The program of social work

A minor field study conducted in South Africa about how professional care workers interact with HIV-affected children.

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Abstract

5.2 million South Africans are carrying the virus of HIV. People positively diagnosed with HIV are not only facing a life threatening disease, they are also victims of the stigma that is present in the society. The stigma and discrimination result in denial and isolation, which interferes with testing, education and the work against new cases of HIV. Previous research indicates that the health care system is defined as a setting where anti – stigma interventions can be implemented. Previous research dose also emphasise on the fact that research and literature focusing on HIV related stigma and children are relatively sparse. This study will therefore focus on how care workers, within the health care system; interact with children affected by HIV. The study have been conducted in South Africa at an organization named Yabonga, where interviews and observations have been made in order to receive information about what factors that affect the interaction between the workers and the children.

The information received has been interpreted and understood out of Goffman’s (1963) theory of stigma, as well as Charon’s (2006) theory of symbolic interactionism. The workers’ personality and the attitudes from the society came to be important aspects in the understanding about the interaction. The research presents that the level of knowledge is a key factor to what shapes an equal treatment, which should not be emphasised on a particular group, a developed understanding about HIV is important for every one.

Keywords: HIV/AIDS, Interaction, Stigma, Discrimination
**Regulation**

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1. Introduction

1:1 Introduction
This research aims towards an understanding about how professional care workers, within a certain organization in South Africa, experience the interaction between themselves and the children affected by HIV/AIDS. The study intends to examine what factors that influence on the worker’s interaction with the children and how this affect the stigmatization. The study has been made within Yabonga, which is an organization working with support to HIV positive individuals and HIV education. We have been focusing on two of their projects, OVC (orphanage and vulnerable children) and youth groups aiming towards HIV affected children.

1:2 Background
South Africa has a deep gap between rich and poor, unemployment is high and there are considerable gaps between the white minority and the historically disadvantaged black majority. Inequality and unemployment together, explain much of South Africa's widespread social evils such as violence, sexual assault and domestic violence. At the same time as the above problems, South Africa is facing further major challenges where one of the biggest problems is the HIV and AIDS epidemic. Every fifth person in South Africa is HIV-positive (20%). Every day dies about one thousand South Africans in AIDS and several hundred thousand new cases of HIV are added each year (UNAIDS, 2009).

“HIV” is an abbreviation for human immune deficiency virus and the acronym “AIDS” is an abbreviation for acquired immune deficiency syndrome. AIDS is caused by the virus of HIV. AIDS is a serious disease that affects the body’s own defense system against infections and diseases. It means that people who have AIDS can get many different diseases that a healthy person's body normally would be defended against. HIV is a virus that still has no cure, which means that a HIV positive individual will always be positively diagnosed with HIV.

HAART (highly active antiretroviral therapy) is however a medication that works to maintain the HIV virus and avoid the transition to AIDS and therefore give the individual the chance to live long and healthy as HIV-positive (UNAIDS, 2009).
HIV/AIDS were in the beginning linked to marginalized and stigmatized groups, such as for example gay men or injecting drug users. Most of the research concerning HIV/AIDS has been made in the United States, the attention has recently started to aim towards Africa because of the wide spread of the epidemic and the fact that HIV seems to be highly stigmatized, particularly in this part of the world (Deacon, 2005).

1:3 Formulation of the problem

5.7 million South Africans are HIV positive today. Many researchers have for a long time focused their studies on prevention and how that number can be reduced. Even though the main focus lies in developing prevention programs, HIV/AIDS related stigma has been recognized as a problem. Stigma and discrimination constitute one of the greatest barriers to dealing effectively with the epidemic (UNAIDS, 2009). But even though knowledge about stigma is of current interest and a constant discussion about definitions, effects and intervention are preceded; specific research on HIV/AIDS related stigma and children is relatively sparse (Deacon 2007). The difference in the experience of the virus shows that it is impossible to do a general definition or conclusion based on a specific group (adults, women etc). Research on adults for example cannot directly create an understanding about how HIV/AIDS positive children are affected and experience stigma and discrimination (Deacon 2005).

Holmezer et al (2007) discuss in the study, A conceptual model of HIV/AIDS stigma from five African countries, how the healthcare system and the workers’ attitudes contribute to the stigma process. In many cases stigma has affected the treatment and the interaction with the people living with HIV/AIDS. The study presents that the health care system is a source of stigmatization, it is also seen as a potential site for anti-stigma interventions. The study emphasizes that very little is known about the health care system and what factors that influence a stigma (Holmezer et al 2007), which makes a research within this area important.

Deacon (2007) discusses three different studies that all reported cases of healthcare workers refusing to provide care to HIV/AIDS positive children.

- A Save the children study,
- Thandanani (NGO that cares for children living with HIV)
- The children’s right centre in Kwa-Zulu Natal in South Africa
The result all presented cases of refusal because of the children’s HIV/AIDS diagnoses, which made the children feel ashamed over their status. Based on these studies a research with a focus on children and HIV/AIDS related stigma is important to develop further, since the healthcare system is identified as an important part in the stigmatization process. This study will emphasize on which factors that affect the care workers’ interaction with the children and how this in turn contributes to the existing stigmatization.

1:4 Purpose and issue’s of the study

The purpose of the study is to “examine which factors that affect the interaction between the care workers and the children, at Yabonga, to reduce the stigmatization”

The purpose is divided into the following issues;

- How do the care workers at Yabonga describe the interaction with the children?
- Do the care workers at Yabonga interact with the children as they say they do?
- Does the interaction between the care workers and the HIV-affected children differ in how other part of the society treat this group?
- What shapes the care workers interaction with the children at Yabonga?

1:5 Information about Yabonga

Yabonga is an organization operating in Cape Town, South Africa working with HIV/AIDS affected children. Yabonga has a focus on providing support for HIV-positive mothers and their children. Yabonga has a total of 12 different centers around Cape Town all working with different kinds of projects. One of their projects is called the “orphans and vulnerable children” (OVC) for children between 5-13 years old and another one is focusing on the youth starting at 14 years old. Both projects is aimed towards HIV/AIDS affected children, where a third of the participants are orphaned, a third are HIV-positive and the other third has a
relative that is HIV-positive. Yabonga’s centers are situated at different clinics where the organization gets in contact with HIV/AIDS positive adults and their children. The OVC and youth projects help to provide education, food and psycho-social support for the children. The groups come to a “community mother” after school, for two hours three days a week, where they do different kind of activities. The “community mother” has the responsibility for the nutrition support and to provide a safe place for the children. By the gatherings, a “youth counselor” is present who has the responsibility for counseling and activities. The fieldworker has the total responsibility to organize and plan meetings and counseling sessions for two of the centers.

