

## Support for Children Who are Affected/Infected with HIV/AIDS in the Classroom

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### Abstract

Daily reports from the media on the impact of HIV/AIDS on the South African society make it clear that this disease will eventually affect every citizen in one way or another. Sontag (1997:171) puts in strong terms: "The survival of the national, of civilized society is said to be at stake". The Government Gazette (1999:4) stresses this point further by stating that HIV/AIDS is one of the major challenges to all South Africans. The 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. Van Dyk (2001:6) supports this statement when he says that HIV/AIDS is not a health crisis in Africa, it is a human catastrophe, which will have an impact on every living person in this region. The Joint United National Programmes on HIV/AIDS (UNAIDS, March 2001) reports that a decade ago HIV/AIDS was already regarded as a serious health crisis. It is estimated that from 1991, 9 million people in Sub-Saharan Africa were infected with HIV and that 5 million would die by the end of the decade. Furthermore, the report alleges that the actual rate of infection at the present moment is three times higher than the projection made at that time. As the 21st century dawned, 71% (24.4 million) of all the people in the world with HIV lived in Sub-Saharan Africa. Africa's 12.1 million AIDS orphans represented 95% of the AIDS orphans in the world. Of the 5.6 million new HIV infections worldwide in 1999, 3.8 million (about 68%) occurred in Sub-Saharan Africa – the region with the fastest growing epidemic.

**Keywords:** HIV/AIDS, infected children, affected children

### 1. Introduction

The South African President, Thabo Mbeki, at the launch of the Partnership Against Aids on 9 October 1998, pointed the following out: "HIV/AIDS is among us. It is real. It is spreading. We can only win against HIV/AIDS if we can join hands to save our nation. For too long we have closed our eyes as a nation, hoping the truth was not so real. For many years we have allowed HIV to spread, and at a rate in our country which is one of the fastest in the world. Every single day a further 1500 people in South Africa get infected. To date, more than 3 million people have been infected"

Van Greunen (2001:40-41) maintains that it is estimated that by 2015, the year in which HIV/AIDS is expected to reach its peak, between 9-12% of the population will be HIV/AIDS orphans. This indicates that between 3.6 and 4.8 million children under the age of 15 will be without parents or guardians.

The Education White Paper 6 (2001:34) states that the Ministry will analyse the effects of HIV/AIDS and other infectious diseases on the education system and will develop and implement appropriate and timely programmes. Although at present no special provision has officially been made for learners with HIV/AIDS, the moral obligation that educators have in teaching these learners, meeting their emotional and social needs, and understanding their physical conditions, cannot be ignored.

### 2. Literature Review

#### 2.1 The role of the educator with regard to unaffected learners

Because HIV/AIDS is such a stigmatized and deadly disease, people tend to avoid and isolate infected sufferers (see par.2.3). According to Quackenbush (1997:5) it is also possible that other children will learn of the illness and harass or ostracise the child. In such a case education for schoolmates would be called for, along with strong interventions to protect the child from further negative attention. "Teachers and other adults need to find ways to give an ill or handicapped child a feeling that he is an important, useful, and valued person. He needs acceptance by others, but he

also needs a sense of personal worth, of being valued for his unique qualities, and for what he can accomplish".

Although the media and medical personnel maintain that HIV/AIDS is not very contagious, it is unfortunately true that the risk of transmission of the HIV virus would probably be greatest in young children. "This theoretical transmission would most likely involve exposure of open skin lesions or mucous membranes to blood and possibly other body fluids of an infected person" (Schwarcz & Rutherford, 1988:79). Parents are well aware of the fact that children are prone to hurting themselves, and it is understandable that a parent would warn his/her child to stay away from an infected friend. Although the incidence of HIV/AIDS is confidential, in a community where everybody knows each other, information spreads very fast. This knowledge about the infection leads to prejudice, discrimination and isolation.

The NCSNET/NCESS report (1997:63) affirms that educators and other professionals should be equipped through their own professional development, to prepare all educators and support providers for their role in the provision of education and support. Educators, including classroom assistants, should be equipped and accredited through various forms of pre- and in-service programmes to be able to respond to diversity in the context. Educators should manage the learning programmes of the learners for which they are responsible and assess the needs of the learners collectively and individually by providing flexible programmes that accommodate a variety of needs, drawing on the resources of the learners themselves. A key role would be facilitating a learning environment that fosters respect among learners and among the learning community as a whole.

