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Integration of children with HIV in mainstream education. Between perception and attitude.

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Abstract: The study explores the challenges and realities associated with the inclusion of HIV-infected children in the traditional education system. Focusing on the perceptions of teachers, parents and students, the paper analyzes the impact of stigma and lack of information on the integration process. Through qualitative and quantitative methods, the study highlights the need for awareness and education programs to combat prejudice and promote an inclusive and safe environment for all students. The results indicate a variety of attitudes, from acceptance to reluctance, underscoring the importance of a progressive and informed approach to education. The study contributes to the existing literature by providing new insights into the integration of children with HIV and proposes practical strategies for facilitating a discrimination-free transition in schools. This research has significant implications for educational policy and for promoting the rights and well-being of children with HIV in the educational context.

Key words: integration, children, HIV, education, perception, attitude

1. Introduction to the HIV problem

Specialist studies characterize HIV (human immunodeficiency virus) infection as a contagious pathology, which compromises the host's immune system functionality over a variable time interval. Initially, it presents with symptoms characteristic of an acute infection, with an interchangeable clinical nature, followed by an extended latency stage. In the advanced phase of the condition, opportunistic infections occur with a diverse impact on the organic systems of the human body, thus triggering the acquired immunodeficiency syndrome. According to Blagoslov (2007, p. 98), AIDS represents the advanced phase of HIV infection, in which the deterioration of the immune system is so pronounced that it becomes unable to oppose pathogens, thus facilitating the manifestation of various pathologies or neoplasia.

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Acquired immunodeficiency syndrome (AIDS) therefore constitutes a conglomerate of diverse conditions that particularly affect HIV-infected individuals, conditions to which an uninfected organism in optimal clinical condition would demonstrate resistance. In 1983, Luc Montagnier, together with his team at the Pasteur Institute in Paris, achieved the primary isolation of the HIV virus. Later, in 1984, in the United States, Robert Galo and his team identified and isolated the same viral agent, in the context in which the pathology of AIDS had already been documented since 1981.

A series of serious but less severe clinical manifestations associated with HIV infection are classified as AIDS-related diseases, known as LAS (lymphadenopathy syndrome) and ARC (AIDS-related complex). In much of the literature, ARC is defined as an asymptomatic clinical condition associated with AIDS or the complex of disorders associated with it. The syndrome "includes at least two clinical manifestations (with a duration of more than 3 months, without another detectable cause) and at least two positive laboratory results, in an individual who is part of a risk group (Măgureanu, 1988, p. 517). Specific to ARC is the fact that affected people have anti-HIV antibodies present in their blood, but clinically they appear perfectly healthy. They do not know they are infected and present an epidemiological danger because they transmit the virus unconsciously. The diagnosis of ARC is established only by immunology laboratories.

Worldwide, the main mode of transmission of the HIV virus is through sexual contact, followed by direct contact with the blood of an infected person and transmission from mother to fetus. However, although it has devastating effects on the infected body, HIV is relatively sensitive in an external environment. According to Sorin Petrea in „Preventing HIV transmission in medical practice" (Petrea, 1999, p. 32), temperatures above 75˚C destroy the virus, while at 56˚C it is eliminated in 30 minutes. At room temperature, it can survive for several days, but maintains its infectivity at low temperatures. The HIV virus is vulnerable to the action of 50-70% ethyl alcohol, phenol derivatives, chloramine, hydrogen peroxide and sodium hypochlorite. In contrast, formalin, gamma radiation and ultraviolet do not affect the structure of HIV.

