIV in Indonesia in 2009 is still relatively low at about 0.15 percent of those aged 15-49 years, or approximately 186,000 Indonesians.³

Access to education is seen as tantamount to HIV prevention and reduction (World Bank, 2002; Boler and Kate, undated; Vandemoortele and Delamonica, 2000). In 2000, a new term was coined to describe the correlation between HIV prevention and reduction and good access to education, namely the 'education vaccine'. Despite this, the numbers of PLHIV who are forced to reduce or cease their education due to HIV and AIDS is quite large. From a global standpoint, HIV and AIDS represents a major challenge to the Millenium Development Goal (MDG) of securing education for all by 2015 (UNESCO, 2001; Wijngaarden and Shaeffer, 2004).

A high level of absenteeism from school by children from PLHIV families, who may need to attend to the needs of their family or to attend to an ill family member, undermines children's access to education. Budgets previously allocated for their education are often redirected to other expenses including medication and treatment for sick family members. The quality of education is likewise undermined, since children's concentration is often directed towards personal problems at home rather than lessons, and fear of, or actual, community stigmatization towards the PLHIV family member in question.

Nonetheless, there are rising numbers of People living with HIV (PLHIV) in Indonesia, and the rising prevalence of HIV and AIDS has also resulted in a concurrent socioeconomic impact at the household-level. Data limitations however have seriously hindered various parties from designing more effective programs aimed at mitigating the impact of HIV. In order to address this problem, in 2009 the Central Bureau of Statistics (BPS) in cooperation with UNDP, ILO, UNV and JOTHI (Network of People Infected with HIV in Indonesia) undertook this study on the impact of HIV on the socioeconomic wellbeing of individuals and households

Considering the unavailability of reliable data and a lack of information on the distribution of people with HIV, quota sampling was chosen as the most appropriate methodological approach for this research. The sample size for each province however varies. The sample size for each

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³ Report on the Estimation of the Indonesian Adult Population Vulnerable to HIV Infection, Ministry of Health, 2009 (Laporan Estimasi Populasi Dewasa Rawan Terinfeksi HIV)



province has been taken into account when analyzing the reliability of conclusions stemming from the data.

Households which have been chosen as observation units fall into two categories, namely households containing at least one Person Living with HIV (the target group) and households without PLHIV (the control group). Households with PLHIV in this study are defined as households in which at least one member is with HIV. The unit of observation, apart from the aforementioned household, also includes individuals who are living with HIV.

This study examines data collected from 1,106 PLHIV households in comparison to 996 non-HIV or control households. In order to determine the socioeconomic impact of HIV and AIDS at the household level, this study was conducted in 13 cities located in 7 provinces with different levels of HIV prevalence, namely DKI Jakarta, West Java, East Java, Bali, West Nusa Tenggara, East Nusa Tenggara and Papua.

Differences in school participation rates between the target and control groups emerged at the junior high school level, in children aged 13-15 years, whereas the percentage of members from HIV households who were still in school (87%) was lower compared to members from non-HIV households (96%). The gap in school participation rates between the two groups widened further at higher levels of education. The difference in school participation rates between the two households at the junior high school level was 10 percent. This increased to 19 percent at the senior high school level and to 50 percent at the higher education level, meaning university or an equivalent level of education. It can be concluded that members of non-HIV households tend to have higher education levels than members of HIV households. In addition, of the total PLHIV sampled who were of school age, nearly 50 percent reported that they were no longer attending school.

In relation to children's education, the study mapped smaller expenditure levels for education in HIV households in comparison to non-HIV households. In nominal terms, the average monthly education expenditure in HIV households is only 43 percent of similar expenditure levels in non-HIV households. Looking at the total proportion of households' expenditure allocations, HIV households only allocate one third of their monthly income to education compared to non-HIV households. The results of this study also found that nearly 50 percent of PLHIV do not attend school and only a quarter of HIV households receive assistance for their children's education. However, PLHIV households also spent more on cigarette consumption than on children's education.

The findings of this study clearly demonstrate the need to prioritise impact mitigation steps as part of the national and provincial AIDS strategies. Given the clear impact at the household levels, they should target households rather than individuals. The enormous financial burden endured due to escalating medical costs and associated expenses, a need for socioeconomic and legal empowerment for PLHIV and their families, the need to implement actions for overcoming stigma and discrimination, the need to decentralise services, and so on, should also be priorities in AIDS plans. The evidence from the study also clearly show that HIV-sensitive social protection can improve the economic situation of PLHIV and strengthen prevention and treatment efforts.

The number of school-age children from HIV households who are not in school, should be targeted by the Ministry of National Education through the execution of an integrated work plan designed to provide opportunities to children from HIV households in higher educational attainment.

