

Plight of HIV-positive school children

BY ELVIS BASUDDE

Twelve-year-old Liz, a P5 pupil of Katina Primary School in Soroti district is living with HIV. She looks traumatised as she narrates her experience at school. Her voice trembles while her eyes are full of sadness as she occasionally turns her away from the father to let out a loud sob.

"Whenever other children see me taking ARVs, they say I am going to die. They laugh and shun me, saying I may infect them. They even refuse to play, walk or speak to me," Liz says.

"I feel bad. Sometimes I do not want to attend school. I even suspect that the teachers do not like me. If I perform well in class, they could mark me wrong. I am fed up."

That is not all there is. Hunger is another challenge. Liz goes to school at 7:00am without food yet she has to swallow her medicine an hour later. The school does not provide meals, so at 8:00am, she takes her medicine on an empty stomach. ARVs are very strong. Sometimes they make her dizzy — she has even ever collapsed. Her second doze is at 8:00pm but sometimes the family goes without food.

How it started

Liz's father, a resident of Katinu sub-county in Soroti, says his daughter started falling sick on a regular basis at the age of five. She was later diagnosed with HIV and started on ARVs.

Eremu has a small garden where the family grows food, but due to drought, the harvest is not always good. His wife and two other children are also living with HIV.

"It is not easy to feed these people," Eremu says.

"Sometimes, I fail to pick drugs from Soroti town because I do not have enough money."

As a result, the children sometimes miss out on their medication.

Stigma is not just a school problem. The neighbours know about their HIV status and some prevent their children from playing with Liz.

Abraham is another victim. The 12-year-old is in P5 at Amoni Primary School in Reutecheke-Erumu parish, Soroti sub-county, Soroti district. He was born with HIV.

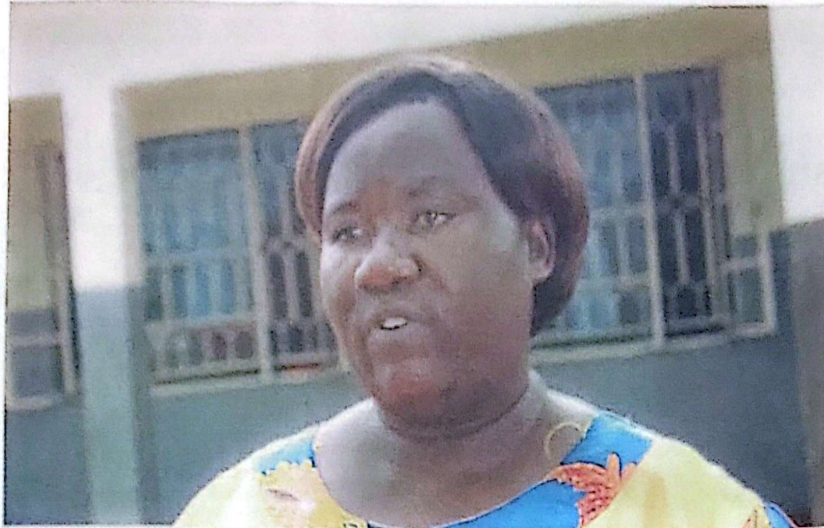
His mother, Tezra Emasu, earns a living by cutting grass that is used for thatching houses. But if there is no body to buy the grass, they sleep hungry. Whenever there is no food, she does not give ARVs to Abraham because they make him dizzy.

Her Kenyan husband abandoned her and relocated to Kenya after learning about her HIV status. She does not have a garden where to grow food, and the boy occasionally misses classes due to sickness. His peers stigmatise him.

All the names used above have been changed to hide the identity of the pupils to avoid stigma.

Statistics

The prevalence of HIV among adults aged 15 to 65 in Uganda is 6.2%. This corresponds to approximately 1.7 million



Beatrice Aruma, the headteacher of Katina Primary School says her school has 13 pupils living with HIV. She also says the school does not provide meals for the pupils. Photos by Elvis Basudde



Tezra Emasu



Dorothy Nassolo

prevalence of HIV among children aged 0-14 is 0.5% which corresponds to approximately 96,000 children living with HIV (the 2017 statistical abstract from Uganda Bureau of Statistics).

