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# Accommodating Emotionally HIV/AIDS Children in the Classroom

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## Abstract
HIV/AIDS arrived on the world scene without warning. A few decades ago it was unknown lurking somewhere, waiting for the right moment to ambush the human race. Today HIV/AIDS covers Africa in dark clouds of fear, uncertainty and suffering. The virus has destroyed innocent hopes, desires and plans of countless numbers of people whose lives have been cut short by an unseen enemy. For those of us who live in Africa, it is a human catastrophe from which no single one of us in the region will be exempt, because HIV/AIDS affects us all. Using the qualitative approach, the study will recommend on how teachers can support the emotionally HIV/AIDS children in the classroom. This truism about the HIV/AIDS pandemic will become ever more evident and obvious as each month and year passes. The South African Gazette quotes alarming statistics proving that this pandemic in South Africa is among the most severe in the world and it continues to increase at an estimated rate of 33.8%. It is further estimated that almost 25% of the general population will be HIV positive by the year 2010. The outcome of the research will ensure that teachers and all the support structures contribute to ensure that infected and affected children in schools are cared for and supported according to their specific needs.

**Key words:** HIV/AIDS; Children; Infected and affected

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## INTRODUCTION
According to Hamilton (2002, p.19) in an article in the Fairlady magazine more or less a million South Africans are currently HIV-infected. This number would double in South Africa in the next ten years if serious behavior change does not occur that could significantly reduce the course of the epidemic. Illness affects mostly people between the age of 15 and 20. In Africa, six times more girls are infected than boys. The South African Department of Health, states that in this country, the highest infection rate of HIV/AIDS is among girls aged 13 to 19. The United Nations says that half of the boys now aged 15 in South Africa will die from this disease. The Medical Research Council studies (MRC) argues that children in South Africa tend to begin having sex at age 12 (other studies place this at between 13 and 15)

Although HIV/AIDS is (as yet) an incurable disease, and nothing can be done about the prognosis of the disease at this stage, the quality of life of the HIV/AIDS infected learner can be improved. As HIV/AIDS is such a dangerous, contagious and deadly disease, sufferers tend to hide their status. Stigma and secrecy surround HIV/AIDS, having tremendous emotional impact on the infected person. More and more children are affected by HIV/AIDS either because they themselves have this disease or a family member or friend suffers from HIV/AIDS. "The statistical reality of HIV/AIDS in South Africa is that at the end of 1999, 420 000 people were living with HIV/AIDS. Of this number, 95 000 were children between 0 – 15 years" (Louw, Edwards, & Orr, 2001, p.3).

## 1. RESEARCH METHODOLOGY
The topic of this research deals with a very sensitive issue, and needs in-depth investigation on teacher's role in supporting the infected and/or affected by HIV/AIDS children in the classroom. Therefore a qualitative

approach to this study was followed. "Qualitative research describes and analyses people's individual and collective social actions, beliefs, thoughts, and perceptions" (McMillan & Schumacher, 1997, p.395). According to Krueger (1994, p.24) a researcher who intends gathering information that lays emphasis on words and observations to explain reality, should make use of the qualitative method. In this study, the data to be collected is verbal in nature. To collect data I used semi- structured interview as it helped to explain in detail. For the purpose of this paper, we interviewed and observed eight teachers from eight different schools. The interviews were held during school time and lasted approximately 2-3 minutes. I conducted individual face-to-face interviews and did the observations with all the five teachers.

The focus group as qualitative research tool was used to collect data whereby a small number of respondents discussed the role of the teachers in meeting the needs of the HIV positive learner. Maykut and Morehouse (1994:71) define a group interview as a group conversation with a purpose that is a set of individual interviews that take place in a group setting. The most important quality of group interviews is using the dynamics of group interaction to gain information and insight that are less likely to be gained through individual interviews. It is conducted as open conversations in which participants may actively share ideas and ask questions or comments to questions posed by others.

## 2. RESEARCH FINDINGS

The interview data was discussed by the relevant questions asked during the interview.

### (a)What do you think HIV/AIDS is?

Participant A: HIV/AIDS is a disease caused by the HIV virus and the disease attacks the white blood cells.

Participant B: HIV/AIDS is as an infectious disease, which one can get through blood transfusion.