This research has been conducted in a country that is unknown for us when it comes to norms, rules and culture. Many aspects are therefore important to consider and to be aware of in this study. The fact that we are Swedish researchers with certain knowledge, pre understanding and culture has most likely differed from the respondents’ views and knowledge. This might have influenced the information received, through the observations and interviews. It has therefore been considered as important to make sure that the purpose of the study as well as the reason to our presence has been well known for both the care workers and the children. Before the research began we found it important to have a meeting with two leaders within Yabonga who have knowledge about the culture and aspects that was unknown for us. This meeting included discussion around cultural differences, language skills and how to approach and behave around our respondents, the children and people working for Yabonga. This information was necessary for our research since it made us feel more secure about how to approach the participants in this study. In the preparation of the study contact has been held with one of the leader of Yabonga, both to discuss the approach and the aim of the study. This has been essential for the research because of the cultural differences and other difficulties. Through discussions about possible problems (cultural differences, language barriers and ethical considerations) we found it important to, together with the Yabonga management, discuss ways to solve and avoid these potential difficulties. Before the study began, we participated in a preparatory course arranged by SIDA containing discussions and lectures on ethics, cultural differences and information about South Africa.
1:6 Pre-understanding
HIV/AIDS is a topic known world wide. Since we, as researchers, are interested in how the virus influences on people’s lives we have dedicated our expertise in this area. Since we are social creatures, it is difficult not to take part by prejudice against people with the virus – either we agree or reject with the said. Our goal with this study has been to understand the situation in South Africa and not be influenced by prejudiced attitudes. Even though we have tried to stay objective we have had a pre understanding that people should be treated equally with or without HIV. Our approach may have affected our production of this paper, but our hope is to demonstrate it as objective and credible as possible.

1:7 Demarcation
The main reason for choosing Yabonga for this study was because their work was considered as relevant and interesting for this particular research. Yabonga is operating in South Africa which means that most of the respondents have the level of English skills that have been necessary to collect information and communicate with the care workers and the people interesting for the study. Depending on time constraints, the study has been confined within Yabonga where we have been focusing on two different centers with two different OVC-groups and one youth-group.

1:8 Continued production
In order to easily carry the reader through the text, this section will give a short description about how this study is designed. The first chapter has been discussing the value and importance for this study as well as descriptions about where the study was accomplished and a background related to the studied area. In chapter two a discussion about the study’s method and approach is held. The chapter describes the positive and negative aspects with the used method, and it explains how credibility and validity is established as well as the ethical dilemmas that have been taken into account. In chapter three knowledge and information about previous research will be provided which will contribute to a better understanding about what previously is written within the area. A theoretical framework is following in chapter four where stigma and symbolic interactionism is described which further are interpreted in the results and analysis. In chapter five, the reader will be provided with information about the
data received from both interviews and observations, where quotations are used to describe exactly what have been said in the interviews. An analysis of the result is presented in chapter six and after that a summary in chapter seven, at last a concluding discussion in chapter eight.
2. Method

This section will present the chosen method and how it benefits this particular study. A further discussion regarding selection and data collection will be presented, as well as validity, reliability and ethical considerations.

2:1 Choice of method

This study has been made out of the qualitative method and the case study. The case study is aimed to examine smaller units and it can go in depth in the survey and examine intricate details. Another advantage with the case study is that the method pays attention to relations and process which contributes to a wider perspective. Triangulation has been used in this study with help from interviews and observations to reach the purpose and Trost (2001) explains that the case study is a good choice for combining these two approaches.

2:2 Qualitative case study

Kvale (1997) describes the qualitative approach as a method that looks in depth of a particular phenomenon and not seeks to generalize different facts or theories. The qualitative method is used primarily to reach understanding for particular objects and do often use interviews, observation and textual analysis to reach information. The purpose of the qualitative method is to obtain descriptive explanations of human life-world in order to interpret the studied. A systematic reflection on common-sense understanding can contribute to greater understanding of people around the world. Robson (2002) describes the qualitative method as an approach with flexible design since it does not require solid answers and clear structuring of categorization and analysis of the information. The major advantage of the qualitative methods is its transparency which allows the respondent to provide more information to the researcher. It provides an overall picture which increases the understanding and allows the researcher to take note of the applicant's standing and see things from the respondent’s situation. The negative aspects with the method is that the closeness between the researcher and the research object can create expectations of the subject, so that he/she tries to live up to what he/she believes the researcher wants. This can in turn contribute to untruthful answers from the respondents, which we have to be aware of and consider in the analysis.
The comparison between the respondent’s answers and the observations in this study will make it possible to acknowledge if the respondent’s answers correspond with their actual work.

Denscombe (2000) describes the case study as an approach within the qualitative research method. The case study has advantages for a research that intend to examine single survey unit. Case studies can be used to investigate individuals, groups, organizations, social and phenomena related to politic. The advantage of a case study is the fact that it is allowing the researcher to be more devoted to the investigation and examine intricate details. With the case study it is possible to pay attention to relations and processes which give a holistic perspective. Another possibility is that the researcher can use several different approaches to reality (observations, interviews and document research). The case study's drawback is the ethical dilemma; to get access to documents, humans and to their natural environments (Denscombe, 2000). The basic idea of a case study is to examine a particular case in its natural environment, which can be considered as difficult to maintain with two unfamiliar researchers observing. The aim in this study was therefore to become included in the group as soon as possible, which in this case included participation in different activities. It became important to be aware of that the care workers and the children were not uncomfortable with our presence. Reflections were therefore not made and written down nearby the children and the care workers.

2:3 Selection of respondents

The interviews have been made with three youth counsellors and three fieldworkers. Since we have had a long contact with the Yabonga management before we started with the study, it made it possible to prepare for the research together with them. Information was presented about the organization and what opportunities that was possible within Yabonga. The information helped us to prepare and reflect over respondents and participant, since Yabonga was able to provide their help it became relatively easy to get in contact with the respondents that were considered most interesting for the research. Interesting is defined as the workers that we had the opportunity to observe in the OVC and youth groups and also the workers that had the most direct contact with the children.
Even though we chose participants for the study we have reflecting over the fact that we were presented to the different centers, youth counselors and fieldworkers by the Yabonga management which can influence on the respondent’s answers. We did acknowledge that no one of our respondents share one negative feelings or experience about Yabonga, which might depend on our direct contact with the management which made the respondents avoid talking negatively about the organization. It is nothing we believe that we can confirm or investigate further, since more time would be necessary in establishing a good and trustful relationship from where we could examine the experiences. However it has been important to inform the respondents about how and by whom the thesis will be handled.

