

REFLECTIONS ON POSSIBLE ISSUES FOR PEOPLE WITH AIDS / HIV (PLHIV) IN EDUCATIONAL SECTOR: FEARS, DEMANDS, NEEDS AND FACTORS

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Summary

The article is focused on possible fears, demands, needs and factors that are reflected by PLHIV concerning educational sector in Lithuanian context. For research chosen qualitative research strategy, which is based on two knowledge positions such as socially constructed knowledge and participant knowledge. For data collection was applied in – depth interview and the data was analyzed by using the qualitative content analysis.

PLHIV experience the fear of being rejected after informing others about his or her HIV diagnosis because they do not trust the ability of their environment to keep confidentiality and are afraid of negative attitudes which manifest themselves as special attention towards PLHIV, and not always in a positive sense. Therefore, PLHIV make a decision to inform their environment only in exceptional cases according to the need and intensity of communication with particular persons. Communication with a medical specialist and a psychologist according to need is vital for PLHIV. The medical specialist in the educational system should not only perform the role of a consultant but also engage in educational activity by working with the school's teachers because the latter forms attitudes in the school.

The analysis of the experiences of PLHIV revealed the necessity to develop social competence of students in schools, to promote their awareness of general life values, to involve parents in the awareness-raising process by providing information about HIV / AIDS based on scientific arguments, and to develop and expand

specific knowledge (of anatomy, physiology, infectology, pharmacology, psychology, education, sociology) of teachers related to the HIV / AIDS context. However, education must be professional, carried out by professional medical specialists and psychologists who have experience in working with PLHIV. Also relevant is the engagement of PLHIV themselves in education within educational institutions by transferring their experience to school communities.

INTRODUCTION

This article is based on qualitative data, which had been received through research initiative sponsored by the UNDP Regional Centre for Europe and the Commonwealth of Independent States (CIS) that aimed to identify barriers to the full social integration of people living with HIV (PLHIV). The author of this article was responsible for qualitative data analysis and preparation of qualitative research report with the focus on access to healthcare, education and employment. The goal of qualitative study was to assess the ways that PLHIV and service providers view PLHIV's access to medical services, education and employment in Lithuania.

HIV/AIDS not only attacks individuals. It also attacks systems. Until recently, HIV/AIDS has been perceived primarily as a health problem, which can be contained by effective health education programmes. But the deadly virus has not been contained and continues to spread so widely that it is now having a profound adverse impact on communities and institutions. While working to limit the spread of the disease, it is necessary to recognize and manage the pandemic's impact on the education system [11]. All over the world HIV/AIDS is causing devastation — destroying communities and families and taking away hope for the future. The impacts of HIV/AIDS are many. In the absence of

a cure, and in most cases in the absence of adequate treatment, HIV/AIDS diminishes or destroys quality of life before it takes away life itself. Its emotional and economic impact on life quality affects family, friends and community. It affects production as well as household incomes and expenditures; it poses major problems for health systems and health care practices; it diminishes the capacity of societies to provide essential services and plan for the future; and it threatens good governance and human security. Education is at the core of one of the great challenges facing humanity: winning the fight against AIDS. Education is life-sustaining as it furnishes the tools with which people of all age groups carve out their lives, and is a lifelong source of comfort, renewal and strength [19, 29]. The current research in HIV/AIDS in the last ten years, within the education sector is largely influenced by dominant discourses within economics, medicine and epidemiology sectors which, by and large, fail to take into consideration the social and cultural embeddedness of the disease [4]. The relationship between the HIV/AIDS pandemic and education provision can only properly be understood within the context of the lives of people – children and adolescents and their families, teachers and principals, education officials and college lecturers – who are coping in the first instance with the impossible demands the pandemic makes on them as individuals. The pandemic's impact on households directly influences the choices that learners and educators make [10].