Sexual transmission is the most common way of spreading HIV infection worldwide. HIV has changed the way young people perceive sex. How young people approach this issue is crucial, as it is easier to determine whether they believe they are at risk, how they respond to HIV prevention measures, and what sexual experiences they have had. HIV is transmitted through unprotected sexual contact, regardless of sexual orientation, from an infected person to an uninfected person. The HIV virus can be transmitted through semen, vaginal fluid or menstrual blood from infected people. The risk of contracting HIV through unprotected sex is two to four times higher for women than for men. Transmission from men to women is more common because during vaginal contact a larger area of the genitals is exposed to the partner's secretions than in the case of men. In addition, the concentration of HIV is usually higher in semen than in vaginal secretions. Semen is one of the biological fluids with the highest risk of infection because it contains a large amount of CD4 lymphocytes, which make the virus very attractive. „This happens especially when sexual activity takes place without the use of a condom. Anal sex with an infected partner is one of the surest ways of infection, as it can occur through rectal wall bleeding, contact with lymphocytes in the area, or contact with infected sperm" (Bulucea, Cupșa, 2005, p. 24).

All serums that the man receives or will receive are sterilized. Between 1978 and 1981, in the homosexual communities of San Francisco, Los Angeles and New York, serums were

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administered that aimed to protect them from the hepatitis B virus, which is transmitted through sexual contact. Since these sera were made from chimpanzee tissues, the species considered today as the natural source of the HIV virus, it is believed that it was transmitted through the administered sera (Usaci, 2003, p. 35).

2. Social attitudes and legal aspects

2.1. Social attitudes in relation to HIV

HIV/AIDS infection psychologically affects both the person concerned and his family, causing a variety of feelings (anger, despair, mistrust, etc.).

AIDS still has negative connotations described in terms such as social isolation, stigmatization, discrimination or accusation. The shameful, discriminatory character attributed to the disease, the ignorance of the causes and the fear of contamination, the fact that AIDS is a terminal disease, with a sad end due to physical and mental degradation, are sufficient reasons for the AIDS phenomenon to be viewed by the world around as it was viewed the plague in the Middle Ages. The socio-cultural meaning attributed to the disease in society also determines the different reaction of individuals to disease and suffering, depending on their belonging to different cultural environments. For example, in certain conservative societies, AIDS is considered a divine punishment or the consequence of an abnormal sex life.

It examined how human societies reacted to epidemics in the past and how they are currently reacting to AIDS, and found that responses to epidemics remain unchanged. These reactions form a model that includes the following elements: - rejection of the idea that the disease is present in the respective community; - a second immediate reaction is to find a "culprit" and attribute the disease to him (for example, accusing homosexuals of being infected with HIV/AIDS); - traditional medicine is often accompanied by alternative therapies, which can be unpleasant or even dangerous; - the adoption of laws that persist long after the disease has been eradicated. During the epidemic, there is a growing unrest among the population.

People with seropositivity face a barrier called „discrimination” or „rejection”, either direct or indirect, which manifests itself in different areas, such as education, work or even health services. Often these people take extreme measures to survive in a society that stigmatizes them, without being able to recognize their condition. An adult becomes aware of the situation and accepts it more easily, accepting the different treatment that society gives. In contrast, infected children cannot understand why they are treated differently. They are barely learning about life, illness or death and have a hard time understanding why they are not treated the same as other children.

Individuals usually fear HIV/AIDS, exhibiting a discriminatory attitude towards infected persons and associating the virus with immoral behaviours, without considering the circumstances. Unfortunately, despite efforts to increase HIV/AIDS education, many people do not know how the virus is transmitted. The term „sex” conjures up different images in everyone's mind. People generally associate the word with reproduction, intercourse, fun or feelings. While some individuals consider it a taboo subject, others consider it immoral. Each of us has our own thoughts, feelings, images or impressions about sexuality, resulting from our life experiences. They can be influenced by parents, relatives, friends, media, advertising campaigns, school or church. In

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general, sexuality is perceived differently by people, many of whom have a traditional or limited perspective on it.

