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The role of schools in supporting HIV-affected children in sub-Saharan Africa: a systematic review

Technical report

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The role of schools in supporting HIV-affected children in sub-Saharan Africa: a systematic review.

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Technical report for Zimbabwe Schools Project.

Abstract

Aim: To establish an overview of school-based interventions carried out to support the health and well-being of vulnerable children in Zimbabwe and similar socio-economic contexts in sub-Saharan Africa.

Methods: A literature search was carried out in Web of Knowledge using combinations of the following search terms: *support, intervention, school, child, Zimbabwe, sub-Saharan Africa, health, well-being, inclusion and enrolment*. A total of 12 articles were identified as relevant to the research question and included in this review.

Findings: Interventions in sub-Saharan Africa have been successful in implementing health knowledge at schools. Whereas a few studies have acknowledged the potential of schools to go beyond knowledge and facilitate a supportive and caring environment for vulnerable children, they tend to refer to studies reporting on externally implemented and resourced interventions. Limited attention has been given to the psychosocial well-being of children and children's own experiences of school environments.

Conclusion: Existing literature needs to be supplemented with research exploring pathways through which schools in challenging socio-economic contexts manage to support HIV-affected children by drawing on already available resources and by involving local communities. Furthermore, more in-depth qualitative research from children' is needed in order to understand the needs of HIV-affected children and how they themselves experience ways in which schools support them to cope with adversity in their everyday lives.

The role of schools in supporting HIV-affected children in sub-Saharan Africa: a systematic review

Introduction

HIV-affected children (themselves sick/with sick parents/orphaned) are particularly vulnerable to poor nutrition, mental and physical health, sexual abuse and poverty - which consequently tend to have a negative impact on their school enrolment and academic progress (Gregson, Nyamukapa et al. 2007; Mugurungi, Gregson et al. 2007; Operario, Cluver et al. 2008). A vast body of literature has indicated positive correlations between school enrolment, behaviour and child health (Watts, Gregson et al. 2007; Nyamukapa, Gregson et al. 2008; Nyamukapa, Gregson et al. 2010; Malindi and Machenjedze 2012) and as Peltzer (2009) has noticed, school attendance and peer support at schools are important mediators for adolescent healthy behavior. Schools can be an invaluable source of support for children providing stability and institutional affiliation (Murray 2010), reducing levels of stigma (Brown, Macintyre et al. 2003) an important resource for successful coping (Skovdal, Ogutu et al. 2009) and strengthening resilience among vulnerable children by exposing them to a healthy and supportive social environment (Malindi and Machenjedze 2012). Despite the great potential of schools to facilitate support for HIV-affected children, many sub-Saharan African schools are overcrowded, underfunded and badly run (Hoadley and Ensor 2009) as well as characterised by poor communication between parents/guardians and teachers (Wilson et al., 2002)

Reviewing existing literature on schools and the health and well-being of vulnerable children, this literature review aims to address the following question:

