

The Impact of HIV/AIDS on the Performance of Aids Orphans in Gokwe District Primary Schools

Dr. Caxton Shonhiwa

Senior lecturer, faculty of commerce and law, Zimbabwe Opens University, Zimbabwe

*Corresponding Author's Email: tshabalalathembinkosi@yahoo.com

Abstract: The aim of this present study is to examine the impact of HIV/AIDS on the performance of AIDS orphans in Gokwe South Constituency primary schools in Zimbabwe's Midlands province. The population comprised all the 385 teachers in the constituency. The sample was made up of 120 randomly selected teachers from the 22 primary schools comprising of 65 females and 55 males. The study employed the quantitative research methodology and adopted descriptive survey design. All the information was collected through a questionnaire which largely had close-ended questions and two open-ended questions. All teachers indicated that they have HIV/AIDS orphans in their classes. The study also revealed that most HIV/AIDS orphaned pupils did not attend school as regularly as they were expected to. The study recommends that schools should have clear policies guiding the welfare of HIV/AIDS orphans in schools. Teachers should also be staff developed on ways of handling the HIV/AIDS as this is a relatively new phenomenon in the school system and most teachers were not trained to handle this situation at colleges.

Keywords: Impact, HIV/AIDS, performance, aids orphans, primary school, constituency

INTRODUCTION

The loss of a parent or parents to AIDS can have serious consequences for a child's access to basic necessities such as shelter, food, clothing, health care and education [1]. According to UNICEF [2] out of a population of about 13 million Zimbabweans, over a million children are orphaned because of AIDS and this figure is not showing any signs of retreating. This therefore, means that most families in Zimbabwe have experienced the horror of the HIV/AIDS pandemic [3]. Thus HIV/AIDS has become a reality in most homes and a great number of children have been orphaned and left to face a harsh life without the care of their parents [4]. This means that HIV/AIDS has seriously affected many school going age children including those in the primary school [3]. According to Chiweza [4], school children fall ill, absent themselves from school most of the time, while others look after sick parents and some eventually drop out of school. In some extremely infortunate situations, school children die prematurely because of HIV/AIDS, while others assume parental responsibilities in child headed families after their parent's die of HIV/AIDS related illnesses [1]. It is on account of this background information that this study sought to establish the effects of HIV/AIDS on the learning of AIDS orphans in Zimbabwean primary schools.

Literature review

HIV (human immunodeficiency virus) is a virus that attacks the immune system, that is, the body's natural defence system [4]. Without a strong immune system, the body has trouble fighting off disease. Both the virus and the infection it causes are called HIV [5]. According to Gruendel [6] the last stage of HIV infection is AIDS (acquired immunodeficiency syndrome) and people with AIDS have a low number of CD4+ cells; if too many CD4+ cells are destroyed, the body can no longer defend itself against infection [7].

Immune deficiency means that the body defence against diseases is weakened so much that there is lack of resistance against diseases; and syndrome means that there will be symptoms of various diseases showing up [8].

HIV/AIDS orphans fall under two main categories; namely, those who are infected by the deadly virus, HIV and those who are lucky to be HIV negative [9]. In simpler terms, these are the infected and affected. According to Kuo and Operario [10], the most tragic outcome of the HIV/AIDS pandemic is the number of orphans it has produced in most countries and this presence of so many HIV/AIDS affected families and AIDS orphans creates enormous challenges for those providing education for these orphans if at all they are to successfully cater for their special needs and vulnerabilities. HIV/AIDS orphans who have contracted the HIV virus and are suffering from AIDS are adversely affected in performance at school. As Madhavan [11] states, due to illnesses, their school attendance is so erratic that they usually do not perform to expected standards; they miss a lot when they are absent from school and even when they manage to attend, their health problems are detrimental to successful achievement of school goals.

