

**“It’s because they care”:**  
Understanding pathways to  
classroom concentration problems  
among HIV-affected children and  
youth in western Kenya

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# Context



# Motivation and argument

- 'Care ethics', and the role of young caregiving is often absent in work with children and youth affected by HIV / children whose parents are living with HIV.
- There is much to be gained from adding a 'care' lens to our work.



# What we know

- Children and young people living in households affected by HIV in sub-Saharan Africa are experiencing poorer educational outcomes compared to their peers (Guo et al 2012, Skovdal et al 2013).
- HIV affected children do not yield many of the long-term benefits of education.



# How we know this

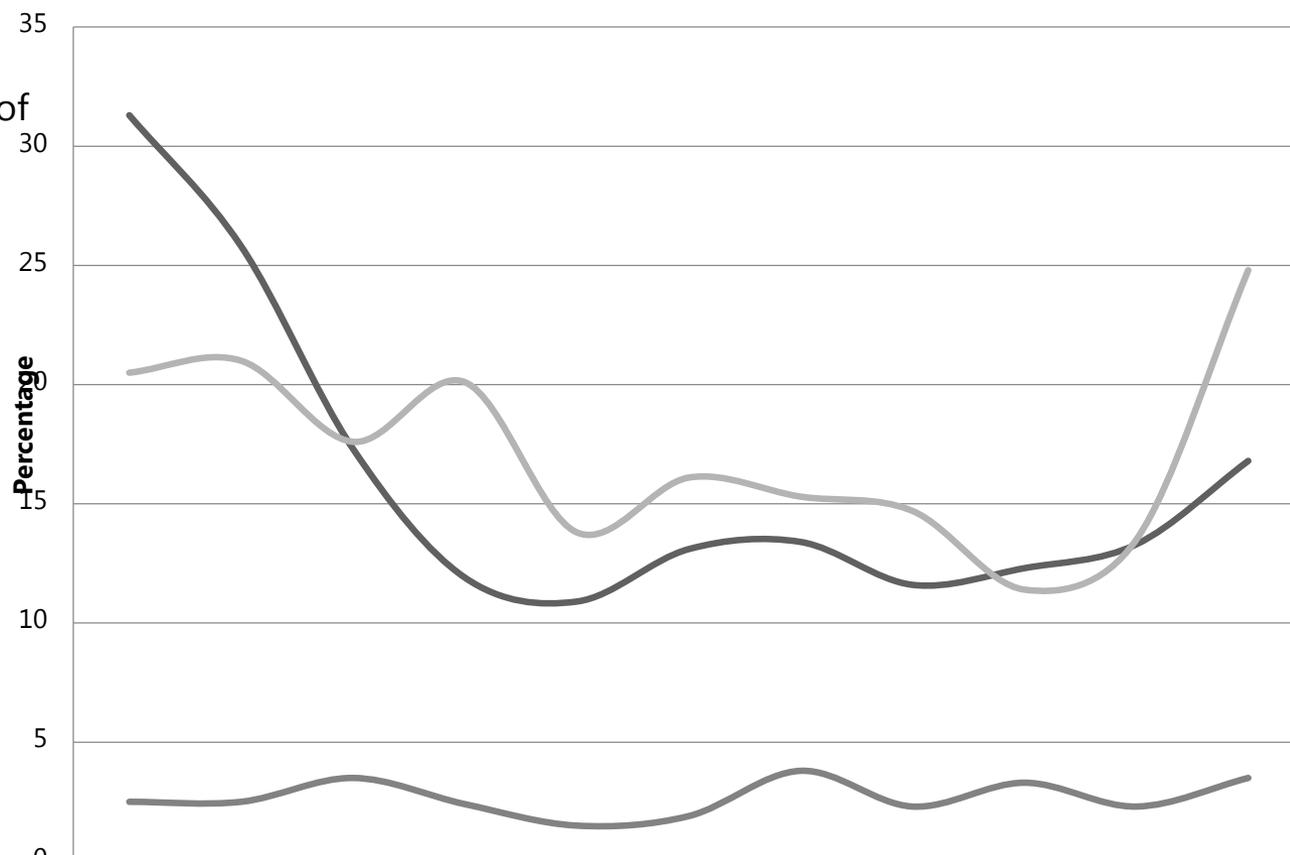
Research into education inequities has disentangled how HIV-affected children experience poorer...

