

Supporting HIV-Positive Learners in Inclusive Classes in South Africa: Is It the Responsibility of Teachers?

Christa Beyers and Johnnie Hay*

*Department of Psychology of Education, University of the Free State, Bloemfontein 9301,
South Africa*

*E-mail: <beyersc@ufs.ac.za>, *<hayjf@ufs.ac.za>*

KEYWORDS HIV and AIDS. Inclusive Education. Perceptions. Attitudes. Special Needs

ABSTRACT The adoption of White Paper 6 of 2001 in South Africa on the implementation of inclusive education has become an important milestone to ensure the accommodation of the full range of learner needs in ordinary schools. This paper deals with the rights and needs of HIV-positive learners and their first line of support, namely ordinary teachers, who form the backbone of support within the inclusive classroom. At the moment, learners living with HIV miss out frequently on help and support because specialist out-of-school HIV and AIDS services are not geared towards their needs. Teachers, on the other hand, experience various demands due to the HIV and AIDS pandemic (especially in Southern Africa). In most schools there are no dedicated staff employed to provide support and counseling to learners (or teachers). It is, therefore, of great importance that question be asked if it is the responsibility of teachers to deal with HIV-positive learners in a confident way. The objective of this paper is to clarify the range of special needs to be included in ordinary classes, with specific reference to learners who are HIV positive, and to focus on the challenges and demands this situation places on teachers. Teachers' attitudes towards HIV-positive learners will be scrutinized in order to challenge and possibly reframe their roles and responsibilities towards these learners and to finally equip them to contribute to the social and emotional inclusion of this group of learners.

INTRODUCTION

Since the start of democracy in South Africa in 1994, there has been an exponential increase in awareness regarding human rights and education for all. Inclusive education, which refers to the placement of (most) learners experiencing barriers in a regular classroom, is viewed by most stakeholders with optimism, as this represents the surge towards the recognition of human rights as well as the drive towards education for all (Engelbrecht and Green 2005). Transformation of the school system can, however, change effectively only if individual stakeholders such as teachers examine and modify their values, understanding and actions accordingly (Donald et al. 2007). The need for adequate response to HIV and AIDS in a classroom situation is very important to the wellbeing of society at large. This notion is reflected by the World Bank (2001) with its statement that HIV and AIDS may wipe out the development gains of a generation if it is not attended to. Countries such as South Africa with a high prevalence of HIV and AIDS cannot experience growth until the pandemic is brought under control.

Not only does the Education White paper 6 on inclusive education state that all learners, irrespective of barriers experienced, must be

accommodated to ensure that all injustices of the past are redressed, but the Department of Education (2000) document: "The HIV and Aids Emergency: Guidelines for Educators" places an extra burden on teachers to act as social agents to transmit knowledge and bring about change in behaviour in their profession. The vast number of HIV-infected adolescents places young people at the centre of the pandemic, and has thus put tremendous strain on teachers. The aim of this paper is to argue that, without the support from other systems, such as education support service staff and resource centres, teachers may not be able to meet the educational needs of these learners.

HIV-Positive Learners in the Inclusive Education Context

The recommendations of the NCSNET/NCESS report (DoE 1997) stated clearly that the existing "special" and "ordinary" systems of education should be integrated into a unified, inclusive system of education which could respond to the diverse needs of all learners. The principles recommended included the following:

- protection from discrimination, respect for diversity and redress of past inequalities;

- the right to quality education for all learners;
- the opportunity for all learners to participate in a single educational system and a common educational curriculum, and that they be provided with the necessary support where it is required; and
- the creation of partnerships between parents and educators.

Inclusive education in South Africa is, therefore, based on the provision of education to all learners, whatever their needs. It focuses on building an inclusive society where diversity is accepted, valued and utilized optimally (Landsberg et al. 2005). To understand which (diverse) learners should be included in mainstream schools, it is crucial to understand what is meant by barriers to learning.