2:4 Interviews

The questions and the topics during the interviews have basically been focusing on the workers’, at Yabonga, knowledge and attitudes towards HIV/AIDS affected children. Robson (2002) describes that the design has to be the same in all the interviews to be able to compare and analyze the answers, which has been made in this research. The approach made it possible for the respondents to express their feelings and emotions openly and not through specific questions (that comes out from the questionnaire). To encourage the open atmosphere a semi structured interview guide has been used, where the focus was on open questions. This gave us the opportunity to continue on interesting responses and answers. Certain aspects were necessary to consider in the formulation of the interview questions, such as the respondent’s situation, culture and language skills. The Swedish Science council (2009) has different ethical rules that need to be considered in all interviews that are made. With reason of these rules, all the six respondents in this study has been informed about that their participation where voluntarily. The respondents were informed about their rights to withdraw from the study and that the results only will be used in this particular study. Information about protection of their integrity, the purpose with the study, and the respondents’ role were also presented. The respondents were also asked for the permission to record and take notes from the interviews, to secure the source and information.

In the continued production of the text the interview respondents will not be mention by their real name with the reason to protect their integrity. They will be given fictive names to make them more real and thereby present them as a subject for the reader. All of our respondents are HIV-positive themselves which might have affected the answers the respondents have
been given about the interaction with the children, this aspects will be further discussed in the analysis. Three youth counselors have been interviewed, “Patrick”, “Michael” and “Elisabeth”. Their work are emphasizing on the children psycho-social wellbeing, if the children need to discuss a certain matter regarding for example HIV status, discrimination or family issues they will turn to the youth counselor. “María” “Fiona and “Sofía”” work as fieldworkers and have the responsibility for a total of two centers each. They make sure that the children will have time and the possibility to talk to the youth counselors.

2:5 Observations

The observations made it possible to create a better understanding about the answers received in the interview and to create an understanding about the interaction directly in the fields, such as behavior, actions, gestures and words. Denscombe (2000) is emphasizing on the same advantages with the observation- method. The observation gave the possibility to reach knowledge and information through the nonverbal language, as the interviews have helped to understand the verbal language. The language, both verbal and nonverbal is the source of information. The nonverbal communication helps to shape an understanding about the care worker’s, in this case, interaction with the children. The verbal language brings the issue that the respondent might shape the answers as he/she wants to present it, which make it appropriate to combine interviews with observations. The main focus has been to observe the dynamic between the care workers (our respondents) and the children in order to examine what factors they use in the interaction to reduce the stigmatization. The observations where conducted during our visits at the centers where the main observations where accomplished in the beginning, since it during this time was possible to maintain the observation relatively objective. We chose to do participant observation because it felt more natural when the children invited both of us to be active in their activities.

Cultural aspects and language barriers did however make it difficult to observe and interpret the situations, even though earlier preparations were made. The language barrier made it often difficult to understand and observe the verbal communication; we consider the few things that we got translated as to weak to analyze further. The non verbal communication was therefore our main focus in the observations. The non verbal communication made it possible for us to interpret and understand the actual interaction between the workers and the children. The aspects that need to be considered and discussed are the fact that we have understood the non
verbal language based on our culture and knowledge, which can not be directly transferred to our respondents’ culture, behaviours and knowledge. We have based on this aspect, only explained and described what we have been observing which has to be understood out of their particular culture and norms. The observations have been based on the questions in our interview and the answers from the respondents, where it has been possible to get a better understanding about what the respondent really meant. We considered this as possible to discuss and analyse since this information came from the respondents’ from the beginning.

During our observations we acknowledged certain situations, that in our culture and society are considered as unacceptable or against the norm, which we decided not to develop and discuss further since it became clear that the reaction from us and from the respondents’ were based on cultural differences.

2:6 Processing

The results from the interviews and observations have been handled relatively equally. By recording the interviews and writing them down, it has been possible to compare them and use quotes that explains frequent and common answers in the interviews. After the observations were accomplished we discussed and compared the notes in order acknowledge interesting aspects and see patterns with the information received in the interviews. The result chapter will describe the information received from both interviews and observations which will be further analyzed in terms of relevant theories (symbolic interactionism and stigma) in the section thereafter.

2:7 Validity and reliability

Validity is the instrument designed to measure what it was supposed to be measured. When, for example, using difficult words it is likely that the researcher don’t have a high degree of validity because of the risk that many of the respondents misinterpret the questions. This has especially been important in this study since the interviews have been made on a second language, both for us and for our respondents. The importance in pronunciation and choice of words has therefore been important aspects to consider and such as leading questions and sensitive issues have been avoided. To strengthen the validity in a research it requires to maintain completely objective as researchers (Trost, 2001), which is considered as difficult to
accomplish. The results from the interviews and the observations in this study have needed an interpretation and an earlier knowledge (theory and previous research) which most likely have affected how we have interpreted the result. Even though it is hard, we have tried to keep objective and been reflecting over our interview questions and observations to strengthen the validity in the study. The Yabonga management has also helped us in developing questions so that they should be based on the respondents culture and language skills. To strengthen the validity further, we have used quotes in the result section to show on a transparent relationship between the results and analysis.

A research does also require reliability. Reliability means that the study should be reliable, that it is stable and not depended on chance. A measure should give the same results when reassessed. Denscombe (2000) explains that it is hard to secure the reliability in an interview. We have been aware of that different factors affect the answers and the interviews which makes it difficult to guarantee that one interview would be exactly the same if another person had done it another time. However, to keep objective an interview guide and discussions about what is emphasized in our observations have been made, in order to examine what is supposed to be investigated. We have had the same person doing all the interviews, and the other one observing, taking notes and contributing with continuing questions.

