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# **“You need to know in order to help”: How HIV-related stigma obstructs pastoral care in Kenyan primary schools**

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## **Abstract:**

In low-resource and high HIV prevalence settings, schools are increasingly called upon as sites of care and support for vulnerable children. It is therefore crucial to understand the processes through which teachers take on pastoral roles in response to the needs of vulnerable learners. As pastoral care is often contingent on teacher's being aware of learner's vulnerabilities and needs, we examine information-sharing between learners, their parents, and teachers. We draw on eight individual interviews conducted with teachers from three rural primary schools located in high HIV prevalence settings of the Siaya district of Western Kenya. The interviews were recorded, transcribed, and analysed using thematic network analysis. Our analysis revealed that HIV-related stigma made it difficult for vulnerable learners to disclose their vulnerabilities to teachers, fearing the repercussions of what might happen if other members of the school community would become aware of their association with HIV. When teachers sought out parents for more information, they were often met with denial of their vulnerabilities. This paper provides valuable insights into some of the difficulties primary school teachers face in ascertaining the pastoral care needs of vulnerable learners. It highlights that HIV-related stigma is a critical barrier for teachers to adopt a pastoral care role in high HIV prevalence communities of western Kenya.

**Keywords:** Stigma; HIV; teachers; pastoral care; vulnerable learners; Kenya

## **Introduction**

Schools are increasingly seen as nodes of support for vulnerable learners (Skovdal & Campbell, 2015). Rather than seeing schools merely as centers for learning, they are increasingly being integrated into social protection policies and programmes (Hoadley, 2007; Tucker et al., 2015). An

expanding body of evidence highlights the potential of schools to support vulnerable learners. In South Africa, Cluver and colleagues have found the combination of social welfare grants, school feeding activities, supportive teachers and educational support, also referred to as ‘cash, care and classroom’ to be highly effective in providing social protection for vulnerable children and adolescents (Cluver et al., 2015; Cluver et al., 2016). In Kenya, Skovdal and Evans (2017) have found an emerging ethic of care amongst teachers in response to the growing number of children made vulnerable by HIV. This included teachers recognising the learners’ needs, showing flexibility to vulnerable learners, providing encouragement, and instigating school-based activities in support of vulnerable learners. Teachers were also observed to go beyond their call of duty by providing vulnerable learners with school items, paying for levies or school fees, and by supporting their household, practically and financially. Similar observations have been made across sub-Saharan Africa, including Zimbabwe (Campbell et al., 2016), South Africa (Bhana et al., 2006; Khanare, 2012), Namibia and Swaziland (Nordveit, 2010). Promising as this may be, the studies also reveal a number of obstacles to pastoral care, including inadequate staffing and high teacher-pupil ratios, which result in minimal time to avail care and support and contributes to frustrations and low morale among the teaching staff (Bhana, 2015; Campbell et al., 2016; Skovdal & Evans, 2017). Another common barrier to pastoral care pertains to information-sharing, and the role of HIV-related stigma in preventing vulnerable and HIV-affected learners from sharing their home-struggles with their teachers. Teachers in both Zimbabwe and Kenya have emphasized that having information about the vulnerable learners’ background is a prerequisite (not a guarantee) for them to be able to offer pastoral care (Campbell et al., 2016; Skovdal & Evans, 2017). Without information about the vulnerable learners’ background, they are unable to adjust their teaching, care and support accordingly (ibid.). If care in the classroom is to form part of social protection programmes and policies, there is a need to disentangle the mechanisms – including the role of HIV-related stigma – that shape opportunities and challenges for information-sharing in resource-constrained and high HIV prevalence communities.