HIV/AIDS is raising four principal questions for the education sector for which answers are only starting to emerge: What is the role of the education sector in preventing the spread of HIV/AIDS among young people? How can the sector ensure that all young people, especially orphans and other vulnerable children, achieve their full potential? How can the sector, which is the biggest employer in most countries, protect the viability of the education service, and therefore the quality of education provision? How can the education sector continue to improve access to and quality of education services in the face of HIV/AIDS? [10, 11]. Most of articles are related to these questions as they emphasize questions of prevention, public policy, improvement of medical care and health status of persons living with HIV/AIDS, economic development, e.g. the age-specific issues in prevention and treatment among older adults with HIV [26]), the impact on teenage pregnancy of interventions that address the social disadvantage associated with early parenthood and to assess the appropriateness of such interventions for young people [18],

health literacy as an important factor in the health and treatment of people living with HIV/AIDS [22], estimation of the effects of HIV/AIDS on the economy [13, 20, 37], universal testing and treatment as a promise for reducing the burden of human immunodeficiency virus (HIV), nevertheless the linkage from testing to treatment sites and retention in care are inadequate [5], role of the School Counselor in Context of HIV/AIDS issues [12], women and HIV / AIDS epidemic [28], HIV / AIDS impact on health care policy [8, 32], the need for establishment of medical school in order to educate and train health care specialists [6], HIV / AIDS-related stigma and discrimination [1, 30, 31].

A lot of research literature on issues concerning HIV / AIDS theme is related to different and / or similar socio-economical, geographical, health, cultural and ethnic contexts, and etc.; here is dominating focus on treatment, prevention through education, need for quality improvement among health care professionals, health care frameworks or strategies by performing literature review (in most cases not systemic), quantitative questioning studies. Despite this endeavor of researchers to illuminate the issues, gaps, needs, got in quantitative studies with standardized quantitative tools or conceptual reviews the established frameworks or strategies seem to be more declarative than helpful for the people living with HIV / AIDS. In this article the fears, demands, needs, factors are reflected by the people with HIV / AIDS who touch sensitive topics. The qualitative study highlight the areas, which could be the 'starting point' for researchers as well as to health care practitioners and politicians to established various documents first of all with the focus on painful themes for people with HIV / AIDS, who are members of our society.

Research question is as follows: What are the possible fears, demands, needs and factors in educational sector concerning people living with HIV / AIDS?

The aim of the presented study in article is to illuminate and describe on possible social, moral and psychological tensions concerning people with HIV / AIDS in educational sector in Lithuanian context (through reflections and opinions of people living with HIV / AIDS).

METHODOLOGY

Design. The qualitative research design is based on the international qualitative research methodology 'Guideline for a Qualitative Research Methodology to Assess the Social Impacts of HIV and Identify Priorities for Advocacy Action Assessment' [17]. The qualitative

research is based on two following conceptions: (1) the position of socially constructed knowledge allows for the forming of knowledge based on alternative processes and the collection of preconditions. In this respect, it is sought to understand the world of the study's participants that they live and work in. By providing information, the study participants develop subjective meanings of their experiences oriented towards specific objects. These meanings are different and varied, creating preconditions for the study investigator to see the complexity of the attitudes of study participants rather than narrow the meanings to a few ideas or categories. The emphasis is placed on the process of interaction between individuals, while through the qualitative data that was obtained; meaning is attributed to the experiences of the study participants [3, 9, 27]. (2) The position of participant knowledge is concentrated on 'marginal' groups. Through the research data and findings a voice is given to these people, who become a unifying aspect by implementing changes. This knowledge position is a point of reference for groups and persons who experience exclusion or are deprived of their rights [14, 23, 33].

Sample. Twenty research participants were selected for individual in-depth interviews by targeted maximal diversity selection, where sample units are chosen purposefully so that the research sample is comprised of as many diverse cases of the object under investigated as possible [36]. In total the 4 women and 16 men participated in the research. According to gender, their age range the age of women varied between 24 and 40 years old (Mean = 32); the age of men varied between 25 and 49 years old (Mean = 36.56). Distribution of the research participants by ethnic group: 2 women represent the Russian and 2 women - the Lithuanian ethnic groups; 11 men represent the Lithuanian, 4 men - the Russian, and 1 man - the Polish ethnic group. The period of living with HIV between research participants varies between 2 days and 18.5 years (Mean = 4.83 years). 3 out of 20 individuals are not dependent on drugs and have never used them; 1 participant has fully completed a rehabilitation course and has not used any drugs for several years. The other 16 participants stated that they are dependent on drugs. The majority of the survey participants admit that their infection with HIV is linked with the use of drugs. Many of them have used drugs and consider themselves to be dependent on drugs. A major part of the male participants indicate that they have never had sexual intercourse in exchange for money or with men because their rela-

tionships were heterosexual (12 participants). A small number of the make interview participants claim that their sexual relationships were homosexual (3 participants). 1 survey participants stated that he has had bisexual relations. 4 female participants claim that they are heterosexual. 1 female participant stated that she has provided paid sexual services to men. 5 research participants have their own house; 4 participants live with their relatives and 5 - with parents; 4 rent apartments; 2 live in the rehabilitation centre.