2:8 Ethical considerations

By the fact that the study is conducted in South Africa, many different ethical aspects have been discussed. South Africa has a deep gap between rich and poor, the majority of the indigenous population is dark-skinned, and the country is receiving assistance of countries containing a white population. It applied that we, as students in a foreign country had to reflect and be mindful of cultural depicts costs and also the pre-understanding they (could) have had about us. The possibility exists that we have been seen as a contributors, investigators or experts on various issues. It has therefore been important for us to present the reason for our research and our role. It has also possible that our presences have affected how people behave, and that they have acted as they thought that we expected them to. We have, as suggested by Regeringskansliet (2004), been reflective and thought about how different factors have affected the answers of the respondents.
The respondents from the interviews have been presented by fictive names, with the reason to protect the respondent’s integrity and to minimize the risk that the quotes can be derived to the right person. If the respondents would be described further their answers could more easily connected to the respondent, especially from the Yabonga management who will have access to the study.
3. Previous Research

This section will present previous research that has been made in the area of HIV/AIDS and in particular researches made with a focus on HIV/AIDS and children.

Deacon (2007) explains that there are a lot of researches made on specifically adults affected by HIV/AIDS, but research focusing on HIV/AIDS – related stigma and children is relatively sparse. The researches that are made with a purpose aimed towards adults can not directly be used as material in describing children’s approaches and experiences in regard to HIV/AIDS. This is mainly because children express, reacts and experience stigma in a different way from adults. It is further presented that it is important to examine the needs and the children’s situation in developing countries, this in particular because young people are at a high risk to get infected. The stigma that follows a HIV/AIDS diagnosis can affect the child both directly and indirectly. Discrimination might be an example of what we can describe as an action that directly affects the individual. The stigma can also influence the child indirectly when for example caregivers experience stigma or discrimination which leads them into certain courses of actions.

There is also relatively easy to find research with a focus on HIV/AIDS positive adult’s experience of treatment and interaction in the society, also how they experience discrimination connected to healthcare. Holmezer et al (2007) has developed a model over the stigmatization process, where one of the important components in the process is the health care system. Even though research show that the health care system is an important part of the process it has been hard to find information about the health care worker’s attitudes and experiences of interaction and discrimination, in particular towards HIV/AIDS affected children. The few studies that we found have different views and results of the effects of stigma and discrimination of HIV/AIDS positive children within the health care system and what factors that are used to reduce this stigmatization.

A recent study made in Tanzania (Tanzania stigma –indicators field test group, 2005) explored the healthcare workers attitudes and believes about HIV/AIDS affected children. The study found that just a few of the respondents held a negative or stigmatizing attitude towards HIV/AIDS affected children. This numbers were considered as little evidence of that
healthcare workers interact negatively with children affected with HIV/AIDS. The study did however present that the care of HIV positive children were sometimes lower.

In the study, A conceptual model of HIV/AIDS stigma from five African countries, made by Holmezer et al (2007) it is presented that the health care system is a source of stigmatization. Health care is further explained as a potential site for anti-stigma interventions, which is the reason to why the health care system is seen as such an important part in the model of the stigmatization- process. The health care system is defined as both hospitals, clinics and home based care settings and all healthcare workers such as therapist, nurses and others. The following examples are all presented in the study:

“I went to the clinic, where I explained my status and the prescribed treatment. They said:”Oh! No, no you want to infect us. (Lesotho Rural Female PLWA, people living with AIDS)

"The one girl, she was sixteen years old, she came to me and said they where chasing her away from the clinic in town” (South African nurse)

The study do emphasize that very little is known about the health care system and what factors that influence the interaction which affect the existing stigma. Stigma and discrimination constitute one of the greatest barriers to dealing effectively with the epidemic and are therefore important to examine and study further (Deacon 2005).

People living with HIV/AIDS have been affected by the related stigma since that day when the pandemic began. Certain parts of the South African communities are naming HIV/AIDS “Ulwazi” which means “that thing”. This has been suggested as an understanding of that HIV/AIDS is so stigmatized that people don’t even use the real name (Stein, 2003).

Richer’s (2001) study presents that people are afraid of the abnormal and afraid to be infected themselves, which make people labelling each other and create the social phenomenon of stigma. Becky. L. Genberg (2009) presents that individuals that are unfamiliar with HIV/AIDS tend to develop negative attitudes to people living with the disease. The study “Barriers to disclosure to children with HIV” (Kouyoumdjian, Meyers, Mtshizana 2005) presents that it is healthy for, in particular, children to discuss their illness but the research
indicate that this seldom occurs. The reason for not discussing HIV/AIDS is described in the study as fear of stigma and discrimination.

Stein (2003) presents the aspects and consequences of fear as one of the reasons to why HIV/AIDS related stigma is a problem. The fear of disclosure interferes with risk reduction; this means that when people do not disclose their HIV/AIDS status they are missing out on treatment, education and counselling. Delays in testing and treatment increases the risk that the individual infected with HIV/AIDS will transmit the virus to someone else. Fear of HIV/AIDS related stigma does interfere with effective prevention efforts.
4. Theoretical Framework

This part presents the theories that will work as a foundation for the study and will be used to understand and interpret the results from the research. The theories mentioned in this section are explained out of a perspective that is particular interesting for the purpose and empirical data. The theory and definition of stigma will be discussed and also the link between stigma and discrimination. There will also be a discussion about the concept of symbolic interactionism in a stigma related situation.

4:1 Symbolic interactionism

Most people are included in a social community where interaction occurs constantly. We are social creatures that not only interact with each other, we also interact with ourselves. We are constantly thinking, both consciously and unconsciously. The interaction with ourselves is equalled important as when we interact with other human beings. In the understanding of the human being, symbolic interactionism has a focus on the interaction instead of the personality and society and what impact those two factors have on each other. People create an understanding and learn about their environment through interaction with others, but also through interaction with themselves (Charon, 2006).

Charon (2006) understands symbolic interaction through five central ideas. He says that “To understand human action, we must focus on social interaction, human thinking, definition of the situation, the present, and the active nature of the human being” (Charon, 2006 p30).

- The human being must be understood and viewed as a social individual. We are created through interaction and the social interaction is a foundation to the explanation to our behavior. Our earlier interactions affect how we interact and behave in future social situations.
- People think; we are constantly using our brain to interpret and understand what is going on in our surrounding.
- Humans define the situation they are in, the actual environment is not the interesting part, it is how we interpret and define it that matters. Definitions are based on earlier interactions and thoughts.
Our behavior is caused by the *present situation*. We interact, think and define the situation of the present situation, our past affects our actions because we think and apply it to the present situation.