Participant C: HIV/AIDS is a disease that kills young and old and is incurable.

Participant D: HIV/AIDS is a disease, which is incurable, and one can contract it through having unprotected sex with an infected person.

Participant E: HIV/AIDS is an African disease.

Participant F: HIV/AIDS is a disease that attacks the immune system and the central nervous system.

Participant G: Not sure how to explain the term but she said that HIV/AIDS is a disease that is 'in fashion' that all the media talk about.

Participant H: Uncertain about the definition, but she said HIV/AIDS is a disease that kills young and old. She further supported this by saying that the youth should abstain from sexual activities.

**Summary:**

The participants agreed in their responses that HIV/AIDS is a killer disease, which is caused by the HIV virus, and it stands for "acquired immunodeficiency syndrome. They further elaborated that the virus infects mainly two systems of the body, the immune system and the central nervous system. The disease also attacks the white blood cells. They even mentioned different names of HIV/AIDS such as "phamokate" which means the disease that grabs you and forces you into the grave.

The respondents further agreed that HIV/AIDS is an African disease because most infected people are Africans. They are mostly poor and unable to afford proper medication and a balanced diet.

According to research, it is also argued that "poor children are up to six times more likely to die of HIV/AIDS before their fifth birthday than wealthier children" (DFID, 1991:1).

### (b)How do you get HIV/AIDS?

Participant A: Said if one is sexually abused or raped by an infected person.

Participant B: Said one can get HIV/AIDS when people share objects like toothbrushes and syringes which a person who is infected.

Participant C: Explained that one cannot contract HIV/AIDS by sexual intercourse only but also if one helps at an accident scene without using latex gloves.

Participant D: Said one can get HIV/AIDS through having sexual intercourse with an infected person.

Participant E: Was uncertain about how one can get HIV/AIDS but she said somehow it has to do with blood.

Participant F: She said other children are born with the virus.

Participant G: Argued that one gets HIV/AIDS when sharing syringes with other people as we don't know who is infected or not.

Participant H: Alleged that one can be infected if, for example, one blade is used to circumcise different boys at an initiation school.

**Summary:**

The participants were unanimous in their response that a person can contract the disease by sharing objects like toothbrushes, syringes and having sexual intercourse without using a condom with a person who is infected. They also agreed that one can get the disease if a person was raped by a person who is infected. They further supported this by providing practical examples like during accidents where no-one knows who is infected or not and

 

if the injured persons have open wounds and one touches the blood that has piled, one can, in that way, contract the virus. It seems that most participants know the causes of HIV/AIDS.

The respondents also agreed that some children are born with the virus.

### (c)How does HIV/AIDS make you sick?

Participant A: She said when you live with this disease, you experience continuous diarrhea and women may menstruate continuously.

Participant B She said she doesn't know how the disease makes you sick.

Participant C: Alleged that when one has this disease, one has no strength and is always asleep

Participant D: She said the patient's white blood cells are destroyed and the patient has no resistance to other illnesses.

Participant E: She stated that if you are suffering from this disease you also become mentally sick.

Participant F: He said it could make you sick by affecting you mentally and psychologically, automatically making you feel depressed. Your self-esteem is low and you are sick.

Participant G: She said HIV/AIDS could make you sick if you don't eat properly. You should eat enough vegetables and have good exercise.

Participant H: Was uncertain about how the disease can make you sick.

**Summary:**

The participants agreed that HIV/AIDS could make you sick when you don't eat balanced meals and that it may also result in poor growth and quality of life. They supported this by indicating that HIV/AIDS attacks the white blood cells and the patient experiences continuous diarrhea and women may menstruate continuously.

They agreed that HIV/AIDS takes a form of illness that the patient has for example, cancer and a weak chest, which would be diagnosed as TB. As such, people die of opportunistic diseases and not HIV/AIDS. Therefore, one dies from illnesses related or caused by the virus and not the virus per se.

### (d)How do you feel about learners in your classroom who are HIV/AIDS infected?

Participant A: She said the learners should be supported, loved and accepted.

Participant B: She was uncertain about her feelings regarding such learners in her class.

Participant C: She suggested that such learners should have their own school so that they should not be labeled.

