

HIV/AIDS in Africa: Implications for Educational Planning in the 21st Century

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Abstract

HIV/AIDS is a global phenomenon which is taking an unproportional toll on the African continent. It is worrisome that out of 36 million people currently living with HIV/AIDS globally Africa has the misfortune of being credited with 25 million of that number. The knowledge of some 1.2 million children below 15 years living with HIV/AIDS and about 12 million orphaned add to the discomfort associated with the HIV/AIDS phenomenon. The paper examined the implications of Africa's unfortunate prominent role in the HIV/AIDS phenomenon to educational planning in the region. Appropriate literatures were reviewed to gather information. The literatures revealed that poverty and illiteracy placed Africa at the forefront of the HIV/AIDS problem. Furthermore, education plans lack adequate provisions to cater for school children living with AIDS as well as orphans of school age whose parents became HIV/AIDS victims. Also, education plans tend to gloss over the fact that teachers are equally susceptible to the pandemic and should make provisions for the replacement of those who may fall victims. The paper recommends that the inadequacies in the education plans of various African nations be corrected so that the educational problems arising from the HIV/AIDS phenomenon can be more effectively addressed.

Introduction

Since the emergence of the HIV/AIDS epidemic in 1986 the world has had less peace. The epidemic is like a war that has no local or international boundaries. It is one disease that has threatened the entire human race with no respect for class-rich, poor, black or white, young or old. Advanced nations with the necessary resources and discipline are able to control and reduce the spread of the scourge. African nations are not so lucky and the epidemic is taking its toll on many. Gomo, Jokomo, Mate and Chipika (eds., 2003:2) state that "Africa and, in particular, sub-Saharan Africa is currently worst affected by the epidemic, thus, calling for exceptional action." This is further given credence by a UN General Assembly Special Session on HIV/AIDS in June, 2001 which declared thus:

Noting with grave concern that Africa, in particular Sub-Saharan Africa, is currently the worst affected region, where HIV/AIDS threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden, and that the dramatic situation on the

continent needs urgent and exceptional national, regional and international action (p. 8).

Also of a great concern is the 2001 report by the World Health Organization (WHO) that the HIV/AIDS epidemic has become the leading cause of death in Africa among all the major medical conditions accounting for 22.6% of total deaths in 2000.” These grim observations on HIV/AIDS in Africa threaten the education sector like other sectors of the African economy. Since education influences largely other activities and is generally accepted as an instrument for development it implies, therefore, that the educational implications of the HIV/AIDS epidemic for Africa can be very significant and should be of concern. In the presence of uncertainties of available human resource, can education be effectively planned for the development of Africa? Nigeria and Zimbabwe have been chosen as case studies in an effort to provide an answer to the question.

The Concept of Planning

Every society is faced with the inadequacy of human and material resources but at the same time with an enormous pressure from varying demands to satisfy different interests. It has always been difficult for societies to satisfy the demands on it in respect of various aspects of human endeavors. This accounts for the importance of planning. Dror (1963) has defined planning “as the process of preparing a set of decisions for action in the future directed at achieving goals by optional means. Planning experts such as Williams (1971), Anderson and Bowman (1967) have stated that “failure to plan is planning to fail.”

Educational planning follows the general concept of planning but with its focus on satisfying the yearnings of educational development. Nwadiani (2004) opines that educational planning is as old as man. However, he admitted that formal educational planning in Africa South of the Sahara is relatively recent. Okeke, et., al (1985:41) agree that educational planning is recent in many countries as expressed in their book thus:\

As a specialized discipline with a number of growing theories and literature, educational planning is relatively new. The UNESCO International Institute for Educational Planning was established in 1963. Though planning is as old as education itself its present position of eminence in National development programmes did not come into existence in many countries before 1963.

