

SOCIAL INTEGRATION AND QUALITY OF SCHOOL LIFE: EXPERIENCES FROM HIV-BORN ADOLESCENTS LIVING IN HIV HOME IN MYANMAR

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M.A. (HEALTH SOCIAL SCIENCE)

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ABSTRACT

This study explored the school experience of HIV-born adolescents in Myanmar. The theory of social integration and the concept of Quality of School Life was employed to discover the linkages between the conflicting social demands at institutional and interpersonal levels experienced by the HIV-born adolescents when they attended school and their satisfaction in their school life. Nine respondents who were HIV-born adolescents living in Thukha Yeik Myon Home; and four key informants including the director and two home staff, and a representative teacher at one of the schools that received the HIV-born adolescents were interviewed.

It was found that the predisposing institutional and societal contexts as well as individual HIV-related health status were the main barriers to the HIV-born adolescents' social integration at their schools. At institutional level, the conflicts of prioritization occurred between the home, health providers and schools. At interpersonal level, the HIV-born adolescents perceived strong HIV-related stigma, which was induced by limited knowledge of people both within and outside the school. The discrimination against HIV-born adolescents that general students observed from how the school teachers and parents treated the HIV-borns may reproduce and sustain the stigmatization. Likewise, the embedded own stigma of HIV-born adolescents acquired from socialization appeared to contribute to their loose or lack of social ties. In terms of quality of school life, the HIV-born adolescents were concerned about their study outcomes due to their frequent absence. Interestingly, most respondents indicated that they had good academic performance and motivations. Nevertheless, their unique abilities and achievements at school were hardly recognized by the teachers and the home staff.

The findings call for the promotion of HIV/AIDS-related literacy for not only the people in schools but also the people in the community to reduce HIV stigma. The schools that accept the HIV-born adolescents should be flexible in rules and regulations, and raise the understanding of the HIV-infected students' needs among teachers. The home should renew the social environment, where the individual is valued and belongs, by skilling up the social competence of the staff. Collaboration between the home and school is strongly recommended. And, at the policy level, national and international authorities should conduct joint activities to administer special policies about inclusive education for HIV-born adolescents. HIV/AIDS awareness should be promoted, layer by layer, from individuals in schools to the community outside schools for supporting the educational attainment and future opportunities for the HIV-born adolescents.

KEY WORDS: HIV-BORN ADOLESCENT/ STIGMA/ SOCIAL INTEGRATION/ QUALITY OF SCHOOL LIFE/ MYANMAR

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