We are *active beings*, constantly involved in what we do. We have control over ourselves and we are able to overcome negative inputs from the environment. (Charon, 2006).

The symbolic interactionism interferes with the traditional social science, which makes the perspective unique and different. The approach views the person as an active being in the environment. The role and impact of the society is no longer in focus. We are not controlled or shaped by the environment, but we define and act towards it (Charon, 2006).

When it comes to human beings and the symbolic interactionism, we interpret our surroundings and all the objects that are included in our environment. We understand and define everything we see, and we experience and feel which further becomes the base in our definitions. We use symbols in the interaction and in the communication with other people, they performs both when we talk, think and when we are acting (Trost and Levin, 1999). The appearance is not as well recognised as the language (Måns, 1999). We are not only using symbols to communicate, we also use them to understand and seek information about others (Giddens, 2007). Our behaviour often has a purpose to express something to the people around us. We want to show what we can, what we want and how we feel. Words and behaviour is what many consider as communication methods, but even our clothes and possessions are defined as symbols because it gives the people around us information about us. When we use symbols we develop emotions both in ourselves and in the person who we interact with. These emotions works as foundation for future relationship with other persons (Trost and Levin, 1999).

During the interaction process we create an understanding about the individual and form a picture which gives the person a certain identity. The perception we have about the person affects how we behave in the social interaction. Depending on how the person act, talk or look we categorise the person and put a label on him. The labelling results in a specific stereotype, which often is based on very little information about the person. These pictures are difficult to change during the interaction (Charon, 2006). Within a certain culture the thoughts about a certain stereotype is often similar to everyone (Aronson, Wilson & Akert, 2002).
4:2 Stigma

Stigma is a concept that includes a range of different opinions on how the phenomenon should be defined and understood. The concept is circling around the issue of deviance (Alzonzo & Reynolds, 1992). Within the medical discipline stigma is used to describe a visual change on the body which is a result of a certain disease or hereditary deviation which departs from what is normal. The sociological discipline however define stigma as a social labeling (Nationalencyklopedin, 2009). The sociological believes about social labeling is further explained by Goffman (1963). He explains stigma as when an individual have an attribute, a quality that cannot escape the attention. It makes us (the people that will meet him) ignore the fact that he is a part of the society and instead, look at him as a person who does not meet our expectations and departs from what is called “normal”. He possesses a stigma. Becker (2006) explains that the social group implements rules and norms that the persons in that particular community needs to follow. If the person does not meet the expectations, he becomes labeled as deviant. Powerful groups in the society uses discrimination and stigmatization as a tool to protect themselves from what is seen as unexpected and abnormal (Skinner, Mfecane 2004).

There are three different types of stigma. Firstly there are bodily malformations of various kinds. A second type of stigma is when an individual suffer a stigma because of something that is considered deviant in a person’s mind or personality such as mental illness, homosexuality or alcoholism. The last type is because of a belonging to a specific group, for example; ethnicity, nationality or religion (Goffman, 1963).

When an individual suffers of an illness it is often connected to a disease stigma (Deacon, 2005). A disease stigma is defined as follows;

“Disease stigma can be defined as an ideology that claims that people with A specific disease are different from “normal” society, more then simply through their infection with a disease agent. This ideology links the presence of a biological disease agent (or any physical signs of disease) to negatively – defined behaviors or groups in society. Disease stigma is thus negative social “baggage” associated with a disease.”(Deacon, 2005 p 19)
Disease stigma does link a disease with negative attitudes and a prejudiced approach, but already defined out groups are considered responsible and get blamed for the disease. For example, a certain part of HIV positive individuals are seen as blameworthy for their condition since the disease is a proof of membership in already marginalised communities, such as for example sex workers and gay men (Deacon, 2005).

One way to understand and examine stigma and the dynamics of HIV/AIDS-related stigma is by using the model developed by Holmezer et al (2007).


The stigma process is explained from three different factors which is; the environment (such as political, economic and cultural factors), the healthcare system (clinics and the healthcare worker’s attitudes and views) and the agent (family members and community members). The model explains the stigma process using four different elements. The first element is called the “stigma triggers” which referee to the situation or incident that activates a stigma, such as disclosure of HIV status or testing of HIV. A trigger is explained as any action where people label themselves or others as HIV-positive. According to the model, triggers results in stigmatizing behaviour which is identified as the second factor in the model. The stigmatizing behaviour is when the person infected with HIV is treated in a negative way because of his or her HIV status, for example blame or avoidance from former friends. In the third phase the model identify three different types of stigma: received, internal and associated. The received
stigma is explained as associated with all types of stigmatization, which is both explained by themselves and others. Internal stigma is based on the person’s own thoughts and negative perceptions about themselves based on their HIV status. When people who are associated with individuals positively diagnosed with HIV are stigmatized, it is called associated stigma, for example persons who are working with HIV positive individuals. The last phase describe the consequences that stigma may involve for a person living with HIV. Verbal and physical harassments, isolation and vulnerability are examples of the outcomes that HIV positive individuals may suffer.
5. Results

In this section we are going to present the results from our interviews and the observations. We will use four different questions as headlines in our presentation; these questions are also used as the underlying issues to our purpose.

During all the six interviews, with both youth counsellors (Patrick, Michael and Elisabeth) and fieldworkers (Sofia, Fiona and Maria) it was relatively easy to see the pattern and the connection between the interviews. In the description about Yabonga all our respondents talked positively about the organisation where the respondents explained different factors that have an influence on their work with the children and how these factors in turn contribute to the existing stigma.

5:1 How do the care workers at Yabonga describe the interaction with the children?

In questions about the workers interaction with the children, three factors were frequent: 
openness, sharing and love.

The respondents described Yabonga as a place where the children have the possibility to be open about things that they can’t tell someone else, which according to the workers, is important because they need someone to listen and respect their feelings, as well as be able to discuss their HIV status and experiences of stigma. Patrick explained that: “the children like the openness and the education they receive. They can share everything, share with each other. It is open at Yabonga”. Fiona explained: “the children only open up at Yabonga”.