2.2. Discrimination of HIV-positive people

Exclusion prevents people with HIV from leading a normal social life, forces them to keep their diagnosis hidden or even find out about it, and can lead or even force them to engage in dangerous behaviours. Unwarranted fear of HIV, testing or information has been created. In Romania, the National Council for Combating Discrimination (CNCD) is the central institution responsible for combating discrimination and provided data showing that in the period 2003-2006, 28 cases of discrimination were reported on the basis of HIV infection or AIDS, of which only 8 were recognized as cases of discrimination. Discrimination often occurs in accessing medical services unrelated to infectious diseases (eg, dentistry, gynecology, surgery, etc.). The CNCD is responsible for implementing government policies to combat discrimination, proposing measures for people facing rejection or marginalization, and sanctioning cases of discrimination.

Intentional exclusion is defined as any form of differentiation, restriction or favor that is based on criteria such as race, nationality, ethnicity, language, religion, social class, personal beliefs, gender, sexual orientation, age, the presence of a disability, non- contagious diseases, HIV infection or belonging to a disadvantaged group. This is manifested by limiting or eliminating the recognition, exercise or use of human rights and fundamental freedoms, or legally recognized rights in the political, economic, social, cultural spheres or any other aspects of public life. This concept is detailed in Ordinance no. 77 of August 28, 2003, regarding the prevention and sanctioning of all forms of discrimination, published in the Official Gazette no. 619 of August 30, 2003.

Before 2004, people infected with HIV or suffering from AIDS were included in the „disadvantaged category", defined as „the category of people who are either in a position of inequality in relation to the majority of citizens because of their social origin or a disability, or face rejection and marginalization behavior generated by specific causes, such as a chronic non-communicable disease or HIV infection, refugee or asylum seeker status". (Preda, 2009, p.241).

Preconception is an evaluation formed during the socialization process and represents the „rejection of the other" by adopting a negative behavior without really knowing it. „Clichés are abusive generalizations, value judgments about a group of people, trying to boil down the characteristics of that group to a limited number of habits, behaviors, etc." (Blagoslov, 2007, p.84).

As soon as members of the discriminated group are labeled negatively, they are isolated and persecuted, being considered different. Unfortunately, there are many situations that favor discrimination, among which we mention: insufficient knowledge of others, which can lead to the development of negative prejudices against group members, selection of stereotypes based on previous impressions and beliefs, own life experience generalized to the whole group (eg making negative judgments based on one or several members of this group) etc. The best remedy for combating discrimination lies in changing people's attitudes and removing negative prejudices and stereotypes. The fact that the term "discrimination" has entered the common language demonstrates the degree of awareness of the existence of a problem of discrimination. In many cases, HIV-positive people are discriminated against because society associates the disease they suffer from with a series of behaviors that violate the moral norms imposed by it (substance consumption, deviant sexuality, promiscuity).

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Discovering that an individual has a negative characteristic can lead to their marginalization. Through stigmatization, people can be perceived differently by society or even by themselves, and this process involves the social labeling of a person or a group of people. Depending on the moral norms of the society, certain people or groups can be considered unacceptable or unworthy, and stigmatization is the process by which these groups are discredited. An important aspect of stigma is the degree to which a certain condition can be observed by others, and this can have a significant impact on the individual's quality of life. HIV-positive people may be tempted to hide their disease, for reasons related to their social life.

Stigmatization and discrimination constitute an important barrier in the prevention and provision of assistance and treatment to people affected by the HIV/AIDS virus. HIV-positive people are often denied access to information and services or refuse to seek help in anticipation of rejection. In certain societies, those infected with HIV are considered a source of shame, the disease being associated with sexual deviations, promiscuity, irresponsible behavior or certain minorities, such as homosexuals, people who practice commercial sex or drug users. This perspective is based on the fact that the first officially recognized cases of infection occurred among homosexuals and drug addicts. Currently, the HIV virus affects people from all categories, from the most diverse places in the world, regardless of age, sex, religion, education, social status, etc. Studies show that when a person is considered to be stigmatized and dangerous or a threat to the well-being of others, they are more likely to be rejected. A serious problem is the association of behaviors that are not accepted by society with the HIV virus or AIDS disease, which can discourage people from being aware of their risk of being infected. Those who expose themselves to certain risks, such as intravenous drug use or unprotected sex, may avoid getting tested for fear of receiving a positive HIV result. The social consequences of stigma can be very complex and have long-term effects. If people were more accepting of HIV-positive people and there was no more collective labelling, their quality of life could improve significantly. Information and education about HIV/AIDS could reduce discrimination against these people and encourage HIV-safe behaviors and elimination of risky behaviors.