A barrier to learning is described by Donald et al. (2007) as any factor that is a hindrance or obstacle to a learner's ability to learn. They distinguish between three major groups of barriers to learning prevalent in a developing country: those based on contextual disadvantage, those based on social problems, or those based on individual disabilities and difficulties in learning. Engelbrecht et al. (1999) extended this reasoning by linking barriers to learning to a systems approach where the emphasis is not on "what is wrong with the learner", but on the difficulties experienced by the learners, and how these can be addressed. In this way, inclusive education ensures the accommodation of the full range of barriers to learning in mainstream schools to establish a caring and humane society.

According to the reasoning of Donald et al. (2007), HIV and AIDS may be regarded as a social barrier, which involves social and emotional contributing factors (Beyers and Hay 2007). Social barriers are part and parcel of an inclusive classroom; therefore, educators need to attend to these in the same vein as individual disabilities.

People experiencing barriers to learning, such as minority groups, have faced oppression as a result of stereotyped beliefs and the concomitant stigma. In the case of learners who are HIV positive, the stigma is associated mostly with their perceived lack of moral values. In South Africa, the statistics of HIV prevalence speaks for itself. According to AVERT (2010), an estimated 5,2 million people were living with HIV and AIDS in South Africa in 2008, and over 250 000 people died of Aids in the same year. With the high incidence of children infected and affected by

HIV and AIDS, the risk increases for them to drop out of school before acquiring the minimum skills and knowledge necessary to make a living. They lack skills because their parents/guardians (often affected by HIV and AIDS also) cannot transfer these necessary skills due to a lack of parenting and coping skills (Makapela 2008). HIV and AIDS-related illnesses can cause learners to be absent from school for long periods, as schools are seen to have no relevance in improving their health status and standard of living. These learners often have to help with household chores and caring for the sick. This can lead to feelings of isolation and contribute to early school dropout, with a concomitant bleak future.

If the issue of HIV and AIDS is not addressed within the inclusive classroom, it can compromise learners' opportunities to stay in school; and if they stay, it may affect their academic and social performance.

Challenges and Demands Brought about by the HIV and AIDS Pandemic

HIV and AIDS threatens the quality of teaching because it extends the responsibility area of teachers from attending to individual disabilities (as is mostly the case in developed countries) to socially related barriers to learning. According to Peltzer and Promtussananon (2003), South African teachers often express concerns about the extent to which they need to understand and have knowledge of all kinds of barriers to learning – HIV and AIDS extends these demands from individual barriers to social barriers.

The challenges and demands placed on teachers can perhaps be best described in the following ways:

- Although research (HESA 2008) suggests clearly that every learner is unique, learners are often still taught in mainstream schools as if they have identical educational needs and expectations. Effective teachers need to evaluate learners in such a way that their unique abilities, limitations and barriers to learning are addressed adequately to avert treating all in the same way.
- Certain values are expected from teachers. They must be able to accommodate and understand. They must have empathy and sympathy. But are these expectations valid? Teachers bring their own lives, values and beliefs into the classroom – and many