According to the openness, the respondents described “sharing” as a part of the accepting atmosphere, where feelings are accepted to express and share with each other. If someone feels ignored, discriminated or has something that they need to talk about, Yabonga are offering support and counselling. Michael and Sofia explained that: “The children are learning to share feelings, writing stories about feelings”(Michael). “We build a trust between us and the children, then they can talk and share everything. The children have to be aware of confidentiality”(Sofia).
All our respondents were clear about their own love towards Yabonga, but also the love that Yabonga gives to the children and the love that the children shows towards the workers. Elisabeth and Fiona described that: "every child needs love, needs care. They only have HIV in the blood, but every child needs support" (Elisabeth), "the children love to be at Yabonga, they feel that Yabonga give hem support and help to strengthen their self-esteem. They even come to Yabonga during weekends because they feel lonely at home" (Fiona).

5:2 Do the care workers at Yabonga interact with the children as they say they do?

Activities at Yabonga have been different depending on group and ages, where goals, purpose and approaches differ. In the groups for the younger children (5-13) the activities have been a lot about to strengthen the children’s self-esteem and to offer them a group where support, love and fellowship are accessible. These factors do characterize the interaction between the care workers and the children. Mostly the children have been dancing, singing, painting and eating during our observations and the care workers have always been attending the activities. We have noticed that many of the activities have been about love and happiness. Love has been a frequent word in many of the songs.

In the groups with the older children (youth) the activities have been about education and knowledge, where they were asked certain questions focusing on sex, HIV and stigma. Knowledge has therefore been observed as a factor that is used in the interaction to both develop the youth’ skills within the HIV area but also to teach the youth how to live a positive life. The youths have been allowed to share their feelings and they have, as we observed, always been accepted both by the care workers and by the entire group. The education has been focusing on how to protect themselves from HIV, and how to live a positive life with a HIV positive diagnose. Even though the youth have been working with an aim towards education and knowledge, support, love and acceptance have been observed as central aspects within this group as well.

In our observations we have noticed that the children have started to sing and dance directly when they arrived even though activities where planned for later. We have also noticed that the children brought friends to the appointments sometimes. Many of the children have joined
the gatherings before appointed time which have, as we observed, always been accepted. Even the youths seems to appreciate the gatherings at Yabonga, as we understood the activities often discussed with friends outside the organisation. Both the children and the youth are generally considered as outgoing and, if they were able to talk English the youths never hesitated to express their HIV status to us even though we did not ask.

Since we could not always follow and understand the verbal conversations between the youth counselors/fieldworkers and children/youths it has been difficult to observe what was said. The conversation has been translated for us a few times but we have not been able to understand everything. It has however been possible to examine the non verbal communication and the dynamic/atmosphere at the centers. Through our observations, and the non verbal communication, we have acknowledged a positive, happy and humorous environment with the children. The youth were welcoming, out-spooking and curious.

5:3 Does the interaction between the care workers and the HIV -affected children differ in how other part of the society treat this group?

The respondents were from the beginning clear about that discrimination and stigmatization did not occur within Yabonga. Maria and Patrick explains that: “There is no difference in treatment between HIV positive and negative children at Yabonga” (Maria) “If it is hard and we see discrimination we send them to TAC (treatment action campaigns) where they can get counselling”(Patrick).

In the discussion about stigmatization and discrimination the respondents emphasised that Yabonga is working for a non discriminating environment, all the respondents did however agreed about the fact that stigma is a present problem in other parts of the society. The children are treated differently in school and families depending on their HIV status, which make Yabonga an important place for the children to turn to and be accepted. Maria and Elisabeth described the existing stigma in the society as: “School and families does treat the children differently cause they doesn’t know enough. They doesn’t have enough knowledge and time to talk about feelings”(Elisabeth). ”Our main problem with the school teachers are that they still got the stigma about HIV/AIDS they are so curious to know about the status of a child and they are judgmental – I think we need to do workshops to give them more information about HIV/AIDS” (Maria).
5:4 What shapes the care workers interaction with the children at Yabonga?

All the respondents were open in telling us about their own HIV status, they were all tested positively. They were all emphasizing on the importance in maintaining an open atmosphere around HIV with the children. A general comprehension of the interviews were that both the youth counsellors and the fieldworkers choose to open themselves to the children, educate them and use practical examples where they used to describe their own life and status. The respondents explained that they want the children to learn and to see with their own eyes that it is possible to live positively even though you are positively diagnosed with HIV, which is explained in the following quote: “We give many examples about ourselves, since we are HIV positive. We teach them to live a positive life. They are impressed. We talk about ourselves and they listen, since it is so close. We don’t talk about things that have happened far away, like in USA, this is close and it is about us” (Sofia).

We asked our respondents if and how their knowledge about HIV had changed after they stared working at Yabonga. The respondent’s answered that they have received education and training within Yabonga, they are trained in how to interact and treat the children as well as HIV/AIDS knowledge. Workshops are for example focusing on communication and child development which, according to the respondents, have helped them to understand how to interact with the children. They have also learnt to see and acknowledge every child and their development. Two of the respondents explained about the knowledge they received: “I did not know much about HIV before Yabonga. We did not talk about it before, we denied it. But since we started at Yabonga we learned to be open” (Michael). “We are living with HIV ourselves and went to support groups where we learned how to live positive” (Fiona). Most of the respondents expressed their happiness about working at Yabonga since they have reached a higher knowledge about HIV/AIDS which also changed their views about themselves. Some of the respondents also meant that their knowledge has changed the way that they interact with the children: “It’s not nice to be HIV-positive you are not feeling good, but at Yabonga we have got support which has made us strong to talk about our status and to faith every challenge” (Patrick). “How we look at ourselves will affect how we look at the children” (Elisabeth).
6. Analysis

We believe that we through our interviews and observations have received a better understanding about which factors that affect the workers’ interaction with the children and how this influence the stigma. The understanding has also increased about attitudes towards HIV-affected children in other parts of the society, since it has been shown as an important part in the understanding of the interaction between the workers and the children. Our results will be understood and analysed out of our theoretical framework, stigma and symbolic interactionism.

Charon’s (2006) theory about symbolic interactionism is focusing on the interaction between people, where the personality and the society’s impact in the interaction is considered as not important. Even though Charon (2006) emphasizes that our surrounding does not affect the immediate interaction between two people, we have through our results seen that the level of knowledge and the leader’s personality do have an important impact on the interaction with the children, as well as the society in terms of stereotyping attitudes and stigmatization. The stigma has, according to this research, to be understood in a broader perspective that includes the society because it will explain why certain factors that affect the interaction within Yabonga in turn contributes to reducing the existing stigma. So even if we, according to Charon (2006) should interpret the result of the study from the actual and immediate interaction we do believe that different aspects outside will affect the interaction between two persons. These aspects will also contribute to an understanding about what factors that affect the interaction and how and why these factors reduces the stigmatization.