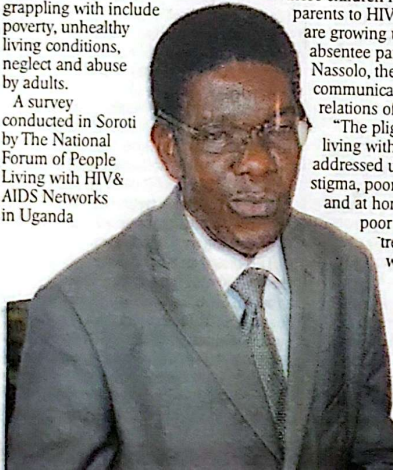
Liz and Abraham are among the 96,000 children, under the age of 14, who are living with HIV in Uganda. Other glaring issues that children living with HIV are grappling with include poverty, unhealthy living conditions, neglect and abuse by adults.

A survey conducted in Soroti by The National Forum of People Living with HIV & AIDS Networks in Uganda

(NAFOPHANU), an umbrella organisation of networks of people living with HIV in Uganda, documented these as some of the salient challenges associated with children living with HIV.

"These challenges cut across and they affect these children's education as well as adherence to treatment and access to treatment. Many of these children have lost one or both parents to HIV, and many youths are growing up with sick or absentee parents," says Dorothy Nassolo, the NAFOPHANU communications and public relations officer.

"The plight of school children living with HIV needs to be addressed urgently. They suffer stigma, poor feeding in school and at home, and therefore, poor adherence to treatment because without food it is difficult to take medicine. Non-adherence is dangerous because it results in having the virus which is resistant to drugs. Such a virus can continue multiplying until the line of



We call upon the Government and stakeholders to address challenges that children living with HIV face at school," Nassolo says.

The NAFOPHANU study was carried out in collaboration with Aidsfons, an organisation focusing on groups that have the greatest support needs, but which receive the least support.

According to the Soroti District Education Officer (DEO), Evalist Okello, there are approximately 5,000 children living with HIV in Soroti district schools.

"That alone is a shocking figure. If that represents other districts in the country, it is questionable whether Ugandan schools can support HIV/AIDS-affected children," Nassolo wonders.

However, Okello says some Soroti teachers who are living with HIV/AIDS have opened up, thus making a very big force in the fight against the disease. The only challenges at the school level is hunger and stigma.

"Much as the school administration and teachers have been so friendly and supportive to these HIV-positive schoolchildren, the problem comes with the administration of the ARVs. You cannot swallow those (ARVs) on an empty stomach," says Okello.

The DEO has spearheaded school feeding programmes — with parents who provide food items like potatoes. Okello says this has been difficult because parents do not afford to pay the cooks and buy firewood.

Okello could not rule out stigma but said when it is reported, they have an anti-AIDS group, formed by teachers to sensitise the teachers and pupils concerned.

Beatrice Aruma, the headteacher of Katinu Primary School, says 13 out of the 877 children in the school are living with HIV. She came to know about the HIV status of the children after asking parents to give the health details of their children during registration.

She is a trained counsellor

WHAT OTHERS SAY

Janet Alabo
Nursing
officer,
Soroti
Health
Centre III



It is not right to take medication on an empty stomach, especially antiretroviral drugs. Any other person could do without a meal, but not a person living with HIV, especially children. Cases of stigma will always arise, especially when the teacher starts teaching about HIV/AIDS. The affected children might feel bad. Some children feel self-stigmatised when they realise that other people in the community know about their HIV status.

One of the ways of addressing stigma is through adequate counselling when children go to medical facilities for medication.

Martin Omodio, Senior health
educator and HIV/AIDS focal
person Soroti
district



The HIV situation in Soroti is still not good, specifically for children.

Some children who were born with HIV have completed their studies and even got jobs. The district has designed programmes targeting teachers who handle school children, but the best way is to give them a very good learning environment so that they are not stigmatised. Children who are known to be living with HIV are given care and encouraged to adhere to medication.

Vincent Otim, teacher Odera
Primary
School



Children in school lack meals. Three children in our school live with HIV. The teachers have been sensitised to love and not to burden them with heavy work. But many have reported being stigmatised by their peers.

education. Through counselling sessions, the children always confide in her their challenges.

The school neither provides breakfast nor lunch to the pupils. Most of them take their drugs in the morning without food and stay in the school for the rest of the day. The teachers say they often sleep in class or feel dizzy.

For some schools that do not have