- School enrolment
- Attendance
- Correct-grade-for-age
- Performance

... due to a complex web of interrelated factors and variables, such as:

- Orphanhood status
- Socioeconomic status of household

**Figure 1:** Proportion of children with high absenteeism (> 12 days/term)



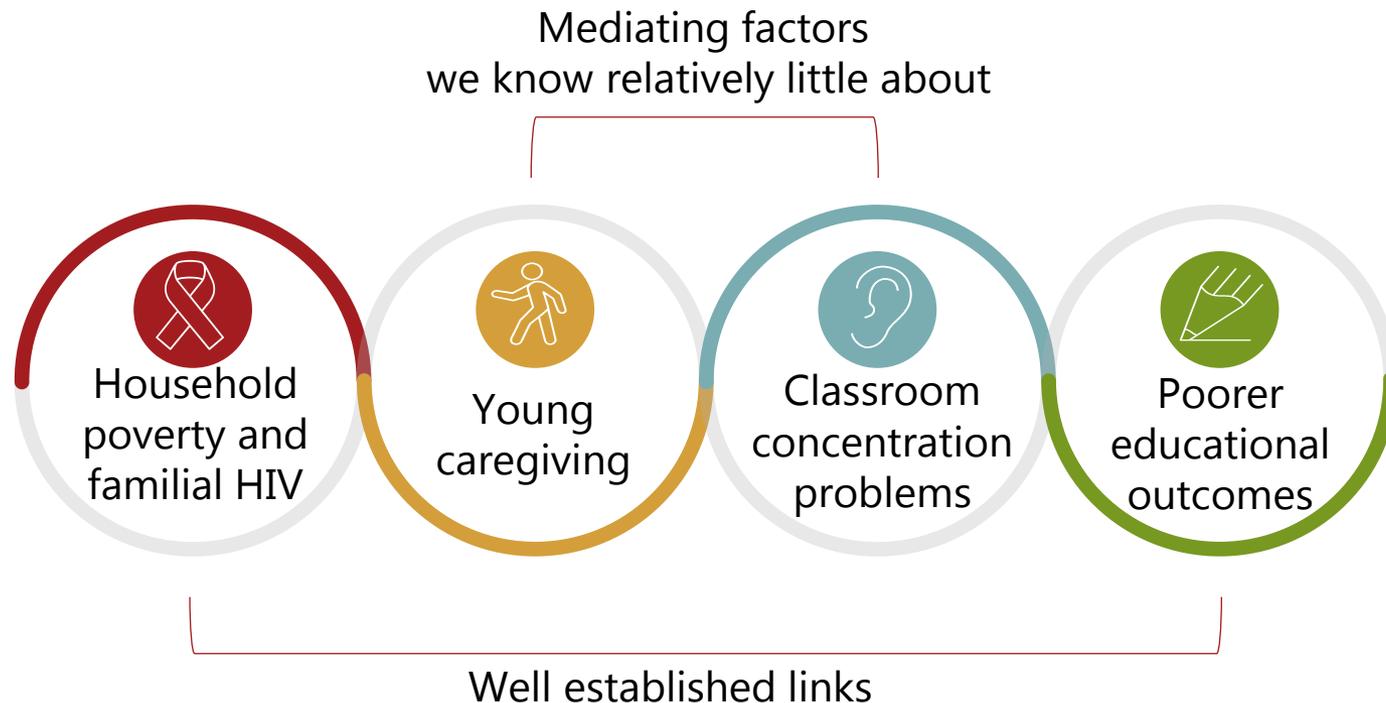
	2004 Term 1	2004 Term 2	2004 Term 3	2005 Term 1	2005 Term 2	2005 Term 3	2006 Term 1	2006 Term 2	2006 Term 3	2007 Term 1	2007 Term 2
— CCSP orphans	31,3	25,8	17,3	11,9	10,9	13,1	13,4	11,6	12,3	13,3	16,8
— Non CCSP orphans	20,5	21	17,6	20,1	13,8	16,1	15,3	14,7	11,4	13,5	24,8
— Non orphans	2,5	2,5	3,5	2,4	1,5	1,9	3,8	2,3	3,3	2,3	3,5

# What we know less about

- A South African survey has found 42% of adolescents living in HIV-affected households to report that concentration in school was difficult (Orkin et al 2014).
- Young carers research in Africa has noted classroom concentration problems
- How 'care ethics' interface with classroom concentration problems, contributing to poor educational outcomes.