To do this, and contending that some vulnerable learners refrain from sharing information about their vulnerabilities by way of managing stigma, we take analytical inspiration from Goffman’s work on the ‘management of stigma’. Goffman argues that how stigma manifests itself depends on the individual’s specific situation and how people manage stigma. Goffman distinguishes between the discredited and discreditable individuals (Goffman, 1963). The discredited individuals are those who possess negative or undesirable attributes either known or visible to society. In our

study context, this negative attribute refers to associations with HIV. In order to deal with HIV-related stigma, vulnerable learners must, according to Goffman, adopt strategies to avoid revealing their association with HIV. One such strategy is to keep a distance to those who stigmatize or those who seek knowledge of the discredited individuals' negative attributes. By avoiding intimacy and contact to others, the possibility of disclosing information considered potentially harmful to their social being, is decreased (Goffman, 1963). Managing information is thus central for discreditable individuals, as a disclosure of negative attributes can lead to stigmatisation, and further compromise the individuals' social lives. Vulnerable learners affected by HIV can therefore protect themselves from stigmatisation by ensuring that no one will know about their negative attribute. We draw on this notion of stigma management to disentangle opportunities and challenges for teachers to access information about vulnerable learners.

## **Methodology**

We utilize data from a qualitative study investigating the 'ethic of care' within schools in rural Western Kenya. The study was granted ethical approval by the Norwegian Social Science Data Services (27655/AH/RF) and The National Council for Science and Technology in Kenya (NCST/RCD/12A/012/043B). Permission was also granted by The Kenyan Ministry of Education.

### ***Study setting and participants***

The study was conducted in Siaya County, Nyanza Province of Western Kenya. The county is characterized by a high HIV prevalence and a rural and resource-constrained environment (Skovdal & Evans, 2017). Around the time of the study, an estimated 17.8% of the population in Siaya County were HIV positive (PAI, 2014) and levels of stigmatization and discrimination of people diagnosed with HIV were reportedly high (KNBS, 2013). A survey from 2011 indicated that an estimated 38% of the Kenyan population were living in poverty (PAI, 2014).

We used a qualitative research design to investigate the challenges that teachers of primary school experience when obtaining information on HIV-affected learners' background. The data used for our analysis is derived from the larger multi-method study conducted between May and December 2012. In collaboration with a local NGO, three communities were selected for the study. Each community was served by a primary school. The schools were poorly resourced and had an average pupil-to-teacher ratio of 1:49.

Community guides from local community groups recruited a diverse group of teachers from the three primary schools, and invited them to participate in semi-structured in-depth interviews. Eight teachers (mean age 34 years, 37.5% female) agreed to participate, and informed and written consent was obtained from all of them on the condition they would remain anonymous. We therefore use pseudonyms throughout.

### ***Data collection and analysis***

The interviews were conducted by trained research assistants native to the Dholuo language. The interviews asked questions about the school community, challenges faced by HIV-affected learners, and pastoral care. The interviews lasted between 31-75 minutes and were digitally recorded, transcribed and translated into English. We employed thematic network analysis for coding and condensation of data (Attride-Stirling, 2001). This paper does not seek to cover all codes and themes emerging from the thematic analysis. Instead, we seek to account for the nine basic themes pertaining to the challenges experienced by teachers in their efforts to obtain information on vulnerable learners' home situations. The nine basic themes were arranged into three organizing themes, which in turn make up a global these (see Table 1). The organizing themes make up the structure of our presentation of findings (Skovdal & Cornish, 2015).

**Table 1.** Thematic network

Primary theme	Organizing themes	Basic themes
HIV-related stigma as a barrier to information sharing	HIV-related discrimination affects learners' willingness to share information with teachers	1. Some children are afraid of being ridiculed or discriminated by fellow learners
	Silence and secrecy as obstacles to retrieving information	2. Discrimination in schools leads to embarrassment, loneliness and isolation
		3. Children are demoralized due to their HIV situation
		4. Children are secretive about their home situation
	Information-sharing between parents and teachers is problematic	5. Children decline their situation
		6. Children will lie or come up with excuses to avoid spilling information
		7. Families keep their HIV statuses secret
		8. Parents do not include teachers in their home situations
		9. Parents react negatively when confronted by teachers

**Findings**

“The children would be both psychologically and emotionally disturbed and may not concentrate in class, but it might not be easy for the teachers to know that until after some time. Still, the children do not come out openly and confess that they are the ones taking care of their sick parents, sisters, or even brothers but this comes out when the damage is already done [...] Once we find that these children are vulnerable we become open and free to them and can offer support. We do this because, if you see a child that is unwell, the way you talk to them may encourage the child not to be gloomy and of course the way you talk to them may make them feel good” (Izoh, 44, Alap Primary School).”