Holmezer et al (2007) explains that stigma occurs within three different contexts; 1) the environment 2) the healthcare system 3) the agent. The health care system is an important factor and is considered as an independent setting within the model. The health care system is where stigma can be triggered and visible but it is also the setting where anti-stigma interventions can implemented. Holmezer et al (2007) defines the healthcare system as hospitals, clinics and other settings, where we consider Yabonga as an “other setting”. The interpretation is based on the organizations direct contact with the clinics and also because their main focus is the children’s health and wellbeing. Their close contact with the clinics helps Yabonga to get in contact with HIV positive individuals that need support, education
and a place for their children. Yabonga can be seen as a practical example of why the health care system is the place where anti-stigma interventions can be put into action.

The care workers at Yabonga explain their interaction with the children through words as openness, sharing and love, where both the interviews and our observations indicate that these components help to strengthen the child’s self-esteem. Stronger self-esteem is a way to erase one type of stigma, internal stigma, which further down the line contributes to reducing the societies’ stigmatization attitudes aimed towards HIV positive individuals. Holmezer at el (2007) explains that the personality of the care workers is considered as important in the interaction with the children, where the phenomenon of internal stigma is a significant aspect. They presents that individuals can experience stigma in different ways. Internal stigma is in our study considered as most relevant since it refer to the individuals own thoughts and believes. Internal stigma explains the individuals own experience and negative perception about themselves (self stigmatization) (Holmezer et al 2007). The individual interprets and understands the societies negative attitudes and make it their own. Månsson (1999) writes that the interaction with ourselves is equalled important as when we interact with other human beings. A strong self esteem will strengthen the child’s identity, which results in reduced self stigmatization. Goffman (2004) describe that people are social beings and that the interactions the children will experience with other people will form their views of themselves. Support and comfort is an important part to reduce the internal stigmatization, which is based on respondents’ description on the importance of love and support for the children. The children know that Yabonga is there for them and that they have a safe environment to turn to. The care workers want the children to be positive and to maintain a good lifestyle and not let the disease take control over their lives. This can, according to Goffman (2004), be understood as that the love, support and openness that the workers’ emphasise in the interaction will contribute to better and stronger views about him/herself within the child.

The openness and sharing of feeling will help the children to avoid the blame insult and avoidance, which Holmezer et al (2007) present in the model as examples of negative attitudes that might follow an HIV diagnoses. The respondents explained that the children at Yabonga are afraid to talk to their parents, they are afraid of how the parent will react on their thoughts and are therefore only expressing their feelings at Yabonga. The respondents described that they are working as a support for the children, a place for the children to open up and to express feelings. They also emphasized the importance to involve the parents and to
give them knowledge as well and make sure that they are aware of their child’s situation to avoid stigmatization. The openness, love and opportunity to share and express feelings, is through our observations factors that affect the interaction between the care workers and the children. They have acceptance for each other and don’t feel ashamed over talking about HIV which contributes to reducing the existing stigmatization.

The observations resulted in a broader understanding about what was said in the interviews. Through the information from the interviews we received knowledge about certain factors that the workers explain as important within Yabonga and their work with the children. Knowledge, openness, sharing and love were frequent and agreed as aspects that described the work at Yabonga to reduce the stigmatization. In the observation we were able to acknowledge how these factors were implemented and how the care workers use these aspects in the interaction. We acknowledge how the care workers working with the younger children are focusing on strengthen the child’s self esteem though openness, acceptance and support. The knowledge and discussions about HIV/AIDS is one important factor used in the interaction with the children. It is however only used with the older children (youth) who, according to our observations, strengthen there self esteem with the help from Yabonga and are ready to interpret and understand their situation and status. And through support and acceptance, develop their skills about HIV.

Through our interviews we received information about the attitudes towards HIV-affected individuals in the society; HIV-positive individuals are facing stigmatizing attitudes in the society where stereotyping thoughts and believes are present. Collective views about a certain group create what Charon (2006) explains as a stereotype. The fact that stereotyping attitudes affect the interaction between two individuals is why we find it important to include and discuss the level of stigma and discrimination in the society, since it will give a broader and better understanding about Yabonga’s work and why the factors they use reduces the stigmatization.

By the interviews we received information from the respondents that Yabonga is working hard to maintain a non discriminating environment. The respondents were clear about the fact that stigma and discrimination occurs in the rest of the society. We consider fear and lack of knowledge as central aspects when it comes to HIV/AIDS -related stigma and discrimination. People are afraid of what is unfamiliar and “not normal” and are therefore developing
negative attitudes towards people living with HIV/AIDS (Richer 2001). The discrimination and stigmatization is a way for not infected individuals to feel safe, and to make clear that they are not a part of the group that is so unknown and stigmatized (Richer, 2001).

Our aim with this study has been to examine which factors that affect the interaction between the care workers and the HIV-affected children at Yabonga, and how it reduces the stigmatization that have been shown as present in the rest of the society. The fact that the respondents are HIV positive themselves does of course have an impact on their interaction, treatment and attitudes towards the children. One of the reasons to why people stigmatize and discriminate is because of fear to get infected, since the workers are already carrying the virus they are not afraid of the transmission. Even though fear is not present within Yabonga, we do also consider the level of skills and knowledge as key factors to why a non-stigmatization behaviour is possible. Through the interviews we received the information that the education from Yabonga changed the respondents views, attitudes and believed about themselves; they got stronger and more open about their HIV status. If an individual positively diagnosed with HIV have negative attitudes about HIV themselves, because of the stigma and discrimination that are present in the society, this will have an impact on the interaction and treatment with the HIV positive children as well. Since the workers’ attitudes about themselves and HIV putted them in a “stigmatized group” in their own mind, the children infected with the virus would most likely have been affected by the workers’ internal stigmatization, which where described by the respondents in the interviews. The increased knowledge did however change their views and possibility to talk openly about HIV with the children. We noticed that the care workers at Yabonga not only are working to help the children, they also help themselves. Since the care workers are HIV-positive themselves and experience/have experienced stigma, they have the opportunity to talk about the problems and discuss issues with their colleges. They get education about HIV and support from the group which in turn affect the interaction with the children and further, work against discriminating behaviour.