Participant D: She said that as educators, we should be counseled and provided with skills on how to handle such learners

Participant E: Maintained that learners are children and whether HIV/AIDS infected or not, they need to be loved.

Participant F: Argued that as educators, we need to change our attitudes and welcome and support such learners.

Participant G: She said that we need to change our mind-set and treat each other as if we are all infected and avoid words that can hurt others.

Participant H: She said it is not fair to include learners or educators with HIV/AIDS to work in mainstream schools because they are protected by the constitution and National Education policy as they have the right not to disclose their status of HIV/AIDS. So this participant feels unsafe working in a place where there is no transparency.

**Summary:**

The vast majority of the participants agreed that these learners need love and support. The participants agreed that it would be a shock for them and that they felt they would need to be counseled on how to deal with or handle such learners. They strongly stressed issues such as the use of language by educators and parents who need to sensor what they are saying to such learners and not to label or discriminate against them. They further said that for everybody to ensure success in dealing with children who are infected, one has to accept them and make them aware that they know of their condition. Infected learners have to be assured that they are not alone and that it is not their fault that they are infected.

Only two participants were unclear about their feelings about such learners being in the same classroom with unaffected/uninfected ones. One participant mentioned that it would be risky for such learners to be together, as they will infect others. However, the majority of the participants corrected her by mentioning the National Education Policy Act (1996, p.45) which stipulates "No learner with or perceived to have HIV/AIDS may be unfairly discriminated against".

### (e) What are some physical symptoms of AIDS?

**early signs**

**later signs**

Participant A:

Early physical signs: Alleged that one can recognize the HIV/AIDS patient by excessive loss of weight.

Later physical signs: She claims that the patient loses memory.

Participant B
Early physical signs: She has no idea how the patient looks
Later physical signs: She doesn't know.
Participant C:
Early physical signs: She doesn't know.
Later physical signs: She has no idea about any sign of such patients.
Participant D:
Early physical signs: She assumes that the patient becomes thinner and thinner.
Later physical signs: She thinks that patient coughs a lot.
Participant E:
Early physical signs: She said the patient's hair becomes fluffy.
Later physical signs: Alleged that the patient is always weak and sleepy.
Participant F:
Early physical signs: He said the patient develops sores around the mouth and all over the body.
Later physical signs: He said the patient always complains about pain in the hands and feet.
Participant G:
Early physical signs: She said the patient experiences continual diarrhea.
Later physical signs: She said the patient always feels weak and tired.
Participant H:
Early physical signs: She doesn't know.
Later physical signs: She has no idea.

**Summary:**

Early physical signs

The participants agreed that some early physical symptoms of HIV/AIDS are that the sufferers lose appetite which results in weight loss. Their hair become fluffy and they experience loss of memory. In some cases the patient develops sores around the mouth and all over the body as well as continual diarrhea.

Later physical signs

The interviewees agreed that the later signs of HIV/AIDS are that the patients will show continual coughing and they feel cold even when it is hot. They supported this by mentioning that the patents always feel tired and cannot walk or sit for a long time and always want to sleep. When such patients are taken to hospitals or to doctors they will always be diagnosed as suffering from TB or pneumonia. Such patients always complain of pain in the hands and feet.

### (f)What are some emotional symptoms of HIV/AIDS?

early signs
later signs

Participant A:
Early physical signs: She said the patient is always withdrawn and antisocial.
Later physical signs: She said the patient displays a lot of anger.
Participant B
Early physical signs: She thinks the patient may cry easily.
Later physical signs: She maintains that the patient wishes only for death.
Participant C:
Early physical signs: She has no idea.
Later physical signs: She doesn't know.
Participant D:
Early physical signs: She alleges that the patient feels rejected.
Later physical signs: She thinks that the patient doesn't appreciate anything.
Participant E:
Early physical signs: She assumes that the patient feels inferior.
Later physical signs: She claims that the patient loses hope for life.
Participant F:
Early physical signs: She thinks the patient thinks that it is her fault for being infected
Later physical signs: She assumes that the patient thinks that he or she is a burden to others.
Participant G:
Early physical signs: She said that the patient thinks that other people talk about her.
Later physical signs: Alleged that the patient doesn't want to talk to anyone and she uses vulgar words when noticing that other people are looking at her.
Participant H:
Early physical signs: She has no idea.
Later physical signs: She doesn't know.