3. Research methodology

3.1. Objection

Identifying the degree of discrimination to which HIV-positive people were exposed in mainstream school

Identifying differences in perception and attitude, depending on the age of teachers, in relation to HIV-infected students.

Identifying a relationship between teachers' perception and attitude, in relation to students infected with HIV.

3.2. Ipoteze

Hypothesis 1: It is assumed that HIV-positive people have been discriminated against in mainstream schools

Hypothesis 2: It is assumed that there is a difference in the age of teachers and their perception of HIV-infected students.

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Hypothesis 3: It is assumed that there is a difference in the age of teachers and their attitude towards HIV-infected students.

Hypothesis 4: It is assumed that there is a correlation between the perception and attitude of teachers, in relation to students infected with HIV.

3.3. Study participants

In the first part of the study, the opinion of HIV-positive individuals from a center specialized in their care (I was not allowed to reveal the name), located in the city of Constanța, was examined regarding the way they were treated in mainstream schools. The research subjects are adults and have consented to participate in the study. The age range of the participants varies between 18 and 36 years.

In the second part of my research project, the sample consists of teachers from Constanța county.

In the initial phase of the research, 6 seropositive subjects were analyzed: 3 aged between 18 and 22 years and 3 aged between 28 and 36 years. We identified these subjects by means of the „snowball effect" technique, starting from the assumption that they are part of the same center. I want to emphasize that we protected the privacy of these individuals and used only the initials of their provided names in the data analysis.

In the second stage of the research, we focused on the perception and attitude of teachers from Constanța county. We received answers from 186 teachers from this area (from the municipality of Constanța, Năvodari, Lumina, Corbu, Cumpăna, Ciocârlia, Albești, Topraisar, Negru Vodă, Ovidiu, Valu lui Traian, 23 August and Limanu). From these 186 respondents, we selected a sample of 30 subjects between the ages of 20 and 64.

3.4. Research tools

To collect the necessary information, I used a structured interview through which I wanted to find out how much HIV-positive people were discriminated against in mainstream schools. I applied this interview to 6 HIV-positive people from a center specialized in their care (I was not allowed to reveal their names), in the city of Constanța. To evaluate the information we used axial coding. The applied interview consisted of 8 questions and was structured in three parts: the first part was aimed at discovering the circumstances in which the subject was infected with the HIV virus, while the second part briefly assessed the situation of the infected person (those who they are aware of their condition, their reactions to finding out the diagnosis, their level of education and the situations in which they felt discriminated in mainstream school). In the last part of the interview, the interviewee expressed their opinion about what needs to be changed in order to have a life in mainstream school, despite their illness. The length of each interview varied between 15 and 30 minutes, depending on the topic covered and how willing the interviewee was to talk about it. The environment was a pleasant one: I was in a room with the subject and, if there were any ambiguities, I offered support.

In the second stage of the study, a cluster-type multistage probabilistic sampling technique was used, through which a sample was chosen from the population of teachers in Constanța county. The sample was randomly selected by drawing lots, using the „Random number generator" application.

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The opinion of the teaching staff regarding this category was obtained with the help of the survey based on a questionnaire. In the questionnaire, 4 answer options were given, in order to avoid answers that are not related to the question in question.

The research was also carried out with the help of the questionnaire. It was made up of questions made by me with the support of the coordinating teacher. It was created to assess teachers' perceptions and attitudes towards HIV-infected students.

4. Data analysis and processing

Hypothesis 1: It is assumed that HIV-positive people have been discriminated against in mainstream schools.

