

Educational and Psychosocial Effects of AIDS on Orphans from a Previously Disadvantaged South African Township

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ABSTRACT The study investigated education and psychosocial effects of learners orphaned by AIDS. The investigation focused on the learners' day to day experiences. This study is a case study, based on the qualitative approach and grounded on the interpretive paradigm. Six participants were purposely selected. They were two maternal orphans, two paternal orphans and two double orphans. Their ages ranged from seven to 18. Two of the teenage orphan participants were HIV-positive. The individual interviews were conducted. The participants' historical background was provided by their mothers, in the case of paternal orphans, their fathers in the case of maternal orphans and guardians or grandparents in the case of double orphans. The findings reported that orphan learners are most of the time absent from school because they take care of their sick parents, discriminated against by their peers, some of them work part time to augment family income, and some resort to prostitution to get money.

INTRODUCTION

HIV and AIDS, according to Coles (2002), are currently decimating African society, especially in Southern Africa, tearing apart the extended family system, eliminating skilled workers and creating millions of orphans. The high incidence of HIV infection means that the impact of HIV and AIDS morbidity and mortality will be felt for decades. According to Population Reports (2002), nine out of every ten children orphaned by AIDS are in Sub-Saharan Africa. Millions of children have been orphaned or made vulnerable by HIV and AIDS. The worst affected region in 2004 according to a Joint Report of New Orphan Estimates and a Framework for Action (2004) was sub-Saharan Africa where, 12.3 million children orphaned by AIDS were estimated.

The Human Rights Watch Report (2005) indicates that AIDS has orphaned an estimated 1.1 million South African children in 2005. The large number of orphans and children made vulnerable by HIV and AIDS live with a surviving parent and siblings or within their extended families. The main thrust of an effective response to this tragic situation must be to give direct and substantial support to the millions of families who continue to absorb children who have lost parents. After losing parents and caregivers, children have an even greater need for stability, care and protection.

Rationale and Problem Statement

HIV and AIDS are already having a major impact on all sectors, including education. Few-

er children enroll in schools because they take care of their siblings when their parents die. What is ultimately incurable is the trauma that overwhelms individuals and communities. Schools serve as a place of socialization for young people whose homes may be disrupted. On the other hand, schools might also be a miserable place for learners such as AIDS orphans, who suffer discrimination and rejection there.

Research Questions

The main research question of this study was: What are the educational and psychosocial effects of AIDS on learners in a South African previously disadvantaged school?

Purpose

The purpose of the study was to investigate education and psychosocial effects of AIDS on orphan learners in a school. The investigation focused on their day to day experiences. The desired outcome of this study was to construct their experiences into informed knowledge.

Literature Review

According to a Joint Report of New Orphan Estimates and Framework for Action (2004), an AIDS orphan is a child whose parent (at least one parent) has died of AIDS. The orphans in this study are defined as maternal orphans (children who have lost their mothers), paternal or-

phans (children who have lost their fathers) as well as two-parent orphans or double orphans (children who have lost both parents). According to Mbugua (2004), the AIDS orphans may be infected with HIV or have AIDS, they may be affected by HIV and AIDS through the loss of one or both parents or their siblings, or they may be at risk of infection.

Orphan learners are different from other learners because they are in the grieving process after the loss of their parents. Orphans usually suffer the long-term psychological effects of emotional deprivation. Children who grow up without parents are deprived of parental love and care. That can affect them psychologically. Deprivation of positive emotional care is associated with a subsequent lack of empathy with others, and such children may develop antisocial behaviours. The impact of the AIDS epidemic on children and families is devastating. Communities who are poor, with inadequate infrastructure and limited access to basic services are the most affected. Psychosocial distress can have an impact on children and families infected and affected by AIDS.

Educational and Psychosocial Challenges of Orphans

According to a Joint Report of New Orphan Estimates and a Framework for Action (2004), the successive loss of multiple family members to HIV and AIDS, has led to the gradual erosion of children's extended family safety net, resulting in inadequate financial support for schooling. The stigma associated with HIV has led to taunting by peers, and has made it difficult for children to communicate with their teachers about illness or death in the family. Children who are HIV-positive are often absent from school as a result of ill health, poor access to essential medicine, AIDS-related stigmatization and discrimination. As a result, orphans are more likely to drop out of school than non-orphans, as school fees become unaffordable.