**Summary:**

Early emotional signs

The respondents agreed that such learners are unfriendly, angry, in denial, impatient and they always think that other people are talking about them. They feel inferior and subsequently isolate themselves. The participants supported this by alleging that adult patients show anger by spreading this virus silently (secretly).

Later emotional signs

The respondents unanimously agreed that later emotional signs are that the patients don't want to talk to anyone, are always negative and don't appreciate anything.

### (g)How is HIV/AIDS not transmitted?

Participant A: She said HIV/AIDS is not transmitted when sharing utensils such as cups, dishes etc.

Participant B: She argues that one cannot get AIDS from mosquito bites.

Participant C: Alleged that HIV/AIDS cannot be transmitted through physical contact such as hugging.

Participant D: She said that if one has brought her own condom, she will be satisfied that HIV/ADIS won't be transmitted to her as men bring along condoms that have been pricked by a needle.

Participant E: She said HIV/AIDS cannot be transmitted when sitting or playing with someone who is infected.

Participant F: He said HIV/AIDS cannot be transmitted from normal (dry) kissing.

Participant G: She said HIV/AIDS cannot be transmitted if one donates blood.

Participant H: She said it is not fair to include learners or educators to work in mainstream schools because they are protected by the constitution and National Education policy as they have the right not to disclose their status of HIV/AIDS. So they feel unsafe working in a place where there is not transparency.

**Summary:**

The respondents indicated that it is now difficult to know how HIV/AIDS is not transmitted because certain things changed along the way for example, it was said that one cannot get HIV/AIDS from mosquito bites, sharing utensils and through saliva. But according to research, saliva tests can be made to find out whether one has HIV/AIDS or not. Nevertheless, they agreed that HIV/AIDS is not transmitted through the following:

- Sitting or playing with someone who is infected.
- Living together and sharing utensils
- Donating blood
- Physical contact such as hugging and shaking hands
- Sharing telephones and public transport with HIV-infected people.
- Normal (dry) kissing

### (h)How do children get HIV/AIDS?

Participant A: Alleged that children get HIV/AIDS from their mothers at conception.

Participant B: She said children can get HIV/AIDS if maybe they were raped or sexually abused by older people who are infected.

Participant C: She said children can get HIV/AIDS during birth.

Participant D: She said that children get HIV/AIDS when they are still in their mothers' uterus as they are sharing everything with the mother.

Participant E: She argues that a HIV/AIDS if she has an open wound and plays with an infected child if they and the injured child's blood spills onto her wound.

Participant F: He said children might get HIV/AIDS through blood transfusion.

Participant G: She said she thinks children can get HIV/AIDS from a breast-feeding mother who lives with HIV/AIDS.

Participant H: She was uncertain but she thinks children can get HIV/AIDS when sharing objects like toothbrushes and razor blades that have blood on them.

**Summary:**

The participants agreed that most children are born with the HIV virus and these children usually get sick and die before they are 5 years old.

- Most children acquire HIV/AIDS from their mothers at conception.
- A breast-feeding mother who is HIV-positive can pass HIV/AIDS on to her child.
- Children can get HIV/AIDS from an older person who has the HIV virus if that person abuses them sexually.
- Children can get HIV/AIDS if they use objects that have another person's blood on them for examples: syringes, razor blades or toothbrushes.
- They may also get HIV/AIDS through blood transfusions when they have operations.

### (i)What do you think is the role of the educator with regard to the learners with HIV/AIDS?

Participant A: Alleged that educators should respect and ensure that learners who live with HIV/AIDS are not discriminated against.

Participant B: She said educators should provide counseling to learners who need assistance with emotional, psychological or learning problems.

Participant C: She said the most important thing is to provide love to such learners.

Participant D: She emphasized that educators should build a warm, caring attitude and encourage learners to love one another.

Participant E: She claimed that educators should use a flexible curriculum to accommodate all diverse needs of learners.

Participant F: Alleged that educators should teach learners about precaution, for example not to touch blood with their hands.

Participant G: She argues that all educators should teach learners that learners with HIV/AIDS are learners like any other people; therefore no-one should discriminate against them.