- teachers experience a large measure of ambiguity regarding HIV and AIDS (Wood 2008). It is clear that they realize cognitively that they must support and nurture the HIV-positive learner, but emotionally they remain somewhat aloof. This is probably linked to the fear of contracting HIV.
- Many teachers are trained to teach life skills, but some still feel that it is not the responsibility of the school to educate learners regarding sexual issues. Issues in World Health (2001) postulates that of 277 school principles interviewed, 60% acknowledged that their learners were at moderate to high risk of contracting HIV, but despite this figure, only 18% offered a full sex education program.
 - HIV and AIDS directly affects teachers also, and although they are seen as instruments to convey messages regarding HIV and AIDS, they could be staggering under the impact of the disease. As a result, their role in curbing the pandemic may decrease.
 - In spite of the fact that learners who are infected experience various attitudinal prejudices not only from peers, but also from the school and society in general, teachers are still challenged to create an inclusive classroom. Stigmatization probably represents the biggest challenge for inclusive classrooms: inclusive education builds on the notion of being an open, accepting and welcoming space, where learners are not only assimilated, but also included. Research (Wood 2008; Beyers and Hay 2007) clearly indicates that classrooms in South Africa may be open, but still not welcoming to and fully inclusive of the HIV-positive adolescent. Teachers still have a far way to go to welcome the HIV-positive learner unconditionally – and the same goes for the peers of the learner. Yunker (1988) attempted to typify these social barriers as *guilt by association* – where the “normal” learners fear that associating socially with a learner with a barrier to learning, such as HIV and AIDS, may be conceived by others as a sign of some personal maladjustment, which may lead to social ostracism. The effect on learners is often apathy, which in turn takes its toll on teachers who might feel less enthusiastic to teach HIV and AIDS education.
 - Teachers very often don't have a wider understanding of the pandemic, and need to understand their own perceptions, values and attitudes before being able to support HIV-positive learners. Surveys indicate that many teachers have a positive attitude towards inclusion, as they recognize that inclusion enhances social skills, learning skills and autonomy of students with disabilities (Cornoldi et al. 1998). However, teachers expressed concerns regarding the lack of training to effectively teach learners experiencing barriers in their classroom. Moreover, a study by Bruneau-Balderrama (1997) found that teachers were personally supportive of inclusion. However, a majority felt that it was being forced on them and expressed concern about a lack of training.
 - The issue of disclosure may be highly challenging to (and demanding on) teachers. Legislation makes provision for learners not to disclose their HIV status. However, for a learner to receive the necessary support and help, his/her status needs to be disclosed. If a teacher knows the status of a learner, the question may be asked whether the teacher should respect confidentiality, or share the information with other teachers to create a larger support network. Some learners choose not to disclose their status because they fear judgment. If the learner does not reveal his/her status, the teacher will have to be aware of any emotional and behavioral changes in learners. This may be confusing and energy consuming, as behavioral changes may be related to many incidents. This can create enormous stress and may also affect communication between people; the implication being a weakened support network.
 - Learners who are infected suffer from fatigue and fever also (Evian 2000), which lead to loss of concentration and application. These learners show developmental deterioration and ill health. They may present with an increased frequency of being infected with other childhood diseases due to a vulnerable immune system. The dilemma that teachers face is how far to push learners who are ill. Learners are expected to do their work and behave, but, at the same time, they cannot be treated as if they are living a normal life.
 - The main aim of inclusive education is the

provision of quality education for all within a non-discriminatory environment. This is already a tough task with the learners experiencing individual barriers (traditional medical special needs) included in the class. It is, however, even more demanding with all the contextual and social needs brought into the classroom by “non-traditional” special needs such as HIV and AIDS. The danger is ever present that the emotional and social consequences of HIV and AIDS may usurp more and more time and energy of teachers and learners (Beyers and Hay 2007). Unfortunately, these consequences cannot be ignored in an inclusive classroom situation, as learners (and teachers) are closely involved with peers who are infected.

Are Teachers Equipped to Include HIV-Positive Learners in Their Classrooms?

The nature and quality of teacher training will, to a large extent, determine whether teachers are equipped to teach HIV-positive learners in an inclusive classroom. It is the opinion of the authors that teachers may not be able to meet these needs without efficient and focused support, for the following reasons:

- Training institutions concentrate on pre-service training with limited involvement in the career-long development of teachers. This does not mean that these institutions do not have plenty to offer, but they will have to change their purpose and function to meet the needs of learners with barriers to learning (Dladla and Moon 2002).
- Teacher education and training is already seen as incomplete, as it does not include adequate school-based training with regard to issues such as HIV and AIDS. According to Eloff and Kgwete (2007), many teachers indicated that they lacked skills and competence to accommodate diversity in their classrooms. Most teachers mentioned also that they did not have any formal training on addressing students’ needs in an inclusive classroom. Support from support staff such as school psychologists, education specialists, teacher trainers and experienced teachers seems to be vital in this regard.
- The quality of teaching has plummeted because of the number (sometimes close to 60) learners in one class. Teachers are kept

busy with the disciplinary and behavioral problems of children and, therefore, have limited time to evaluate learners with barriers to learning (Beyers and Hay 2007).