In the initial study, after the interviews, the answers were as follows: the first question asked was: „From where and at what age did you contract the HIV virus?". Of the 6 respondents, 4 became infected in the hospital, one through sexual contact, and another contracted the virus from the mother. One person mentioned that her mother was HIV-positive, but was unaware of this at the time of birth, as first-trimester HIV testing was not available at the time. The last person contracted the virus at the age of 10, during an appendicitis operation.

One of the people infected in the hospital confessed that she was born with a malformation of the heart and because of this "I was always in hospitals when I was little". Another person mentioned that when she found out about the disease, her mother refused treatment with antiretroviral drugs for fear that someone she knew might see her when she went to buy them. Although they were part of the infected group in 1989, they only found out after several years of infection. The person infected through sexual contact admitted that „I didn't think this would happen to me" and ignored the use of protection methods, being convinced that only others can contract sexually transmitted diseases.

The second question in the questionnaire was about their first reactions to finding out the diagnosis. The answers given by each person were quite similar. They took HIV tests in several places and several times, consulted different specialists until they accepted that they could not change anything. Everyone experienced shock, denial and then anger, and in the end, some tried to find culprits without being able to identify them.

One respondent mentioned that he had no initial reaction, but only after observing how others reacted did he realize how serious it was. While one teenager stated that her first thought was to kill herself, but her mother helped her through the crisis. What all respondents had in common was shock, as they each believed it was a mistake and were confused by the results. Some people have not shown the virus for years, and learning that they are HIV-positive took them by surprise. The fact that most respondents went into a period of denial after being diagnosed shows how slowly this virus attacks the human body and, in most cases, it is discovered too late to stop it.

Infected persons in hospital units blame the medical personnel who„treated" them during hospitalization for various ailments. This tendency to blame others, in the hope that the stigma of the disease will be shared with someone other than the patient, reveals the degree of contempt that society has for this disease and how each person tries to justify his situation to others, even if she is not to blame for the illness. In the case of patients diagnosed with cancer, for example, others

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automatically show compassion towards them, while in the case of AIDS there is stigma or even contempt, even though both diseases are deadly and have visible consequences.

In the next question, we wanted to find out who are the people who are still aware of the seropositive status of the respondents, apart from the medical staff in the hospital, and also what are the reasons why only these people are informed. Most of the answers started with „mother" or „wife". One respondent mentioned that he has two children (who are not infected), but only his wife knows about his status because she is afraid that if the children find out, they will be treated differently from their schoolmates. A teenage girl stated that only her mother is aware of the disease, and the rest of the family (sister, brother and father) are not informed because they fear that this will affect family harmony. One person replied that they know their parents, sister, grandparents, a close family friend and the school administration. One teenager stated that only his family and school management were aware of his situation. Another person mentioned that they know the person she got the disease from, the mother (not the father), the school management, teachers and peers, which caused her to move. Another person said only his mother and uncle were aware of the situation.

From the information provided so far, it can be inferred that HIV-positive individuals usually disclose their status only to first-degree family members because they fear that the information will not spread further.

The fourth question refers to the reasons why the diagnosis was not disclosed to people other than medical professionals, schools and first-degree relatives. The majority indicated that the lack of trust in those around them (friends, neighbors, other relatives) made them determined not to divulge information. Fear of being treated differently or being ignorant were also listed as reasons why they only disclosed to a few people.

The next question concerns the impact of the diagnosis on the school life of the patients. One individual infected at birth in the hospital stated that since learning about the disease, he spent more time in the hospital and had to drop out of school. On the other hand, another person was able to continue his education (through home schooling) due to the fact that his family was wealthy and even intends to pursue higher education in the future. In the case of other respondents, some of them had to give up school, work or friend groups, while others were no longer contacted by relatives with whom they used to talk regularly. All interviewees state that their expenses have increased significantly because they have had to follow a strict diet and take prescribed medication regularly. For example, a teenage girl told that her family was very poor, but she managed to finish 4 classes thanks to the support of the community (priest and family doctor).

