

**THE ROLE OF LIFE ORIENTATION TEACHERS IN
ADDRESSING THE EMOTIONAL NEEDS OF
HIV/AIDS AFFECTED LEARNERS IN THE
INTERMEDIATE AND SENIOR PHASES AT TWO
SCHOOLS IN GAUTENG**

by

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ABSTRACT

This study explores the role of the Life Orientation (LO) teacher in addressing the emotional needs of HIV/AIDS affected learners in the Intermediate and Senior Phases at two schools in Gauteng. The study was executed in the Eldorado Park area of Gauteng Province in South Africa, whereby two organisations, namely, HIV/AIDS Care Centre and HIV/AIDS and Adolescence Care Centre, were involved. The sample in the study consisted of five learners in the Intermediate and Senior Phases, all affected by HIV/AIDS; two caregivers, two social workers and two teachers who are teaching these learners. I conducted interviews with the two LO teachers at the two schools, who then identified learners affected by HIV/AIDS and whose parents had already succumbed from this disease. After gaining consent from their caregivers I then conducted interviews with both the caregivers and learners. These participants then informed me about the centres with which they are linked in the community, after which I approached the centres and requested to conduct interviews with the social workers. The interviews with the social workers, teachers and caregivers form the basis for my study of the emotional needs and basic emotions displayed by such learners affected by HIV/AIDS. The first set of themes derived from my study are emotional needs that learners display, emotions that learners display and coping strategies adopted by learners in dealing with emotions. The next set of themes derived from my study are how LO teachers ensure the effective functioning of their roles, what tools do LO teachers use to ensure the effective functioning of their roles, how LO teachers tout the effective functioning of their roles and what LO teachers do to stay abreast of developments in the teaching fraternity. It was clear from the data collected that even though LO teachers received training regarding HIV/AIDS, the training was insufficient to address the emotional needs of orphans affected by HIV/AIDS. It also came to light that teachers wished to support these learners but due to time constraints and over-crowded classes due to learner-teacher ratio were unable to do so. The study suggests that more teachers should receive the necessary training to better their skills for responding to the emotional needs of learners affected by HIV/AIDS.

KEY WORDS: Emotional needs; Life Orientation teacher; Teacher's role; Affected learners; HIV/AIDS.

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LIST OF ABBREVIATIONS AND ACRONYMS USED

AIDS	Acquired Immune Deficiency Syndrome
DoE	Department of Education
GET	General Education and Training
HIV	Human Immunodeficiency Virus
LO	Life Orientation
OSACD	Oxford South African Concise Dictionary
SGB	School Governing Body
SAPOD	South African Pocket Oxford Dictionary



CHAPTER ONE

OUTLINE OF THE STUDY

1.1 INTRODUCTION

HIV/AIDS has transformed the world since it made its first appearance in the late 1970s and early 1980s (Kelly, 2000:28), resulting in the Department of Education (DoE) having to find ways and means to incorporate knowledge about this often fatal pandemic into the curriculum so as to raise awareness of its consequences. As institutions that young people regularly attend, schools thus strive to increase students' knowledge and improve their skills (Kirby, 1994:1), responding when society encounters problems and helping find ways to tackle them (Kelly, 2000: 28).

In South African schools, parents, learners and teachers are all affected in one way or another by HIV/AIDS, with many also being infected. Thus, the high death rates caused by the HIV/AIDS pandemic have a traumatic effect on all stakeholders related to the teaching fraternity (Coombe, 2000:15; Shaeffer, 1994:2). Due to this loss, many learners find it extremely difficult to espouse their changed circumstances, resulting in the imprudent execution of emotional forms of behaviour, and mediocrity in their academic performance. Learners are traumatised by witnessing their parents suffering and dying from HIV/AIDS and therefore, experience difficulties in verbalising their emotions (Coombe, 2002:6).

It is therefore imperative that all teachers are cognisant of the learners' biographical circumstances and proximal relationships, in order for them not to underrate the difficulties that learners display in their academic work. In this way, the teacher can avoid irreplaceable damage done to the learners and their education. Many teachers are unaware of the biographical circumstances of the learners in their care, as they already carry a heavy workload and do not necessarily have the time or energy for the learners or their problems. Kirby (1994:1) stresses that due to the lack of training many teachers do not possess the necessary skills to handle sensitive topics, but rather emphasise imparting knowledge rather than tackling the behavioural challenges experienced by the learners. Thus, it seems that teachers are insensitive towards the learners and their emotional needs, yet Coombe

(2000:26) proposes that educators need much more information about the impact of HIV/AIDS on the education sector itself. They need to understand how HIV/AIDS is likely to influence the teaching service, classrooms, teachers, learners, School Governing Bodies (SGBs), sector management and systems, and the quality of education itself.

As Kelly (2000:30) states, no protection from HIV/AIDS can be guaranteed at the school, and while emphasis is placed on the education of people with regard to HIV/AIDS, about which learners at school level are taught on a daily basis, little is placed on the effects of the pandemic, despite the serious impact it has on the learners (Shaeffer, 1994:13).

Thus, this study focuses on the HIV/AIDS pandemic and how it affects the emotional behaviour of learners affected by this pandemic. It stresses the role that teachers can play in addressing these emotional needs.

1.2 BACKGROUND OF THE STUDY

There are many challenges that schools are faced with in the twenty first century, one of which is HIV/AIDS, which has left many learners orphaned or living with only one parent. Others stay in child-headed homes, while the rest are raised by caregivers or close relatives. Furthermore, many learners come to school showing signs of neglect, and as Coombe (2001:10) highlights, the HIV/AIDS pandemic has created a generation of learners who are profoundly vulnerable and at risk. In addition, some are very disruptive, rowdy and tend to influence their peers negatively. Learners steal valuable possessions from their teachers, resulting in them becoming juvenile delinquents (Donald, Lazarus & Lolwana, 2006:193).

Another problem emanating from this pandemic is the academic performance of the learners. A closer look at these problems reveals the impact of emotional problems that these learners bring to the classroom. Learners cannot always verbalise their feelings, with the result that they execute their emotions in many other ways, for example, stealing, bullying and juvenile delinquency. Therefore, their emotional behaviour can have a negative impact on their academic performance. On the other hand, there are learners who are withdrawn and show no interest in anything or anyone. They are extremely quiet and do not

participate in any programmes. Thus, the learner who displays sustained concentration now becomes easily distracted and tends to daydream (Engelbrecht & Green, 2001:222). Many teachers are unskilled in handling learners displaying difficult emotional behaviour and sensitive subjects, resulting in them exacerbating matters (Kirby, 1994:1). It is evident that one of the impacts that HIV/AIDS has on the learners is that it leads to difficulty in displaying sustained concentration, therefore making it difficult to acquire the skills and knowledge that schools offer (Shaeffer, 1994:16).

These major challenges teachers face in the classroom make it difficult for them to do their work effectively, and many are ignorant about dealing with learners affected by HIV/AIDS. As Ogina (2007:76) argues, learners expect no differential treatment from their teachers, but they wish to be treated no differently from their peers. Franks, Miller, Wolff and Landry (2003:230) found that little is known about teachers' actual skills in dealing with HIV/AIDS in the classroom, thus their perceptions about the learners affected by the virus make it clear that little is known about how to give the necessary support to these learners. Little is known about teachers' actual skills when dealing with learners affected by HIV/AIDS (Franks et al., 2003:231), therefore more needs to be learned about the daily practices happening in schools, the family and the community, and to give account of it in impact studies (Coombe, 2000:16). The aim of my study is to ask, to explore and to reflect on what emanates from the data in order to relate the research story (Clough & Nutbrown, 2008:2).

1.3 PROBLEM STATEMENT

Rudestam and Newton (2007:76) argue that the problem statement should be about an experience the researcher has encountered, and reflect a passionate interest in understanding its phenomenon. As Rudestam and Newton's (2007:76) argue, sustaining personal and passionate involvement is important, and with HIV/AIDS being a major challenge to all South Africans, it is made worse by the drastic increase in the number of learners orphaned through the untimely death of their parents (Coombe, 2001:10). Therefore, these learners are compelled to stay with one parent, close relatives, caregivers, or in child-headed homes (Donald et al., 2006:193). Due to this shift in households, these learners experience major challenges which have an impact on their behaviour. Many

develop strange and uncharacteristic behavioural patterns, losing interest in their school work and appearing not to care about anything anymore (Engelbrecht & Green, 2001:222). In addition, some learners are very disruptive, rowdy and tend to influence their peers negatively. Absenteeism has been reported by various teachers, because learners need either to go for counselling or treatment.

It is, therefore, evident that HIV/AIDS orphans are experiencing extremely difficult circumstances. Firstly, they may have to care for a sick parent who is bedridden by this pandemic, becoming the caregivers of the very caregivers who have been incapacitated by this disease. Importantly, a major challenge the learner has to face may be watching the slow deterioration and inevitable death of his or her parent (Bradshaw, Johnson, Schneider, Boume & Dorrington, 2002:3). These learners have to be absent from school or even drop out in order to look after the sick parent/s, and go for counselling or treatment. They may have serious financial constraints, whilst having become the most important source of supply in their households (Oluwagbemiga, 2007:674), having to earn an income, because the breadwinner is no longer capable of doing so. Therefore, the only solution for them is to take care of themselves (Oluwagbemiga, 2007:669). Much strain has been placed on these learners, leaving them with feelings of frustration, and sometimes depression. It is, therefore, important that these learners find material and emotional support (Giese, Meintjies, Croke & Chamberlain, 2003:20).

