International Journal of Educational Development 41 (2015) 226–236

Contents lists available at ScienceDirect

International Journal of Educational Development

journal homepage: www.elsevier.com/locate/ijedudev

Factors shaping the HIV-competence of two primary schools in rural Zimbabwe

Catherine Campbell [a,*], Louise Andersen [a], Alice Mutsikiwa [b], Erica Pufall [e], Morten Skovdal [d], Claudius Madanhire [c], Connie Nyamukapa [e,b], Simon Gregson [e,b]

[a] Department of Social Psychology, The London School of Economics and Political Science, United Kingdom
[b] Biomedical Research and Training Institute, Zimbabwe
[c] School of Applied Human Sciences, University of KwaZulu Natal, South Africa
[d] Department of Public Health, University of Copenhagen, Denmark
[e] Department of Infectious Disease Epidemiology, Imperial College School of Public Health, United Kingdom

ARTICLE INFO

Keywords:
International education
Development
Educational policy
HIV/AIDS
Social protection
Zimbabwe

ABSTRACT

We present multi-method case studies of two Zimbabwean primary schools – one rural and one small-town. The rural school scored higher than the small-town school on measures of child well-being and school attendance by HIV-affected children. The small-town school had superior facilities, more teachers with higher morale, more specialist HIV/AIDS activities, and an explicit religious ethos. The relatively impoverished rural school was located in a more cohesive community with a more critically conscious, dynamic and networking headmaster. The current emphasis on HIV/AIDS-related teacher training and specialist school-based activities should be supplemented with greater attention to impacts of school leadership and the nature of the school-community interface on the HIV-competence of schools.

1. Introduction

School attendance often has positive impacts on the well-being of HIV-affected and HIV-vulnerable children in sub-Saharan Africa (Gregson et al., 2004; Nyamukapa et al., 2010). In the context of the growing emphasis on the need for schools to go 'beyond education', international policy accords schools and teachers a central role in the care and protection of such children, particularly in relation to facilitating their school access and their health and well-being (UNESCO, 2008, 2012; UNICEF, 2013). However, much remains to be learned about (i) the readiness and ability of schools to take on these roles, and (ii) the impacts of wider contextual factors on school efforts (Ansell, 2008).

This paper explores these issues through a multi-method study of two primary schools in a rural Zimbabwean province, one in a rural area and one in a small town. The rural school is located in a relatively settled rural farming settlement, and small-town primary school is located in a small roadside town. Compared to the small-town school, the rural school is associated with (i) higher levels of school attendance by HIV-affected children in its catchment area; and (ii) higher well-being scores among HIV-affected children. We use the method of dichotomous case comparison (Schensul et al., 1999), involving comparisons of very different cases, to flag up factors facilitating or hindering each school in providing support and care for HIV-affected children.

In Zimbabwe in 2012, an estimated 15% of adults and 2.5% of children under 14 were HIV positive (UNAIDS, 2012), and 17% of children under 14 had lost one or both parents to the HIV epidemic (UNICEF, 2012). Many school learners are affected through having to care for sick or dying parents, being HIV-infected themselves or being orphaned, and taken in by varyingly supportive relatives or carers (Robson et al., 2006; Nyamukapa et al., 2008). In contexts where the ability of adults to play their traditional role in the care, support and socialisation of children is much reduced, there is growing attention to the potential for schools to take on some of these roles (Ansell, 2008).

In recent years, schools in Zimbabwe have been severely disrupted by political and economic challenges and the retreat of many NGOs (Shizha and Kariwo, 2011). In 2008, at the height of the economic crisis, many schools closed altogether; although this situation has improved with schools reopening after the government abandoned the local currency in favour of the American dollar. However, school attendance is often conditional on the payment of school fees, particularly difficult for families living in poverty, especially in rural areas, where

* Corresponding author. Tel.: +44 207 955 7701.
E-mail addresses: c.campbell@lse.ac.uk (C. Campbell), l.b.andersen@lse.ac.uk (L. Andersen), mutsikiwaa@yahoo.com (A. Mutsikiwa), m.skovdal@gmail.com (M. Skovdal), cmadanhire@gmail.com (C. Madanhire), nyamukapaconnie@gmail.com (C. Nyamukapa), Sajgregson@aol.com (S. Gregson).

http://dx.doi.org/10.1016/j.ijedudev.2014.05.007

unemployment is high, and subsistence agriculture is challenging in times of drought. Whilst the Zimbabwean governmental social protection programme Basic Education Assistance Module (BEAM) and external interventions from international funders have played a role in providing financial support securing school fees for vulnerable children, these sources have been greatly challenged by patchy international donor support, in the context of wider social instability.