Question 6 refers to the previous question, about the habits or things that the respondents had to give up because of the disease. The answers are similar. Of my six subjects, only one did not drop out.

Following questions 5 and 6, I can conclude that living in the school environment of an HIV-positive person involves giving up many things, which would not be necessary if the population were properly educated and adopted a positive attitude towards people infected with HIV/AIDS .

The degree of discrimination to which HIV-positive people were exposed is checked with the help of question 7 („Were there situations in which you were treated differently at school because of the disease?"). I used „different treatment" to avoid confusing the patients, some of

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whom could not read or write, and perhaps did not know the word „discrimination". Most of the people answered that they encountered a multitude of situations of rejection from the school management, teachers and peers. For example, one respondent stated that the teacher put him in the last bench and alone, did not take him to the blackboard and during recess, did not allow him to go out, saying that he was treated differently just because he had this disease and that if he was not supported of the community, they wouldn't even have the 4 classes. A teenage girl says that after the school management found out about the illness, she was suggested to leave the school and that she was no longer welcome there. One respondent states that he faced rejection to enroll his uninfected child in school. One person says that after he was infected in the 6th grade, he stopped going to school and only took tests until he finished 10th grade. A person who contracted the infection through sexual contact was in high school and after being in the whole educational institution (peers, teachers), she claimed that she was insulted and that the teachers blamed her completely for what happened to her. The only 12th grader who plans to pursue higher education said that until she started homeschooling she felt marginalized and unaccepted in mainstream school.

The last question „What do you think should be changed in schools so that a person infected with HIV or AIDS can lead a normal life?" was considered the most difficult by the respondents. It was difficult to get answers as many stated that they did not know what they would change or that nothing would change. A teenage girl began to list the things she would change about her attitude to school before she was diagnosed, not realizing that the question was about those around her. This shows how much he regrets his shallow and inadequate attitude towards school and how he has suffered all his life because of it and not being able to finish his studies. One respondent said that he would inform the whole society about what HIV/AIDS is and how he feels. One person said indignantly that we should know that it cannot be taken by air. Two of the respondents stated that there is nothing they can do to change the situation and that it is too late for that, which shows the fear and acceptance of being condemned to exclusion.

Hypothesis 2: It is assumed that there is a difference in the age of teachers and their perception of HIV-infected students.

Table 1. Independent Samples Test- regarding the age of teachers and their perception of students infected with the HIV virus.

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Perceptie	Equal variances assumed	3,397	,046	7,372	28	,028	9,800	1,329	7,077	12,523
	Equal variances not assumed			7,372	24,667	,024	9,800	1,329	7,060	12,540

Sig. (2-tailed) which is 0.028 and 0.024 respectively, these being values lower than 0.05, we observe that the differences are significant. The hypothesis is confirmed.

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Analyzing the collected information, it was found: teachers aged between 36 and 65 - more precisely between 49 and 63 - registered a low level of perception of these people. More specifically, of the 15 participants (aged between 36 and 65 years - more precisely between 49 and 63 years old), 13 obtained a low level of acceptance and 2 obtained a medium level. Regarding teachers aged between 20 and 36, the following results were obtained: of the 15 respondents, 11 obtained a high level and 4 obtained an average level. From this data, it can be concluded that people between the ages of 36 and 65 - more precisely between the ages of 49 and 63 - have a low perception, while people between the ages of 20 and 36 have a much higher perception developed.

„In our experience working with people living with HIV, we have noticed that they are often viewed with fear or mistrust, both in their work environment and in the schools or kindergartens where they send their children (especially by older teachers). In some cases, the behavior of those around them causes them to isolate themselves or hide the fact that they are under treatment, for fear that others will find out", said Mihai Lixandru, the project manager of the Romanian Anti-AIDS Association (ARAS). (source: What is the perception of Romanians about people with HIV - Medical Life (Medical Life.ro)).