Pirozz [12] argues that, children who are orphaned due to AIDS are at risk of malnutrition, illness, abuse, child labour and sexual exploitation and both the infected and affected HIV/AIDS orphans experience a lot of drawbacks in their school careers. Mhloyi [13] states that, it is pathetic that sometimes HIV/AIDS orphans assume adult roles and take care of their sick parents or relatives especially in a situation where one of the parents died from the disease and the remaining or surviving spouse is infected. This implies that the orphans have little or no time to do their homework, thus negatively impacting on their school

performance and when such children get to school, they will be tired from the chores they will have performed and the stress and experiences at home haunt them while at school [14].

In most cases, especially where both parents have passed on, circumstances beyond their control force caregivers to assume responsibility of the HIV/AIDS orphans and these caregivers are then expected to be fully responsible for the orphans, providing them with accommodation, food, clothes, education and health requirements [15]. As Seeley [16] postulates, in some cases, the care-givers would be having no decent accommodation in towns and cities yet they are expected to decently accommodate HIV/AIDS orphans and in the harsh economic circumstances of most developing countries, some care givers have no jobs hence they find it difficult to provide adequate basic needs to the orphans and not to mention their education which may not be a top priority in such circumstances.

In other cases, old grand parents take custody of orphaned grandchildren upon the death of their children (the parents of the grandchildren) due to HIV/AIDS and these grandparents may be too old to work for the orphans and adequately provide for their well being and educational provisions thereby negatively affecting school performance of the orphans [17]. As Chikoko [3] states, not many in society are ready to offer these children the necessary support that they so much require and efforts by all stakeholders must focus on demystifying HIV/AIDS and create a supportive environment for those infected and affected. It is therefore important that the HIV/AIDS stigma should be eliminated because stigmatization works against successful performance at school [13].

Children grieving for dying or dead parents are often stigmatized by society through association with AIDS [6]. As Tshabalala [18] argues, the distress and social isolation experienced by these children both before and after the death of their parent(s) is made worse by the shame, fear and rejection that often surrounds people affected by HIV and AIDS. As a result of this stigma, children may be denied access to schooling and health care and once a parent dies, children may also be denied their inheritance or property [18]. Mhloyi [13] posits that, often children who have lost their parents to AIDS are themselves assumed to be HIV positive, adding to the likelihood that they will face discrimination and damaging their future prospects. In this situation, children may also be denied access to health care that they need and sometimes this occurs because it is wrongly assumed that their illnesses are untreatable.

Statement of the problem

The consequences of the AIDS pandemic in Zimbabwean schools are far reaching and the burden of

widespread chronic illness and death tragically strain the fabric of everyday life undermining traditional support structures and established family patterns and child-rearing. Teachers seem not to understand the plight of HIV/AIDS orphans and the magnitude of the factors militating against their progress at school.

Purpose of the study

The study sought to investigate the impact of the HIV/AIDS pandemic on the performance of affected and infected children in their school work in order to expose the magnitude of the problem to come up with practical suggestions to mitigate the situation.

RESEARCH QUESTIONS

The study was guided by the following sub-questions:

- To what extent are teachers aware of the problems experienced by HIV/AIDS orphans?
- What is the depth of knowledge that teachers have about the home background of HIV/AIDS orphans in their classes?
- What kind of treatment do HIV/AIDS orphans get from their caregivers?
- How best can conditions be improved for the HIV/AIDS orphans in the schools?

Significance of the study

The study's main objective was to expose the major challenges that HIV/AIDS orphaned children experienced in their education and attempt to come up with possible solutions to these problems. A lot of literature has been written about the impact of HIV/AIDS on the orphaned children from other parts of the world and there is little that has been said about the problem in Mutasa South Constituency thus the need to close that gap.

Limitations of the study

The study is limited to the impact of HIV/AIDS on the performance of AIDS orphans using a very small sample. The study is thus, no more than a snap shot of the extent to which HIV/AIDS affect the performance of the infected and affected orphans in a specific setting. Clearly, the findings of the study cannot be generalized, but they do highlight how HIV/AIDS orphans are affected by their status.

Delimitations of the study

The study confined itself to the examination of the impact of HIV/AIDS on the performance of aids orphans in Gokwe South Primary Schools using a sample of 120 randomly selected teachers from the 22 primary schools in the constituency. There were 65 female and 55 male teachers. Views from heads of schools, deputy heads, parents and local leadership were outside the purview of this study.