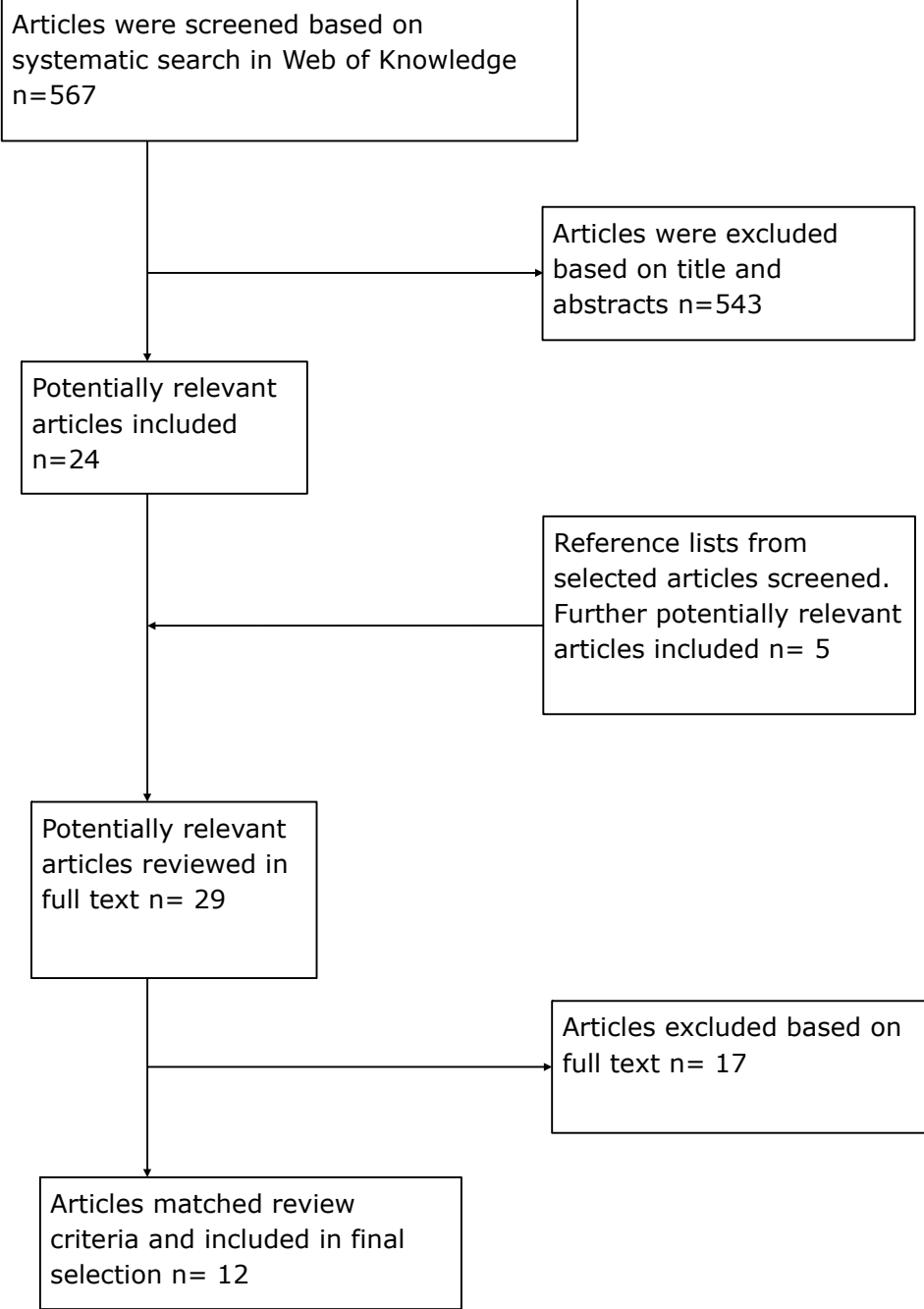
What interventions have been made to improve school environments to facilitate support for the health and well-being of vulnerable children in Zimbabwe and similar socio-economic contexts in sub-Saharan Africa?

Establishing an overview of existing literature on this topic is essential to learn from previous experiences and identify what supplementary research is needed in order to fully understand the potential possibilities of school capacities to facilitate contexts of care and support for HIV-affected children.

Methods

A literature search was carried out in Web of Knowledge in April 2012 and included peer-reviewed articles from 2000-2012 using combinations of the following search terms: (1) Support OR intervention (2) school* AND child* (3) Zimbabwe OR sub-Saharan Africa (4) health OR well-being OR inclusion OR enrolment. This search of databases resulted in 567 hits of which 24 articles were selected as potentially relevant based on their abstracts, and these were read in full text. Reference lists from these articles were screened and another 5 articles were read in full text. Articles on interventions made to strengthen school environments to support and improve the general health and well-being (including HIV related challenges) of vulnerable children in Zimbabwe or similar socio-economic contexts in sub-Saharan Africa were included (see Fig. 1). Reviews, qualitative and quantitative articles meeting these criteria were included, whilst studies concerning other specific health issues such as schistosomiasis, epilepsy or diabetes were excluded. A total of 12 articles were identified as relevant to the research question and included in this review.

Figure 1.



Findings

Various school-based interventions have been carried out around sub-Saharan Africa aiming to improve the health and well-being of vulnerable children. Particular attention was paid to the purposes and outcomes of the interventions, how they were implemented and what social factors influenced their outcomes. This review sought to examine the extent to which school-based interventions have involved local communities and drawn on existing resources in their endeavours to support the health and well-being of HIV-affected children.

