

Full Length Research Paper

Reception and treatment of HIV/AIDS children in school

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Reception and treatment of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) children in school investigated the extent to which children living with HIV/AIDS are accepted and treated in school. Such investigation was based on various research findings of these children indicating resistance to their attending the same schools with HIV/AIDS free children, constituting the majority of enrolments. A quantitative method in the form of descriptive statistics consisting of frequency, percentage, chi-square and probability was employed in the analyses of data. The sample was based on a diverse population drawn from universities in America, Kenya, South Africa and Tanzania. The results showed a good knowledge of HIV/AIDS on the part of the respondents, as it ranged from 64 to 72%. In terms of the chi-square, the results were statistically significant for all the participating institutions of higher learning. The respondents expressed the view that HIV/AIDS children should attend school together with HIV/AIDS free children. It was concluded that, though the results were gratifying in favour of school children living with HIV/AIDS, there was a considerable number of respondents who were opposed to this view; thus calling for their further exposure to public education on HIV/AIDS.

Key words: Admission, erosion of self-esteem, human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) policy, hostile environment, parents' concern, policy implementation, school attendance.

INTRODUCTION

Reports that human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) children had been admitted to one of the Vietnamese schools, resulted in parents of non-HIV/AIDS children swiftly removing their children from the school (Overland, 2009). Consequently, those HIV/AIDS children had to be withdrawn in favour of the majority HIV/AIDS negative students. Such resistance against HIV/AIDS children occurred, despite the laws prohibiting discrimination against such children. On the Voice of Vietnam (2013), it was reported that one third of HIV/AIDS school-age children in the Ho Chi Minh (MCH) City are granted admission, while the majority are denied such admission on the status of their being HIV/AIDS

positive. This is a city which has as many as 4,000 children living with HIV/AIDS. Parents of non-HIV/AIDS school children are reportedly opposed to their children mingling with HIV/AIDS children at school, lest they pass on the disease. In some cases where such children are already admitted, they are eventually sent away from school, because of the resistance by parents.

According to Radio Free Asia (2009), there are 60,000 HIV/AIDS positive people in the City of Ho Chi Minh, Vietnam. In one of the schools, more than a dozen children were sent home on the first day of school because they were HIV/AIDS positive. Such a decision was as a result of parents demonstrating and protesting

against the admission of HIV/AIDS infected children. One parent was quoted to have said, "It is better for our children's schooling to stop than let them sit next to AIDS infected children" (Radio Free Asia, 2009). Government officials intervened, and the children were readmitted, only to be turned away the first day they returned for school. The problem is wide to the point that, it is extended to children who are not HIV/AIDS positive, but one of their parents has such status. Such reception and treatment of children living with HIV/AIDS is in contravention with government policy which forbids discrimination against HIV/AIDS school children, but this makes no difference as far as parents' resistance is concerned. In some cases, they go as far as saying that they would rather be bombed as it was during the Vietnam War than have their children attend school with HIV/AIDS children (Radio Free Asia, 2009).

In Thailand, Ishikawa et al. (2011) carried out an investigation of 513 respondents consisting of 274 boys and 237 girls on primary school children's attitudes toward peers who were affected by HIV and AIDS. There were 74% respondents who were opposed to attending the same school with HIV/AIDS children. Such response held true for boys more than was the case with girls, who felt that it was okay to study with HIV/AIDS children. It was further observed that children were not comfortable playing with HIV/AIDS children. Even those who said they would play with infected peers, added that, they would keep at a distance from them. Moreover, from their perspective, they drew no difference between children who were HIV/AIDS positive, and those with infected family member, on the assumption that, children who had parents who were living with HIV/AIDS must also be HIV/AIDS positive.

In India, a school was particularly established to cater for HIV/AIDS children (MediaCorp Press, 2005) who had been denied admission in other schools. The school was staffed by HIV/AIDS counsellor, teacher and nurse (MediaCorp Press, 2006). It is pointed out that in other schools, children living with HIV/AIDS are either denied admission or other children bully them and have no respect for them, which erodes their self-esteem. In Kerala State, India, in one of the schools, parents of 400 children threatened to pull out their children because the school had admitted two HIV/AIDS children (MediaCorp Press, 2006). So the children had to leave the school. Several years later, another school admitted five HIV/AIDS children (Oneindia News, 2007). Similar threat was made. This time round, it was not the parents that won. The Kerala State officials made it very clear that parents had the option of pulling out their children, but the HIV/AIDS children would remain at the school. They further warned the parents that, should they succeed in removing the HIV/AIDS children from the school by use of force, then the government would withdraw the funds

given to the school for its operation. That was the end of the story and it worked.