The Ashby Commission set up by the Federal Government of Nigeria to link education and national development gave a boost to educational planning. The assignment of the Commission involved determining the secondary and higher levels manpower requirements which are basically planning activities (Nwadiani, 2004). The definition of planning by Faludi (1973) is quite useful for our purpose. According to him “planning by Faludi (1973) is quite useful for our purpose. According to him “planning is

a process of determining appropriate future action through a sequence of choices.” The choices are ends and criterion selection followed by a careful identification of possible alternatives which are desired. Furthermore, actions are directed towards the achievement of the selected ends based on needs assessment. Nwadiani (2004) enumerates some of the characteristics of planning as follow: it is (1) goal directed, (2) an activity with exercise of choices, (3) a process, (4) meaningful with actions, (5) future oriented and above all. (6) it ensures the optimal use of “limited” resources for the achievement of stated ends. These features of planning must always be in harmony with the planning environment in which the social, political, statistical and financial circumstances come into play.

Educational Planning

The resources available to education in most countries and especially developing ones are often less relative to needs. Money, qualified personnel and materials are in short supplies. Consequently, planning education becomes imperative. Okeke, et., al., (1985:40) define educational planning as chiefly concerned with the future and draws its assumptions from the past. It is a continuous process concerned with where to go and how to get there by the best possible route. Educational planning proceeds from “what was to development.” Beeby (1968) defines educational planning as the exercise of system having due regard to economic and political realities for the systems’ potential for growth and for the needs of the country and of the pupils served by the system. Educational planning as defined by Coombs (1985) is “the application of rational, systematic analysis to the process of educational development with the aim of making education more effective and efficient in responding to the needs of its students and society.” The definition of Aghenta (1993) follows the same view which identifies “educational planning” as a sort of systems analysis to the problems of education with the aim of resolving the educational problems so as to make the system effective and efficient. This paper agrees with the observation of Nwadiani (2004) that the various definitions show that educational planning is both comprehensive and continuous with its focus on meeting the dynamic needs of any society. The analysis in Aghenta’s definition normally involves the appreciation of a country’s financial means, economic and political realities, employment problems, student interests and needs of the society. Perhaps the consideration of the various views prompted Nwadiani (1993) to state that “educational planning is the holistic and organic process of analyzing the educational system to ensure appropriately designed steps for action in the future for the realization of the assessed needs of the clientele of such education for societal harmony and change in the context of emerging ecological realities.”

Constraints to Educational Planning in Africa

As in emergent societies in Sub-Saharan Africa the Federal Government of Nigeria has adopted education as an instrument par excellence for effecting national development (FRN, 1998:5). The goal of national development through education can only be achieved by carefully planning education. However, planning education in most African countries has met with many challenges and constraints. One of the

main challenges to educational planning in developing countries of Africa is the over expansion of the educational system which has resulted in imbalance and poor co-ordination.

As a result of the political nature of educational provision, Nigeria's educational system, for example, has expanded beyond control. The educational system of Nigeria has become quantitatively uncontrollable with a large volume of unsatisfied demand. According to Nwadiani (1997), between 1980, and 1990, 664, 709 science candidates demanded for university education and only 19.8% of the demand was satisfied. Other educational planning constraints include (1) inadequately educational facilities and resources to cope with demand, (2) geometric increase in population and unprecedented demand for education, (3) educational resources such as personnel, funds, classrooms, workshops, equipment have always been inadequate except students (4) bright Nigerians and other Africans are constantly seeking better opportunities in developed countries because the conditions of the teaching profession in Africa have become less attractive. Emanating from this is the "brain chain syndrome," (5) the politicization of education is a common characteristic of education in developing countries and this is a threat to the survival of public education.

The above need and constraints make the planning of education important in Africa and especially Nigeria that has penchant for geometric rise in population (Nwadiani, 2004).

HIV/AIDS in Nigeria

Nigeria is a country in the West Coast of Africa. The HIV/AIDS epidemic has been identified as perhaps the single most serious long-term threat to survival and development of Nigeria. About two decades ago the epidemic was relatively unknown but today it has assumed a centre stage in Nigeria. HIV/AIDS has not spared anyone from its devastating effects which are felt by both those directly infected and those who are indirectly affected. The disease has continued to leave behind orphans whose parents died of AIDS and victims of families who have become impoverished as a result of the impact of AIDS on the most productive age groups of the population (Hodges, 2001:65.)