Hypothesis 3: It is assumed that there is a difference in the age of teachers and their attitude towards HIV-infected students.

Table 2. Independent Samples Test - regarding the age of teachers and their attitude towards students infected with the virus HIV

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Atitudine	Equal variances assumed	10,287	,003	-,510	28	,037	17,533	,827	15,839	19,228
	Equal variances not assumed			-,510	19,996	,021	18,543	,827	15,808	19,259

Using the parametric method, we obtained this table. Following the value of Asymp. Sig. (2-tailed) which is 0.037 and 0.021 respectively, these being values lower than 0.05, we observe that the differences are significant. The hypothesis is confirmed.

After analyzing the collected information, it was observed: teachers aged between 36 and 65 years - more precisely between 49 and 63 years - showed a negative attitude towards these people. More precisely, from the total of 15 participants (aged between 36 and 65 years - more precisely between 49 and 63 years), 12 registered a low level of acceptance, and 3 a medium level. Regarding teachers aged between 20 and 36, the following results were obtained: out of a total of 15 respondents, 10 registered a high level, and 5 an average level. From this data, it can be concluded that people between the ages of 36 and 65 - more precisely between 49 and 63 years - have a rejecting attitude, while people between the ages of 20 and 36 show a positive attitude of their acceptance and integration.

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The attitude of segregating HIV-positive children from schools/kindergartens is not foreign to Romanian society. In most cases, older teachers do not accept them in their classes. Similar problems were encountered by what we today call „long-term survivors".According to a research conducted by Mihai Iacob and Ionuț Valentin Nița within the Swiss-Romanian program. (source: UNOPA-final-report.pdf).

In my opinion, teachers between the ages of 36 and 65 - more precisely between 49 and 63 - or those who were exposed to the HIV/AIDS virus during the communist period or before, show an attitude of rejection due to the fear of to become infected. During the communist regime, HIV infection was an important secret, and even if the existence of the virus was known, it was associated with a deadly disease and, of course, non-existence in Romania, according to the observations of Celestine Bohlen, correspondent of „The New York Times". (source: The dark secret of the Ceaușescu regime. What barbaric practice caused HIV epidemics in babies | adevarul.ro) This information helps us understand why the elderly are reluctant to integrate these people, and the main problem is misinformation and how how these people are perceived and accepted. On the other hand, we can see that teachers between the ages of 20 and 35 are willing to accept and integrate those with HIV/AIDS. A big obstacle is social misinformation about HIV/AIDS infection, but still there is social progress in terms of information.

Hypothesis 4: It is assumed that there is a correlation between the perception and attitude of teachers, in relation to students infected with the HIV virus.

Table 3. Correlations - between teachers' perception and attitude, in relation to students infected with the HIV virus**.**

		Attitude	Perception
Attitude	Pearson Correlation	1	,965**
	Sig. (2-tailed)		,002
	N	30	30
Perception	Pearson Correlation	,965**	1
	Sig. (2-tailed)	,002	
	N	30	30
** Correlation is significant at the 0.01 level (2-tailed)			

In the analysis of the statistical data, a significant positive correlation was identified, with a significance level of p=0.02, between the perception and the attitude of the subjects. According to the specialized literature, the conceptualization of perception can be approached through two main theories: the theory of reflection and the theory of information. Authors such as Al. Roșca (1968, 1974), P. Popescu-Neveanu (1976) and Mielu Zlate (1995) preferred the reflective and interpretive approach to perception, considering it as a subjective and immediate reflection of external objects and phenomena that act on us, under the shape of an image, through their characteristics and components, as Golu mentions (p. 317). According to R. Doron and F. Parot in „Dictionary of Psychology" (1999), the concept of attitude was introduced into experimental psychology towards the end of the 19th century, quickly becoming one of the central pillars of social psychology, as they point out G. W. Allport (1935). Attitude describes an individual's

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internal predisposition towards an element of the social world, such as a social group or society's problems, guiding the behavior adopted in the presence of this element, whether real or symbolic. There is an intrinsic interconnection between perception and attitude, manifested by a positive correlation.