Secondly, the orphans may stay with close relatives or foster parents who are not treating them fairly. Some have to do household chores, or perform tasks for which they are not yet ready, made worse if they do not have people upon whom they can depend (Oluwagbemiga, 2007:669). Furthermore, overcrowded households make these learners vulnerable to being abused physically, verbally and sexually (Oluwagbemiga, 2007:674). Another problem that arises from these households is that the biological children of the caregivers become jealous of these orphans and rivalry originates in these households. These learners are open to differential treatment and exploitation Giese et al., (2003:61), and may find their way onto the street, where in order to survive they resort to crime (Bradshaw et al., 2002:2).

Thirdly, they are stigmatised and discriminated against Coombe (2002:5), tending to withdraw themselves from society and become extremely vulnerable to feelings of depression. According to Giese et al. (2003:16), “learners often experience discrimination as a result of perceived or actual association with HIV/AIDS”. Lastly, learners who have at least one parent still alive, experience feelings of anxiety because they fear losing the other parent. They suffer from separation anxiety and do not want to leave this parent for fear that he or she might die (Giese et al., 2003:64).

1.4 RESEARCH QUESTION

The research question, based on the background and problem statement, is posed as follows:

How do LO teachers address the emotional needs of HIV/AIDS affected learners in the Intermediate and Senior Phases?

The sub-question, directly linked to the research question, is:



What guidelines/ways can be followed to address the emotional needs of HIV/AIDS affected learners in the Intermediate and Senior Phases?

1.5 AIM OF THE STUDY

The aim of this research study is to explore the role that LO teachers play in addressing the emotional needs of HIV/AIDS affected learners in the Intermediate and Senior Phases. Therefore, I shall:

- Explain and describe how the emotional needs of HIV/AIDS affected learners in the Intermediate and Senior Phases may be addressed.
- Recommend guidelines which may be followed in addressing the emotional needs of learners affected by HIV/AIDS.

1.6 THEORETICAL FRAMEWORK

The theoretical framework for my study was taken largely from Bronfenbrenner's systems theory, stressing the proximal relationships that develop between the learner, caregivers, teachers (micro-system) and social workers when interacting. Bronfenbrenner's nested system claims that within the micro-system the learner forms relationships with those closest to him or her, viz. parent, siblings, and other family members, within the immediate environment (Shaffer, 2002:59). The meso-system, meanwhile, comprises inter-relationships of micro-systems, such as family, teachers and peers. In this case, the meso-system includes family and the teachers of the learners, and the relationship they have with one another. A third system is the macro-system, which includes the social workers constantly interacting with the people in the micro- and meso-systems. Teachers refer learners affected by HIV/AIDS to social workers, who in turn teach the learners life skills and offer counselling sessions to help them cope with the stresses the pandemic has forced upon them.

1.7 CLARIFICATION OF CONCEPTS



The following key concepts will be elucidated:

1.7.1 HIV

Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immune Deficiency Syndrome (AIDS), and for which there is no cure. It attacks the immune system, which protects the body by fighting off germs and infections. If the immune system is weak, the body's ability to fight sickness is diminished. Not everybody living with this virus develops full-blown AIDS. As Singhal and Rogers (2003:42) have written, socio-economic status contributes to the life expectancy of sufferers.

1.7.2 AIDS

AIDS is a disease caused by HIV and transmitted in body fluids which break down the sufferer's natural defences against infection. The sufferer's body becomes so weak that it develops different sicknesses, and the person eventually dies (Singhal & Rogers, 2003:33).

1.7.3 Affected

As well as those *infected* by the condition, many are also *affected*. For instance, many parents are infected by HIV/AIDS, thus having a tremendous effect on the education system at large. The results emanating from this pandemic affects learners in the schools, leaving many orphaned or destitute (Kruger, 2002:14). These learners, therefore, need to be cared for emotionally and physically (Ndebele, 2007:32).

1.7.4 Emotions

According to Ekman (1999:1), there are six basic emotions existing in each person, viz. happiness, surprise, disgust, fear, anger and sadness. Ekman (1999:2) further states that certain emotions do occur during one's life experiences, and that these six basic emotions stem directly from the emotional needs that a child might have.

1.7.5 Emotional needs

Ramblebabble (2001:1) has identified four basic emotional needs that children have, viz. affection and warmth, a sense of belonging, control and hope and encouragement. Byatt-Smith (2006:1) claims that a person can understand a child's emotional needs better by observing his or her behaviour, therefore, emotional needs can also be elucidated as the need to be loved, cared for, respected and accepted, amongst other factors. There are different types of emotional needs, which vary according to the developmental stage of the child. For example, teenagers need to feel respected and accepted, while small children just require a great deal of love and care. Maslow's Hierarchy Maslow (1998: 18), Norwood, (2009:2) and Huitt (2007:1), makes it apparent that the fulfilment of needs is the primary source of motivation in human behaviour, while Donald et al. (2006:103) argue that there is a constant interaction between internal needs and external influences of social context and life experiences.

1.7.6 Vulnerable children

Vulnerable children in this study refer specifically to those who live in difficult circumstances since they have nobody to care for them (Giese et al., 2003: iv). They include the following: orphans, street children, adolescents, drug-users and/or abused children. These are extremely vulnerable to exploitation and abuse, and to HIV infection, and might live in child-

headed households or with foster-parents. They might even be caring for a sick parent, therefore finding themselves in reversed roles.

1.7.7 HIV/AIDS orphans

The parents of HIV/AIDS orphans have died due to illnesses related to HIV/AIDS. They overlap with the group of vulnerable children, because they do not have the care and support of a parent. They might find themselves living in child-headed households and caring for their younger siblings. Singhal and Rogers (2003: 67) argue that AIDS orphans constitute the most heartbreaking tragedies of the HIV/AIDS epidemic worldwide.

1.7.8 Child-headed homes

Meintjies (2010) defines child-headed homes as households where the members are younger than 18 years. These are households where children are the breadwinners, or have taken up the role of a parent because the biological parents have succumbed to the HIV/AIDS epidemic. In most cases, the elder brother or sister takes up the responsibility of the breadwinner. They often leave school to look for jobs so as to provide food. They act as mother or father to their younger siblings and perform the duties that parents would have for their children were they still alive. Thupayagale-Tshweneagae, Wright and Hoffmann (2010) have found that child-headed families are particularly vulnerable to sexual, physical and emotional abuse.

1.7.9 Caregiver

A caregiver is a family member or helper who cares for the HIV/AIDS orphans, and may be someone looking after a sick or elderly person. Caregivers take care of vulnerable children by supplying their daily needs, for example, nutrition, clothing and a roof above their heads (Giese et al., 2003: iv). They may help with homework and apply for social grants, and are paid for the services that they render to these children.

1.7.10 Curriculum

The term “curriculum” is defined as the subjects that learners are taught at school (Haines, 1996:101), and by the DoE (1997:6) as everything that has an influence on the learner,

including teachers, learning programmes and the environment in which learning takes place.

1.7.11 LO

LO is a compulsory subject at school from Grade One up to Grade Twelve. It is a foundational subject that prepares learners for life and its possibilities (DoE, 2004: 199), and stresses the importance for learners to become responsible adults and to contribute effectively to the social and economic life of a country. This Learning Area focuses on the holistic development of the learner in becoming a responsible citizen of a country (Mooney, 2003:19), preparing the learner to participate in the social and economic status of a country, and ever changing society (Donald et al., 2006:26).

1.7.12 The LO teacher

The DoE (2000:13) ascribes seven roles for teachers to execute in their daily encounters, viz. learning mediator, interpreter and designer of learning programmes and materials, leader, administrator and manager, community member, citizen and pastor, scholar, researcher and lifelong learner, assessor and lastly, learning area/subject/discipline/phase specialist. Each role is divided into three categories, namely: practical competence, foundational competence and reflexive competence. Panday (2007: 21) thus proposes that the LO teacher should provide ample opportunities for learners to develop the skills and knowledge necessary to play a meaningful role in an ever changing society.

1.7.13 Intermediate Phase

The Intermediate Phase encompasses Grades Four to Six learners who are between the ages of 10 and 12, and still need the love and care of a parent (DoE, 1997: 6).

1.7.14 Senior Phase

The Senior Phase is made up of Grades Seven to Nine learners who are between the ages of 13 and 15 and extremely vulnerable to any kind of exploitation or abuse. From Grade R to Grade Nine is also known as General Education and Training (GET), referring to the compulsory school phase for all South African children. Therefore, it is expected of all children to attend school up to at least Grade Nine, also known as 'the exit phase.' Thus, on

completing Grade Nine and meeting the specified requirements, these learners are awarded a GET certificate (DoE, 1997:6).

1.8 STRUCTURE OF THE STUDY

This research study will be divided into the following chapters:

Chapter One: Outline of the study

Chapter one has presented the background to the study, the problem statement, the research question, the aim of the study, the clarification of concepts, the context of the study and the summary.

Chapter Two: Literature Review

The Literature Review will focus on the emotional needs of orphans who were affected by HIV/AIDS locally and internationally and the role that the LO teacher plays in addressing these needs.

Chapter Three: Research Design

In Chapter Three the research design outlines the paradigm, methodology and the process of data collection and analysis thereof.

Chapter Four: Findings and Interpretation of findings

The findings will be interpreted in this chapter in order to address the research question presented in Chapter One.

Chapter Five: Conclusion

A discussion of findings, limitations, strengths, recommendations and the summary will be outlined.



1.9 SUMMARY

This chapter has focused on HIV/AIDS as a challenge that affects everybody in the school, not only the learners infected and affected by it. This chapter further outlined the background to the study, the clarification of concepts as well as the structure of the study. The next chapter will focus on the Literature review and the theoretical framework.



CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter has reviewed literature on the role of LO teachers in addressing the emotional needs of the learners in the Intermediate and Senior Phases with regard to HIV/AIDS and its effects. It further explores the literature on the effects of the pandemic on learners and their rights to emotional support. The DoE (2001:23) states that inclusive education should take cognisance of the spread of HIV/AIDS and other infectious diseases, and it is in relation to this that the LO teachers' role will form the focal point in this study.