Much of the available information on AIDS cases in Nigeria have been facilitated by the research efforts of the National AIDS/STDS Control Program (NASCP) of the Federal Ministry of Health (FMOH). The first AIDS cases were officially reported in Nigeria in 1986. Reports from FMOH show that the number of AIDS cases has grown exponentially. According to FMOH by June 1999, 26, 276 AIDS cases were recorded as reported by the health institutions across Nigeria. It is believed that this figure represents only a small fraction of the actual number of AIDS cases as most of them are unreported. The National AIDS/STDS Control Program (NASCP) believes that the total cumulative number of AIDS cases is estimated at 590,000 by the end of 1999 which is 20 times higher than the cumulative number of cases reported in the health system.

HIV Prevalence and Trend

HIV among the sexually active age groups of 15-49 years has been rising rapidly since 1991 with a national average prevalence rate of 1.8 percent. An increase to 3.4 percent was recorded in 1993, 4.5 percent in 1995, and 5.4 percent in 1999.

Adults Living with HIV

The estimated population of about 118 million people in Nigeria and taking the 1999 HIV prevalence of 5.4 percent as a base the actual number of people aged 15-49 years living with HIV/AIDS was estimated to have reached 2.6 million as at that year (1999). An AIDS Impact Model (AIM) made projections that indicate that the number of infected persons in the age groups (15-49) will rise to over 5 million by 2009. However, this will be so in the absence of major changes in sexual behavior and other control measures.

HIV and Commercial Sex Workers

Female Commercial Sex Workers (CSWs) acquire HIV infection very early in the epidemic in most countries as a result of the risks and hazards of their occupation. The CSWs then serve as “core transmitters” of the infection to the general population. The high mobility of CSWs and the continuing rise in HIV prevalence in this group make them one of the most important population groups in the epidemic. The national average HIV sero-prevalence among CSWs has been on the rapid increase in Nigeria and is much higher than in any other surveyed population group. Studies show that the average for CSWs rose from 17.5 percent in 1992 to 34.2 percent in 1996.

Nigeria's Situation in the Global HIV Epidemic

By December 2000, over 36 million people across the world were living with HIV/AIDS (UNAID/WHO-G-2000). In Sub-Saharan Africa about 16 countries have already crossed the 10 percent sero-prevalence threshold, among the general adult population. In spite of its relatively small population, Botswana has the world's highest prevalence, with 35.8 percent. South Africa with a higher population than Botswana (about 40 million) has an adult prevalence of 19.9 percent and the world's largest pool of PLWHAs put at 4.2 million.

Nigeria has a population of over 118 million which is considered quite large and is recorded to have crossed the 5 percent prevalence threshold. Specifically, the HIV prevalence in Nigeria was 5.4 percent in 1999 although some localities within the country had prevalence that was much higher than the national average. The fact that Nigeria has the highest population in Africa has made her have a very high absolute number PLWHAs. In 1999 Nigeria was recorded to have over 2.6 million Nigerians aged 15-49 as infected with HIV coming fourth among countries in the world, India (3.7 million), Ethiopia (3.0 million) and South Africa topping the list with 4.2 million. Nigeria contributes to about 8 percent of the global HIV/AIDS burden and over 10 percent of the African burden (Hodges, 2001).

HIV/AIDS in Zimbabwe

Zimbabwe is a country in the Southern region of Africa. The first case of AIDS in this country was identified in 1985. In Zimbabwe and most African countries 99 percent of HIV infection is transmitted heterosexually while vertical transmission is a result of sexual transmission through the mothers. The HIV/AIDS data for Zimbabwe show that adult HIV prevalence increased from an estimated < 1 percent in 1983 to over 30 percent in 2000 (MOHCW, 2000). It was estimated that 2.3 million of the 12 million people in Zimbabwe were living with HIV and AIDS by the end of 2001 (UNAIDS, 2002). Of this number, about 2 million were adults aged 15 to 49 years given an adult HIV prevalence of 33.7 percent which is the third highest estimate in the world, behind Botswana at 38.8 percent and Swaziland at 34.5 percent. Prevalence was recorded to be higher among single female (42 percent) than married women (35 percent). Studies show that widowed and divorced women are more likely to be HIV positive (Gomo, et., al., 1997).