Perception and attitude are two essential factors that influence a person's daily life, including in the professional context and organizational performance. An illustrative example is that of a teacher who, faced with a student infected with HIV, adopts a negative attitude, manifested by placing the student in the last bench, limiting his interaction with the rest of the class and restricting his participation in common activities. Although this behavior can be interpreted as a form of protection, it actually leads to marginalization, discrimination and, in some cases, even school dropout. The attitudes of fellow teachers towards this behavior may vary, thus influencing the general attitude towards the actions of the individual in question.

In general, attitude can be categorized into two typologies: positive and negative. A positive attitude suggests an optimistic outlook on life, comparable to a „glass half full", while a negative attitude indicates a pessimistic view, similar to the perception of a „glass half empty". It is important to note that both perception and attitude can be influenced by cultural, religious, traditional and ethnic biases.

Conclusions

In the process of writing this paper, I discovered a number of eye-opening insights and met people remarkable for their ability to overcome the challenges of their disease and their persistent aspiration to excel in life, despite societal non-acceptance of people with HIV . Interacting with these individuals allowed me to understand their fears of rejection and to see a change in their perception as they realized my non-judgmental attitude. I remember an interview in which an HIV-infected parent expressed to me the wish that there would be more people in the education system with an open and non-labeling approach, who would not look at HIV-positive people only through the lens of their disease.

From a personal perspective, it would be beneficial to implement a comprehensive educational program on sexually transmitted diseases, especially AIDS, and their prevention strategies, from the beginning of school education, adapted to the students' level of development. This would help prevent discrimination against HIV-positive people by combating the lack of information in this area.

Following the interviews carried out in a center specialized in the care of HIV-positive people in Constanța, whose name I was restricted to divulge, I found the difficulties encountered in the school integration process of these people and their rejection by different educational entities (the management schools, teachers, students), as illustrated in objective 1. In some cases, these individuals have even been rejected by their own families, medical professionals, or denied access to jobs.

It is considered that an increased commitment on the part of primary sources of information in demystifying the negative stereotypes associated with people with HIV/AIDS could contribute to reducing discriminatory situations. A balanced and objective media presentation of topics related to HIV-positive people, which is not limited to negative aspects or criminal incidents, would

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facilitate the community's understanding that these people are normal members of society and do not require different treatment.

The role of local and regional institutions is essential in this issue, but unfortunately they do not always fulfill their responsibilities properly. In my opinion, these entities do not take strong enough measures against discrimination against HIV-positive people. As long as the authorities discriminate, society will tend to follow suit. An effective remedy for combating these attitudes is the gradual and systematic elimination of negative prejudices and stereotypes.

It is imperative to change the perspective of teachers towards people living with HIV/AIDS, and education and information are fundamental in this transformation process. This could be achieved by:

- Information campaigns carried out at local, regional and national level about HIV/AIDS, organized by governmental or non-governmental organizations.

-The presence of school counselors in all educational units in Romania.

- Implementation and obligation of health education in all educational institutions.

- Dissemination of information to parents through schools, by organizing debates or workshops on HIV/AIDS.

-Activities that promote inclusion and good practices in this field.

- Provision of informative materials and best practice guides for teachers to improve the educational experience of HIV-positive people.

It is essential that staff in educational institutions are well informed about the disease, how to convey relevant information and incident management. I noticed an incident during my middle school years when a classmate got injured during a sports activity. The way the teacher handled the situation was traumatic both for the person involved and for us, the other students. The teacher overreacted, instructing us to avoid contact with the injured person and seeking immediate medical attention. This incident had a negative impact on the person involved, who eventually left the school and the locality. Despite numerous questions from students, no adequate answers or clarifications were provided.

The school should be an open environment for the whole society, without classifying or discriminating on the basis of disability, condition or financial situation.

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