Teachers are potentially valuable sources of information regarding the learners they teach because they discuss personal issues with them (Attawell and Elder, 2006:12), and build vital relationships as they spend most of the day with them (Engelbrecht & Green, 2001:40). Thus, it is of vital importance that teachers receive the necessary training to become well-versed regarding HIV/AIDS (DoE, 1996:5). For the purpose of the study it is important firstly to discuss the theoretical framework relating to my study, then illuminate the basic needs of humans. Thereafter I will explain the emotional needs of children, followed by the emotions that HIV/AIDS-affected orphans display. Lastly, I examined literature on the role of the LO teacher.

2.2 BASIC NEEDS OF HUMANS

According to Norwood (2009: 1) Maslow's hierarchy of needs suggests that there are five basic needs that all humans possess, namely: i) physiological, ii) safety, iii) love, iv) affection and belongingness, and v) esteem and self-actualisation. This hierarchy of needs further suggests that the physiological needs are the first and strongest of all in humans, namely: food, sleep, stimulation, air, warmth and activity, all of which are more or less essential for survival. The next level of needs imperative to the lives of all humans pertains to safety, including security and protection from harm. All humans need to live in safe environments whereby their lives are not threatened. Children have a greater desire for this need to be

fulfilled because they need to feel safe and secure. Furthermore, love, friendship and comradeship are all included in the need of love, affection and belongingness. At this level, the love of family and friends are important. Esteem needs suggest that people need to believe in themselves and they should have healthy pride. All people need self-respect and respect from others. Lastly, as part of the need for self-actualisation, people have the need for purpose and self-fulfilment in order to function optimally.

On the other hand, Huitt (2007:1) has divided Maslow's hierarchy of needs into separate parts, i.e., deficiency needs and growth needs. Within the first grouping are the deficiency needs, each lower level of need must be met before one can move to the next higher level need. Needs in this grouping are, amongst others, physiological, safety, belongingness and love, and esteem. The next grouping, growth needs, include cognitive, aesthetic, self-actualisation and self-transcendence needs. Huitt (2007) further suggests that a person can act upon the latter if the former have been met.

For Pearson (2007:1) there are ten essential physical and emotional needs, which people are equipped with the cognisance to fulfil. They are: security, attention, sense of autonomy and control, being emotionally connected to others, feeling part of a wider community, friendship and intimacy, privacy, a sense of status, competence and achievement and, lastly, having meaning and purpose. Pearson (2007) further argues that life is not idyllic, but as long as people's essential needs are met, they will not suffer any emotional distress. Despite certain semantics differences, there are similarities in the groupings of Maslow's hierarchy and that of Pearson, (2007:1), notably the need for love, affection and belongingness (Huitt, 2007:1, Norwood, 2009:1). It is necessary now to focus on those needs that are most important for learners' development.

2.3 EMOTIONAL NEEDS OF CHILDREN

Byatt-Smith (2006) claims that the first need of children is to be loved, and that one can predict a child's emotional needs by examining his or her behaviour. For Ramblebabble (2001) there are four distinct features of children's emotional needs, namely affection and warmth, a sense of belonging, control and hope and encouragement, which if fulfilled will

contribute to the development of a well-adjusted child. According to Chugh (2001), a child's mental and emotional needs are concealed, but an emotionally stable child is able to reason effectively and make the right choices. She further suggests that learners need encouragement from teachers and caregivers in order for them to develop into socially well-adjusted human beings.

Based on the arguments of Byatt-Smith (2006) and Chugh (2001) it is evident that the child's emotional needs are to be examined from his or her behaviour, since they are not easily detectable from physical appearance. A child's emotional needs therefore must be explored first before a diagnosis can be established from the behaviour. For Kellam (2010:2), before a child's emotional needs can be met it is necessary to understand how he or she feels, in particular taking cognisance of the weaknesses. Leo (2007) states that when children's needs are met and nothing is hurting them they are usually delightful to be with.

2.4 DEVELOPMENTAL STAGES OF A PRIMARY SCHOOL LEARNER

In tracing children's development in a predetermined order, Grace (2010:1), Harder (2009:1) and Heffner (2004:1) draw on Erikson's (1983: 93) eight stages of psychosocial development, each of which has two possible outcomes, i.e. success or failure. The eight stages are: birth to one year of age; one year to three years; three years to six years; six years to puberty; adolescence; young adulthood; middle adulthood; and, lastly, 'the golden years.' Each of these stages is accompanied by distinct opposites in psychosocial development, in turn impacting on growth and performance in life. For instance, 'industry versus inferiority' occurs during six years to puberty, whereby the learner is given opportunities to take the initiative in planning and completing various projects. If positive feedback is given, the learner will experience feelings of success and accomplishment, but if the learner is hindered and not supported successfully in this stage, he or she might display feelings of failure at not reaching full potential. During the adolescent years, 'identity versus role confusion' is significant, because they are no longer children but not yet independent adults. At this stage, learners are required to look at their future and explore their possibilities, while an inability to do so will leave them with feelings of confusion and lack of direction.

An alternative reading emerges from Simatwa's (2010: 1) perspective on the theory of Piaget, and suggests that the intellectual development of a child emanates directly from innate biological development. A child is born with biological equipment used to respond to a variety of motor stimuli, providing the framework for cognitive processes which follow. Hence, it argues that there are four stages of cognitive growth present in the development of children, viz. sensory motor stage, occurring between the ages of zero to two years; preoperational or intuitive stage, between the ages of two years and seven years; concrete operations stage, occurring between the ages of seven and eleven years; and, lastly, the formal operational stage, occurring between the ages of eleven and fifteen years. Each stage of development is said to provide the foundation for the next.

The ages zero to two years (sensory motor stage) are signified by the child's ability to feel and an inability to express these feelings, thus cognitive development is based on the immediate environment at the time. Pursuant to the sensory motor stage is the pre-operational or intuitive stage, which occurs during the ages two to seven years, during which children tend to associate words with objects, and thus develop language skills. Following the pre-operational or intuitive stage is the lower primary school stage, occurring between the ages seven to eleven years. There are two basic objectives for the curriculum at this stage, namely the acquisition of fundamental skills in reading, writing and arithmetic, followed by the acceptance of aptitude for school. The last stage, according to the theory of Piaget, is the upper primary stage between the ages eleven to fifteen years, in which critical thinking and reasoning are developed, based on an appropriate level of language acquisition.

Thus, the two theories concur that the next stage cannot occur effectively unless the previous one has been successfully acquired. This is significant to my study in that each developmental stage occurring in the child's life should be carefully scaffolded according to the different levels of developmental growth, assigning different activities during these stages. As Kerig and Wenar (2006:25) have found, at each stage something new happens, thus the sequence is unchangeable. For instance, adolescents may require special understanding as they experience emotional changes that emanate from their physical, cognitive, personal and social development. They often focus on themselves, displaying

feelings of anxiety, guilt, shame and embarrassment, and their level of maturity contributes to their having more insight into their own and other people's feelings (Van Dyk, 2005:164). This confirms the argument of Donenberg and Pao (2006:8) that teenagers describe their lives as 'precious, short and hard.'

Such challenges are compounded greatly if the learners are orphans and in other ways vulnerable, since they experience developmental risks that present social services and schools with a wider range of challenges (Donald et al., 2006:192). As indicated in Chapter One, the ubiquitous scourge of HIV/AIDS, and those infected and affected by it, places many learners at risk of emotional stress. Meeting their needs thus becomes doubly challenging.

2.5 EMOTIONAL NEEDS OF LEARNERS AFFECTED BY HIV/AIDS

Grainger, Webb and Elliot (2001:27) claim that the emotional needs of HIV/AIDS affected learners are less understood than their physical needs, echoing the argument of Chugh (2001), that the emotional needs of learners cannot be easily detected but that they are concealed from the naked eye. Thus, the death of a parent due to the HIV/AIDS pandemic can rob a learner of the support he or she had been receiving from this parent (Lyons, 2008). Lyons (2008) also claims that HIV/AIDS not only affects the infected person, but also the children, family and wider community. Donald et al. (2006:191) point to the important role mothers play in the developmental well-being of their children, and argue that if they are missing from their children's lives, the children will lack a maternal relationship of love, care and support. Huitt (2007) and Norwood (2009) highlight Maslow's Hierarchy of Needs in discussing the need for love, affection and belongingness, with Pearson (2007:1) claiming that people have a need to be emotionally connected to others, and Ramblebabble (2001) stressing that HIV/AIDS orphans are particularly in need of love and a sense of belonging.

The orphans' need for love and belongingness may then be met by relatives, who try to fulfil the former role of the parents. However, Oluwagbemiga (2007:669) has found that in many countries relatives do not take care of HIV/AIDS orphans left behind by their families, and if they do the orphans may not be well-cared for as relatives exploit them and rob them of their property. In one region of Uganda, some orphans die sooner and have higher mortality

rates than other learners (Oluwagbemiga, 2007: 669). They are also abused by relatives who perceive them as a burden. These learners lack proper care and support, leading to poor socialisation, alienation from caregivers and the community and possible delinquency (Shaeffer, 1994:17). Thus, learners orphaned by the HIV/AIDS pandemic are physically and emotionally neglected by grandparents and caregivers. These learners would have been better cared for by their biological parents if they were still alive (Coombe, 2001:11). The family structures that should have supported them, have collapsed, frequently because of HIV/AIDS (Kelly, 2000:16), and some cannot find a lasting place of comfort to call home, as they are sent from one relative to the other, experiencing a sequence of different caregivers (Giese et al., 2003:59). In China, HIV/AIDS orphans are raised by their extended families, as it is regarded as shameful by the family if an orphan is adopted by outsiders (Zhao, Li, Fang, Yang & Stanton, 2007:6). This results in HIV/AIDS orphans lacking proper love, care and support by the extended families, as is the case in many other countries (Oluwagbemiga (2007: 669).