- South Africa has a shortage of teachers, which is set to increase in future. South African Institute of International Affairs (2004) states that poor salaries is one reason why the field of education is failing to attract the brightest graduates into the profession.
- The HIV and AIDS policy is fragmented, and curriculum reform can succeed only if educators have been trained in the new learning area of Life Orientation. Few South African teachers have a formal qualification in the teaching of Life Orientation, although they are often expected to teach these skills.
- Cultural differences often hinder the teaching of sexuality education, thereby influencing effective facilitation regarding HIV and AIDS. Some cultural groups are of the opinion that it is not the task of the school to teach sexual issues to learners, whereas some teachers don’t feel comfortable with the topic (Beyers and Hay 2007).

Although South Africa has made remarkable progress since democracy replaced apartheid fourteen years ago, serious gaps still afflict many areas, such as education. South African teachers need support to upgrade their skills, especially regarding the needs (and barriers) of all learners in their inclusive classes. For teachers to become effective in teaching HIV and AIDS education, it is imperative that they receive training to develop relevant skills which will empower them to address this sensitive issue.

What can be done about Learners Living with HIV and AIDS in South African schools?

Kelly (2002) is of the opinion that education – unlike any other institution – offers hope to address the HIV and AIDS pandemic because of the following reasons:

- Education is related to the reduction of the prevalence of HIV and AIDS in other countries. The mechanism seems to be that knowledge may help to change attitudes regarding sexual behavior.
- Education reaches the majority of learners when they are still at a receptive age, regarding issues related to HIV and AIDS also.
- Education is a powerful tool in transforming poverty and gender inequality.

- Girls who attend school for a longer period tend to abstain from sex until a later age.

Although it is the policy of the South African government to have HIV and AIDS programs in place, the implementation at present is questionable. This discrepancy between policy and implementation emphasizes the huge responsibility that schools have in addressing the needs of the HIV-infected learner. From an eco-systemic perspective, the teacher is seen as a producer/worker, but also as part of the community, of a family, and as a consumer. As a worker, the teacher is responsible for the development of children to enable them to become productive members of society, and to provide care in the absence of parents.

It is clear that a single approach regarding roles will not be adequate to support learners experiencing barriers to learning. A holistic response is needed, which includes health care, emotional care, practical care as well as education for prevention. Because of the way the pandemic impacts learners, teachers will carry more of the care responsibilities. In return, they will need support in a variety of ways. For this reason, indirect service rendering to teachers with regard to supporting HIV-positive learners will have to be a high priority.

As mentioned before, teachers come to school with their own attitudes, values and beliefs, and, therefore, the support provided by teachers and peer group members will not be a simple issue. Anger, for example, is often part of the emotional mixture of the HIV-positive adolescent, which makes it difficult for the teacher to accept him/her unconditionally. Furthermore, teachers may have to spend energy in consistently educating and monitoring peer group behavior towards the HIV-positive learner(s).

For teachers to successfully include HIV-positive learners, the following aspects are crucial:

- The voices of young people and children are often not heard. Teachers should collaborate and give them freedom to participate on their own terms (UNAIDS 1998).
- More visual programs such as videos, photographs and contact with infected people should be used in the classroom.
- Teachers must try to work with small groups, as certain skills, values and attitudes will be easier to transfer.

- Teachers must plan for teaching all learners, and sequence the units of information to accommodate learners who may be absent frequently.
- Efforts of learners with barriers to learning must be rewarded, and teachers must work at a pace that includes all learners, and collaborate with members of the family to obtain maximum support (Kruger and Adams 1998).
- It is important to provide accurate and scientific information to learners and teachers alike, teach age-appropriate content and develop life skills and basic first aid principles.

CONCLUSION

This study indicates that the social and academic inclusion of learners who are HIV positive is hampered by several factors: a lack of knowledge about barriers to learning (especially about HIV and AIDS), which leads to fear and uncertainty on how to interact with learners; peer pressure, which discourages both learners and teachers from accepting HIV-positive learners unconditionally; and the burden on teachers and the school as a whole, as well as community culture, which values success and achievement. Inadequate teacher training is also regarded as an obstruction to the equipment of teachers to include all barriers to learning successfully. Does this mean that if these issues are addressed teacher support for learners with HIV and AIDS will be sufficient? Probably not. However, it does imply that, with ample support from support staff, material resources and ongoing teacher training, teachers may, in time, be able to successfully include HIV-positive learners in an inclusive classroom.