In sub-Saharan African contexts several school-based interventions have sought to prevent HIV by improving sexual health knowledge through different strategies such as drama skits, leaflets and discussions (Agha 2002) as well as drama education workshops (Harvey, Stuart et al. 2000). In their respective reviews on school-based sexual health interventions, Gallant et al. (2004), Kaaya et al. (2002) and Paul-Ebhohimen (2008) all concluded that it is relatively easy to effect changes in knowledge and attitudes regarding STI/HIV/AIDS using school-based interventions. When it came to sexual behaviour changes Kaaya et al. (2002) found demonstrable effects in the onset of sexual intercourse, in the incidence of sexual intercourse and in the number of sexual partners, whilst Paul-Ebhohimen (2008) found it to be more challenging to effect the same changes in sexual risk reduction. In Zimbabwe and Mauritius, Fuller and colleagues (2011) discovered football-based health education to have a positive impact on the promotion of general health knowledge. Whilst these studies have been very useful in terms of acknowledging the potential for schools as useful institutions to facilitate different forms of health education - only very few studies have gone beyond knowledge in their attempts to strengthen school environments to support children. However, a study going beyond knowledge was carried out by Halfors and colleagues (2011) in 25 primary schools in rural Zimbabwe, and found that supporting female orphaned children with a daily feeding program, school fees and uniforms increased their school enrolment and delayed marriage. Whilst this study relied on the implementation of external resources, Ebersoehn and Ferreira (2011) on the other hand, made an effort to draw on available existing resources in their study; in 6 schools in high HIV/AIDS prevalence settings in South Africa, Ebersoehn and Ferreira (2011) investigated how teachers can function as resources to promote the resilience of children affected by HIV/AIDS related adversities. Teachers referred children to available health and social resources by forming partnerships between the children and families, community volunteers and community organizations. Subsequently, qualitative interviews and focus group discussions with 57 teachers found that children, parents, families and neighbourhood members

accessed the emotional support provided at schools and took advantage of opportunities to develop capacity (Ebersoehn and Ferreira 2011). Contrary to most interventions relying on external resources, this study managed to make use of resources already available in the context of the school environments and local communities. However, failing to include the perspectives of children, the study provides us with little information about how children themselves perceive a supportive school environment and neither does it acknowledge the psychosocial well-being of children.

A few studies have however paid attention to the psychosocial well-being of children. Pillay and Wasielewski (2007) for example assessed the quality of psychosocial support in public primary school services in South Africa and found that current psychological support services are not meeting the needs of schools. In rural Zimbabwe, Chitiyo et al. (2008) implemented psychosocial support in four primary schools, by training local teachers how to provide emotional support and counselling, by arranging social activities at the school to encourage social interaction, and by grouping orphans and vulnerable children together to share emotions. Furthermore, orphaned and vulnerable children were supported by given school uniforms, fees and meals, as well as spiritual lessons. After participating in this programme, children improved their school attendance and showed improvements in schoolwork completion, more confidence, and more interaction with peers (Chitiyo, Changara et al., 2008). Whilst these studies encompass the idea that schools can go beyond education and successfully support children emotionally their investigations and interventions are adult centred merely based on teachers' observations rather than taking a child centred approach. To date very little is known of the psychosocial mediators influencing children's school experiences and what children themselves perceive as a supportive school environment helping them to cope with challenges of disease and poverty.

In Zambia, Robson and Sylvester (2007) investigated staff and student perceptions of the impact of the HIV and AIDS on education of affected children through questionnaires. From this investigation they argue that schools should be more inclusive and supportive focusing on provision of alternative and more flexible opportunities for participation and learning, access to health and life skills education, and appropriate counselling and support (Robson and Sylvester 2007). Exploring a number of interventions enacted in Lesotho's schools, Ansell (2008) argues that initiatives looking at ways in which schools can substitute for the diminishing capacities of families remain small in scale. She further emphasizes that if the needs of HIV-affected children are to be met through schooling, the education sector's role must be understood in relation to an

ethics of care, rather than the functionalist production of a future workforce (Ansell, 2008). However, to do this, more qualitative research focusing on children's perspectives is needed in order to fully understand needs and challenges of HIV-affected children and how they themselves experience that their school environment can be supportive of their adverse challenges. Furthermore, rather than relying on the implementation of external resources, there is a need to further explore how resources and mechanisms already available in school environments and within local communities can support HIV-affected children.

Conclusion

This review has demonstrated positive correlations between school enrolment and the health of children, as well as acknowledged the potential of school-based interventions to support the health of children and promote their health knowledge. However, in agreement with Ansell (2008), there is a need for schools to go beyond knowledge and provide more comprehensive support for HIV-affected and orphaned children, particularly in light of the dwindling capacity of struggling households to provide adequate care and support for children in their care. Rather than relying on the implementation of external resources to do this, there is a need to supplement existing research exploring the pathways through which some schools in challenging socio-economic contexts manage to support HIV-affected learners by drawing on already available resources and by involving local communities. Furthermore, there is a need to explore the interface between schools and external organizations in order to strengthen supportive school environments. This should be done by developing the existing literature with more in-depth qualitative research focusing on children's perspectives, allowing HIV-affected children to express how they experience the school environment and cope with adversity in their everyday lives.

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