According to Giese et al. (2003: 63), however, in Cape Town, South Africa, orphans who are being cared for by their relatives in the context of HIV/AIDS are generally well taken care of, while in the rest of sub-Saharan Africa and Asian developing countries, community members assume responsibility for orphans because there is little access to services. This phenomenon has been observed in rural or semi-urban areas (Phiri & Webb, 2002:13). The emotional needs of learners differ according to the age of the learner as well as the age of the orphan at the time of the parent's death. Thus, few people are equipped with the cognisance to deal with learners' emotional needs regarding HIV/AIDS (Grainger et al., 2001:27).

There are distinct similarities in the basic needs of people (Huitt, 2007; Norwood, 2009; Pearson, 2007:1), and the emotional needs of children (Byatt-Smith, 2006; Chugh, 2001; Kellam, 2010; Ramblebabble, 2001), that can also be addressed in the emotional needs of orphans affected by HIV/AIDS. It is, therefore, evident that whatever the biographical background of a child it still needs the emotional support of a loving and caring parent.

2.6 EMOTIONS OF HUMAN BEINGS

Emotions are said to be catalysts of behaviour generating from significant experiences of individuals, derived from behavioural patterns and expressive gestures. As well as such experiences in the world, they depend upon one's ability to interpret them (Wicks-Nelson & Israel, 1997: 25). Bergh and Theron, (2006:164) identify functions of five emotions which are indicators of motivated behaviour, namely sadness, fear, anger, joy and interest. Some might be manifested as personality traits due to their repetitive occurrence (Bergh & Theron, 2006:164), while the *South African Pocket Oxford Dictionary* (SAPOD, Soanes, 2005:288) defines emotions as strong feelings, e.g., joy or happiness. Ekman (1999) has identified six basic emotions in humans: happiness, surprise, disgust, fear, anger and sadness, which he claims are always focused on the present, and stem directly from the emotional needs a person might display. These emotions do occur in the absence of other human beings and can be related to events such as thunder, music or the death of a loved one (Ekman, 1999). Kerig and Wenar (2006:43) claim that emotions have 'adaptive' and 'maladaptive' functions, whereby the individual can easily adapt to the emotion by espousing the situation, because he or she understands that the circumstances are irrevocable, or he or she can completely repulse them, thus perhaps exacerbating the situation.

In China, according to Zhao et al. (2007), people are considered weak if they exhibit any sign of emotional distress, and they are taught from childhood to constrain those emotions that could cause embarrassment in public. Furthermore, an individual's level of work performance is highly influenced by his or her emotions. In stressful situations, an individual might exhibit a low/high performance level, depending upon how he or she perceives the task at hand (Bergh & Theron, 2006:167). Emotions can thus be seen as skills that act as contributory factors to motivation.

2.7 EMOTIONAL DEVELOPMENT OF CHILDREN

Emotions in children are detected as early as infancy, as infants have the ability to display a variety of emotions, such as interest, disgust and pain. They can even smile. At the age of three months they exhibit emotions such as anger and sadness, and by the time they reach seven months the emotion of fear is evident. When they reach one year, children have the ability to express more complex emotions, such as contempt, bashfulness and guilt (Kerig & Wenar, 2006:43). These emotions in infants differ from those experienced by older children, in that they are directed at targets and objects. They use their caregivers as social references in the expression of their emotions, because their caretakers would either be fearful or excited about certain objects or targets. The infant would then construct his or her own ideas either to be fearful or excited about an object or target (Wicks-Nelson & Israel, 1997:25). Two-to-three year olds have the ability to name and talk about basic emotions and understand that their emotional state depends entirely upon how the situation is perceived and how they are going to react to it. By the age of five or six years they should have developed a more refined understanding and expression of their emotions (Wicks-Nelson & Israel, 1997:26).



Emotions can also be the result of the social, cognitive, physical and personality development of the child. As the child grows older, he or she becomes more self-conscious and this can contribute to feelings of anxiety, guilt, shame and embarrassment (Van Dyk, 2005:164). However, a child's biographical history can either enhance or inhibit emotional development (Lyons, 2008). Kerig and Wenar (2006: 43) claim that there are a number of processes involved in the emotional development of human beings, viz. emotion expression, emotion recognition, emotion understanding and emotion regulation. In cases where the emotional development of human beings is inhibited by psychological factors, they may exhibit inappropriate expressions of such emotion functions. Thus, feelings of love, anxiety, fear and anger are all emotions that are part of emotional development (Tlhabane, 2009:47).

2.8 EMOTIONS OF LEARNERS AFFECTED BY HIV/AIDS

HIV/AIDS affects many people mentally, socially and emotionally (Van Dyk, 2005:214). Affected learners have no choice but to cope with the pain related to this disease and have to be confronted with social isolation, feelings of hopelessness, fear, anxiety and the loss of a loved one (Kruger, 2002:25). This disease still carries stigma and ostracism for those affected by it (Donenberg & Pao, 2006:7), and the affected learners experience *internalising* (depression and anxiety) and *externalising* (aggression and delinquency) emotional problems (Donenberg, Emerson, Bryant, Wilson & Weber-Shifrin, 2001).

As an internalising emotion associated with HIV/AIDS (Van Dyk, 2005:151), fear is a very strong emotion of worry or anxiety. It can emanate from the death of a loved one who died unexpectedly, and learners can also experience it when caring for a sick parent. Mooney (2003: 40) categorises the following indicators of fear:

- Fear of illness
- Fear of infection
- Fear of death
- Fear of more discrimination.



The emotion of fear is also highlighted by Ndebele (2007: 26) as:

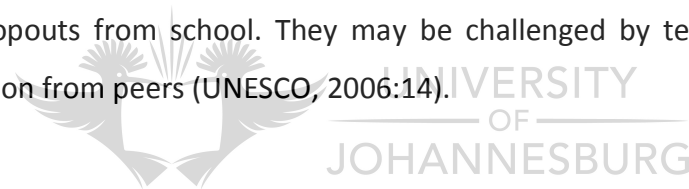
- Fear of community disapproval
- Fear of discrimination
- Fear of withdrawal
- Fear of denial of services.

The SAPOD (Soanes, 2005:323) defines fear as an unpleasant emotion caused by the threat of danger, pain or harm. Thus, fear, discrimination, ignorance and social stigma are all factors associated with HIV/AIDS, leaving orphans alienated by their grief while they witness the sickness and death of a loved one (Lyons, 2008). Furthermore, HIV/AIDS-affected

learners experience feelings of sadness, loneliness and depression as a result of the death of a parent (Kruger, 2002:27).

There is a perception that Chinese learners do not have emotional problems and that they find it difficult to express their grief or to discuss family-related grieving issues. However, Zhao et al. (2007) have found that while Chinese HIV/AIDS orphans are faced with the stigmatisation accompanied by this disease, and although they do conceal some feelings, they can nevertheless generate feelings of desperation, anxiety, loneliness, social withdrawal, hatred and hopelessness.

Learners affected by HIV/AIDS suffer stigmatisation and social isolation on top of having to witness the sickness and death of their parents (Grainger et al., 2001:27). Coombe (2001:12) claims that stigmatisation, discrimination, ostracism and emotional deprivation are all factors emanating from HIV/AIDS. Discrimination is a common effect associated with HIV/AIDS, and with stigma has a negative impact on learners' education, possibly leading to their becoming dropouts from school. They may be challenged by teasing, bullying, and alienation or rejection from peers (UNESCO, 2006:14).



2.9 LO AS A COMPULSORY LEARNING AREA

The term "Life Orientation" consists of two words, namely "Life", defined as "the ability to grow, breathe, reproduce. That distinguishes plants and animals from objects" (SAPOD, Soanes, 2005:521), and "Orientation", defined as "getting yourself used to unfamiliar surroundings, conditions" (Haines, 1996:316). Christiaans (2006:41) defines LO as "finding your place in life", thus as a compulsory learning area in all South Africa's schools it prepares learners for an unknown future in an ever-changing society. This learning area's focal point is the holistic development of the learner, i.e., social, personal, intellectual, emotional and physical. It further develops the skills, knowledge, values and attitudes vital in equipping learners to make informed decisions regarding their development, and it is envisioned by government as completing individual growth and creating a democratic society, healthy economy and entrench the quality of life (DoE, 2004:199). Learners are to use their innate talents to enable them to live life to their full potential, and to contribute effectively to

familial, community and social life in order to exert the values of the Constitution. Learners have to find a place in a world very different from the one in which their parents lived Panday (2007:3), and the DoE (2004:199) intends to empower learners to achieve and extend their personal potential to contribute positively to society, and to cope with and respond to the challenges in their world.

2.10 THE ROLES OF TEACHERS

The DoE (2000:13) has ascribed seven roles to teachers, viz. learning mediator, leader, administrator and manager, scholar, researcher and lifelong learner, community member, citizen and pastor, assessor, and lastly, subject specialist. These seven roles ascribed to teachers imply that the duties of a teacher stretch beyond the boundaries of the classroom. Furthermore, a teacher is to be regarded as an epitome of curriculum implementation in the teaching fraternity, thus fostering positive learning environments in their respective classrooms (Panday, 2007:11). Therefore, teachers are expected to exhibit attitudes that will enhance the overall success of curriculum implementation.

For the purpose of this study, and the formulation of my argument, it is vital to note that the community, citizenship and pastoral roles can be easily illuminated as building relationships with various stakeholders involved in the school community. The term “relationship”, as defined by the SAPOD Soanes (2005:755), is “the way in which two or more people or groups behave towards each other”. One student teacher described her role with the learners as fulfilling various roles, e.g. teacher, emotional- and spiritual advisor, etc. (Hattingh & De Kock, 2008:326).