Data collection. In-depth individual interviews were used. These interviews are designed as a dialogue between an experienced investigator and the informant, who is aimed at obtaining important information that could be, analyzed [24, 36]. This interview was not intended to establish mutual communication and experience exchange, because the task was to encourage the research participants to open up by sharing their experiences. The average duration of the interviews was 1.25 hours. The volume of all twenty interview texts (only the interview text, excluding the questions asked by the investigator) ranged from 8 to 21 pages in A4 format, when the text on each page had a font size of 12 pt, with 1.5 line spacing (taking into account the volume of the entire research sample, the average length of one interview is 12.85 pages).

Data analysis. The method of qualitative content analysis was applied during the analysis of the qualitative in-depth interviews' data. Qualitative content analysis allows for the avoiding of superficiality when analyzing the text [15, 16, 21, 35]. Qualitative content analysis is aimed at identifying [38]: how the phenomenon is perceived by the respondent reflecting on his / her experience; what differences there are between the theoretical description of the phenomenon being studied and its expression in social reality; what the ways of the informant's thinking and perception projected towards the research phenomenon are; what the possibilities and limitations are concerning the application of acquired knowledge, skills and capacities in an activity / social reality. The text presented by informants is research material for qualitative content analysis revealing an individual's process of reflection. Researchers [15, 16, 21, 35] present the key characteristics of qualitative content analysis: (a) identification of the main aspects of research phenomenon; (b) the whole analysis is carried out in the context of a specific text; (c) new aspects illustrating the research phenomenon are revealed, or the existence of the characteristics of the same phenomenon identified in other studies is

validated; (d) based on the content of the text being studied and its highlighted data presented in sub-categories and combining them into categories. Qualitative content analysis is based on interpretation; therefore, the distinguishing of categories and subcategories is not an automatic, mechanical technique but a creative interpretation process aimed at decoding the meanings contained in the text [2, 7]. Steps of performed qualitative data analysis [26]: (1) selection of the unit for textual analysis describing the completed thought on the action, process, experience, understanding, etc. (part of the sentence, sentence, paragraph); (2) multiple reading of the interview text; (3) open encoding of the selected textual units by highlighting the main thoughts expressed in a particular textual unit; (4) comparison of open codes by discovering identical and different codes; (5) selection of different codes; (6) grouping of codes linked by a common thought or idea into subcategories; (7) grouping of categories into categories by a common idea linking them, for example, process, action, experience of the research participants, etc.; (8) presentation of categories, subcategories and group interview texts proving them in tables.

Research tool. Research tool is based on the international Methodology 'Guideline for a Qualitative Research Methodology to Assess the Social Impacts of HIV and Identify Priorities for Advocacy Action' [17]. The interview tool consists of 7 parts: 1st: representation of the researcher and demography (5 questions). 2nd: perceptions of people with HIV or AIDS about personal situation (9 questions). 3rd: the situation of people with PLHIV and AIDS in educational sector (9 questions). 4th: the situation in labor market of people with HIV and AIDS (11 questions). 5th: the situation in health care sector of people with HIV and AIDS (12 questions). 6th: the interactions between people with HIV and AIDS and NGO (11 questions). 7th: research participants' thoughts that were not touched in interview and the acknowledgement for research participants (2 questions). This article is focused only on results concerning third part of the tool.

Research ethics. In the article presented results are based on the study 'Vulnerability assessment of people living with HIV in Lithuania' (2009)¹, which had been performed by researchers of this article in the frame of Research Project between UNDP and Institute of Hygiene (Vilnius, Lithuania). The study was based on the following provisions [34, 39]: people were involved in the study after they had become familiar with the research content, and their verbal and written consent had

been obtained (by signing the document on research ethics); participation of the respondents in the study was voluntary; information about the objectives of the study was accurate; the respondents were not misled concerning the research objectives, research process, and form and possibilities of presenting the results; the research participants were not forced to perform any actions humiliating their dignity; during the study, compliance with the laws and conventions protecting human rights was observed; the participants were not subject to any physical pain or stress during individual or focus group interviews; the privacy of the participants was not violated; the anonymity of the participants was not violated; the participants were treated in a respectful and fair manner.