Children of HIV-positive parents suffer from trauma occasioned by the sickness and eventually death of a parent and associated hardships. The burden of caring for a sick parent often falls on children who are also forced to drop out of school to play an adult role. Parental HIV-related illness and death often lead to decreased household resources due to treatment costs and job

loss, which may affect the health care and nutritional status of children. Death of even one parent could result in changes in living arrangements. Parental HIV-positive status also affects the psychosocial adjustment of children (Mishra et al. 2005).

According to Foster and Williamson (2001), HIV and AIDS orphans are usually silent about their parents' illness and fear stigmatization. They mourn silently in secret and suffer the pain of witnessing their parents dying. As a result, they are unable to discuss their parents' illness with adults prior to their parents' death, or to express their grief and to say farewell to their loved ones. Hence they do not have sufficient time to grieve and come to terms with their loss, leading to problems with resolution of grief, learning difficulties at school, problems with confiding in people, behavioural changes, loneliness and isolation. Those who are adopted develop anxiety because of re-starting life in unfamiliar surroundings in a new location, often in a new school, and about where or how HIV and AIDS will strike the family again.

Foster and Williamson (2001) also say that community members who fear orphans are HIV-positive or feel that their families have brought shame to the community, often discriminate against the children and deny them social, emotional, economic and educational support. Learners affected by HIV and AIDS experience being stigmatized and discriminated against, suffer teasing by other children, ostracism and teachers' insensitivity to their loss and emotional deprivation. Children and young people affected by HIV and AIDS are often not able to go to school or continue their education. They may not be able to enroll because they are caring for sick relatives or orphaned siblings. Girls, who marry early or resort to prostitution, either attend school irregularly or drop out of school entirely.

Psychosocial needs of children are the most neglected area. Children are affected by the changes in their parents' emotional and physical state. They may not know what is happening to their parents and become confused and frightened. When a parent becomes terminally ill, older siblings are often obliged to fulfill a parental role for the younger sibling/s and at the same time take care of the sick parent. If the children do not get proper support upon their parents' death, they experience a profound sense of loss, grief, hopelessness, fear and anxiety (Family Health International 2001).

Theoretical Framework: Systems Theory

People do not exist in a vacuum, but in families and communities. This also applies to learners affected or infected by AIDS. According to Donald et al. (2009), System Theory sees different levels and groups of people as interactive systems where the functioning of the whole is dependent on the interaction between all parts. The Systems Theory assists the researcher in this study, to understand the educational and psychosocial factors that affect learners orphaned by AIDS. Whole systems can interact with other systems around them, for instance family may interact with schools, communities, education department and other government departments among other systems. All parts of systems affect the system as a whole (Donald et al. 2009).

If a system and sub-systems are affected, they disturb the smooth functioning of other sub-systems, and if they are intact, the whole system functions well. Different levels of the systems may influence learners in schools and in society. In this study the parents' illnesses and deaths due to AIDS, affect their children's educational and psychosocial needs. AIDS orphans are not treated like any other orphans. They are discriminated against by their peers, are absent from school because some of them need to take care of their terminally ill parents. These factors affect other levels of the system such as community; whereby community members discriminate those who are affected or infected by AIDS; and school level whereby learners orphaned by AIDS are being discriminated by their classmates. If most of the learners are having difficulties to perform well in school due to the factors mentioned above, the entire education system will be affected. For example: there will be high failure rate. There may possibly be an imbalance in the whole system because of the disturbances between each of the levels, and so it may be detrimental to view the challenge as being caused by the learners' home factors which in this study are their parents' illnesses and deaths related to AIDS. When there is a problem at one level, it will most probably affect other levels (Donald et al. 2002).

The Joint Report of New Orphan Estimates and Framework for Action (2004) maintains that the reality of the current situation regarding children orphaned by AIDS, is complex, inter-relat-

ed on all levels of life, and cuts across all sectors of development. This is not a matter of individuals, societies and governing bodies locally and internationally. A Joint Report of New Orphan Estimates and Framework for Action (2004) further states that we are faced with a situation of an unprecedented nature that requires the trust and respect of communities, collaboration and commitment at all levels, and the sharing of lesson learned. The system theory shows collaboration by stakeholders in fighting the epidemic thus is relevant for this study.