Franks et al. (2003:230) highlight the important role of the teacher in building vital relationships with their learners born with HIV, while Egan (2002:3) writes that teachers are in a position to help their learners deal with the problems of growing up. A student teacher described her role as being a mother, psychologist, friend, brain stimulator, etc. (Hattingh & De Kock, 2008:326). Hattingh and De Kock (2008:327) argue that the fact that many learners would be orphans due to parents dying of HIV/AIDS, was another reason for using the “mother” metaphor.

Magano, Mostert and Van der Westhuizen (2009:68) reason that teachers need to speak as friends, and that difficult but sensitive issues need a friend to talk to, echoing Hattingh and De Kock (2008:327) who state that “student teachers used the image as being a friend to their learners”. A friend in need is a friend indeed. For Magano et al. (2009:69) “having conversations about a topic as friends can help us to become more open, kind and keen to deal with relevant issues in a meaningful, friendly and unbiased manner”. Learners can benefit from the contribution and expertise of the teacher in the classroom Vaughn, Bos and Schumm (1997:30), and when HIV/AIDS has an impact on the education system, teachers need to take cognisance of the counselling roles with which they have equipped themselves (Kelly, 2000:18).

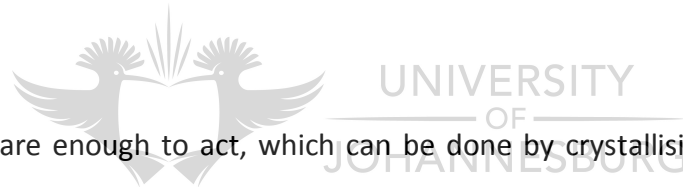
Equally important is the relationship with parents, confirmed by the DoE (1997:38). This contribution has been given official recognition through new legislation and policies, such as the South African Schools Act (SASA, 1996) and the (National Plan of Action for Children, 1996). Donald et al. (2006: 278) argue that little can be achieved unless parents and caregivers become involved in the education of their children, whilst children who receive no support from their parents in their education might develop negative identities, steering them in the wrong direction (Tlhabane, 2009). In addition, building relationships with the community can develop supportive relations with parents and other key persons and organisations, based on a critical understanding of community and environmental development issues (Brunton & Associates, 2003:A47). Building relationships within the community can have an important influence on solving social problems (Donald et al., 2006:210).

On the other hand, teachers cannot build relationships with stakeholders unless they care, so caring is an important attribute for any teacher to exhibit: “The presence of inclusion and the teaching of learners with HIV/AIDS were strongly presented as reasons for the role of caring” (Hattingh & De Kock, 2008:327). As Bosworth (1995:1) has written, teachers are responsible for the role of caring in schools and should provide a bridge between the school and those individuals being cared for. Teachers need to be caring enough to listen, which for Van Dyk (2005: 186) means “clients want more than the physical presence of the

counsellor”. Egan (2002:75) identifies different types of listening skills, viz. listening with empathy, and listening to verbal- and non-verbal messages.

Teachers need to listen with empathy, which for Adrian-Vallance, Cleveland-Marwick, Fox, Hollingworth, Manning, Murphy, Sargeant, Stark and Wedgeworth (eds.) (2008:231) is defined as “the ability to understand someone else’s feelings and problems”. The teacher will understand the learner better when he or she listens with empathy (Van Dyk, 2005:186), thus, an empathetic attitude is an attractive attribute for any teacher to display, manifesting itself in caring relationships with all learners (McAllister & Irvine, 2002).

Teachers also need to listen to verbal messages, and to listen carefully to what learners have to say (Van Dyk, 2005:186). They also have to ‘listen’, that is pay attention to, to non-verbal messages as well, such as body language, facial expressions, tone of voice and appearance (Van Dyk, 2005:186). In order for the teacher to understand what the learner has to say, he or she has to listen to these non-verbal messages, and interpret them accordingly.



Teachers need to care enough to act, which can be done by crystallising the plight of the affected. As mentioned above, stigma and discrimination can have a negative effect on learners’ learning and cause them to drop out of school, therefore, teachers need to draft policies to be adhered to in order for these affected learners to be protected and supported effectively (Pigozzi, 2006:14).

It is stated by Brunton and Associates (2003: A-15) that learners should receive HIV/AIDS education in schools on an ongoing basis. This education should not be seen as an isolated learning area, but should be integrated in the whole curriculum. They further argue that teachers should receive training regarding HIV/AIDS in order to equip themselves to be able to present the content to the learners in an appropriate manner. The purpose of this education would be to allay any feelings of fear, discrimination and stigma attached to this disease, as well as to help prevent them engaging in behaviour likely to increase the danger of their contracting the condition. In addition, teachers should become well-versed about

the emotions that learners might exhibit, and able to give the support necessary in cases of emotional distress (Tlhabane, 2009:48).

According to Bhana, Morrell, Epstein and Moletsane (2006:7), there are three quite distinct challenges that HIV and AIDS present to LO teachers, which are raising awareness and preventing infection; assisting the infected and affected; and dealing with the trauma of illness and death of significant others. They further claim that the role of pastoral care presents an important aspect of the work of teachers in schools. Brunton and Associates (2003:A-16) further claim that all teachers should be trained in order to take cognisance of HIV/AIDS, and that teachers should respect their position of trust and the rights that learners have with regard to HIV/AIDS. Panday (2007:11) sees the teacher's attitude as playing an important role in the implementation of the curriculum, and she emphasises the transformation in belief systems and behavioural attitudes that South African teachers need to undergo in order for them to make LO a success in the classroom. According to Christiaans (2006:30), teachers should be well-versed and anticipate the delivery of the LO learning area with competence and confidence, of which she claims there are three, namely practical confidence, foundational confidence and reflexive confidence. The LO teacher, she argues, is to be a cognoscenti in his or her field (Christiaans, 2006: 30).

The teacher should foster loving, caring environments which respect and protect the rights of learners affected by HIV/AIDS (Coombe & Kelly, 2001:2). They argue that schools should be places of safety for all learners affected by this disease, and teachers need to develop life skills programmes in order to equip learners for positive social behaviour and to enable them to mitigate the social pressures which they are faced with on a daily basis (Kelly, 2000:17). According to Tlhabane (2009:55), LO teachers should be equipped with the skills of counselling, listening and communication, building empathetic relationships, having respect for learners, being observant in recognising and assessing any form of distress, confidentiality, assisting learners in making the right choices, helping learners with study skills, providing appropriate intervention, multicultural issues, competency, and providing remedial assistance where necessary.

2.11 SUMMARY

In this chapter I have illuminated Bronfenbrenner's Theory, the basic needs of humans, followed by the emotional needs of children. I then elucidated the developmental stages of a primary school learner according to the theories of Erikson and Piaget. I further explored the emotional needs of learners affected by the HIV/AIDS pandemic and continued by elucidating the emotions of humans, followed by the development of emotions in children. I then explained the emotions of learners affected by HIV/AIDS, followed by LO as a compulsory Learning Area. I then illuminated the role of the teacher and the role of the LO teacher. The next chapter will focus on the research design used in my study.



CHAPTER THREE

RESEARCH METHODS

3.1 INTRODUCTION

Chapter two outlined emotional needs of orphans and learners affected by HIV/AIDS and how their lives are affected by the pandemic. The current chapter focuses on the research design and how data was collected and analysed.

3.2 RESEARCH PARADIGM

An interpretive, inductive, generic qualitative research paradigm was followed, because it underlines the qualitative research approach that I followed (Hennink, Hutter & Bailey, 2011:11). It also gave insight into real-life situations and allowed me to find meaning and understanding in the situations learners find themselves in (Hennink et al., 2011:9). This paradigm views the experiences of people as expressed by the people themselves (Hennink et al., 2011:14).



Thus, qualitative researchers are “interested in understanding the meaning people have constructed, that is, how they make sense of their world and the experiences they have in the world” (Merriam, 1998:6). They describe the scope and purpose of the research to those involved (Mason, 1996:9).

Quantitative research, on the other hand, is based on the statistics of a specific topic (Henning, Van Rensburg & Smit, 2004:1). Qualitative research was preferred to quantitative research because I was interested in the stories that people tell about their lives (Strauss and Corbin, 1999 :5). Bogdan and Bilken (1982:1) have identified a few distinct features of qualitative research that are very significant, viz. naturalistic, descriptive data, concern with process, inductive and meaning. The naturalistic feature delineates the natural setting of participants and stepping into this natural setting allowed me to generate information by exploring the participants’ behaviour in its original location (Bogdan & Bilken, 1982:1).

3.3 RESEARCH METHODOLOGY

Strauss and Corbin (1999:3) define methodology as a way of thinking about and studying social reality, and define methods as the set of procedures and techniques for gathering and analysing data. In this chapter I illuminate the data collection methods used during my study, which is qualitative in nature.

3.4 ETHICAL CONSIDERATIONS

I gained consent from the DoE to execute my study in two schools in the area of research, after which appointments with participants were scheduled at different times and venues. Consent letters were then signed by all parties concerned as I ventured into my research study.

However, consent for conducting interviews with child participants was obtained whereby the caregivers of the child participants were asked to confer with the children in my absence, explaining the reason for the interviews. Thus, after conferring and understanding the purpose of the study, caregivers and child participants then signed consent forms, without feeling coerced, allowing me to conduct interviews with these children.

Introductions were made before commencing with the interviews by establishing rapport between myself and the participants, allowing participants to feel free and relaxed, and informing them about procedures, confidentiality and anonymity. I was able to employ the presence of counsellors and social-workers in case a learner participant displayed any form of emotional outburst during the interview process. Separate assent forms were used for audio taping orphan participants.