FINDINGS AND DISCUSSION

In partnership with other bodies, schools have an important role to play in reducing the risks and vulnerability associated with the epidemic. Among the actions that should be prioritized are: efforts to ensure that teachers are well prepared and supported in their teaching on HIV/AIDS through pre-service and in-service education and training; preparation and distribution of scientifically-accurate, good-quality teaching and learning materials on HIV/AIDS, communication and life skills; promotion of life skills and peer education with children and young people, and among parents and teachers themselves; elimination of stigma and discrimination, with a view to respecting human rights and encouraging greater openness concerning the epidemic; support for school health programmes that combine school health policies, a safe and secure school environment for both teachers and learners, skills based health education and school health services, and that explicitly address HIV/AIDS; promotion of policies and practices that favor access, gender equity, school attendance and effective learning [19].

FEARS of the HIV-positive person. Education for HIV prevention should begin at an early age, before children and young people are exposed to risks, and should be sustained over time. It needs to encompass measures to reduce individual risk as well as to reduce contextual, environmental and societal vulnerability to HIV/AIDS. Political commitment and leadership, participatory planning and intersectoral partnership are essential to a successful response, all of which need to be founded in a rights-based approach [19].

¹2009 United Nations Development Programme

The majority of research participants do not have direct negative experience regarding the situation of PLHIV in educational institutions; however, they presume that upon the disclosure of a person's diagnosis, there might be special attention (not always positive) given to the HIV-positive student, which can create preconditions for social exclusion. PLHIV experience the fear of being rejected after informing others about his or her HIV diagnosis because they do not trust the ability of their environment to keep confidentiality and are afraid of negative attitudes which manifest themselves as special attention towards PLHIV, and not always in a positive sense. Therefore, PLHIV make a decision to inform their environment only in exceptional cases according to the need and intensity of communication with particular persons. However, opening up poses a great risk of being excluded and rejected emotionally and socially; therefore, the main motto "if you don't say anything, you won't have a problem" remains.

DEMAND for specialist assistance provided to PLHIV in the educational system. Particularly severe is the epidemic's impact on schools and education. HIV/AIDS reduces the supply of education by reducing the numbers of teachers who are able to carry out their work, and the resources available for education. The epidemic reduces the demand for education, as children are withdrawn from school and college in response to rising household expenditure, and to provide care for family members. And, the epidemic affects the quality of education because of the strains on the material and human resources of the system and on health and presence of learners [19].

Communication with a medical specialist and a

psychologist according to need is vital for PLHIV. The medical specialist in the educational system should not only perform the role of a consultant but also engage in educational activity by working with the school's teachers because the latter forms attitudes in the school. Informed teachers would not create preconditions for stereotypes to become entrenched and would take into account the learning possibilities of HIV-positive students according to their health status. Strong fatigue and difficult and short-term concentration of attention due to medical treatment cause complications in the learning process, i.e. it is harder for HIV-positive persons to memorize something, they need a more frequent repetition of the task, and multiple explanations of subjects. By being aware of the specific aspects of work with PLHIV in the classroom, teachers would create preconditions for the formation of an atmosphere based on tolerance and goodwill in a class, in school, i.e. in an educational institution. However, neither special learning conditions should be created nor specific attention should be paid to PLHIV because the 'special treatment' strategy would cause social exclusion for PLHIV in educational institutions. A psychologist should think about the strategies of work with PLHIV in learning environments because PLHIV are dissatisfied with the current strategy applied by psychologists' communication / contacting / consulting PLHIV due to the stereotypical phrases, addressing and questions that are used which do not encourage PLHIV to open up.

The research participants state that it is necessary to provide students with information about assistance to PLHIV and the ways of HIV transmission in schools. This is a precondition in order to not to be afraid of HIV-positive persons, not to promote their social exclusion and not to live in psychological discomfort when they encounter HIV-positive persons. The personnel in educational institutions respond controversially not only to HIV but also to other diseases, i.e. they have preconceived attitudes and fears. The interview participants conclude that it is necessary to develop tolerance and goodwill already at an early age among children, i.e. to develop social competence through information on HIV (Table 1).