Human Rights Watch (2005) charges governments in Sub-Saharan Africa, with negligence of HIV/AIDS related problems, as there are 43 million of them who are not in school. Most of them are unlikely to enrol, attend or continue in school till completion. Worse still, such children end up being sexually exploited, unemployed, engage in child labour and being predisposed to contract the very disease which has placed them in their current predicament (Human Rights Watch, 2005).

The investigation was based on three African countries, namely Kenya, South Africa and Uganda. HIV/AIDS school children are frequently absent from school, for reasons such as: ill-health, poor access to essential medicines, hostile environment at school as they are bullied by other children, as well as AIDS-related discrimination and stigma. In denial of existing positive policy, governments in question did very little to address problems encountered by children living with HIV/AIDS (Human Rights Watch, 2005). Many of the HIV/AIDS children were sent away from school for failure to pay fees or producing documents proving that they should be exempted from paying fees.

Thornton (2008) reports that in the United Kingdom, HIV/AIDS primary and secondary school children are often turned away from school, which is contrary to anti-discrimination laws in the country. A number of schools insist that parents should divulge their children's HIV/AIDS status, although this is supposed to be confidential. Children seeking admission are denied if it is found out that they are HIV/AIDS positive. There are 1,500 HIV/AIDS school children in UK. Every year, 100 children test HIV/AIDS positive (Thornton, 2008). No case of HIV/AIDS transmission has ever been reported at any school (Thornton, 2008). This, nevertheless, appears to have no impact on the way HIV/AIDS children are treated and their applications for admission.

In the United States of America, the majority of HIV/AIDS children attend public schools with HIV/AIDS free children, based on the experience that there has been no reported instance, where children have been HIV/AIDS infected in schools (US Department of Education, 1991). It can be argued that, the school plays an important role of providing protection and support for HIV/AIDS and non-HIV/AIDS children, particularly in the form of health services and meals (Childinfo, 2011). Moreover, schooling helps HIV/AIDS children to cope with the health situation in which they find themselves. In the school context, HIV/AIDS children experience some stability and normalcy in their lives (Childinfo, 2011).

In summary, the evidence presented in this literature review, most of which emanates from Asian countries, shows that HIV/AIDS children are neither welcome to attend school with non-HIV/AIDS children, nor are they

treated with dignity. Though most resistance emanates from parents, fellow students do contribute to the resistance through bullying and lack of respect for HIV/AIDS children. There is, nevertheless, concerted effort to see that HIV/AIDS children are afforded their rightful place in the school system and society as a whole.

METHODOLOGY

Sample

The sample of the present study comprised 424 male and female university adolescents drawn from America, Kenya, South Africa and Tanzania, both males and females. The total number of participants added up to 424, with a distribution of 102 Kenya university students, 164 South Africa university students, 100 Tanzania university students, and 58 American college students.

Measuring instrument

The questionnaire comprised one question soliciting a response on the basis of three options, namely: "Yes, No, Don't Know". All that was expected was to tick the option that was descriptive of what they knew about HIV/AIDS. The question read as follows: "Should children with AIDS go to the same school with those who do not have AIDS?"

Procedure

Since the researcher could not be in all places at the same time, arrangement was made for university lecturers to be responsible for administering the questionnaire to their respective students. They were also advised that they had the choice of responding to the questionnaire, if they so wished. In addition to the question, participants were to fill in their gender and date of birth. For the purpose of confidentiality, participants were not permitted to write their names or institution of affiliation. On completion of the questionnaire, the lecturers collected the papers which were sent to the researcher in New York for scoring and analyses.