The people interviewed were assured that everything that they would say would be treated as strictly confidential, and that they would remain anonymous, with pseudonyms used to protect them. This was to assure them they could disclose information freely and without fear of recrimination (Gillham, 2000:15). Gillham (2000:15) writes that “trust and confidence are involved in making such disclosures and those are not qualities easily inspired by a

questionnaire". Compliance with ethical standards included getting permission from the Gauteng Department of Education (GDE) (Addendum A) and the participants (Addendum C), as well as the principals of the two schools (Addendum B). Social workers provided me with the names of learners who were under their care. I received permission from the caregivers to interview these learners ((Addendum C), thus making informed consent ethical and legal (Crabtree & Miller, 1992:181). Typed consent forms were given to each participant, containing the following information:

- The purpose and nature of the study (Cresswell, 1998:132).
- Participants to take part on a voluntary basis and be permitted to withdraw at any stage, without negative consequences (Bryman, 2007: 178).
- Participants to remain anonymous.
- Pseudonyms to be used to ensure anonymity and confidentiality.
- Information gathered to be treated as strictly confidential. Participants to be protected from any form of exploitation (Bryman (2007:175).
- Assurance that learners who may experience emotional difficulties to be referred for professional help and support.
- Participants to be informed of the outcomes of this research study by a presentation.
- Risks and benefits: the benefits of this study are larger than the risks. It will help LO teachers to know how to address the emotional needs of HIV/AIDS affected learners.
- The supervising adult to act in the interest of the learner and his or her presence needed in a meeting with the child to understand the purpose and the scope of the research and possible risks and benefits of the study.
- A social worker to be requested to be available when minors are interviewed in case of emotional trauma manifestations, when intervention will be availed.
- The participants to be allowed time to discuss the risks and benefits with the supervising adult in my absence, so that the learner does not feel bound to participate in the study.
- Minors to get assent forms to sign and their caregivers to be given letters permitting them to participate in this research.

- Interviews to be tape-recorded, but the tapes to be destroyed two years after the research study.

Oliver (2003:22) justifies ethical considerations in research by stating that “all situations demand that other human beings be treated with respect, should not be harmed in any way, and should be fully informed about what is being done with them”. In my description of the learner participants, I noted that their eyes were filled with tears throughout the interview, and some were very emotional. Therefore, in dealing with sensitive topics, it is important to keep the learners’ rights in mind when interviewing them. I comforted them by mentioning that reliving the past can be an emotional experience (Oliver, 2003:32). Renzetti and Lee (1993:4-6) define sensitive topics as “threatening in some way to those being studied”, and that “there are a number of areas in which research is more likely to be threatening than in others”. Consent letters are attached in the Addenda A-E.

3.5 INSTRUMENT

The instrument used was that of the interview, which according to Merriam (1998:69) is the most common form of data collection in qualitative studies. I used semi-structured research questions, designed beforehand, asked to all participants, but not in the same order. Each participant was asked the same series of questions but with considerable latitude in how they answered and in the sequence of asking questions (Bryman & Burgess, 1999:18). Bryman and Burgess (1999:18) argue that the “semi-structured interview is one of the most common approaches to interviewing in qualitative research”. I asked follow-up questions derived from the participants’ responses, which as Marshall and Rossman (2006:45) explain, permits the researcher to clarify answers and ask the interviewee to expand on interesting answers.

Open-ended questions were asked and close-ended questions avoided, because the latter elicit only limited information (Merriam, 1998:79) and the participants could respond in detail to the questions posed (Mason, 1996:15). They were also used because I was interested in finding out what was on the participants’ minds (Hannabuss, 1996:2). Seidman (2005:69) argues that “an open-ended question establishes a territory to be explored while

allowing the participant to take any direction he or she wants”, whilst for Clough and Nutbrown (2008:27) “the careful formulation of research questions is key to the realisation of a successful research study, however large or small”. Open-ended questions were asked in order for the participant to give a full description of events happening in his or her life (Bogdan & Bilken, 1982: 1). The Addendum F presents examples of interview questions used.

3.6 SAMPLING PROCEDURES

Frey and Oishi (1995:14) define ‘sampling’ as a portion or subset of the population the researcher is interested in interviewing. The SAPOD Soanes (2005:794) also defines a sample as a small part or quantity intended to show what the whole is like. I employed purposive sampling in my study, which is illuminated as particular features or characteristics enabling detailed exploration and understanding of central themes and puzzles which the researcher wishes to study. These features may be socio-demographic characteristics or they may relate to specific experiences, forms of behaviour or roles. Purposive sampling was chosen to represent a location or type in relation to a key criterion (Ritchie & Lewis, 2003:78-79).

Therefore, for the purpose of my research, the following participants were purposefully selected and interviewed, in order to obtain these representatives viewpoints (Holstein & Gubrium, 1995:75):

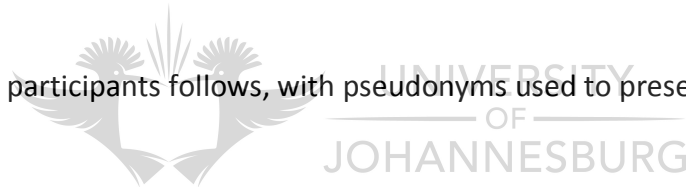
- Five orphaned learners living with caregivers
- Two caregivers of these learners
- Two social workers from different centres
- Two LO teachers.

The first group, the five learners, were in the Intermediate and Senior Phases and affected by HIV/AIDS, to which their parents had already succumbed. These learners were all living with close relatives or caregivers. Secondly, the two caregivers were close relatives of these learners, whom they were living with, and were selected because they dealt with them on a daily basis and knew them most closely. The learners and their caregivers lived in the

Eldorado Park area, in a variety of accommodation – flat, backroom or two-room house – severely stricken by poverty. Thirdly, the two social workers from two different organisations assigned to work with such cases were approached to give insight into the emotional needs of learners. The role of the social worker is clearly outlined in the *National Integrated Plan for Children Infected and Affected by HIV/AIDS Policy* as meeting the needs of children whose circumstances they are aware of, as well as identifying vulnerable children (Giese et al., 2003:17). Therefore, social workers and caregivers were interviewed to form a baseline for my research study. Finally, the LO teachers were teaching these learners and were selected because they could easily detect strange emotional behaviour becoming evident in the learners affected by HIV/AIDS. These schools are situated in Eldorado Park, which house children from the community. As Kelly (2000:28) argues, “when society encounters a problem affecting the young, it tends to turn to its schools, and ask what they are doing about it”.

3.6.1 BIOGRAPHICAL INFORMATION OF PARTICIPANTS

A description of the participants follows, with pseudonyms used to preserve anonymity.



3.6.1.1 Learner participants

Learner participants between the ages of 10 and 15 years were carefully selected from a few different schools in the community. Teachers in these schools identified orphaned learners living with close relatives or caregivers, and those whose parents had already succumbed to HIV/AIDS. These learners were selected because they would be able to answer my research question, namely: What role can teachers play in addressing the emotional needs of learners in the Intermediate and Senior Phases with regard to HIV/AIDS? The remaining participants were selected according to the theory of Bronfenbrenner’s nested system (Donald et al., 2006:41), whereby each had in one way or another been in a close relationship with these learners, and would be able to answer the research question.

Table 3.1: The learner participants

Pseudonym	Gender	Age	Grade	Caregiver
Jabez	Male	10	Four	Maternal Aunt
Joshua	Male	10	Four	Caregiver
Charlene	Female	14	Eight	Maternal Aunt
Brenda	Female	14	Eight	Paternal Aunt
Natalie	Female	13	Seven	Sister

PARTICIPANT 1: Jabez lives with his maternal aunt, Diana and her husband and children. He is 10 years old and in Grade Four, the only child of his mother. He was four years old when she died, with the result that he has no recollection of past experiences. His only siblings are the children of his aunt. He does not know his biological father, even though his father is still alive. Jabez's mother succumbed to HIV/AIDS, and the only inheritance that she left him was HIV/AIDS. Therefore, he has to go for treatment every month. A few people in their surroundings are aware of his HIV status, therefore not treating him or his family very well. He is connected to the Khayaletu centre. He was tearful throughout the interview.

PARTICIPANT 2: Joshua is 10 years old and in Grade Four. He has one brother and two sisters. They all live in the flat of Aunt Kate, their guardian, and her husband. Aunt Kate and her husband have no children of their own, and they are not related by blood to these children. The children's parents were both infected with HIV/AIDS and both succumbed to this disease. Joshua was seven years old when he went to live with his foster parents. His eldest sister, Suzanne, was five years, and the other two were still babies. Joshua can remember what happened in their home when they were still living with their parents. His sister, Suzanne was sexually molested by his mother's boyfriend, and he infected her with the HIV virus. Suzanne is unaware that she has been infected with the HIV virus, even though she is taking medication and goes for treatment every month. Their mother had sexual relations with other men in their house in the presence of their father. Joshua is the only one of the four calling his foster parents "Aunt Kate" and "Uncle Jeffrey". The other three children call them "Mommy" and "Daddy". Joshua is struggling academically, therefore attending remedial classes at school, while Suzanne is flourishing in all aspects of her academic work.

PARTICIPANT 3: Charlene is 14 years old and in Grade Eight. She lives with her maternal aunt and her husband and children. She has three older brothers living at three different homes. Her brothers visit her quite often. She was eight years old when her mother died. Even though six years have passed since her mother's death she still cannot accept it. She was very emotional during the interview, because the questions brought back memories of her mother. Her friends are under the impression that Aunt Annabelle is her mother, because she is embarrassed to tell them that her mother has died.

PARTICIPANT 4: Brenda is 14 years old and in Grade Eight. She is the only child of her parents, and she lives with her paternal aunt, Aunt Mary, in her aunt's flat. Brenda is deeply traumatised by the death of both her parents. She witnessed both her parents suffering from HIV/AIDS and had to watch them die. Three years have passed since their death and she has learned coping measures to deal with the loss.