REFERENCES

- Avert Organization 2010. Global HIV and AIDS statistics. From <http://www.avert.org/worldstat.htm> (Retrieved February 4, 2010).
- Barnett T, Whiteside A 2002. *AIDS in the Twenty-first Century: Disease and Globalization*. Hampshire and New York: Palgrave Macmillan.
- Barolski V 2003. *(Over)extended AIDS Review 2003*. Centre for the Study of Aids, University of Pretoria.
- Beyers C, Hay JF 2007. Can inclusive education in Southern Africa survive the HIV/Aids pandemic? *International Journal of Inclusive Education*, 11(4): 387-399.
- Bruneau-Balderrama O 1997. Inclusion: Making it work for teachers, too. *Clearing House*, 70(6): 328-331.

- Cornoldi C, Terreni A, Scruggs T, Mastropieri M 1998. Teacher attitudes in Italy after twenty years of inclusion. *Remedial and Special Education*, 19(6): 350-358.
- Dladla N, Moon B 2002. Challenging the assumptions about teacher education and training in Sub-Saharan Africa: A new role for open learning. *Presentation to the Pan-Commonwealth Forum on Open Learning*. Durban, South Africa. July 29th – 2nd August 2002.
- Donald D, Lazarus S, Lolwana P 2007. *Educational Psychology in Social Context*. 3rd Edition. Cape Town: Oxford University Press.
- Department of Education (DoE) 1997. *Report of the National Commission on Special Needs in Education and Training (NCSNET) and the National Commission on Education Support Services (NCESS)*. Pretoria: DoE.
- Department of Education (DoE) 2001. *Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System*. Pretoria: DoE.
- Eloff I, Kgwete LK 2007. South African teachers' voices on support in inclusive education. *Childhood Education*. www.thefreelibrary.com (Retrieved April 24, 2008)
- Engelbrecht P, Green L (Eds.) 2005. *Promoting Learner Development: Preventing and Working with Barriers to Learning*. Pretoria: Van Schaik.
- Engelbrecht P, Green L, Naicker S, Engelbrecht L 1999. *Inclusive Education in Action in South Africa*. Pretoria: Van Schaik.
- Evian C 2000. *Primary AIDS Care. A Practical Guide for Primary Health Care Personnel in the Clinical and Supportive Care of People With HIV/AIDS*. Houghton: Jacana.
- HESA 2008. *Being a Teacher in the Context of the HIV/AIDS Pandemic*. Pretoria: Higher Education South Africa.
- Issues in World Health 2001. Population reports: Youth and HIV/AIDS...Can we avoid a catastrophe? *Issues in World Health*, Volume xxix, no.3, Fall 2001. Series 1, Number 12.
- Kelly M 2002. Preventing HIV/AIDS transmission through education. *Perspectives in Education*, 20(2): 1-12.
- Kruger N, Adams H 1998. *Psychology for Teaching and Learning. What Teachers Need to Know*. Sandton: Heinemann.
- Landsberg E, Kruger D, Nel N (Eds.) 2005. *Addressing Barriers to Learning: A South African Perspective*. Pretoria: Van Schaik.
- Makapela L 2008. Lack of parenting, bullying leads to absenteeism. www.skillsportal.co.za (Retrieved April 24, 2008).
- Peltzer K, Promtussananon S 2003. HIV/AIDS education in South Africa: Teacher knowledge about HIV/AIDS: Teacher attitude about and control of HIV/AIDS education. *Social Behaviour and Personality*, 31(4): 349-356.
- South African Institute of International Affairs 2004. Erasing the future: The tragedy of Africa's education. www.saiia.org.za (Retrieved March 20, 2010).
- UNAIDS 1998. Children living with AIDS. www.unaids.org (Retrieved March 13, 2008).
- Wood L (Ed.) 2008. *Dealing with HIV and AIDS in the Classroom*. Cape Town: Juta.
- World Bank 2000 *Health, Nutrition and Population Goals: Reduction Strategy Framework. Report of a Consultation*. Washington D.C.: World Bank.
- Yuker H 1988. *Attitudes toward Persons with Disabilities*. New York: Springer Publishing Inc.