The participants emphasize that there is a problem of the moral and psychological struggle in school by children who have at least one parent that is infected with HIV if there is a risk that this information becomes public. In this context, neither the school nor teachers are ready to deal with potential problems in a professional and rational manner; therefore, there is a need for a

Table 1. Assistance of Education Specialists to PLHIV

Category	Subcategory
Need for a specialist or specialized room for HIV-related issues in educational institutions	Need to contact the specialist regarding information on the use of vitamins
	Need for a psychologist or psychotherapist in school regarding information on the consequences of HIV on the quality of learning
Need to be understood in the educational institution due to HIV-related health changes	Need for a smaller workload and multiple explanations by the teacher due to increased fatigue and weaker memory
Creation of exceptional conditions for HIV-positive persons – a precondition for encouraging exclusion in educational institutions	Creation of special conditions for HIV-positive persons in educational institutions – encouragement of negative attention of the environment
	Creation of special conditions for PLHIV in educational institutions – increasing of emotional and psychological discomfort of infected persons
Need for schools to assume responsibility for the provision of objective information about HIV to students	Information about possible solutions to the problem of HIV infection
	Information about the life of PLHIV after the diagnosis
	Teaching people not to be afraid of those who have been diagnosed with HIV
	Information about help for PLHIV
	Information about the effect of HIV on the human body
Negative attitudes of educational institutions towards PLHIV	Information about HIV prevention
	Connection between the attitude of employees of educational institution and the diagnosed disease
	Fears in the environment of educational institutions regarding any chronic disease
Need to educate children by developing their social competence	Distancing of the personnel of educational institutions from the reality of life in the context of various diseases
Need to educate children by developing their social competence	Provision of information on HIV early on in childhood
Deepening of knowledge and information about HIV by parents whose children learn in schools	Provision of information on HIV to parents based on scientifically proven arguments
	Provision of information to teachers about HIV transmission and the ways of transmission based on scientifically proven arguments
Deepening of knowledge and information on HIV by teachers	Provision of information to teachers about the effect of HIV on the body and consequences related to the quality of learning based on scientifically proven arguments
	Need for professional education for educational specialists

school psychologist or psychotherapist who would systematically work with the schools' community, educate teachers and parents, explain psychological, social and physiological problems caused by HIV, strengthen their social competences, etc. Such educational sessions should also be attended by professional medical experts, and the main form of sessions should be supervision during which specific cases would be discussed and solutions to any problems that would arise would be developed. The study participants believe that the integration of PLHIV and their children in educational institutions directly depends on the dissemination of knowledge and obtaining of accurate and scientifically proven information. According to the research participants, the professional help of a psychologist is important: a person diagnosed with HIV must be prepared to accept this diagnosis soberly and to assess the situation rationally by empowering himself or herself to assume responsibility for the quality of their own life.

NEED for schools to assume responsibility for the provision of objective information about HIV to students. The HIV/AIDS epidemic impacts negatively on the quality of education and consequently on progression through education systems. The quality of education suffers in the form of teacher absenteeism and attrition, less time for teaching, and disruption of classroom and college schedules affect the kind of learning that can take place. Teacher education also suffers as those working in universities and colleges become affected [19].

Due to the lack of information, teachers working in the educational system are categorical and adhere to stereotypes not only in interacting with PLHIV but also with people with any contagious or chronic disease. Ignorance triggers psychological tension and poor reactions projected on to people living with this disease or their close family members. The imbalance between emotions and rational thinking impacts the entrenchment of categorical attitudes and a culture of stereotypes in educational and training institutions. The analysis of the experiences of PLHIV revealed the necessity to develop social competence of students in schools, to promote their awareness of general life values, to involve parents in the awareness-raising process by providing information about HIV / AIDS based on scientific arguments, and to develop and expand specific knowledge of teachers related to the HIV / AIDS context. However, education must be professional, carried out by professional medical specialists and psychologists who have experience in working with PLHIV. Also relevant is the engagement of PLHIV themselves in education within

educational institutions by transferring their experience to school communities. The purpose of a psychologist in the educational institution would be to prepare the environment to accept an HIV-positive person as a human being rather than as a diagnosis. Thus, cooperation between different specialists and PLHIV and communities of educational institutions would provide conditions for the creation of the environment based on tolerance, goodwill and maintenance of personal dignity in educational and training institutions.

FACTORS for PLHIV integration into the educational sector. The world's goals in promoting education for all and in turning back the AIDS epidemic are mutually dependent. Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach [19].