RESEARCH METHODOLOGY

The study employed the quantitative methodology and made use of a survey research design.

According to Leedy [19], the descriptive survey method looks with intense accuracy at the phenomenon of the moment and describes precisely what the researcher sees. The study employed the simple random sampling technique to select the respondents because it permitted every teacher an equal opportunity of participating in the study [20]. The questionnaire was distributed directly by the researchers to the target schools and collected through the heads of the schools. Before the instruments were distributed, permission had been sought through the Provincial Education Officers office. A letter of introduction from the PED's office was used to gain entry into the schools. Data gathered from the questionnaires were computed and presented in tables and inferential implications from them derived and recorded.

Findings and discussion

The study set out to assess the impact of HIV/AIDS on the performance of AIDS orphans in primary schools in Zimbabwe.

Table-1: Distribution of respondents by sex (N=120)

Sex	Frequency	Percentage
Male	55	46
Female	65	54
Total	120	100

There were more female teachers than male ones. The statistical significance of this information being that women teachers are more than men in Gokwe South Constituency.

Table-2: Composition of sample by professional qualifications (N=120)

Professional Qualification	Frequency	Percentage
Certificate in Education	17	14
Diploma in Education	85	71
Bachelor of Education	13	11
Counselling qualification	5	4
Total	120	100

The information on table 2 above reveals that the majority of the teachers were in possession of the Diploma in Education qualification (71%). Only the respondents were in possession of a professional qualification. However, very few had a counseling qualification (4%).

Table-3: Responses to the question: "Do you have HIV/AIDS orphans in your class?"

Response Category	Frequency	Percentage
Yes	112	94
No	5	4
Not sure	3	2
Total	120	100

Most of the teachers indicated that they had HIV/AIDS orphans in the classes (94%). Those who stated that they had none constituted 4% and those who

were not sure of the presence of those orphans were 2% of the respondents.

Table-4: Responses to the question: "How many parents did your HIV/AIDS orphans lose?" (N=120)

Response Category	Frequency	Percentage
One parent	89	26
Both parents	31	74
Total	120	100

Teachers indicated that their HIV/AIDS orphans had lost both their parents (74%). Those with single parents constituted 26% of the respondents' orphans.

Table-5: Responses to the question. "With whom do HIV/AIDS orphans live with?" (N=120)

Response category	Frequency	Percentage
Aunt	6	5
Grandparents	54	45
Brothers/Sisters	31	26
Single parent	29	24
Total	120	100

Table 5 shows that the bulk of the respondents indicated that HIV/AIDS orphans lived with grandchildren and their siblings and these constituted 71% of the respondents. Those who stayed with parents constituted 24% and the remainder (5%) lived with aunts.

Table-6: Responses to the question: "Are there any of the HIV/AIDS orphans who always come to school late?" (N=120)

Response Category	Frequency	Percentage
Yes	92	77
No	28	23
Total	120	100

The majority of the respondents indicated that orphans were late for lessons most of the days (77%). Those who indicated that they did not come late were 23% of the respondents.

Table-7: Responses to the question: "Do you have some of the HIV/AIDS orphans playing truancy?" (N=120)

Response Category	Frequency	Percentage
Yes	82	68
No	38	32
Total	120	100

As table 7 shows, 68% of the respondents stated that HIV/AIDS orphans played truancy. The other 32% indicated that their orphans did not practice truancy.

Table-8: Responses to the question: “Are there many HIV/AIDS orphans who do not bring food to eat at break or lunch time?” (N=120)

Category of responses	Frequency	Percentage
Yes	97	81
No	17	14
Not sure	6	5
Total	120	100

The majority of the teachers (81%) indicated that HIV/AIDS orphans did not bring any food to school to eat during breaktime or lunchtime. Those who stated that orphans brought food to school were a paltry 14%. A few (5%) of the respondents were not sure whether the orphans brought any food with them to school.