RESEARCH METHOD AND DESIGN

The research is a case study, based on the qualitative approach and grounded on the interpretive paradigm. The interpretive research paradigm deals with understanding what participants in the study make of events in particular contexts. Interpretive researchers tend to endow feelings, events and social circumstances where incidents happen with meaning (Terre Blanche and Kelly 2004). The individual interviews were conducted to collect data. In relating their experiences, during individual interviews, the participants verbally expressed themselves. Before interviewing the participants, their histories were provided by their mothers, in the case of paternal orphans, their fathers in the case of maternal orphans and by guardians or grandparents in the case of double orphans. The data was analyzed according to themes and interpreted.

Sampling

Six participants were purposely selected; two maternal orphans, two paternal orphans and two double orphans. Their ages ranged from seven to 18. Two of the orphans were HIV-positive.

Ethical Considerations

Permission to conduct the research study was granted by the parents in the case of maternal and paternal orphans, and by the guardians in the case of double orphans. The participants, parents and guardians were informed of the aim of the study. Their participation was treated as confidential. They were advised of their right to privacy and to withdraw whenever they wanted to.

OBSERVATIONS AND DISCUSSION

Themes that emerged from this study are discussed.

Absenteeism from School and School Phobia

HIV and AIDS have a major impact on many sectors including education. As parents get sick, attendance at school usually declines because they are taking care of their sick parents. This was the case with an eight-year old participant, who said *"Sometimes it was impossible for me to go to school because I had to take care of her. My brother is only 3 years old and I am concerned that we might have contracted the disease too. I sometimes suspect that my friends and classmates think I am HIV positive. They behave strange since my mother's death. That is why I hate going to school."*

Shann et al. (2013) assert that the rate of absenteeism and dropout from school is high among orphan learners. The participants in this study showed lack of interest in school work and school attendance because their classmates behaved strangely towards. Other learners seemingly assume that since their parents died of AIDS, they might also be infected by the AIDS virus. One of the participant hated school because his classmates and friends suspected that he was HIV positive since her parent died of AIDS. The participant who lived with her grandmother and siblings, wanted to drop from school in order to work so that she could buy food and clothes for her grandmother, younger sister and brother. Her grandmother was illiterate and could not assist her with homework. As a result she anticipated that she was going to fail because her grandmother could not help her with school-work.

Discrimination and Stigmatization

Hamra et al. (2005) maintain that the stigma associated with HIV and AIDS has been present since the epidemic began. These authors further mention that AIDS-related stigma is linked to misinformation and fear. Mishra et al. (2005) assert that parental HIV and AIDSpositive status affects the psychosocial adjustment of children. The stigma associated with HIV and AIDS contributes further to the vulnerability of these children. Other children in school usually discrimi-

nate against AIDS orphans. As such the orphans experience a stigma and discrimination as others tease them. That was the case with one participant who responded by saying *'Other children at school say I am dirty and smelling because I have sores on my body. They say I have AIDS and refuse to play with me'*. As a result, orphan learners tend to isolate themselves and hate school. Another participant said *'I do not have friends at school. I do not like school'*. *'I do not care about school anymore'*.

Shann et al. (2013) maintain that one of the factors that affect orphans' school attendance is stigmatization. One of the participants who helps his grandmother to sell fruit at the train station, felt embarrassed at school because his classmates teased and laughed at him for selling fruit with his grandmother. They labeled him *'bari'*, which means *'stupid'*. Another participant indicated that her teacher discriminated against her because she was sick and had sores all over her body. The teacher wore hand gloves, only when marking that participant's book but did not wear hand gloves when marking other learners' books. As a result, other learners ridiculed, teased and laughed at that particular learner and isolated her because they assumed she was HIV positive.

Sleep Disturbance

Cook (1998) asserts that many children experience some sleep problems following bereavement. Lack of proper sleep could lead to other problems such as tiredness and lack of concentration in class. A ten year-old participant who had sleep disturbances said *'Since my parent's death, it is hard for me to sleep. I hate to do my homework and I do not want to go to school anymore.'* whilst another one said *'I do not sleep well at night because I am worried about my future and my sister and brother's future'*.