A national sero prevalence survey revealed that pregnant women had an HIV prevalence of 35 percent which is considered high and has implications on the rate of mother to child transmission. An UNAIDS (2002) report shows that about 10-12 percent of HIV positive mothers pass the virus to their babies. Accurate data on rate of vertical transmission of HIV in Zimbabwe is unavailable. However, it is generally agreed that in Africa, between 25 percent and 40 percent of pregnant HIV infected women pass the virus to their babies. AN estimate shows that some 240,000 children (0-14 years) are living with HIV and AIDS in Zimbabwe (UNAIDS, 2002). The UNAIDS report under reference estimated that about 200,000 people (adults and children) have died in Zimbabwe in 2001 alone and that the cumulative AIDS related deaths would exceed 1 million by 2005. The future is gloomy as projections to 2010 suggest that the number of AIDS cases in Zimbabwe will continue to increase sharply, with more cases among females (UNAIDS, 2002).

HIV and AIDS in Children

It is believed that all pediatric infection is through mother-to-child transmission (MTCT). According to UNAIDS estimates, 10-12 percent of HIV positive mothers pass the virus to their babies. However, the literatures suggest that up to 40 percent of HIV infected mothers may pass on the infection to their children in Zimbabwe. The transmission occurs in-uterus (17 percent), during labor and delivery (50 percent) and through breast-feeding (33 percent) (UNADIS, 2002). A number of factors influence the rate of MTCT. They include advanced disease, malnutrition and extended breast-feeding duration. These factors, in turn, are precipitated by lack of resources such as antiretroviral (ARV) drugs to manage HIV, shortage of food and lack of resources for formula feeding. Generally, poverty is said to be a major determinant of the outcome of vertical transmission of HIV.

The majority of children in Zimbabwe do not live beyond their second birthday because of the absence of antiretroviral (ARV) drugs. The 1994 and 1999 Zimbabwe Demographic and Health Surveys (ZDHS, 1999) revealed that infant mortality was on the increase and was largely attributed to HIV and AIDS. Furthermore, there is a growing incident of sexual abuse of children. The abuse is mostly driven by the belief that sex with children will cure HIV and AIDS or slow disease progression. Sexual child abuse exposes many children to the dangers of HIV and AIDS as most of the abused children are neither tested nor reported (ZHDR, 2003:55).

HIV and AIDS in the Education Sector

The report from the Zimbabwe Ministry of Education put the teacher population in the primary and secondary schools at 100, 603 for the year 2000 EMIS (2001). No data are available on HIV prevalence among teachers. However, it is estimated that HIV infection rates among teachers are about 30 percent, which is the national average. This implies that about 30,181 teachers were living with HIV and AIDS. The factors that account for teachers' level of vulnerability are socio-economic status, location and level of awareness among others.

Many factors account for the sex networking of teachers which range from employment policies, economic and socio-cultural reasons. In Zimbabwe, the deployment policy permits teachers as much as possible, to be deployed to their areas of choice. The focus, however, of the deployment process is on the employee, and not the family. As a result, most teachers and civil servants are deployed to living distances away from their spouses for long periods. As the majority of teachers are stationed in rural areas, they are highly mobile because they have to travel frequently to urban areas to join their spouses, collect their salaries, and get entertainment and for shopping. Such movements attract higher risk of infection because of the greater social interactions and contacts that encourage indulgence in risky sexual behavior.

Teachers are considered to have relatively high incomes in Zimbabwe as well as generally regarded as educated and knowledgeable. These factors enhance their social status and tend to raise their level risk to HIV infection.