Table-9: Responses to the question: “Do most HIV/AIDS orphans present behavior problems in class?” (N=120)

Response Category	Frequency	Percentage
Strongly agree	50	42
Agree	46	39
Disagree	19	16
Strongly disagree	4	3
Not sure	0	0
Total	120	100

Table 9 shows that 81% of the teachers stated that they experienced behavior problems from the HIV/AIDS orphans. Only 19% stated that they were not experiencing behavior problems from the HIV/AIDS orphans in their classes.

Table-10: Responses to the question: “Did being an HIV/AIDS orphan negatively affect their academic and other school activities?” (N=120)

Response Category	Frequency	Percentage
To a great extent	91	76
To a moderate extent	24	20
To a small extent	5	4
Total	120	100

Most respondents (76%) indicated that the status of being an HIV/AIDS orphan negatively affected the performance of pupils to a great extent. A few were of the opinion that it was not a major factor in contributing towards poor performance of the orphans.

Table-11: Responses to the question: “Are there any HIV/AIDS orphans who have received prizes for good performance in your class?” (N=120)

Response Category	Frequency	Percentage
Yes	92	77
No	23	19
Not sure	5	4
Total	120	100

The majority of respondents (77%) stated that some of their HIV/AIDS orphans were performing

exceptionally well to an extent of receiving prizes. Those indicated that their HIV/AIDS orphans did not receive any prizes for good performance was 19%; whereas 4% stated that they were aware.

DISCUSSION

All the teachers in this study were in possession of a professional qualification. However, the only challenge is that HIV/AIDS orphans do not just require the general professional qualifications that teachers obtain from teacher training. Since they are a unique group they require teachers with a counseling expertise; and very few teachers were in possession of this qualification. As Seeley [16] postulates, counseling in schools or involves teachers helping students individually or in small groups to deal with the concerns or difficulties they are experiencing. These students and parents need teachers to be people of integrity, and honest with them but will do so with sensitivity [16].

Data from the study reveal that almost all the teachers indicated that they have HIV/AIDS orphans in their classes. This revelation highlights the magnitude of the preponderance of HIV/AIDS orphans in the schools. This finding tallies with observations by Kuo and Operaria [10] who observe that the most tragic outcome of HIV/AIDS pandemic is the number of orphans it has produced in most countries and the presence of so many HIV/AIDS affected families and orphans creates enormous challenges for those providing education for these orphans. In Zimbabwe for example, over a million children are orphaned because of AIDS and this figure is not showing any signs of retreating [2].

Most HIV/AIDS orphans live with grandparents or with their siblings, that is, brothers and sisters. Those who are taken care by younger and more economically able relatives are very few, which implies that these orphans are in hands of caregivers who are themselves economically challenged. Most grandparents are old and likely to be out of work; the same applies to young sisters and brothers who may themselves be in need of financial support to develop them. As Mhloyi [13] posits, it is pathetic that sometimes HIV/AIDS orphans assume adult roles and take care of their sick siblings or relatives. This implies that the orphans have little or no time to do their homework, thus negatively impacting on their school performance.

Evidence from the study reveals that most HIV/AIDS orphans present behavior problems like playing truancy and late coming to school. This could be as a result of the stigmatization that they experience from teachers and their classmates due to their status. As Gruende [6] argues, children grieving for dying or dead parents are often stigmatized by society through association with AIDS. The distress and social

isolation experienced by these children both before and after the death of their parent(s) is made worse by the shame, fear and rejection that often surrounds people affected by HIV/AIDS. As a result, children may exhibit aggressive behavior towards colleagues or may view teachers as a source of their stigmatization and this defy the authority of teachers by rudeness, late coming and bunking lessons.

In spite of the challenges brought about by their status, some HIV/AIDS orphans were said to perform very well in their school work. Some were winning both academic and sporting awards; others were in leadership positions within their classes. However, it has to be noted that these were in the majority of cases very few and it proves that given the proper conditions, most of the HIV/AIDS often can also excel in their school work. Most of the time, factors beyond their control proscribe their performance. For example, as Madhavan [11] postulates, due to illnesses, their school attendance is so erratic that they usually do not perform to expected standards; and they miss a lot when they are absent from school and even when they manage to attend school, their health problems are detrimental to successful achievement of school goals.

