

HIV/AIDS and Education

(Draft Report)

Audience Research with Parents and Educators

Soul Buddyz Series 3

Soul Buddyz is a multimedia edutainment vehicle that is created for 8 to 12 yr olds. This consists of 26 part TV drama which airs on SABC 1, the largest channel in the country, 26 part radio drama which is on nine national radio stations and Grade 7 life skill book distributed throughout higher all primary schools in the country. To date Soul Buddyz has successfully produced two series dealing with many varied topics.

One of the topics that Soul Buddyz series 3 is dealing with is HIV/AIDS and education. Soul Buddyz. Although Soul Buddyz is targeted at 8 – 12 yr olds, it is also aimed at focusing at parents and educators. It is an 18 month research and development process that is followed in order to develop a series involving target audience, experts in the field, directly affected people and partner organisations. This is the formative research of target audience.

HIV/AIDS and Education

In our series we will focus on education looking at educators and learners. We aim to address how schools cope in dealing with teacher absenteeism, how the school system needs to adapt and devise mechanisms to prepare and deal with this. Some children will also be staying away from school due to various factors; they could be sick themselves or have to look after sick parents or their younger siblings. They too will need support mechanisms to assist them in catching up with their school work.

Objectives of research:

- To find out how HIV/AIDS affects education of young children in schools and in the communities that live in.
- To find out parent and educator knowledge, attitude and beliefs relating to the issues to be dealt with in Soul Buddyz 3.

Study population and research design

Qualitative interviews were conducted with parents and teachers 24-35 years old.

All the interviews dealt with HIV/AIDS and sexuality, half dealt with nutrition and the other half with finance.

Qualitative focus groups among parents and educators:
Whites, Coloureds, Africans and Indians.

Total of 11 qualitative interviews conducted in Rural, Urban and Peri-Urban Areas:

- Nieu Bethesda – EC
- Doornbosch near Magaliesburg
- Randvaal near Vereeniging
- Venda – Limpopo
- Marapyane - NW
- Brits – NW
- Pretoria and Johannesburg

Limitations

- Only African educators

Audience Research Findings

Stigma and Discrimination

Participants talked about stigma, labelling and discrimination within some of the communities, against people living with HIV/AIDS and their children. Children of people living with HIV/AIDS are experiencing this most of the time whether the children are infected themselves or not.

“It’s really difficult, let’s say your neighbours know your status they may not allow their children to play with yours” (African mother living with HIV, Urban)

“Other children would not want to associate with them. If they knew that child had HIV they would not want to associate with it” (African mother living with HIV, Urban)

Missing school and inability to concentrate

Children have to miss school to take care of their parents who are sick from AIDS related illnesses.

“The attendance in terms of, it becomes a problem because some kids do not come to school, because the need to look after parents who are infected by the virus...” (African educator, Urban)

Illness and lack of medication were also mentioned as problems.

“And dealing with an illness like this and being able to concentrate at school is very difficult-especially for kids. And especially in arrears where you can’t afford medication, good medication, I would say its very difficult for them” (Indian mother, Urban)

No effect

Parents in the rural areas denied that HIV/AIDS is affecting their children in their community in any way because they have no experience of it.

“In this area the disease is not rife, so our children are still living safely. We hear about it in the surrounding areas but we have not experienced it in our neighbourhood” (African father, Rural)

“We hear about it in the neighbouring farms but it has not affected our children yet” (African father, Rural)

“We do hear about it in the news and on TV but we have not experienced it in our neighbourhood” (African father, Urban)

“Here in this area, really, we have not experienced it” (Others agreed) (African father, Urban)

Educators’ perspective

Educators talked about children being distracted, sometimes depressed and not concentrating in class. Some of the affected children become involved in fights more often. Some children have no food at home and come to school without having eaten anything.

“The most difficult issue is the issue of food, you find that most of the children come to school without any piece of food eaten at home, they eat here at school and you will find that if they eat here, they will go home and find no food and eat here at school again tomorrow” (African educator, Rural)

There is also an increase of absenteeism by both children and educators in schools. Children have to stay at home looking after their sick parents and teachers also have to go for their own HIV treatment or sometimes have to take in their relatives who are sick from AIDS related illnesses for regular treatment.

“Teachers do not want to disclose their status it leads to the problem of absenteeism. Teachers constantly absent themselves on numerous occasions” (African educator, Urban)

“On other cases educators themselves have got relatives who constantly need to go for treatment, they need us to take them to wherever they can get help. So it does affect the proper learning of the institution” (African educator, urban)

Dealing with loss

- **Parents**

There were some groups of parents who reported that they are not aware of children who lost parents within their communities and that they have no experience of dealing with children who lost their parents.

“There are no such homes here. We haven’t seen that. It’s a new place, not so old but there are young people living here” (African mother, Peri-urban)

“No, we have never had a case like that” (Coloured mother, Rural)

They did discuss what children might need and how they can be helped. They talked about children being given love, care, attention. They felt they could contribute by counselling or paying for their counselling sessions, paying for clothing, books and toys. Taking them out on their birthdays. Sharing with children what they know about their dead parents. Churches could form support groups of children affected by AIDS in the communities.

“I think they need a lot of care and attention. It’s very sad when a child loses a parent” (Indian mother, Urban)

“I think the community can get involved and provide certain services eg. Counselling. Maybe churches can form support groups for children affected by AIDS. Children who have lost parents need you to spend time with them and love them. I’m not sure to what extent one can do this, though” (Indian father, Urban)

“I think you would be sympathetic. Try and tell the child...Firstly, you would never want a child to forget its parents. Try and teach the child everything you know about its parent” (Indian mother, Urban)

Although they had many suggestions, some admitted that the kind of lifestyle they live with today doesn’t allow them to be able to do these things themselves, they have no time.