RESULTS

Descriptive statistics in the form of frequency, percentage, chi-square and probability were used as a method of data analyses, as displayed in Table 1. The response to the question for America was 64%, Kenya was 72%, South Africa 64% and Tanzania was 67%, who did not think HIV/AIDS should be followed by "positive children". In terms of chi-square, the results were as follows: χ^2 (2df, N56) = 25.6, $p < 0.001$ for America; χ^2 (2df, N100) = 73, $p < 0.001$ Kenya; χ^2 (2df, N162) = 86, $p < 0.001$ South Africa, and χ^2 (2df, N98) = 70, $p < 0.001$ Tanzania. All the values of the chi-square were statistically significant in favour of those who said HIV/AIDS children should attend school together with those who are HIV/AIDS free. In summary, the participants' knowledge

Table 1. Frequency percentage chi-square and probability should children with aids go to the same school with those who do not have aids?

No.	Country	Frequency	%	χ^2	P
1	America	37	64	26.5	0.00
2	Kenya	73	72	73	0.001
3	South Africa	105	64	86	0.001
4	Tanzania	67	67	70	0.001

for the four institutions of higher learning ranged from 64 to 72%, which was interpreted as being good. The analyses of data based on chi-square for all the four samples was statistically significant at $p = 0.001$. Both in percentage and chi-square values, respondents had no problem with HIV/AIDS children attending school with those who were HIV/AIDS free. This was an interesting finding, given that the review of literature showed a contrary stance.

DISCUSSION

Reception and treatment of HIV/AIDS children in school investigated the extent to which children living with HIV/AIDS are afforded appropriate reception and treatment in school. This was motivated by the fact that, the research approach tended to clearly indicate that, not all was well with such children in their school career. A number of countries namely America, Kenya, South Africa and Tanzania higher education students served as participants. As already presented, both frequency, percentage and chi-square analyses for the four groups of university students clearly showed that they supported the concept that HIV/AIDS children should not be deterred from attending the same schools as children who do not live with HIV/AIDS. These findings are of interest in view of what others have reported, regarding the extent to which such practice has been vehemently opposed for fear that HIV/AIDS children would transmit HIV to their children. In India, Thailand, Vietnam, Sub-Saharan Africa and the United Kingdom, such findings have been reported (Human Rights Watch, 2005; Thornton, 2008; Radio Free Asia, 2009; Childinfo, 2011). The present findings are in contrast to such findings, as respondents were opposed to children living with HIV/AIDS attending exclusive schools.

Though in America, there are isolated instances of discrimination against HIV/AIDS children attending the same public schools, the official and common policy is that no child shall be barred from attending public school on account of HIV/AIDS (US Department of Education, 1991). It is interesting to note that schools opposed to inclusive education, their countries have similar policies

in place as the United States of America. Therefore, the problem is with the implementation of such policy. This is a challenge. A policy ceases to be one, if it is not implementable. India is one of the countries that have chosen to stand by the policy (Oneindia News, 2007). The findings of this investigation are in support with policies that aspire to see that schools must be inclusive in providing education to both HIV/AIDS infected and those who are free of HIV/AIDS.

Both in Childinfo (2011) and Ishikawa et al. (2011), it has been cogently argued why HIV/AIDS children, like other children, should be afforded due accommodation in the school system. The school plays an important role of providing protection and support for HIV/AIDS and non-HIV/AIDS children, particularly in the form of health services and meals. Schooling helps HIV/AIDS to cope with the health situation in which they find themselves. In the school context, HIV/AIDS children experience some stability and normalcy in their life (Childinfo, 2011). Similarly, Ishikawa et al. (2011) advanced the argument that schools provide protection and support for HIV/AIDS affected and infected children. For example, provision of education literacy, numeracy, vocation skills and other life skills, facilitate children to cope with their present and future life. Moreover, keeping the children in school contributes to psychosocial support and enhances the reduction of HIV/AIDS infection, exploitation and child abuse (Ishikawa et al., 2011).

CONCLUSION

This brief study investigated the experience HIV/AIDS positive children go through during their education career. While research findings reported by others have shown that HIV/AIDS children are neither welcome nor afforded due human dignity, the findings of the present investigation showed that, participants were receptive of policies that favour inclusive education for both infected, affected and non-infected children attending school together. While the findings of the present investigation were positive and in favour of children living with HIV/AIDS attending school jointly with uninfected children, the challenge calls for further exposure to HIV/AIDS public education for those concerned. Policies

intended for the integration of children in school are rather dormant, hence a call for their re-activation so that HIV/AIDS children are not unduly barred access to public education. The number of respondents who felt otherwise warrants concern.

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