



## Pupils with Health Issues

### HIV - AIDS



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### Classroom-based tips (focus on instructional methods)

1. **Organise informational sessions in class**, for example within sex education classes or science classes on HIV to raise awareness and address the misconceptions with regards to transmission of the disease.
2. **Keep confidentiality of the pupil's condition** and avoid revealing, discussing or commenting on their condition to anyone that does not need to be made aware of it.
3. **Seat pupils towards the front of the class due to possible attention deficit issues.**
4. **Provide catch-up work in different key learning areas**, in case the pupil has been absent due to infections or other physical symptoms.
5. **Offer extra tutoring to assist with the known difficulties in cognitive functions.**
6. **Give verbal prompts and written reminders to help with memory loss issues.**
7. **Help the pupil organise thoughts using graphic organisers and mind maps.**
8. **Consider that HIV infected pupils may face spatial difficulties** that may affect their participation in physical education classes.

*[References: Chenneville, T., & Knoff, H. M. (1998). HIV/AIDS: What educators should know. National Mental Health and Education Center.*

*Available at: [http://www.naspcenter.org/adol\\_HIV\\_print.html](http://www.naspcenter.org/adol_HIV_print.html)*

*Welch, S., Conway, M., Nicholson, S., & Forni, J. (2015, April). Teachers' awareness of HIV and the needs of children affected by HIV. In HIV MEDICINE (Vol. 16, pp. 10-10). 111 RIVER ST, HOBOKEN 07030-5774, NJ USA: WILEY-BLACKWELL.]*



### School-based practical tips (focus on instructional methods)

## Community

**Be upfront with the pupil's family in terms of the school's supportive and open role to pupils with diagnosed HIV**, as well as other diseases or pathologies, to make families feel safe in disclosing early on. Keep in mind that a pupil's schooling can be disrupted when a family does not feel comfortable about informing the school of their child's infection.

## Other (Health Measures / Confidentiality Policy)

1. **Make provisions for pupils after disclosure by the family to the school council**, supported by trained school nurses.
2. **Have a policy in place that respects the privacy of the family while not compromising the pupil's education.**

[Reference: Cohen, J., Reddington, C., Jacobs, D., Meade, R., Picard, D., Singleton, K. & Massachusetts Department of Public Health. (1997). School-related issues among HIV-infected children. *Pediatrics*, 100(1), e8-e8.]

## Parents / Parents' Associations

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3. **Have a policy in place that respects the privacy of the family while not compromising the pupil's education.**

[Reference: Cohen, J., Reddington, C., Jacobs, D., Meade, R., Picard, D., Singleton, K. & Massachusetts Department of Public Health. (1997). School-related issues among HIV-infected children. *Pediatrics*, 100(1), e8-e8.]

4. **Provide for training, informational events or activities** on the implications of living with HIV and the misconceptions as to its transmission, to the parents association and the student body.

[Reference: Welch, S., Conway, M., Nicholson, S., & Forni, J. (2015, April). Teachers' awareness of HIV and the needs of children affected by HIV. In *HIV MEDICINE* (Vol. 16, pp. 10-10). 111 RIVER ST, HOBOKEN 07030-5774, NJ USA: WILEY-BLACKWELL.]

## Safety Celebrations / Event / Activities

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2. **Have a policy in place that respects the privacy of the family while not compromising the pupil's education.**

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## Pupil Support

1. **Make provisions for pupils after disclosure by the family to the school council**, supported by trained school nurses.
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[Reference: Cohen, J., Reddington, C., Jacobs, D., Meade, R., Picard, D., Singleton, K., ... & Massachusetts Department of Public Health. (1997). School-related issues among HIV-infected children. *Pediatrics*, 100(1), e8-e8.]

## Teacher Professional Development

1. **Provide teachers with training in order to enable understanding of the implications of HIV on pupils' academic performance as well as their social interactions.** School personnel should seek guidance regarding the medical issues that may arise for the HIV-infected pupil while under their supervision, from the respective medical team treating the child.
2. **Provide for training, informational events or activities** on the implications of living with HIV and the misconceptions as to its transmission, to the parents association and the student body.