“At this point in time I’d be lying if I said I was going to go over to a home and see a child with AIDS because our lifestyle is very hectic” (Indian father, Urban)

Educators reported that they help children who have lost their parents by motivating them, guiding and advising them. In some schools they have formed a life skills committee which tries to get external assistance for needy children.

“what we have done is that we have established a committee here at school, it’s a life skills committee. So it deals with learners who are orphaned as well as learners who are needy” (African educator, Urban)

Some schools stated that vegetable gardens to help children with food. They also provide children with surplus from feeding scheme to take home. In some schools, educators have taken it upon themselves to feed some of the poorest orphaned children from their classes.

“So as educators we also find ourselves having a task whereby during break, whatever you buy accommodate maybe 3 kids from your class. That has become the culture of this of this school of which we are very impressed about” (African educator, Urban)

“Sometimes you notice that the child is without lunch at school and you buy him/her sandwiches or whatever you can provide others we provide with second hand clothes, such things can be done” (African educator, Urban)

Educators also work closely with social workers to get grants for the children. Some educators follow up infected children at homes after they have disclosed their status, visiting parents and trying to encourage disclosure for HIV positive learners. They sometimes find that parents are denying that their children are HIV infected.

“At school here what we have done in trying to alleviate the poverty situation and we also have a vegetable garden, which we have just established. Some of them have their cases referred to the social workers. So social workers are still handling those cases” (African educator, Rural)

“As I m saying we identify learners and try to get their background from the families and assess if there’s anybody or any guardian that we can communicate with from that family in terms of assisting the learners and referring them to social workers where they can get grants” (African educator)

Other parents, especially in the rural areas reported that in their communities they take children who have lost their parents into their homes.

“There will always be someone in the family who will take the child in” (Coloured mother, Rural)

“In my case, my mother took in a child” (Coloured mother, Rural)

Fears of parents and educators’ for their own children

Fears expressed by both parents and educators as parents of young children were similar. They feared crime, violence, rape, drugs, alcoholism, prostitution, abuse, be-friending unsavoury people, becoming irresponsible, turning out to be street kids in cities, teenage pregnancy, practising unprotected sex, failing to cope with school work.

“I think we live in a very dangerous world. There are armed robberies and theft etc. I wouldn’t want my daughter to be involved in an incident like that. I’ve been there and it is very scary. Shoo! I wouldn’t want my daughter to be exposed to any form of violence. I wouldn’t want my child to be hurt by a criminal” (Indian mother, Rural)

“Violence is my biggest fear. Me too- that she’s going to grow up in a community where there’s lots of violence” (Indian mother, Urban)

“Yes, I don’t want them to be like those bush children, going around asking for stuff in the streets. I don’t want that” (Coloured mother, Rural)

“My main fear is that they will get involved with wrong company. My fear is them getting involved with drugs. One can only pray for them that they do not get involved in crime” (Coloured father, Rural)

“I have a daughter and I constantly worry about her being raped. I mean, today even babies are getting raped” (Indian mother, Urban)

“Some of them even if you tell them not to engage or if they engage they should use protections, some of them go to the extent of not using protections, so that’s one of the fears, even if you can give a child those things you not sure whether he or she is going to use them” (African educator, Urban)

“Ee...what I fear most is the issue of getting involved on different things of these days, such as alcoholism or alcohol consumption, issues of rape and also getting wrong influence from outside and apply them at home and at school and end up failing to cope with school work and start living strangely even at home, coming home very late because of the influence of friends”)African educator, Rural)

Hopes of parents and educators’ for their children

Education was one of the prominent themes that came out of the groups. Both parents and educators want a bright future for their children. They want their children to be educated at the best schools and get decent, better jobs, and be better than themselves. They want to see their children become leaders in South Africa.

“And especially education as well. I hope she ends up having a proper education as well and be able to have a good education” (Coloured mother, Rural)

Parents also talked about hoping their children become good responsible adults. To be informed and aware of what is happening , mingle freely and not discriminate against race, sick people or less fortunate people.

“I hope my children grow up to be good adults. Good, responsible adults. They won’t have to deal with apartheid like we did. They should be able to mingle freely with whomever they want. They will have the freedom to move around and do what they want to do” (Indian mother. Urban)

People on the basis of, or against

Some parents also hoped that children have good marriages, maintain families and wait until 21yrs before engaging in sexual activity because that prevent the spread of HIV infection. Other parents hoped that children will heed their wishes and teachings and take advice from the elders. Others hoped that their children could grow up to be God fearing.

“I just hope that my child grows up to be God-fearing. For me, that is very important. Once you are God-fearing you will have the correct morals” (Indian father, Urban)

Other hopes for children were material such as big houses and cars for themselves.

Challenges faced by the parents and educators

Lack of visibility of AIDS as a result of people not disclosing their HIV status came out prominently. It was reported that HIV and AIDS is still not seen and talked about in communities.

“No, actually the people who may have the virus don’t really want to talk about it,” (Coloured father, Rural)

For some educators AIDS education and awareness itself is a challenge. They did not like the idea of young children being taught about using condoms, because they felt it is encouraging them to be sexually active. They wanted abstinence to be emphasis to young children.

“Yeah, if I may add they are also in tricky situation especially in primary level, like here you will find those people come in our school to demonstrate as to what is AIDS and so on. They forget one thing that they don’t need to talk about condoms to these kids because once they talk about it means they can have sex but with condoms” (African educator, Urban)