Although HIV among students in primary, secondary and tertiary institutions is not known, available evidence shows that high infection rates are found in the latter two. HIV infection among females aged 15-24 years are over 20 percent in some parts of Zimbabwe and the majority of this age group were likely to be in school. Shell and Zeiltin (2000) note that a common practice in parts of Zimbabwe is one in which male school teachers coerce their female students into having sex with them.

At the tertiary and secondary schools reports show that both male and female students indulge in transactional sex. The austere conditions that exist in schools drive female students into transactional sex so as to have financial relief. A social report also indicates that female students in some teachers' colleges have been driven into sexual relationships with "big guys in town" in order to be able to feed themselves while their male counterparts go on "0-0-1 scheme" that is, no breakfast, no lunch, but super only (Mate R, ZHOR Social Sector Report, 2002). Female students are also often attracted to men who pay large amounts for uncondomised penetrative sex.

There is also the problem of young men (especially students) who increasingly date older single women with money in exchange for cell phone recharge cards, nice meals, clothes and free holidays. Commercial vehicle drivers offer schoolgirls free rides to and from school and buy the girl's food from fast food shops which are generally superior compared to what the girls eat at their homes. As most, tertiary and even secondary institutions are unable to provide residential accommodation for all the students many have to commute to and from their schools. The various school and other basic needs identified are responsible for the sexual relationships between students (especially females) and those who patronize them. The spread of HIV among students is consequently promoted (Gomo, Jokomo, Mate and Chipika, 2003:56-59).

Implications of HIV and AIDS for Educational Planning

Educational Planning is an activity that requires dependable statistics to facilitate effective implementation and goal achievement. The extent of the HIV and AIDS scourge in some countries in Africa has numerous implications for planning education in the region. Available statistics on HIV/AIDS in Africa are a great source of concern. Okeh (2004:3) advanced the following statistics on the pandemic as it affects Africa South of the Sahara.

- Globally 36 million people are currently living with HIV/AIDS.
- Africa accounts for 25 million of this number
- Globally, about 17 million people have so far died of AIDS
- Africa accounts for about 13 million of these deaths
- About 1.2 million children below 15 years are living with HIV/AIDS in Africa.
- HIV/AIDS has produced about 12 million orphans in Africa
- The global growth of HIV/AIDS is about 6 million new infections yearly and about 11 persons are infected very minute.
- Africa South of the Sahara is the most severely affected region which accounts for 72 percent of world infection load, 90 percent of deaths and 90 percent of orphans.
- It is estimated that about 5,500 die daily of AIDS.

The above statistics should constitute a source of worry for educational planners in

Africa. Let us recall that “educational planning is the exercise of foresight in determining the policy, the priorities and cost of an educational system with due regard to economic and political realities as they affect the needs of the society (Beeby, 1968). In the view of Nwadiani (2004) “educational planning is both comprehensive and continuous with its focus on meeting the dynamic needs of every society. Okoroma (2000:157) has enumerated some of the factors that affect educational planning to include: planning environment, social environment, financial constraints, and statistical problems. In considering the issue of the HIV/AIDS pandemic the interest will be on statistical problems. Adesina (1981) and Okeke et. al. (1985) agrees that adequate and reliable statistics have not been available for effective educational planning. This prompted Adesina (1981) to observe that, “if, current figures were available, it would be easy to estimate with some accuracy at each level, the number of classrooms, the number of teachers and head-teachers, desks, tables, laboratories, halls and other teaching equipment.”

Most African countries share similar militating factors to educational planning. The problem of HIV/AIDS has become an addition to the numerous problems that have confronted educational planners hitherto. The paper is interested in exploring the new challenges to educational planning occasioned by the invasion of HIV/AIDS into the human health system since the past 20 years. The focus will be on children, teachers and parents.