Participant H: She said educators have an obligation to educate parents about ways of providing good nutrition.

**Summary:**

Every participant has a very positive attitude regarding learners with HIV/AIDS. The participants agreed that such learners need **love** and **support**. At the same time, it should be ensured that all children are protected against infection with HIV/AIDS and that they are not discriminated against. They argued that learners should be encouraged to have compassion for one another, and made aware that their peers who are infected are like any other learners. They strongly agreed that acceptance and respect are the key issues to win the trust of all learners. The educator could also educate learners and parents about ways to provide good nutrition while keeping costs to a minimum. The educator should provide information on HIV/AIDS and developing the life-skills necessary for the prevention of HIV transmission.

**(j)How does your community reach to people who are infected/affected with HIV/AIDS?**

Participant A: Alleged that the community rejects infected people and label them.

Participant B: She argues that the community blames them by saying that they got what they wanted.

Participant C: She said some community members feel sorry for infected/affected people with HIV/AIDS.

Participant D: She is uncertain on how the community reacts to people who are infected/affected with HIV/AIDS

Participant E: Argued that members of the community do not accept people who live with HIV/AIDS.

Participant F: Uncertain about how communities react to people who are infected or affected with HIV/AIDS.

Participant G: She said that some community organisations like churches give spiritual support and counsel people who are infected with HIV/AIDS

Participant H: She has no idea as to how the community reacts to people who are living with HIV/AIDS.

**Summary:**

The interviewees agreed that the attitude of the community towards people who are infected/affected is negative because they reject them, label them and even distance/isolate themselves from them. They provided a practical example from one school situation where one learner told the teacher that her mother told her not to play, sit or even share anything with learners who are infected as this would transmit the disease to her. They further alleged that the community mentioned that people who are infected were sleeping around and, therefore, this was punishment from God so it is their own problem. The implication is that infected people brought this illness upon themselves. As a result, some members of the community would have nothing to do with such patients. However, they agreed that some people became infected, not through their own doing, but through mistakes such as being pricked by a needle that had been used to inject an HIV/AIDS infected person.

During the collection of data, I observed the following:

- There is a need that teachers should be developed or trained on how to deal with learners who are HIV infected.
- Teachers should show sympathy and empathy to all learners.

Some educators demonstrated fear of dealing with infected learners.

## 3. INTERPRETATION

The following themes were identified during discussions in the focus group interview. As the participants were discussing the different posed questions, I sat and did some observation regarding body language, facial expressions and unintended remarks. Certain conclusions could be drawn:

## 4. IGNORANCE REGARDING HIV/AIDS

Although "text book knowledge" was displayed by the participants regarding this disease, it was observed that most participants did not really have insight with regards to this devastating disease and its emotional implications. This observation can be explained in terms of the fact that educators are exposed to workshops and information sessions, where academic information is supplied. Educators still form part of their communities, and the attitudes in communities are rife with prejudice. This uncertainty surrounding HIV/AIDS and the lack of understanding and empathy for training to all educators in order to equip them intellectually as well as emotionally to handle these learners in their classrooms.

## 5. FEAR AND LABELLING

What I also observed was the fact that the participants fear learners and sufferers in general who has HIV/AIDS, because it is such a contagious disease, and the stigma surrounding the disease, leads to isolation and rejection. This fear, furthermore also results in the labeling of learners with this disease with the effect that the rest of the community/school also tend to avoid and isolate the sufferer. Educators need to overcome their fears by empowering themselves with the necessary knowledge and training. They should take on the responsibility

 

as role-players in their communities as well as in their schools, providing an example of how a person should treat people who suffer from HIV/AIDS.

## CONCLUSION

This research clearly outlined the roles of teachers in supporting the HIV/AIDS infected/affected children in the classroom. I see the research as an eye opener to all teachers particularly those teachers feel that children with HIV/AIDS should be removed from mainstream classes. Furthermore, this research will encourage teachers to change their attitudes towards infected children and they will be able to treat them with love, acceptance, support and care. The Department of Education should ensure that Education Support Services and support programmes are introduced to give support to children in need, particularly the infected children and teachers. The Department of Education should also ensure that each school there should be a guidance/remedial teacher.

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