Separation Anxiety

Mental health is a significant issue among families affected by AIDS related parental deaths (Kuo et al. 2013). The findings of the study conducted by Cluver et al. (2012) show that children orphaned by AIDS are likely to suffer from depression, anxiety, and post-traumatic stress disorder. Some of the participants who are separated from their siblings and/or parents developed

separation anxiety. That was the case with two participants; one who lost his mother to AIDS and was separated from his father and the other one who lost both parents and separated from his siblings. One of the participant responded by saying: *'I am very sad because I am now separated from my younger brother. I live with my aunt and he lives with my grandmother. I was told by some of my relatives that my brother and I couldn't live with my grandmother because she is a pensioner and we could not (both) live with my aunt either because she has her own children. I feel like going to work and take care of my younger brother.'*

Loss of Parents' Property

According to Human Rights Watch (2005), property grabbing and other violations of AIDS-affected children's legal rights are common. This was the case with the participant whose parents' house was occupied by their relatives. The participant expressed and emphasized his dissatisfaction at being removed from his parents' house by saying: *'I do not know who stays in our house right now. I want to go back and live with my brother in that house'*. The fact that the participant does not leave in his parents' house affects him emotionally. According to him whenever he passes his parents' house when traveling by taxi on his way to school he feels like crying. He even hates to go to school because he does not want to pass by his parents' house.

Working Part Time to Augment Family Income

The death of parents affects the income. As the income declines the orphan learners might drop out of school and work in order to augment the family income. Some of the orphans in this study preferred to work part time, and their scholastic performance had declined. One of the participants responded: *'I feel like going to work and take care of my younger brother'* and another one said: *'After school I help my grandmother to sell fruits at the train station'*. The researcher therefore agree with Mishra et al. (2005) that the burden of a sick parent often falls on children; and many are forced to drop out of school and take on an adult role. According to Nambedha et al. (2003), many older children are faced with a situation in which they have to assume a parental role and all the responsibilities that go with it.

Mourning Secretly

Orphans whose parents died of HIV and AIDS related illnesses are likely to suffer from accumulative stress. The death of a parent places children at risk for internalizing problems such as depression, anxiety, and low self-esteem (Wild et al. 2011). Due to stigmatization learners orphaned by AIDS usually keep silent about their parent's cause of death because they fear being stigmatized. They keep the cause of death secret and as a result they mourn in secret and are unable to discuss with other adults their parents' illness prior to death and to express their grief. One participant could not express his grief about his dying mother because his mother asked him not to tell anyone that she was HIV positive. The participant said: *"My mother started to get seriously ill after my father's death. She had sores all over her body. She asked me not to tell anyone that she was HIV positive."* The participant mourned secretly whilst her mother was terminally ill. The participant who was 8 years old, had to be absent from schools most of the time because he had to take care of his mother. The participant helped his mother to bathe, cook and fed her. At that young age the participant took over the adults' responsibilities and this robbed him of his childhood and the opportunity to be educated.

Fear of Losing More Family Members

AIDS orphans are always afraid of losing another family member to AIDS. One participant was worried that another member of his family might die of AIDS. His response was: *'My brother is only three years old and I am concerned that he might have contracted the disease too'*. On the other hand one participant and his siblings, who lost their father, were afraid of losing their mother to AIDS, while another one who lost his mother was scared of losing his father who was critically ill.

Care-giving Responsibility

Some of the orphans in this study preferred to drop out of school in order to work and care for their families. An 8 year-old boy participant who used to bath and feed his terminally ill mother before she died, said: *'It was sometimes impossible for me to go to school because I had to*

take care of her' whereas a seven-year-old whose mother got sick after his father's death, was concerned about her and her siblings' care, protection and safety, if their mother dies.

New Living Arrangements

When parents die, orphans are sometimes obliged to change their living arrangements. Orphans sometimes develop anxiety as they re-start life in an unfamiliar environment and have to adjust to a new school and new friends. Two participants displayed anxiety when they had to relocate after their mothers' deaths. One of them was anxious when he was told that he was supposed to live with his father, while the other one whose father lived with another woman after her mother's death, was told that she will live with her grandmother and she was very anxious to relocate to her grandmother's house.