PARTICIPANT 5: Natalie is 13 years old and in Grade Seven. She lives with her 29 year old sister, Pamela, in a backroom. Natalie was 12 years old when her mother died in January of 2009, when she was in Grade Six. She cared for her mother while still attending school. She had to wash her mother in the morning before school, giving her breakfast. In the afternoon she had to rush home to check on her mother's condition, and still had to do homework and study for tests. Hence her schoolwork deteriorated and she failed the first term, but as time passed she learned how to accept the death of her mother, and she passed that year. She was tearful throughout the interview.

3.6.1.2 Adult participants

A brief outline of the adult participants is presented in the table below:

Table 3.2: The adult participants

Pseudonym	Gender	Relation
Aunt Diana	Female	Maternal Aunt
Aunt Kate	Female	Caregiver (not blood related)
Dorothy	Female	Social Worker
Naomi	Female	Auxiliary Social Worker
Mr. Fisher	Male	LO teacher
Mrs. Theron	Female	LO teacher

The following adult participants supplied information regarding the emotional needs displayed by learners affected by HIV/AIDS.

PARTICIPANT 1: Aunt Diana lives with her husband, children and Jabez, her late sister's son, in a three-room house. She is the breadwinner, while her husband is unemployed. She took Jabez into her home after her sister's death, because there was nobody else available to take in the four-year old. She could inform me about the emotions that Jabez displays and the trauma that he has to endure on a daily basis.

PARTICIPANT 2: Aunt Kate is the foster parent of four children, all siblings. She and her husband are both unemployed and live in a flat. She does piece jobs for a living. Aunt Kate and her husband take these children as their own, and treat them likewise. The children are very happy living there. Someone who does not know the background would say that these are the biological children of these two people. She also refers to them as "my children".

PARTICIPANT 3: Social Worker, Dorothy, is the Director of Kganya Motsha Centre at Baragwanath Hospital, Soweto. She is responsible for all the activities at the centre. They offer HIV/AIDS counselling and testing, as well as many other services.

PARTICIPANT 4: Naomi is an auxiliary social worker at Kayaletu Centre in Kliptown, Eldorado Park. They teach children Life Skills programmes and assist them with their

homework. They also give them a proper meal every day. A bus goes out into the community every day, picking up children at various points after school, taking them to the centre. Most of these children are orphans or live under very difficult circumstances.

PARTICIPANT 5: Mr. Fisher is a LO teacher at a primary school in Eldorado Park. The school comprises approximately 1 500 learners from Grades One to Seven. These children come from various backgrounds and are mostly from the black community. Many have to cross a busy freeway to get to school in the morning and return home in the afternoon. A few use transport, because they live in the Soweto area. Not many HIV/AIDS-affected children are known in the school, because there is still much stigma attached to this disease. Those who do come forward to disclose inform either the principal or the child's teacher, but not both. The one who does know does not inform the other, because of the confidentiality attached to it.

PARTICIPANT 6: Mrs. Theron is the Deputy Principal at a primary school in Eldorado Park, and she is also the LO teacher, counselling learners on a daily basis, and not only on HIV/AIDS related issues. The school comprises approximately 700 learners, mostly coloured. Some are black and come from the Soweto area. Not many HIV/AIDS-affected or infected children are known in the school. Teachers and children do speculate, but they do not talk about their suspicions, because there are policies in place protecting the rights of these children. Those parents who do come to disclose are treated with utmost confidentiality.

3.7 DATA COLLECTION

In my generic qualitative study, I conducted one-on-one interviews with the participants, using open-ended questions to give them the opportunity to respond to the questions posed in detail. The data was collected through in-depth interviewing, defined by Marshall and Rossman (2006:44) as a verbal interaction between the researcher and the participant.

As indicated above, data was collected through one-on-one in-depth, semi-structured interviews with purposefully selected learner participants. The HIV/AIDS orphans between the ages of 10 and 15 would relate their emotional disposition regarding their late parents

and the role the teacher played in their daily activities concerning their emotional status. Interviews were held at their respective homes in the presence of their caregivers. They chose their preferred language for the interviews, either English or Afrikaans. The caregivers chose Afrikaans, and were interviewed immediately after the learners, who preferred English. Teachers were interviewed at school and the social workers at their different centres. Each interview lasted for at least 30-45 minutes.

Firstly, five learners were interviewed to explore the emotions that they displayed and their reactions to express these. I then continued to have a look at the teacher's role regarding these learners' emotions and how the teacher addressed these emotional needs. This was followed by interviews with two caregivers, explaining the learners' background and how they reacted to the death of their parents. I elaborated upon their emotional status, and how they expressed their emotions. Furthermore, I looked at the role of the teacher and how these teachers were involved in addressing the emotional needs of the learners. A social worker and an auxiliary social worker were then interviewed about the emotions of HIV/AIDS learners, and how they were involved in these learners' lives. I then explored the role of the teachers and how they addressed the emotional needs of these learners. Lastly, two LO teachers were interviewed about the emotions of HIV/AIDS orphans and how they expressed them. I probed the role of these teachers in addressing the emotional needs of these learners.

Interview questions were given before the interviews commenced in order for participants to read through them and decide which questions to omit and which ones they would answer. Where the minors were involved, the caregivers read through the questions for them, and decided which were suitable and which not. Oliver (2003:32) advises that "it might be reasonable to point out to potential interviewees that reliving the past can sometimes be an emotional experience".

A rapport was established with each participant beforehand, which as Seidman (1991:73) writes, "means getting along with each other, a harmony with, a conformity to, an affinity for one another".

3.8 DATA ANALYSIS

Interviews were transcribed following their completion, and while still fresh in my mind. As Gillham (2000:56) states, “you can transcribe as you go, and you will find that each interview is relatively fresh in your memory”, and allowed for a “proper transcription analysis” (Gillham, 2000:61). As Seidman (1991:87) writes, “the primary method of creating text from interviews is to tape-record the interviews and to transcribe them”, and that “the participants’ thoughts become embodied in their words”. However, the transcriptions were abbreviated in order to promulgate and establish the premise of my study. Transcriptions are attached in Addendum G.

I employed qualitative content data analysis (Henning et al., 2004:104), because I was interested in the stories that people tell and the language that they use to communicate these stories (Merriam, 1998:157). As Bryman and Burgess (1999:27) puts it: “the focus is upon the story ... it is on this basis that themes, metaphors, structures of stories and conclusions are established”. In assigning categories to certain codes I firstly used a thematic analysis to code the interview transcripts. This was done by highlighting substantive statements on each transcription (Gillham, 2000:63), then labelling phrases, sentences or paragraphs relating to these categories using a descriptive code. I continued by sorting codes into different categories, with each code was then refined to identify themes (Linsk & Mason, 2004:5).

An example of a shortened coded transcription is given below:

12 C4: It's a pleasure.

13 R: Its good, keep it like that! Brenda*, hoe does it feel not to have a mother and a father?

14 C4: Sometimes it feels so sad, but I forget about it quickly, and I don't think about it, because then I feel
15 sad that I'm going to cry every time.

16 R: Ok. Was there a time that you were crying because you were sad?

17 C4: Yes, there was a time when when they did shout me, and I was angry, and I was crying, I was
18 thinking of them, missing them.

19 R: So, who was shouting you?

20 C4: Uhh... my friends were shouting me, they did not want to play with me anymore. I was angry, then I
21 came in the house and I was starting to cry.

22 R: So, why do you think they did not want to play with you anymore?

23 C4: I don't know, because they say that I do this to them. I hit them and I do that to them, and I don't do
24 it.

25 R: Then you don't do it. Now tell me, when you are sad and you cry, what else is there that you do when
26 you are sad or angry, you say you get angry? What do you do when you are angry?

27 C4: I just go to my room and think of those days with them, the times that I spent with them.

28 R: Your parents?

29 C4: Yes.

30 R: Like me, when I get angry, I throw a cup or I kick the door. What do you do when you are angry?

31 C4: I just slam the doors and then I go in my room.

32 R: And when you are sad, you cry?

33 C4: Yes.

Coping strategy
Coping strategy

To escape from ridicule

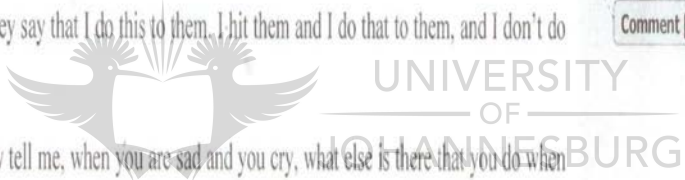
To rid herself of anger

Finding a private place to cool off

- Comment [NGPH1]: feelings *emotions*
- Comment [NGPH2]: denial/escape from reality
- Comment [NGPH3]: denial/escape from reality
- Comment [NGPH4]: feelings *emotions*
- Comment [NGPH5]: expression of emotion
- Comment [NGPH6]: feelings *emotions*
- Comment [NGPH7]: expression of emotion
- Comment [NGPH8]: longing for connection
- Comment [NGPH9]: peer rivalry/peer pressure
- Comment [NGPH10]: discrimination
- Comment [NGPH11]: feelings *emotions*
- Comment [NGPH12]: place of safety *safe haven*
- Comment [NGPH13]: expression of emotion

- Comment [NGPH14]: place of safety *safe haven*
- Comment [NGPH15]: reminiscing/
longing for connection

- Comment [NGPH16]: expression of emotion
- Comment [NGPH17]: place of safety *safe haven*



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I identified codes to be combined to formulate a single category (Gillham, 2000:64), and checked to see whether there were other codes that I could assign to a certain category, and marked them. Finally, I arrived at the categories to be used for my study. Gillham (2000:60) also advises that “the overall purpose of constructing categories is to be able to assign all the substantive statements to them”. The figures below are illustrations of themes that emerged.