The respondents did explain that they previously chose not to talk about HIV, because it is something you avoid talking about in the society. Without the knowledge about HIV the respondents would most likely excluded the topic in their interaction and communication with the children. With this discussion we want to emphasize on the fact that even though the workers are HIV positive themselves, knowledge and skills are important to be able to maintain a positive interaction with the children and reduce the stigma. Education is not only
important for people not infected with the virus, it is equally important to educate the individuals living with HIV to reduce the level of internal stigmatization. Our observations show that the centres at Yabonga are working for an open and anti discriminated atmosphere, not only between the workers and the children, but also between the children and the entire group.

As mentioned earlier, the respondents described that the respondents have a high level of knowledge about HIV/AIDS. They are aware of the transmission and use this knowledge to educate the children. All the activities, the openness and the loving atmosphere affect the interaction with the children and help to erase stereotypes about HIV-positive individuals. We have out of literature (Charon, 2006) and from our interviews understood that lack of knowledge and fear creates stereotypes, where knowledge about the disease shapes how HIV positive individuals are treated. Yabonga’s work can be seen as a step in erasing the existing stereotype and stigmatization through knowledge and openness.
7. Summary

The purpose with this study has been to examine what factors that affect the interaction between care workers and children at Yabonga to reduce the stigmatization. Observations and interviews have been conducted to gain information. The results can be summarized by four aspects, knowledge, openness, sharing and love.

The respondents explain that stigma and discrimination towards HIV/AIDS occurs in the society, which in this research is interpreted out of the theory about stereotypes. The creation of stereotypes can further be explained as caused by lack of knowledge. This study emphasizes on the importance of the attitudes in the rest of the society, since it broader the understanding of the factors that influences on the interaction with the children at Yabonga and why these factors reduce the stigmatization.

The research indicated that the care workers picture about themselves influence on the interaction with the children. The respondents are HIV positive themselves, which has been a significant part to acknowledge in this study. The interaction will be affected by the workers personality and, in this case, internal stigmatization. Through knowledge and education at Yabonga the workers have reduced the internal stigmatization and are open about their status which contributes to a more openly and accepting interaction with the children. The increased knowledge has helped the workers to maintain an open, accepting and loving atmosphere to be able to strengthen the child’s self esteem. Previous research indicated that it is healthy to discuss and talk openly about HIV/AIDS but that this seldom occurs. The fear of discussion about HIV/AIDS results in lack of knowledge and an increased stigmatization and discrimination.

The results indicate that the work towards a stronger self esteem for the children is influenced by openness, support and love. The children learn to ignore the stigmatization and stereotyping attitudes and how to appreciate themselves, which reduce the internal stigmatization. An open discussion and a reducing self stigma within HIV positive individuals contribute to the possibility to erase the stereotype that is present in the society.

Individuals have through knowledge about HIV understood the importance of not isolate, ignore and hide their HIV status and that an open discussion is important to reduce the stigma.
Previous research indicates that it is a less amount of stigma in communities where HIV is discussed compared to communities where HIV is a “hidden problem”. Knowledge is therefore considered as the key factor to what shapes the interaction with the children to reduce the stigmatization. The care workers’ level of knowledge has resulted in an open (loving, sharing and acceptance) atmosphere where a non stigmatizing interaction is present.

In order to more clearly demonstrate the study results we have chosen to present the main components; openness, sharing, love and knowledge in relation to a non stigmatization approach in an array. Its matrix also allows for a comparison of stigmatization between the components of Yabonga and in other parts of society. The matrix shows that when there is a high level of openness, sharing, love and knowledge about HIV/AIDS the stigmatization towards the affected group is lower (as within Yabonga). In other parts of the society where the level of the components are lower, the stigmatization towards HIV-positive individuals are higher.
8. Concluding discussion

Knowledge and openness about HIV has been seen as the main factor within the care workers interaction towards the children to reduce stigmatization, which can be described as a step to help the prevention process to proceed and to reduce the number of new cases of HIV. Talking openly about HIV can help to spread the information about how the disease is transmitted and how people can protect themselves from the virus. Both Stein (2003) and Deacon (2005) present how HIV stigma interferes with the prevention programmes made to avoid the epidemic to increase further. This explains how important it is to focus on reducing the existing stigma towards HIV-positive individuals so that an intervention working to reduce new cases of HIV can be implemented effectively.

Yabonga are using different factors in the interaction, which contributes to erasing the existing stigma. These aspects are not used or presented in the society, which show that these factors should be implemented in the society to be able to reduce the level of stigmatization, such as education (knowledge), openness, sharing and love.

There have been many interesting aspects that we have noticed during this research, but since it didn’t answerer our purpose we did not investigate them further. We do, however, find it relevant to mention interesting suggestions to coming studies. As written earlier, certain behaviors, attitudes and actions have been noticed as unfamiliar from our point of view. These aspects are a typical example on where cultural differences influence the situation. Respect and how to raise children are aspects that would be interesting to investigate further and compare to the culture, norms and rules in Sweden.

The society is in this research described as a source to stigmatization and stereotyping attitudes towards HIV-affected children. It would have been interesting to make a research focusing on how they experience the interaction with HIV-positive children and what factors that affect their views and attitudes. There are many interesting suggestions on further research but we believe that we have found an important part. As presented, new cases of HIV have to be reduced and we consider this research as an explanation to what factors that need to be implemented to reduce the stigmatization and further down the line influence the prevention progress.
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Attachment

Interview Guide

• General data
  - What’s your name?
  - What is your position/work at Yabonga?
  - What is your role at Yabonga?
  - How long have you been working at Yabonga?
  - Which kind of training have you received?
  - Was the training sufficient?
  - How did the training affect you? *(For example knowledge about HIV, interaction with the children?)*
  - How many children (OVC) do you work with
  - In which ages are the children?

• Knowledge and Disclosure
  - How would you describe your knowledge about HIV/AIDS?
  - How much knowledge do the children have about HIV/AIDS? *(Are the children aware of their HIV status? If both yes and no – Why?)*
  - How do you talk with the children around HIV/AIDS?

• The children
  - How would you describe your work with the children?
  - How do you experience working with both infected and not infected children?

• Treatment
  - How would you describe the interaction with the children?
  - What do you believe characterizes a positive interaction/treatment?
  - What do you believe characterizing a negative interaction/treatment?
  - What do you think determines the way you interact with the children?
  - What does Yabonga tell you about how to interact with the children?
  - Can you describe how the society interacts with HIV positive children?