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Research Paper

HIV/AIDS- A Potential Barrier To Education for Young, Vulnerable Children

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ABSTRACT: *The objectives of this research were: to ascertain the reasons for children with HIV/AIDS for not coming to school, to ensure access to school for HIV/AIDS children and to develop community support groups for children who are living with HIV/AIDS. 50 HIV Positive children were selected for the study from in and around Mumbai. Out of these 20 were girls and 30 were boys ranging in the age group of 10-15 years. A structured questionnaire was used to collect data from the respondents. The data was analyzed using statistical tests. The study revealed that 65% of the school denies enrolment to children with HIV/AIDS. The greatest concern of affected children in relation to their schooling was ostracism and humiliation by their peers (85%). In this study it was also found that the teachers need more sensitivity to the difficulties that HIV/AIDS affected children face. There is a need for Community support groups for children and family members who are living with HIV, and peer education programs have to be conducted. The school should provide life skills training to children, teachers, administrators and parents, create opportunities for recreation and creativity, promote flexible school hours, and develop instructional materials to support out-of-school learning.*

Keywords: *HIV/AIDS, education, vulnerable children*

I. INTRODUCTION

Vulnerable children can be defined as children whose safety, well-being or development is at significant risk. Amongst others, such children can include children orphaned due to AIDS, children infected with HIV, children caring for terminally sick parents with AIDS, etc. The extent to which such children can be said to be vulnerable will vary from place to place and community to community.

Education is a basic human right for all children, as recognized in the Convention on the Rights of the Child [1]. A child who has access to quality primary schooling has a better chance in life. A child who knows how to read, write and do basic arithmetic has a solid foundation for continued learning throughout life. Education is also critically important to children's social integration and psychosocial well-being. School attendance helps children affected by trauma to regain a sense of normalcy and to recover from the psychosocial impacts of their experiences and disrupted lives.

In the world today, children and societies who lack access to quality education are disadvantaged in terms of income, health and opportunity. For orphans and vulnerable children in particular, the issues raised above underscore the importance of education in the lives of orphans and vulnerable children and point to the opportunities it can provide.

Treatment for HIV infection has enabled more children and youths to attend school and participate in school activities therefore children and youths with HIV infection should receive the same education as those with other chronic illnesses. A child who has access to quality primary schooling has a better chance in life. Education is also critically important to children's social integration and psychosocial well-being. School attendance helps children affected by trauma to regain a sense of normalcy and to recover from the psychosocial impacts of their experiences and disrupted lives [2].

Barriers to education for orphans and vulnerable children affected by HIV stand in particular need of such an education intervention as they are amongst the children most in danger of becoming infected with HIV due to economic hardship, reduced parental care and protection and increased susceptibility to abuse and exploitation.

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These factors contribute to the barriers orphans and vulnerable children face when pursuing an education. According to Cooper et al. [3] these barriers can be categorized as:
1. within the child, through impaired health, including impaired development, and through emotional stress;
2. within the family, including the child but adding the dynamics of the family's function as a group;

3. within the community; and
4. within the school system and the school.

Considerations in the classroom

Within the school there is often stigmatization and discrimination. This arises especially in HIV from a fear of infection coupled with a lack of understanding of the disease. However, infection is not the only cause of discrimination and more fortunate children often sense vulnerability in their companions and pick on victims. School may become less appealing for the child. Unfortunately, the teachers and the peer group may not be sensitive to the needs of the vulnerable child. Without protection, these children may drop out of school.
For the infected child, attendance is also likely to be affected by bouts of illness, leading to frequent and sometimes prolonged absences. This should occur less often when children are on highly active antiretroviral treatment (HAART), in fact the child may be thriving and show no sign of illness at all. But things do not always go so smoothly. Because children often miss doses of medication, they may well have only partially suppressed viral replication. Both in school and in a troubled home, the child is having emotional reactions which must not be forgotten. The child may withdraw, feel shame or dwell on the situation. Their concentration and work at school will suffer. Children are especially likely to show physical symptoms that are an attempt to resolve their emotional conflicts, because of the immature symbolic expression of their thoughts and feelings [4].

In high HIV prevalence countries, many teachers are also infected. Increasingly, teachers have access to antiretroviral drugs. There will be many classrooms in which a teacher on HAART is instructing pupils on the way in which good blood cells keep bad viruses suppressed and how taking medicine helps the good cells to be on top in the war, while knowing that something similar is happening, and perhaps sometimes failing to happen, in his/her own body [5]. Because of the association of HIV infection with anger, confusion and denial on the part of adults who know their diagnosis, it is impossible to predict the average response to this on the part of teachers, although the range of responses will certainly be wide.

Considerations beyond the classroom

Teachers need some sensitivity to the difficulties that HIV affected children face. The pupils are often from impoverished households where sickness, tiredness and a sense of sadness pervade. Children will be affected in their interactions with peers, for example in play. Play is important for development, as teachers have classically been foremost in recognizing. The sensitivity of teachers can only be enhanced by in-service training and workshops designed to promote awareness.

Needs of girls

A special concern for programs seeking to enable the access to quality education of orphans and vulnerable children is the needs of girl children. In India girls' education frequently falls behind that of boys for many reasons. These include factors such as parents' and care-givers' decision to prioritize the use of scarce resources on the education of boys and cultural expectations on the division of labor that make girls more likely to have tasks that prevent them from attending school such as household chores or caretaking of younger siblings or sick members of the family. Vulnerability is likely only to exacerbate the impact of such factors, creating a vicious cycle in which the vulnerable girl child becomes ever more likely to become the mother of vulnerable children [1].