According to Morrow (1985:41): "Chronically ill children have problems feeling 'okay' about themselves and have problems with socialization. The teacher has a significant role in helping them to build self-esteem and to gain acceptance". When the other learner in the classroom sees that the teacher accepts and loves the learner with HIV/AIDS, they will also accept the child. The educator as role model and as a substitute to the parent has an important role to play in making life easier for the HIV infected learner.

According to Louw *et al.* (2001:19) the educator should teach learners to develop empathy and sympathy towards others and how to handle negative emotions such as anger, sadness and anxiety and when things are not going well, by encouraging them to see how their words and deeds affect others. The educator should also encourage HIV infected learners to live life fully as they can live healthy lives for many years.

The learner with HIV/AIDS is often physically weaker and smaller than his/her peers and siblings. Therefore the educator should be careful not to reinforce feelings of being different. The educator should let learners know that there are more similarities than differences between them and their peers and he/she should acknowledge that she/he knows that the learners feel different and understand why, but that it is only in a small way. He/she should also explain to them that their feelings are the same as those of other learners (Louw *et al.*, 2001:22).

## 2.2 The Role of the Educator in Supporting the Learner with Hiv/Aids

According to the Government Gazette (1999:7): "Learners and students with HIV/AIDS should lead as full a life as possible and should not be denied the opportunity to receive an education to the maximum of their ability". Louw *et al.* (2001:5) supports this statement when saying that the needs of learners with HIV/AIDS with regard to their right to a basic education should as far as is reasonably possible be accommodated within the school environment. "Educators should encourage and help infected and affected learners to carry the weight of their circumstances. They will often have to be emotionally 'picked up' so that they will not fall or sink back and give up on life" (Louw *et al.*, 2001:4)

Because HIV/AIDS is such a contagious and deadly disease, educators also fear infected learners on the one hand, and on the other hand, have negative attitudes towards these learners. As Clark and Eason (1993:35) say: "Most of us feel threatened by information and experiences that do not 'fit' with our normal way of doing (and thinking about) 'things'". Volberding (1988:11) links up with this argument when maintaining that educators do not need to become HIV/AIDS experts to plan and teach effectively, but they need to be familiar with this kind of information and be confident to its accuracy. A good deal of the fear surrounding HIV/AIDS stems from the feeling that there is much we do not know about the disease, it would equip them with the necessary skills and empathy to deal with infected learners.

It therefore seems that the role of the educator will have to be much wider than it has been traditionally. Apart from the usual roles associated with teachers, the following tasks should be added in the light of the incidence of HIV/AIDS in learners.

Being able to respond to current social and educational problems with particular emphasis to the issue of violence, drug abuse, poverty, child and women abuse, HIV/AIDS and environmental degradation;  
Assessing and working in partnership with professional services to deal with these issues;  
Counseling and/or tutoring learners who need assistance with social or learning problems;  
Demonstrating caring, committed and ethical professional behavior and an understanding of education as dealing

with the protection of learners and the development of the whole person (Government Gazette in Louw *et al.*, 2001:6).

"The majority of infected children will show signs of HIV or AIDS in the first year of life and some will die before their third birthday. However, 75% of infected children will survive up to the age of 5 years if they receive good care. Of those learners who progress to AIDS only after infancy, 30-40% will remain in good health into their late childhood or early teens" (Louw *et al.*, 2001:3). This means that these children are learners in our schools. In the light of the staggering HIV/AIDS figures which have been mentioned so far, it is clear that every South African will least know someone or know of someone who has this deadly disease. It will touch every citizen's life in one way or the other.

### 3. Characteristics of a Successful Educator

"The learners' feelings towards one another can be influenced considerably by the teachers' interactions with them and the attitudes she or he displays towards learners with barrier to learning. Thus if a teacher models a positive attitude towards learners with barriers to learning and development, the other learners are also more lively to interact positively with them" (Raphael & Raphael, 1998:251). Jones and Jones (1990:64) agree when they say that one of the most important roles a teacher can play in an integrated classroom is that of a model for his or her students. It is therefore the educator who determines the class atmosphere and the mutual relationships in the classroom. The relationship between the educator and learners underlies successful teaching and learning and includes every aspect of the educator's influence on the learners.

"A significant body of research indicates that academic achievement and learner behavior are influenced by the quality of the educator-learner relationship" (Jones & Jones, 1990:64). The teacher should treat every member of the class with equal respect and show that he or she values every learner, including the special needs child. "As classroom teachers, we need to be the supporter of our children, to be therefore them, to listen to their concerns and to understand them. No one needs this more than children with disabilities do. Their teachers must be available to explain to other educators their strengths, learning styles and goals, to tell who their friends are and to suggest strategies" (Roffey & O'Reirdan, 1997:60-61).