This introductory quote by Izoh highlights that teachers in this context may be unaware of the struggles that many HIV-affected learners face. It also notes how not having this information makes it difficult for teachers to adjust their communication and pastoral care with vulnerable learners. We will now explore this phenomenon further, and examine some of the underlying reasons for this secrecy.

### ***HIV-related stigma and discrimination in the school environment***

The teachers unanimously found HIV-related stigma and discrimination to be one of the main barriers for information sharing. A number of teachers gave examples of what might happen if the home situation of HIV-affected learners got exposed to the school community. According to the teachers, it is not uncommon for fellow learners to mistreat, ridicule and bully HIV-affected vulnerables.

Sometimes the HIV-affected learners have to go out of school. In such like cases, some of the fellow pupils who learn about this will ridicule the HIV-affected pupils. They will make remarks, which will make them feel sad [...] They lack concentration because of certain things that they experience at home and at school. They are ridiculed for arriving hungry, dull, and weak to school due to their poor home situation. (Joe, 27, Kagam Primary School)

Discrimination or they can be ridiculed. It is primarily discrimination. (Lil, 28, Kagam Primary School)

Most teachers said it was common for learners to be afraid of peers affected by HIV. Although the teachers highlighted the importance of providing learners with adequate knowledge about HIV, they also recognised that the school curriculum reproduced this fear, contributing to stigmatization and the children's negative views on HIV-affected people:

“In our school's curriculum there is a passage, which is titled ‘HIV: A KILLER DISEASE’. You see, it is a scary sentence. So, if a child believes that, and afterwards meet an HIV-affected person, the child will despise that person” (Magy, 37, Adrin Primary School).

### ***Teachers met with silence and secrecy from vulnerable learners***

According to the teachers, learners refrained from sharing information about their home situation

out of fear of what the repercussions might be if other members of the school community would become aware of their association with HIV. Teachers noted that it was difficult for vulnerable learners to disclose their vulnerabilities to teachers, even though, according to themselves, they explicitly expressed an interest in offering support.

We do not know about all the HIV-affected pupils, because they do not usually come out openly. They do not like to give such information to the teachers [...] Perhaps a child sneaks home during school hours, because of the fear of revealing their home situation. But the next time you see the child, you want to know why the child was absent.. (Joe, 37, Kagam Primary School)

The teachers saw it as a major barrier to their pastoral care if vulnerable children actively avoided sharing information about their home situation, and adopted strategies to try and retrieve information. However, this was often to no avail. Multiple teachers gave examples of how HIV-affected learners deliberately produced excuses about their home situations in order to avoid the consequences of becoming associated with HIV.

When a child has been absenting from school and finally comes back, you start asking for information about why the child was absent and how the child's home situation is. But the child will be declining. So, you will not get the whole truth. This is so hard sometimes. (Joe, 37, Kagam Primary School)

Several teachers found it difficult if learners were dishonest when engaging in conversation with them. Some teachers implied that the secrecy among the vulnerable learners could be seen as a result of their parents' unwillingness to share information on a challenged household:

It is difficult to identify an HIV-affected child, because they do not tell about it. It is like the parents tell the child that: "if you go back to school you do not disclose our situation to them." So, the HIV-affected child come here and act like any other child. (Magy, 37, Adrin Primary School)

It appeared as though the parents sought to keep their situation secret from the teachers, in all likelihood to avoid coming forward as being HIV positive.

### ***Parents want teachers to stay out of their private affairs***

When teachers were unable to gain insight from the learners about their home situation, they sometimes resorted to home visits. However, also here were the teachers met with silence and secrecy. Teachers said there was an unwillingness among parents to share information about their vulnerabilities.