There is an urgent need for research investigating the potential for schools to support HIV-affected children in Zimbabwe (Ansell, 2008). Historically, research into African schools has tended to focus on their traditional roles in preparing children for the job market through book learning, with much less research into their role in the promoting more general child well-being (Foster et al., 2012). However the HIV/AIDS epidemic has led to a shift in this trend, and, in countries such as South Africa, Namibia, and Kenya, schools and teachers have been found able to provide children with effective support in relation to social protection (Nordveit, 2010) and pastoral care (Ogina, 2008, 2010). Conversely in Zimbabwe, researchers have argued that schools and teachers are already overwhelmed by their traditional roles of academic learning in under-resourced schools, in contexts of wider political and economic instability and low salaries (Kendall and O'Gara, 2007; Shizha and Kariwo, 2011). Many Zimbabwean teachers are said to be themselves battling with poverty and/or HIV in their own lives and are unable to solve their own personal problems let alone support or counsel students (Machawira and Pillay, 2009). Furthermore, some aspects of children's experiences at school may actually make their lives worse. These include stigmatisation by peers (Parsons, 2012), and emotional and sexual abuse (Shumba, 2002) by teachers.

As we have argued elsewhere (Campbell et al., 2013a), much of the existing empirical research into school support for HIV-affected children is descriptive in nature. There is a need for conceptual development to support systematic attention to the pathways through which schools might support or hinder the well-being of children in their care. Our conceptualisation of 'HIV competent schools', outlined below, provides one possible starting point here. Furthermore much research on schools focuses on specific groups (particularly teachers or learners) with less attention to the wider community contexts in which schools are located. Studies frequently focus on teachers and on a growing battery of training programmes equipping them to provide better care and support the HIV-affected in their schools. Such papers often report on the process or outcome of health or welfare interventions initiated and supported by NGOs [e.g. training teachers in skills such as resilience promotion (Ebersoehn and Ferreira, 2011), grief and bereavement counselling (Chitiyo et al., 2008), or football based health promotion (Fuller et al., 2011)]. We throw our net more widely, through a holistic multi-method study that conceptualises schools as spaces of engagement between children, teachers, guardians and local community. Rather than focusing on externally driven interventions or training programmes, we explore the accounts these different groups give of everyday life in schools, paying particular attention to the way within-school relationships are framed by the wider school-community interface.

How do the different and multi-layered interactions amongst teachers, learners, guardians and other community members facilitate or hinder HIV competence in schools? We define an 'HIV competent community' as a context in which community members work together to provide optimal protection and support to those affected by HIV (Nhamo et al., 2010; Campbell et al., 2012). Such a community is characterised by a number of psycho-social dimensions. Drawing on the work of Freire (1973), we argue that an HIV competent community is a context that provides opportunities for its members to engage in *dialogue* about the problems facing the HIV-affected, and critical thinking about the obstacles to tackling these problems, and ways to overcome these (Vaughan, 2010). Community members are united in *solidarity* by a sense of *commitment* to working together to address such challenges. They share a sense of *responsibility* for doing so, backed up by *confidence* that they have the individual and collective strength to tackle them (Haslam et al., 2009; Sliep and Meyer-Weitz, 2003). Finally such a community ideally has strong *external relationships* with outside support, welfare and NGO agencies that are able to assist in accessing social and economic resources for responding to the challenges of HIV/AIDS (Cornish et al., 2010).

In exploring determinants of HIV competence in each of our two different primary schools, we focus on both school and context (Campbell and MacPhail, 2002), through attention to two dimensions: (i) characteristics of the school and its response to the needs of HIV-affected children; and (ii) characteristics of the community surrounding each school, the local community response to HIV-affected children, and the quality of the school-community interface. Our data analysis will flag up four dimensions of schools-related 'HIV competence' in the rural Zimbabwean setting.

This study received ethical approval from the London School of Economics and from Medical Research Council of Zimbabwe (MRCZ/A/1661). Our multi-method project was located within a wider study of HIV/AIDS and community resources in the region, and this paper's authors include the demographers (EP, CN, SG), and the social scientists are (CC, LA, AM, MS, CM) who produced the qualitative findings. The demographers' work provides a contextual backdrop for the social psychologists' case studies with the latter constituting the central focus of the paper.

2. Quantitative study

Our quantitative data were taken from the Manicaland household and general population cohort survey (Manicaland Survey: www.manicalandhivproject.org), and linked information on school characteristics from a parallel survey of local schools. In the Manicaland Survey, children of primary school-going age (6–12 years) were interviewed in a random sample of 1/6 households.

A child was deemed to be attending school regularly if she/he had attended on at least 80% of the last 20 school days. Individual child well-being was calculated using an objective micro-level index based on existing indices of wellbeing. Domains included health behaviours, physical health, risk and safety and psychological health.

For the comparison of local community characteristics, socio-economic status (SES), unemployment levels, HIV prevalence (in adults aged 15–54 years), and local community group participation were examined. SES was measured using an index of sellable and non-sellable household assets. Community group participation was defined in terms of respondents who were members of community groups that they felt functioned well, which has been shown to significantly reduce the risk of HIV infection for women and increase uptake of HIV services, general awareness of HIV, and acceptance for people who are affected by HIV/AIDS (Gregson et al., 2013). Significant differences were assessed using *t*-tests for proportions or means.

Findings

Defining a school's 'success' in terms of levels of attendance and well-being of HIV-affected children, our demographers' findings (Appendix A) yielded a complex range of information about our 'more successful' rural school and 'less successful' small-town school and their wider contexts.

Focusing first on features of the school, compared to the small-town school, our rural school had three key disadvantages: (i) fewer