According to Ryan and Cooper (1995:453) teachers who support the inclusion of learners with special educational needs have to be sensitive to their own attitudes and feeling as well as to the specific needs of the learner. They need to gain knowledge and insight on factors, which cause prejudice related to disability, and must be honest enough to recognize these in their behavior must be honest enough to recognize these in their own behavior. "Clarity about their own strengths, vulnerabilities and needs is a necessary step in preparing teachers for inclusion. Only when this has been achieved are they in a position to work as change agents who can influence the attitudes of the school community towards learners with disabilities" (Steyn, Steyn & de Wall, 2001:139).

Engelbrecht and Green (2001:40) mention that educators play an important role in developing an inclusive learning community as they are in a direct relationship with the learners on daily basis. The educators are responsible for ensuring the safety and well-being of learners in their own classrooms. This includes field trips and after-school activities such as sport. Educators are also liable to provide proper supervision of learners at all times (Ryan & Cooper, 1995:204). Educators should aim at creating collaborative culture, which will help educators to build on present expertise, share resources, provide moral support and create a climate of trust in which success can be challenges addressed. Educators should work together in planning, preparation and evaluation so as to learn the skills in working with other partners (Engelbrecht & Green, 2001:35).

The South African Council of Educators (SACE) (1999:2-4) states that a successful educator should show the following conduct:

- Respect the dignity, beliefs and constitutional rights of learners, particularly the right to privacy and confidentiality of children.
- Acknowledge the uniqueness, individuality and specific needs of each learner. Guide and encourage each child to realize his potential;
- Strive to enable learners to develop a set of values consistent with those upheld in the Bill of Rights as contained in the Constitution of South Africa;
- Avoid any form of humiliation, and refrain from any physical or emotional abuse of the child;
- Use appropriate language and behavior in his or her interaction with learners, and act in such a way as to elicit respect from the learners;
- Take reasonable steps to ensure the safety of the learners

Brown, Earlam and Race (1995:46-96) claim that a successful educator:

- Makes constructive reports rather than just a means at passing judgment;
- Encourage learners to work collaboratively rather than to compete;
- Assures learners that there is no shame or weakness involved in having emotions.

The educator should help them feel that emotions are a perfectly normal part of life.

According to Ryan and Cooper (1995:34) a successful educator demonstrates a repertoire of teaching skills that enables him/her to meet the different needs of her learners and should be familiar with theoretical knowledge and human behavior.

Van Dyk (2001:170-172) on the other hand, is more specific when he refers to the sexuality education that a successful educator should undertake:

- Make young children aware of the dangers of HIV in a very concrete manner without making them afraid, for example, by using pictures and games;
- Teach children how to keep their bodies safe and healthy and how to avoid anything that could harm the body;
- Teach children never to go home with a stranger, or walk in the street or fields with such a person, nor get into hi/her car;
- Help children to cope with death in the family;
- The fear of HIV/AIDS can be addressed by helping the young child to modify his/her absolute thinking about HIV/AIDS, such as that there is quite a lengthy period between the time that they fall ill and the time when they actually die;
- Reassure children that the “germ” that causes HIV/AIDS does not know if the people are good or bad. People with HIV/AIDS are not bad people and this disease is not a punishment for wrong doing.

The educator also needs special insight into the plight of the unaffected learners, that is, those learners who have to share resources with HIV/AIDS infected class mates. The following paragraph will deal with this issue.

### 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, 1997:395). According to Krueger (1994:24) 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 educator 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.

## 4. Findings

### 4.1 *School and society*

DECS (1997:66) points out that the school should provide relevant and up to date information to all community members by using appropriate existing structures to inform and maintain awareness and relevance of HIV/AIDS education, for example, news-letters, parent groups and volunteers.

The school should encourage parental participation and involvement, conduct a needs analysis of parents and invite parents to attend curriculum committees, staff meetings and sexuality and HIV/AIDS workshops. Furthermore, the school should plan a continuous development – not a ‘once-off’ – by establishing parent advisory group to look at the curriculum on health and physical education issues.

The schools should also use drama presentations on the broader theme of health issues which includes sexuality and HIV/AIDS education and involve parents and community members. Local media should be used with discretion, for example, AIDS awareness or world AIDS days.

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