Implications for Children

Available statistics show that about 1.2 million children below 15 years are living with HIV/AIDS in Africa. Furthermore, about 12 million orphans have been produced by the pandemic in Africa. Poverty is one of the main factors that promote HIV/AIDS. Both in Nigeria and Zimbabwe young people especially girls have had to yield to sexual demands in order to cope with their school needs. As there are no indications that poverty levels will reduce in African countries it implies that many more young people of school age will continue to contract HIV/AIDS will give birth to children who may outlive them. The inability of most governments in Africa to provide the educational needs of school children adequately will continue to be a factor for the escalation of HIV/AIDS among school children.

The situation will have the effect of non-realization of the objectives of educational plans in terms of projected manpower needs for the economy. The uncertainty of casualty statistics of students that may be physically fit to benefit from various educational programs. The high number of orphans being produced in Africa as a consequence of HIV/AIDS infections has great implications for planning education. Prior to the phenomenon of HIV/AIDS orphans emanated from very rare circumstances and often most of those involved were usually not in school as at the periods they were orphaned. They were also often not children orphaned by the circumstances of the disease are themselves already suffering from HIV/AIDS. This poses an additional challenge to educational planners in Africa who must contend

with increased statistical uncertainty as well as directing educational plans to accommodate orphaned children as well as those with HIV/AIDS.

Implications for Teachers

Teachers, to a large extent, influence the quality of education in any school system. Their professional qualification and good health are of paramount importance. However, like other professionals teachers in Africa are equally exposed to the dangers of HIV/AIDS. It has been noted that Africa accounts for 25 million cases of people living with the scourge out of the global figure of 36 million. Information is not available as to how many of the 13 million Africans who have died from AIDS were teachers. Never the less, the paper believes that many teachers have died from AIDS and many are also living with the pandemic. EMIS (2001) reports that about 30, 181 teachers in Zimbabwe were living with HIV/AIDS, which is 30% of the national average. The percentages of teachers living with the disease in other African countries may vary according to varying factors. As some teachers become infested with the HIV virus the quality of education is bound to decline because such teachers are no longer able to perform at their best. As the disease blossoms the teachers become unable to perform their duties and with more time they die. Since it takes time to produce qualified teachers replacement is usually not immediate making education to be adversely affected

Educational planning is greatly challenged by the uncertainties engendered by the HIV/AIDS pandemic. The educational planner is faced with the challenge of projecting as accurately as possible the number of teachers that may be infected by the disease within a certain planning period and to make adequate provisions so as to reduce or even eliminate any shortfall in teacher requirement. For an example, 30% of teachers in Zimbabwe were found to be living with HIV/AIDS. This percentage represented by about 30,181 teachers will be unable to perform their jobs effectively. The statistical projections of educational planners in respect of teacher provision must ensure that the educational system, whether in Zimbabwe or in Nigeria, does not suffer because some teachers have contracted the HIV/AIDS pandemic. Enough teachers must always be available to replace those that obviously will be incapacitated by the scourge. No doubt, this can only be achieved at enormous extra costs to governments.

Implications for Parents

Statistics show that 13 million Africans have died of AIDS. However, the information did not indicate the numbers that represent adult and children. No doubt adults must represent the greater percentage of the figure. Furthermore, Africa accounts for 25 million of the 36 million people globally living with HIV/AIDS. Only 1.2 million of this number constitutes the African children below 15 years living with HIV/AIDS. It implies that 23.8 million adult Africans are living with the pandemic. Many of those who have lost their lives were parents and have orphaned their children who must be living at the mercy of governments and relations. Their education has become uncertain. The staggering number of those Africans currently

living with HIV/AIDS and who may eventually die with time have school age children that may be inadequately catered for due to the circumstances of their parents. All those sick of the disease may not necessarily have children but many obviously would have.

Naturally, it is the duty of parents to facilitate the education of their children with the state playing a complementary role of providing educational facilities at affordable costs. When circumstances make it difficult or impossible for parents to play their educational roles to their children an extra burden is placed on the State. This has great implications to educational planning. African States cannot afford to ignore the education of children whose parents have been incapacitated by the HIV/AIDS problem. Of necessity they have to be provided for especially in view of the fact that these children are innocent and victims of social circumstances. Children, we all admit, are the leaders to tomorrow and, so, should not be neglected.