In schools and in all educational and training institutions in general, there is a need for moral transcendence from defiance, distancing, disassociation, fear and tension caused by ignorance, insecurity and distrust, being categorical, secrecy, condemnation, non-awareness, diagnosis-related stereotypes and lack of knowledge, but an attitude that is directed towards maintenance of personal dignity, goodwill, tolerance, equality, maintenance of confidentiality, self-empowerment to expand one's knowledge and deepen accurate knowledge, dissemination of information, and recognition of an individual as the highest value. The existing absence of necessary human, material and professional information resources, insufficient dissemination of information, intolerance of teachers in the case of any disease of students, and a lack of the systematic and continued provision of medical information about HIV (as about other diseases that are relevant to the public that are tied to the preconditions for creating stereotypes and stigmas) by a professional medical specialist to teachers, students and their parents allow presuming that schools and other educational and training institutions are not ready to create favorable conditions for the integration of PLHIV in the educational system (Table 2).

Table 2. Factors for integration of PLHIV into the educational sector

Category	Subcategory
Equal communication with all students without labeling	Need for dignified and respectful behaviour with HIV-positive students
Need to implement the principle of respect for personal dignity in schools	Implementation of the principle of equality in work with students in educational institutions
	Maintenance of confidentiality in respect to of PLHIV
	Need for goodwill in respect to PLHIV
Demand for competent psychological support	Psychological preparation of individuals to accept HIV diagnosis
Concern about the health of the HIV-positive student	Individual attitude towards the learning needs of HIV-positive persons
	Greater attention to the maintenance of the HIV-positive person's health
Need for the personnel of educational institutions to develop their competence in the field of disease prevention	Need for training on HIV for the personnel of educational institutions
	Need for education of students

CONCLUSIONS

Due to the lack of information, teachers working in the educational system are categorical and adhere to stereotypes not only in interacting with PLHIV but also with people with any contagious or chronic disease. Ignorance triggers psychological tension and inadequate reactions projected onto people living with this disease or their close family members. Specialists working in the educational system lack accurate and objective information about HIV/AIDS, which causes their anxiety surrounding a direct encounter with PLHIV – they would not know how to react and behave or what to say in such a situation. Therefore, not only general information about HIV/AIDS is necessary, but also information about the experiences of PLHIV (both positive and negative) is necessary, and this would be the first important step in overcoming stereotypical barriers and understanding that PLHIV are not a diagnosis but people with needs, feelings, and specific competences.

Students of all age groups require education in universal values without concentrating specifically on HIV / AIDS-related problems but on tolerance, good will, empathy, compassion, sensitiveness, friendliness and other features necessary for dignified and equal communication by presenting experience-related cases of various diseases, disabilities, chronic incurable conditions, etc., which would create preconditions for the development and strengthening of students' social competence and emotional intelligence, but which would not ignore personal dignity, respect, and self-esteem. While orienting itself exclusively towards students' achievements, the concept of a school of general education does not enable one to maintain a balance with ethical, value-based, social and civil education.

In educational and training institutions, there is a need for moral transcendence from ignorance, distancing, disassociation, fears and tensions caused by not knowing, insecurity and distrust, categoricalness, secrecy, condemnation, lack of awareness, creation of stereotypes based on a diagnosis and lack of knowledge on the maintenance of personal dignity, goodwill, tolerance, equality, the maintenance of confidentiality, the self-empowerment to expand and deepen one's knowledge, the dissemination of information, and the recognition of an individual as the highest value.

The school environment is in a dilemma regarding the acceptance of PLHIV: on the one hand, the need to communicate with HIV-positive people on an equal footing is well understood; on the other hand, the positive evolution of thought is overwhelmed by the fear

of death as a result of the threat of HIV. There are prevention programmes being implemented in schools; however, the monitoring and assessment of the efficiency of these kinds of programmes are not carried out because all programmes are oriented only towards learning achievements, leaving personality, social values and social competence as well as the emotional intelligence of students in the background. The efforts of several pedagogues and other specialists need to be combined for the implementation of an integrated education; however, this requires additional time, efforts and revision of the content of programmes.

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REFLEKTAVIMAS APIE GALIMAS PROBLEMAS ASMENIMS, SERGANTIEMS AIDS / UŽSIKRĖTUSIEMS ŽIV ŠVIETIMO SEKTORIUJE: BAIMĖS, REIKALAVIMAI, POREIKIAI IR FAKTORIAI

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Santrauka*

Raktažodžiai: švietimas, patirtis, medicinos specialistas, ŽIV užsikrėtęs / AIDS sergantis asmuo, kokybinė turinio analizė.