CONCLUSIONS

Given the background of the above findings, the researchers make the following conclusions:

- Though teachers were in possession of professional qualifications, very few had guidance and counseling qualification which is relevant for handling HIV/AIDS children in the classroom.
- All classrooms in the schools understudy had one or more HIV/AIDS orphans.
- Most orphans live with their grandparents or siblings.
- Quite a significant number of HIV/AIDS orphans present behavioural problems at school.
- Given the opportunity to learn under good conditions, most HIV/AIDS orphans are likely to perform very well.

RECOMMENDATIONS

In light of the findings of this study, the researchers would like to make some recommendations:

- A whole stakeholders approach to caring for HIV/AIDS orphans should be adopted. Such an approach would enable a concerted, sustainable and context-appropriate response by all who are ultimately responsible for the care and protection of these vulnerable children.
- The Ministry of Primary and Secondary Education should have a clear welfare policy of HIV/AIDS orphans in schools. Exempting them from paying school levies and also sourcing food items for them would greatly reduce those factors that militate against their school work.
- Schools should also staff develop teachers on guidance and counseling so that they can handle

the unique situations posed by the HIV/AIDS orphans phenomenon.

REFERENCES

1. Dube, N. and Moyo, H. (2009). *Causes of school dropouts in Tsholotsho*. Harare: College Press.
2. UNICEF (2005). *Living with HIV and AIDS*. Harare: Mazongororo paper Converters.
3. Chikoko, T. S. (2010). *An impending calamity*. Harare: Longman.
4. Chiweza, D. (2007). *HIV and AIDS: The last stand*. Harare: Able City.
5. Smith, D. C. (2010). *Children neglected*. Oxford: James Gurrey.
6. Gruendel, S. (2009). *The crisis within the crisis: The growing epidemic of AIDS orphans*. New Jersey: Lawrence Erlbaum Associates.
7. Jones, L. (2006). *Children in poor urban settlements in Swaziland in an era of HIV/AIDS*. African Journal of AIDS Research, 4(3): 161-171.
8. Land, H. (2010). *Children and AIDS*. Journal of HIV/AIDS and Social Sciences, 9(4): 323-326.
9. Bellamy, C. (2012). *The state of the world children's fund*. New York: UNICEF.
10. Operario, B. S. (2009). *The AIDS pandemic: A reality in our schools*. London: Longman.
11. Madhavan, S. (2010). *Fosterage patterns in the age of AIDS: Continuity and change*. Social Science and Medicine, 29(3): 127-136.
12. Pirozz, G. (2002). *Zimbabwe's humanitarian crisis*. Pretoria: UNICEF.
13. Mhloyi, M. (2012). *Knowledge beliefs and practices*. A baseline survey for the Government of Zimbabwe. Harare: UNICEF.
14. Chiver, S., Adnopo, J. and Forsyth, B. (2005). *Uncertainty, stigma and secrecy: Psychological aspects of AIDS for children and adolescents*. New Haven, CT: Yale University Press.
15. Pebble, E. (2010). *The mental health of children orphaned by AIDS: A review of international and South African research*. Journal of Child and Adolescent Mental Health, 19(1): 1-17.
16. Seeley, J. (2008). *AIDS epidemic update*. West Sussex: John Wiley and Sons.
17. Mukogoyo, C. (2007). *A community perspective from Tanzania*. London: Parchment.
18. Tshabalala, T. (2013). *Socio-economic problems faced by AIDS orphans in Zimbabwe: A case study of AIDS orphans in Phillip Ward of Nkayi District*. International Journal of Advanced Research, 1(8): 776-782.
19. Leedy, P. P. (2009). *Practical research, planning and design*. New York: MacMillan Press.
20. Cohen, L. and Manion, L. (2005). *Research methods in education*. Beckenham: Groom Helm.