# Study aim

1. To explore the phenomenon of classroom concentration problems
2. To explore qualitatively the links between:



# Methodology

Phenomenological study that aimed to explore the school experiences of children and youth affected by HIV.



Siaya County,  
Nyanza  
Province,  
Kenya

Conducted in partnership with a local NGO [WVP Kenya]

# Participants and methods

Participants and data collection methods	Primary school (age 10-17)		Secondary school (age 15-20)		Total
					
<i>Orphaned and vulnerable pupils (n=51)</i>					
Photovoice	12	14	12	13	51
In-depth interviews	10	10	14	13	47
<i>Teachers (n=18)</i>					
In-depth interviews	6	3	3	6	18

# Theoretical Framework

Tronto's (1993) conceptualisation of 'ethics of care' was used to unpack how specific dynamics of caring processes, interactions, notions of responsibility and other ethical values, impact children's school concentration.

Tronto introduces four dimensions to 'ethics of care':



# Findings

Three core pathways to classroom concentration problems amongst HIV-affected children in western Kenya

## Pathway 1: 'Lack of care'

Neglect, household poverty and illness resulted in:

- Participating pupils went to school hungry → unable to follow classes.
- Teased by peers for looking visibly poor → felt anxious when in school.

*“I may come to school, but while in class, when we are given something to do, I just feel very weak. This is because I may go to school without having eaten anything and feel hungry. So instead of reading, I sleep in class.”* Samuel, age 18, secondary school

## Pathway 2: 'taking care of'

Some HIV-affected pupils play a key role in keeping their household afloat:

- Generating food and income as well as providing practical support → coming to school exhausted, with limited physical and mental energy left for learning.

*"It is the responsibility of the child to bring food on the table, find medicines for her mother. If the mother is bedridden, the child may need to clean the mother. This child will not concentrate in class since she does a lot of work within a short period of time."*  
Susan, age 33, primary school teacher

*"I fetch firewood on my way back home and I carry them together with my bag. After my arrival back home, I run to get water; from there I struggle to find vegetables for supper. This makes me weak and have unstable mind. I'm thinking a lot."* Lucy, age 15, primary school pupil

## Pathway 3: 'caring about'

- Many participating pupils had their minds at home, thinking about the needs of their relatives.

*"I am providing care for my mother; I know very well that she is sick. When I am in class I am just thinking about her. I will be thinking about how she is coping without me around. Children who do not care will not worry and is just comfortable in class."* Jane, age 17, secondary school pupil

*"I sometimes lack concentration in class when I think about what my siblings will eat. This mostly happens when we completely have nothing and can end up sleeping hungry not knowing what tomorrow holds for us. During such times I get disturbed a lot."* Beatrice, age 15, primary school pupil

# Conclusion

The pupil's attentiveness to...

1. the needs of others ('caring about'), and
2. sense of responsibility ('taking care of') and
3. commitment/ability ('caregiving') to care, indicates an 'ethics of care',
  - internalising problems (worry, anxiety, concern) and physiological reactions (tiredness, exhaustion, lethargy), which in the context of household poverty and familial HIV ('lack of care')
  - contributes to classroom concentration problems

# Implications for policy and practice

- The paper argues that ‘care ethics’, household poverty and familial HIV are central to understanding the classroom concentration problems of HIV-affected pupils.
- To ensure school-going children and youth affected by HIV in sub-Saharan Africa have the same life opportunities as their peers, education initiatives must simultaneously alleviate both household poverty and other challenges pertaining to familial HIV.

# References

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