[Reference: Welch, S., Conway, M., Nicholson, S., & Forni, J. (2015, April). Teachers' awareness of HIV and the needs of children affected by HIV. In *HIV MEDICINE* (Vol. 16, pp. 10-10). 111 RIVER ST, HOBOKEN 07030-5774, NJ USA: WILEY-BLACKWELL.]

## Supportive Literature

AIDS is caused by infection of the individual with a human immunodeficiency virus (HIV) that alters a person's immune system and damages his/her ability to fight off other diseases. AIDS is primarily spread by sexual contact and the sharing of contaminated needles and syringes among users of illegal intravenous drugs. Children generally acquire the disease in one of two other ways:

- the virus can be passed on from infected mothers during pregnancy, at birth, or shortly after birth;
- in a small number of cases, the virus has been spread through blood products (clotting factors) and blood transfusions.

It is important to know that "casual, social contact between children and persons infected with the AIDS virus is not dangerous." No cases of AIDS have been identified in which pupils were infected in a school setting (Koop, 1986). There are no documented cases of AIDS transmission due to casual contact, biting, fighting, or contact sports.

- *Physical implications*

HIV-infected individuals may experience generalised symptoms associated with immune suppression such as fatigue, diarrhoea, weight loss, fever, and night sweats. HIV infection suppresses the immune system making individuals vulnerable to opportunistic infections and illnesses which include, but are not limited to, certain forms of cancer, pneumonia, and fungal infections (Chenneville & Knoff, 1998).

- *Neurological implications*

An estimated 75% to 90% of children infected with HIV experience neuropsychological deficits resulting from developmental delays and/or cognitive disabilities. It is known that HIV infection can interfere with the normal brain development of children, resulting in neurological damage. This is especially true for children infected through perinatal transmission, whose central nervous systems are not yet fully developed at the time of infection. Among other cognitive dysfunctions, visual and auditory short-term memory loss, attention deficits, language disorders, spatial ability problems and expressive and receptive language difficulties may be observed in pediatric AIDS cases. (Wolters et al, 1995; Chenneville & Knoff, 1998).

- *Social Implications*

Many of the symptoms reported by children with AIDS are similar to those experienced by children living with other chronic illnesses. Such symptoms include loss of abilities, physical impairments and the fear of impending death. Each of these may result in psychological reactions, including anxiety and depression. However, the social experiences of HIV-infected children differ from those of children with other chronic illnesses in several ways. First, many HIV-infected children, especially those who contract the virus perinatally, may have to cope with losses associated with AIDS-related illnesses and deaths within their families. Most important is the stigma associated with HIV/AIDS, the result of fear and discrimination. Attempts have been made to deny rights to individuals infected with HIV/AIDS, including the right to a free and appropriate education (Landau et al, 1995).

A systematic review of 23 studies revealed that there are educational disadvantages among pupils affected by AIDS in various educational outcomes, including school enrollment and attendance, school behavior and performance, school completion, and educational attainment (Guo et al, 2012).

## Websites and EU Reports

AVERTing HIV and AIDS

<http://www.avert.org/professionals/hiv-social-issues/key-affected-populations/children>

National AIDS Trust – UK: <http://www.nat.org.uk/>

US Government - HIV/AIDS <https://www.aids.gov/hiv-aids-basics/just-diagnosed-with-hiv-aids/overview/children/>

## References

Koop, C. E. (1986) Surgeon General's Report on Acquired Immune Deficiency Syndrome. Available at: <https://www.nlm.nih.gov/.../Surgeon-Generals-Report-on-AIDS-Transcription.docx>

Chenneville, T., & Knoff, H. M. (1998). HIV/AIDS: What educators should know. National Mental Health and Education Center. Available at: [http://www.naspcenter.org/adol\\_HIV\\_print.html](http://www.naspcenter.org/adol_HIV_print.html)

Landau, S., Pryor, J.B., & Haefli, K. (1995). Pediatric HIV: School-based sequelae and curricular interventions for infection prevention and social acceptance. *School Psychology Review*, 24, 213-229.

Wolters, P.L., Brouwers, P., & Moss, H.A. (1995). Pediatric HIV disease: Effects on cognition, learning, and behavior. *School Psychology Quarterly*, 10, 305-328.

Guo, Y., Li, X., & Sherr, L. (2012). The impact of HIV/AIDS on children's educational outcome: A critical review of global literature. *AIDS care*, 24(8), 993-1012.