Straipsnyje pristatomo tyrimo tikslas yra atskleisti ir aprašyti galimas socialines, moralines ir psichologines įtampas, susijusias su ŽIV užsikrėtusiais / AIDS sergančiais asmenimis švietimo sektoriuje Lietuvos kontekste (remiantis ŽIV užsikrėtusių / AIDS sergančių asmenų refleksijomis bei nuomonėmis).

Kompleksinei tyrimo problemai nagrinėti pasirinkta kokybinė tyrimo strategija, besiremianti socialiai konstruojamų ir palaikomųjų / dalyvio žinių pozicijomis. Duomenys rinkti giluminiu interviu, o analizuoti – kokybine turinio analize. Kokybinis tyrimas sudarė prielaidas atrasti ryšius tarp sunkiai pamatuojamų kintamųjų ryšių, kurie reprezentuoja ŽIV užsikrėtusių / AIDS sergančių asmenų gyvenimo ir darbo kontekstus bei situacijas. Kokybinio tyrimo rezultatų išryškintas supratimas sudaro prielaidas informuoti švietimo sektoriaus institucijas mokslo praktikos ir politikos kontekstuose, turinčias galią priimti sprendimus apie egzistuojančius kliuvinius, problemas ir poreikius priimti sprendimus, gerinant ŽIV užsikrėtusių / AIDS sergan-

čių žmonių situaciją. Kokybinis tyrimas įgalino tyrimo procese dalyvauti ŽIV užsikrėtusius / AIDS sergančius asmenis (iš viso 20 tyrimo dalyvių), atstovaujančius skirtingas lytis, socialinius ir ekonominius statusus, skirtingos trukmės savo sveikatos situacijos patirtis.

Tyrimo dalyviai teigia, jog ŽIV užsikrėtęs asmuo išgyvena baimę būti atstumtas po informavimo apie ŽIV diagnozę, nes nepasitiki aplinkos gebėjimu išlaikyti konfidencialumą bei bijo negatyvių pedagogų nuostatų, kurios pasireiškia išskirtiniu dėmesiu ŽIV užsikrėtusiam asmeniui ne visuomet teigiama prasme. Todėl ŽIV užsikrėtęs asmuo priima sprendimą informuoti aplinką tik išskirtiniais atvejais pagal poreikį ir bendravimo intensyvumą su konkrečiais asmenimis. Respondentai įsitikinę, jog ŽIV užsikrėtusiems asmenims svarbus komunikavimas su mediku ir psichologu pagal poreikį. Medikas švietimo institucijoje turėtų atlikti ne tik konsultanto vaidmenį, bet ir užsiimti švietėjiška veikla dirbant su mokyklos pedagogų bendruomene, nes pastaroji yra esminis nuostatų mokykloje formuotojas. Informuoti mokytojai nesudarytų prielaidų įsigalėti stereotipams ir atsižvelgtų į ŽIV užsikrėtusių besimokančiųjų mokymosi galimybes pagal sveikatos statusą. Analizuojant ŽIV užsikrėtusių asmenų patirtis išryškėjo poreikis mokyklose ugdyti mokinių socialinę kompetenciją, skatinti jų įsisąmoninimą apie bendrąsias gyvenimo vertybes, įtraukti į infor-

mavimo procesą mokinių tėvus, kuriems būtų pateikiama informacija apie ŽIV / AIDS mokslu grįstais argumentais, vystyti ir plėtoti pedagogų specifines žinias, susijusias apie ŽIV / AIDS kontekstu. Tačiau švietimas turi būti profesionalus, vykdomas specialistų profesionalų, kurie turi patirtis dirbti su ŽIV užsikrėtusiais asmenimis. Taip pat aktualus pačių ŽIV užsikrėtusių asmenų įsitraukimas į švietimą ugdymo institucijose perteikiant patirtis mokyklų bendruomenėms. Psichologo paskirtis ugdymo institucijoje būtų parengti aplinką priimti ŽIV užsikrėtusį asmenį kaip žmogų, o ne kaip diagnozę. Taigi bendradarbiavimas tarp įvairių specialistų bei ŽIV užsikrėtusių asmenų ir ugdymo institucijų bendruomenių sąlygotų tolerancija, geranoriškumu ir žmogaus orumo palaikymu grindžiamos aplinkos kūrimui švietimo ir ugdymo institucijose.

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