Teachers are usually trying to involve parents, but teachers can only reach the parents to a certain level because some parents are not co-operative. When the parents realize that the teachers want to know more about them, they feel that the teachers are getting too much into their private affairs. (Jay, 39, Adrin Primary School)

Moreover, multiple teachers implied that parents would react negatively when confronted by teachers. One teacher commented on the negative experiences of approaching parents:

So, maybe, if you call the parent to ask about the home situation, then the parents may not take it positively, so teachers do not actually get so much involved. (Joe, 37, Kagam Primary School)

### **Discussion**

We interviewed primary school teachers in Western Kenya about the challenges and opportunities of supporting vulnerable learners. The teachers noted how the school environment reproduces and contributes to HIV-related stigma and discrimination, with learners often bullying HIV-affected learners, and leaving them marginalised and socially isolated. Frightened of the prospect of becoming a victims of stigma and discrimination, the vulnerable learners actively refrained from revealing potentially harmful information about their home situations – information that is a prerequisite, but not a guarantee, for pastoral care. When teachers began to question and dig for information to help explain why they arrived late, were exhausted and tired for class, they were often met by silence, lies or excuses. Although teachers sought to establish such a safe space for confidential information sharing with the learners, something previous studies have noted as critical (Chaudoir & Fisher, 2010; Sanjeeva, Pavithra, Chaitanya, Sunil Kumar, & Rewari, 2016; Vaz et al., 2011; Wolf et al., 2014), this was often to no avail. Teachers were also met with silence when reaching out to parents, something Bhana (2015) also encountered in South Africa in a study of teachers' support of primary school-girls in the context of sexual violence. We found that the efforts of learners and their families to publicly manage their association with HIV left teachers with

limited information and opportunities to take on a pastoral care role.

A few limitations deserve mentioning. First, the study relies on self-reported data. Future research may consider adopting a more ethnographic approach to observe pastoral care practices. Secondly, and relatedly, our participants *qua* their role as teachers may have had a vested interest in neutralising their responsibility for not being able to avail pastoral care. The study may thus have been susceptible to social desirability bias, with participants representing themselves in a particular way. Third, our study was cross-sectional and only provides a brief snapshot in the teachers' experiences at a particular moment in time. Longitudinal research exploring how teacher-pupil relations change over time would be useful. Moreover, this paper lacks the perspectives of learners and parents, who may offer a different explanation. Fourth, the generalisability of our findings is limited and may not apply to other settings.

Nonetheless, this paper demonstrates that the so-called 'hidden pastoral care' role of teachers (Bhana et al., 2006; Mwoma & Pillay, 2015; Nordveit, 2010), cannot be assumed. In our context, HIV-related stigma obstructed information-sharing, impeding the pastoral care potential of teachers. Drawing on Tucker et al' (2015) typology of pastoral care interventions, the implications of our findings are four-fold. One, schools need to develop and apply pastoral care policies and practices that explicate and address the intersecting challenge of HIV-related stigma and information-sharing. Two, teachers need to facilitate conversations that challenge and change HIV-related stigma within the school environment and in the broader community. Three, teachers need to be equipped with the tools and skills necessary for overcoming the information-sharing barriers identified in this paper. This might be through in-service teacher training programmes (Ebersöhn et al., 2015). Four, teachers need to engage with external change agents or the broader community to elicit support, both to address the underlying causes preventing information-sharing, but also to avail holistic support to vulnerable learners and their families. Such efforts are likely to be heightened if located in schools with inclusive and 'caring' school ethos (Borsch et al., 2019).

The vision of schools as nodes of support is well intentioned, and holds much promise. However, it is important that such visions, and the aforementioned recommendations, are not used to earmark schools and teachers as responsible for responding to the needs of vulnerable learners without

significant resources and outside support (Campbell et al., 2016; Hoadley, 2007; Skovdal & Campbell, 2015).

### Disclosure Statement

No potential conflict of interest was reported by the authors.

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