Lack of Nutritious Food

Sarker et al. (2005) assert that orphaned children are often vulnerable. They are at risk of increased risk of poor health and nutrition. Child malnutrition is one of the most important causes of infant and child mortality in developing countries. The participant, whose father died as a result of AIDS, was concerned about lack of food in the house because his father was the breadwinner while his unemployed mother was sick.

HIV Diagnosis and Anger

An 18 year-old participant, who was HIV-positive, said: *"I could not believe my ears when the doctor told me that I was HIV-positive. I was in denial and started to hate men."* She also mentioned that after discovering her HIV positive status, she was angry with all her ex-boyfriends and started to plan how to infect them. She contacted her ex-boyfriends with the intention of having sexual relationship with them and with the intention of infecting them with the virus. According to her, she did not want to die alone. She said: *"I know for sure that I got it from one of them.. I called them with the intention of sleeping with them. I did not want to die alone. I slept with some of them for revenge. I do not care about school anymore. I want to deal with those who infected me."*

Regret and Acceptance

A 17 year-old participant who was diagnosed with HIV mentioned that she had reflected on her past and done some introspection. She did not blame anyone but herself. She said: *"I was diagnosed with HIV and AIDS three years ago. I started dating at an early age. I do not blame anyone for my status because I did not listen to my parents. My mother passed away and I live with my father. After being diagnosed I could not cope with it and I quit school."* She regrets the fact that she did not listen to her parents but instead dated boys at an early age and benefited from counseling sessions she attended. The participant indicated that the counseling sessions empowered her and helped her to accept and love herself. She further said: *"I attended counseling programmes that helped me to accept and love myself. I am now dealing with the disease and I am on medication. I teach other teenagers about HIV/AIDS. I am back to school and studying hard and as you can see; I am still beautiful."*

Prostitution as a Survival Mechanism

According to the Population Report (2002), uncertain living conditions among orphans and economic difficulties make some orphans targets for sexual and physical labour and other forms of exploitation. Orphan learners sometimes resort to prostitution or multiple partners in order to get money. Owing to lack of financial support, orphans are more likely to have multiple older boyfriends to get money for school fees and other material things. According to an 18-year-old, high school learner who was HIV positive, she used to pay school fees with the money she got from her boyfriends. She had multiple relationships in order to get enough money for school fees, school uniform and her lunch box. She used to date rich and married men who gave her money and bought her clothes. She responded by saying: *"I used to date rich and married men before I was diagnosed with this disease. They used to give me money, take me to places and bought me clothes. My father died few years ago and my mother does not have a full time job. I used to pay school fees with the money I got from my boyfriend."*

CONCLUSION

HIV undermines and often destroys the fundamental relationships considered essential to

healthy family life and child development. Children suffer from anxiety and fear during the years of parental illness, then grief and trauma when a parent dies. HIV orphans develop long-term psychological effects. According to the findings of this study, it is evident that some of the participants developed a lack of interest in school because they had to attend to other crucial things in their lives. Amongst other things, they had to deal with trauma, secure themselves and their siblings; address issues regarding their parents' property, issues related to HIV and AIDS separation anxiety, as well as cope with discrimination and stigmatization.

Loss of parental care as a result of HIV forces children to become care-givers or breadwinners at a young age, leading to the risk of hazardous labour and sexual exploitation. Education increases children's survival and development prospects. It also increases employment opportunities, improves family health and nutrition and lowers the incidence of sexually transmitted diseases. In the context of HIV/AIDS, schools may be the one place where children can obtain accurate information about HIV prevention, as well as life skills that empower them to resist unwanted sex and early marriage.

RECOMMENDATIONS

The government needs to ensure that the right of AIDS-affected and infected children to non-discrimination in access to education and other social benefits is explicitly recognized in national law. This study could serve to inform educators and policy makers about the daily experiences of orphan learners. This knowledge could have an impact on educational policy-making and could be included in educators' training programmes. In some cases educators might blame learners as lazy, having defiant behaviour, disrespectful of having low intellectual abilities, not realizing the psychosocial effects of orphaning on them. This study despite of a limited sample could without doubt inform educators and policy makers on how HIV and AIDS could have an impact on learning. It is therefore suggested that further study be conducted with a big sample, in all South African provinces and covering both rural and urban schools.

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