The HIV/AIDS phenomenon has placed yet another burden on educational planning in Africa South of the Sahara. Educational planners in the region have to project as accurately as possible the data on parents/guardians who may be infected with HIV/AIDS and may have to abdicate their educational responsibilities to the State. Education plans have to make adequate provisions to accommodate such situations which must always be anticipated. Except this is recognized and put into effect governments will always be ill prepared to cope with the education of children whose parents may fall victims to the pandemic.

Recommendations

Statistics have shown that the effects of HIV/AIDS are more devastating in Africa South of the Sahara. It is sad that while advanced nations are coming tops in technology break-through and other positive world activities Africa has the misfortune of occupying first and 3rd positions through South Africa and Nigeria respectively with India placing second in the global competition for the HIV/AIDS pandemic. Many children have been displaced from schools because education plans hitherto did not anticipate the implications of HIV/AIDS and take measures to contain them. Therefore, the following recommendations have become apposite.

1. Good leaders are a necessity. African leaders must improve and rise to the challenges of HIV/AIDS. It must not be business as usual in which leaders squandered available resources and left important matters unattended to. Enormous resources are required to combat HIV/AIDS and except adequate resources are put into the battle against the disease African nations may be reduced to pitiable level in no distant time.
2. Poverty must be drastically reduced. The paper noted that most students (especially females) who contracted HIV/AIDS were motivated by the urge to raise money to meet their

- needs since their parents could not help them. Therefore, African Governments should take measures to empower parents to enable them take care of their children adequately.
3. More resources should be put into the education sector. The inadequacies in most educational institutions such as accommodation, transportation, feeding arrangements etcetera encourage students to look for supplementary sources. For most female students it is through exchange of sex of money and material gratifications that they meet their needs. In many cases they also get HIV/AIDS as part of the reward which they transmit to other people. By providing adequately for education the spread of the disease will reduce.
 4. Employment Opportunities. For young people who are unemployed whether educated or not, male or female the instinct to survive will often draw them to some social deviancy. While the males may be tempted to pursue some criminal activities to survive the females often indulge in commercial sex activities with the potential to rapidly spread HIV/AIDS. So, African leaders should make employment for all as a corner stone of their policies. Such a stance will also reduce poverty with the overall effect of checking the spread of the scourge.
 5. Educational Planning in Africa needs to squarely appreciate the new challenges occasioned by the most devastating threat to human health and life. Without any know scientific and generally acceptable cure for AIDS it is obvious that parents afflicted will with time abdicate their responsibilities to their children because of incapacitation. The number of orphaned children will continue to increase. This calls for a careful educational planning which must produce education plans with accurate statistical projections that can cater for the educational problems associated with the HIV/AIDS pandemic. The co-operation of African leaders in this regard cannot be over-emphasized.
 6. Adequate projections of teachers need to be made so that those who may fall victims to HIV/AIDS can easily be replaced without creating a vacuum in the educational system.

Conclusion

The following conclusions are in tune with the information assembled in this paper.

1. By taking the first and third positions in the global HIV/AIDS problem Africa South of the Sahara has set a bad record difficult to redeem.
2. Poverty and illiteracy in the continent are responsible for this pathetic state. If the two phenomena are not drastically checked the HIV/AIDS situation now in Africa will be a child's play in the next ten to twenty years.
3. The present education plans in most African countries lack adequate provisions to cope with the educational problem emanating from the HIV/AIDS pandemic.
4. African leaders lack the will and commitment to provide adequately for children of school age whose parents have become victims of the disease. The talk-shops on HIV/AIDS and paper

- publications are mere superficial and not backed up with result-oriented actions as can be seen in their various budgets for education.
5. Education plans do not take into consideration that teachers are equally susceptible to contracting the HIV/AIDS disease and therefore provide adequately on how infected and incapacitated teachers can be replaced without the educational system suffering any disadvantage.

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