In the Indian context it is found that families are ostracized in the society because of HIV/AIDS. Because of this, children are denied access to education. Keeping the above points in view this study was taken up to find out how HIV/AIDS is a potential barrier to education for young, vulnerable children and what role can the community play to support these children and family members who are living with HIV/AIDS.

II. OBJECTIVES

1. To ascertain the reasons for children with HIV/AIDS for not coming to school.
2. To ensure access to school for HIV/AIDS children.
3. To develop community support groups for children who are living with HIV/AIDS.

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III. METHOD

50 HIV Positive children were selected for the study from in and around Mumbai. Out of these 20 were girls and 30 were boys ranging in the age group of 10-15 years. A structured questionnaire was used to collect data from the respondents. The data was analyzed using statistical tests.

IV. RESULTS AND DISCUSSION

The study revealed that 65% of the school denies enrolment to children with HIV/AIDS. The greatest concern of affected children in relation to their schooling was ostracism and humiliation by their peers (85%), who refuse to share tables at school, share lunch, or play with them.

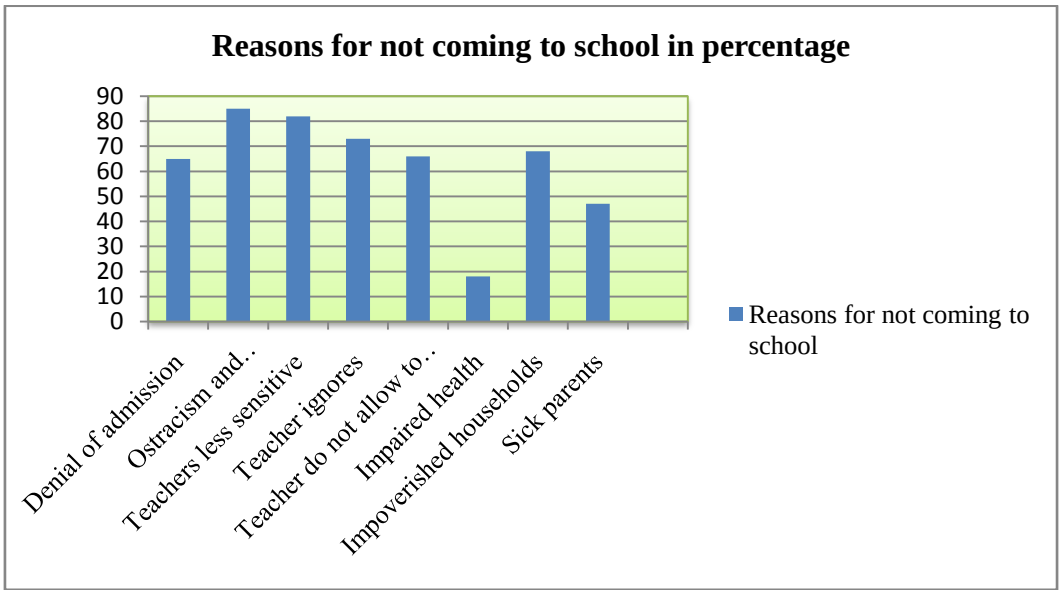

Fig 1: Reasons for not coming to school

In this study it was also found that the teachers need more sensitivity to the difficulties that HIV/AIDS affected children face.73% of the teachers ignored the children with HIV/AIDS in the class. 66% of the teachers did not allow them to participate in school activities. 18% of the children did not attend school because of impaired health.

Table 1: Comparison between boys and girls for not coming to school

Groups	N	Mean	S.D	t value	df	p
Group1:Girls	20	11.64	4.212	3.74	30.42	.05
Group2:Boys	30	15.00	1.555			

The above table depicts significant difference in the reasons for girls and boys with HIV/AIDS for not coming to school. For girls the main reasons for not coming to school were sick parents and ostracism and humiliation by their peers. Whereas for boys the main reasons for not coming to school was that the teachers being less sensitive to their needs and ostracism and humiliation by their peers. Both boys and girls agreed that impaired health conditions, medication and denial of admission are also causes of concern.

The children are often from impoverished households where sickness, tiredness and a sense of sadness pervade. These children should be provided with alternative education, School drop-out prevention, tutoring and skills training for older children especially those out of school. There is a need for Community support groups for children and family members who are living with HIV with emotional support, services and assistance to support families affected by HIV/AIDS in ways that enable them to stay together and maintain their home and training for those in the community who interact with HIV/AIDS affected families, and peer education programs have to be conducted in various places by involving children and adolescents in age-appropriate peer education

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and education of others in their communities. Such approaches not only provide a mechanism for educating about HIV/ AIDS but also encourage confidence and self-esteem in those children and young people who are involved.

V. CONCLUSION

We should ensure access to school by promoting a safe and supportive environment by reducing stigma and changing attitudes of teachers and students. The school should also provide life skills training to children, teachers, administrators and parents, create opportunities for recreation and creativity, promote flexible school hours, and develop instructional materials to support out-of-school learning that could be used by children who have to miss school. It is recommended that Children with HIV/AIDS infection should have the same rights as those without infection to attend school and receive education. There is a need to advocate for protecting children's right to education by creating new policies and laws and enforcing existing ones. This will go a long way in bringing HIV/AIDS infected children to the school environment.

RECOMMENDATIONS

1. Children with HIV infection should have the same right as those without infection to attend school and receive education.
2. Children with HIV infection should have access to special education and other related services according to their needs as the disease progresses.
3. Continuity of education must be ensured for children with HIV infection and home schooling.
4. Confidentiality of HIV infection status should be respected and maintained.
5. The doctor should maintain appropriate communication with the school to facilitate the education of children in their care.

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