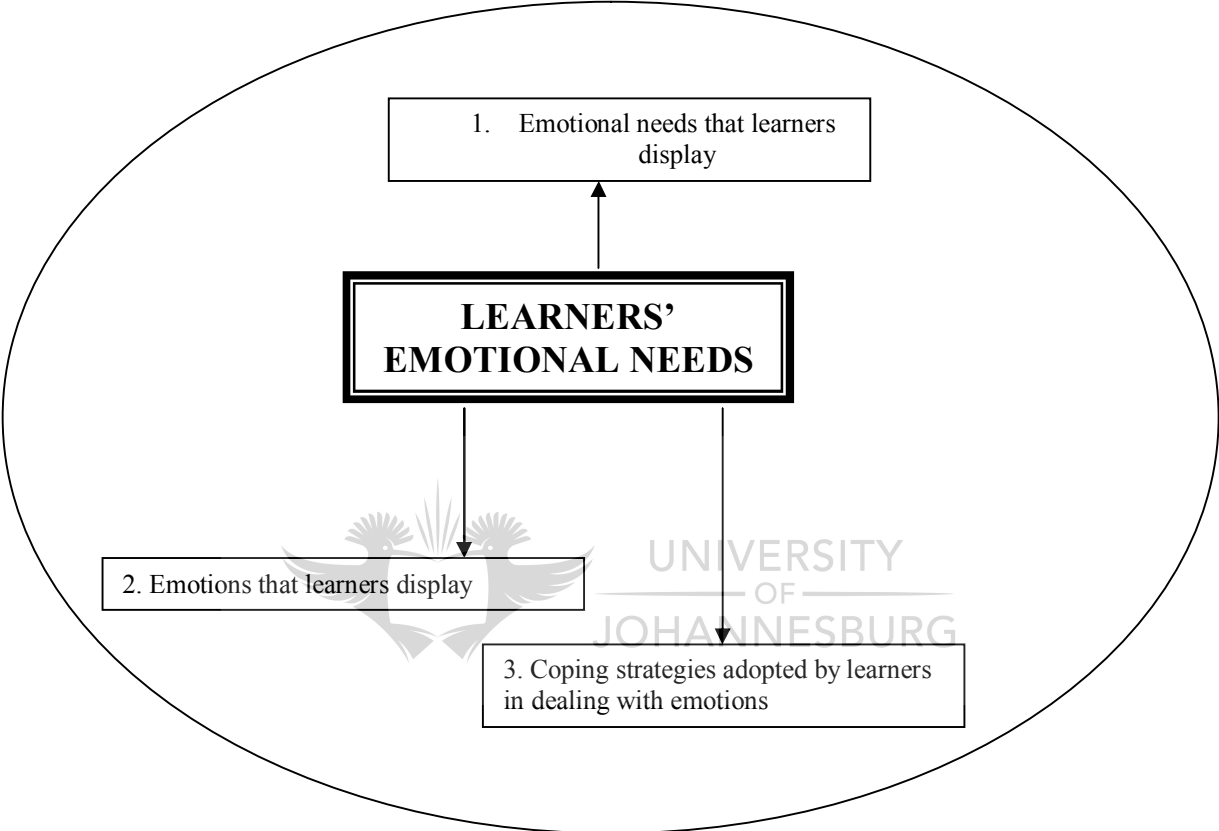


Figure 3.1: Learners’ Emotional Needs

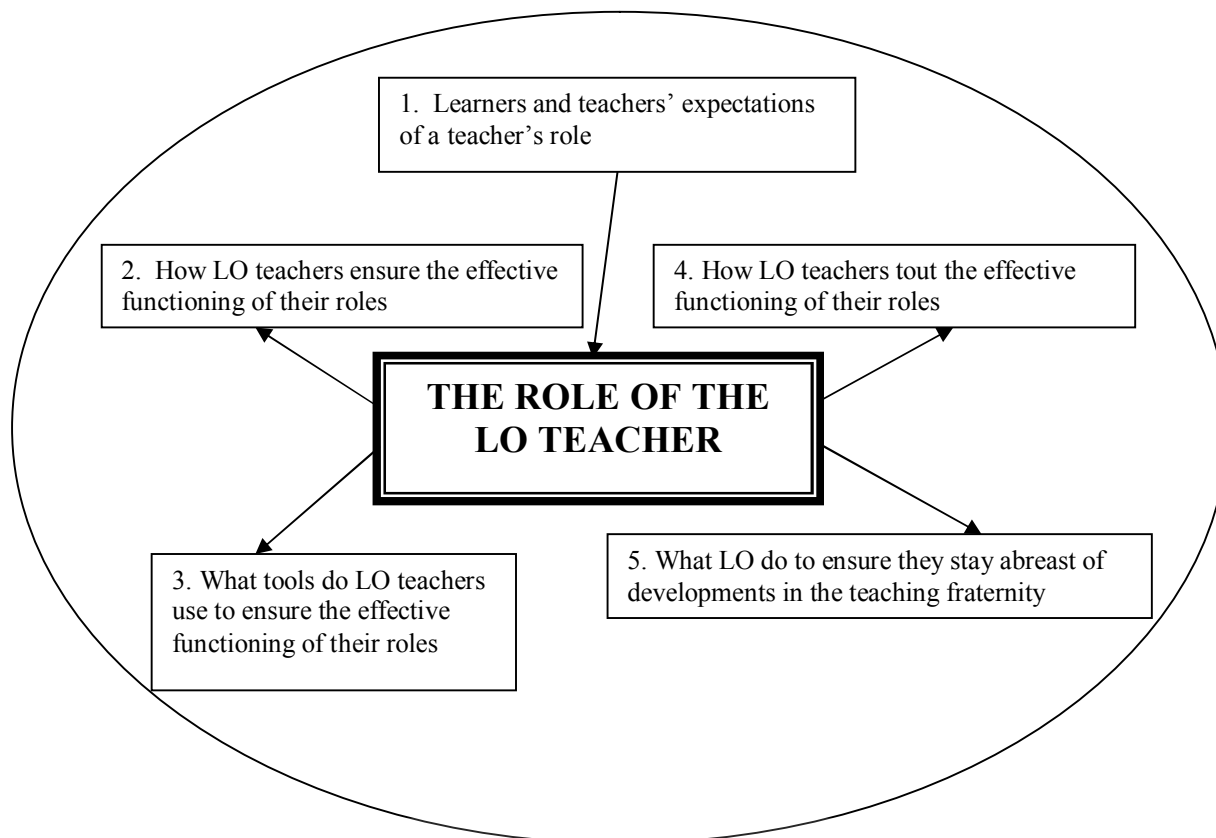


Figure 3.2: The Role of the LO Teacher

In addition, the data collected was analysed inductively, through going into the field with no knowledge at all and leaving with rich data. According to Bogdan and Bilken (1982:2), “qualitative researchers do not set out to find data to prove or disprove hypothesis that they have prior to their study”, and add that “their theories come from the bottom up rather than the top down”.

3.9 TRUSTWORTHINESS

According to Guba and Lincoln (1988), trustworthiness is based on four principles, viz. **credibility**, **transferability**, **dependability** and **confirmability**, discussed in turn here:

Credibility: Morse (1994: 105) elucidates credibility as “the truth as known, experienced, or deeply felt by the people being studied and interpreted from the findings with co-participant evidence as the ‘real world’, or the truth in reality”. My consistent presence and professionalism in the location of research ensured the participants of its credibility. I also

ensured that the information gathered from the interviews was a true reflection of the participants viewpoints and not that of my own (Guba & Lincoln, 1988). Transcriptions were given to participants in order for them to ensure that these were a true reflection of what transpired during the interviewing process.

Transferability: The data collected from this research study was not generalised. I provided a thick, rich description of the research process and the role of LO teachers in addressing emotional needs of orphaned learners which may not be transferred, but may be applicable in other similar context. As Morse (1994:106) has argued, “transferability refers to whether particular findings from a qualitative study may be transferred to another similar context or situation and still preserve the particularised meanings, interpretations, and inferences from the completed study”.

Dependability: The data collected was audited so that other researchers could validate the dependability of this study. Marshall and Rossman (2006:146) explain that “the researcher attempts to account for changing conditions in the phenomenon chosen for study as well as changes in the design created increasingly refined understanding of the setting”. I consulted with experts in the field of LO to verify my findings.

Confirmability: The study was discussed with other researchers in this field in order to verify the information gathered, thus ensuring confirmability and to avoid my biasness. According to Marshall and Rossman (2006:147), a study can then be “confirmed by another”. As Morse (1994:05) argues confirmability means “obtaining direct and often repeated affirmations of what the researcher has heard, seen, or experienced with respect to the phenomena under study”.

3.10 SUMMARY

I conclude this chapter by outlining the different headings and subheadings as described. I commenced this chapter with the methodology used in this study by describing the research paradigm, then outlined the research methodology and delineated the sampling procedures and ethical considerations. I presented brief biographical information about each

participant and outlined the data collection tools used mentioning interviews as my primary method for collecting data. I then identified the different principles of trustworthiness, viz. credibility, transferability, dependability and confirmability.

The next chapter will focus on the findings and interpretations.



CHAPTER 4

RESEARCH FINDINGS AND INTERPRETATIONS

4.1 INTRODUCTION

In this chapter the focus will be on the interpretation of findings on the role of the LO teacher in addressing the emotional needs of HIV/AIDS affected learners in the Intermediate and Senior Phases. The next step would then be to focus on the themes derived from the analysis by using the necessary literature as discussed in chapter two, answering my research question. I then focus on the findings of the analysis. Thus, the nature of my study is two-fold. Firstly, I look at the emotional needs, as well as the primary emotions of learners, and secondly, I probe on the role of the LO teacher in addressing them.

4.2 THEMES DERIVED FROM DATA

4.2.1 Learners' emotional needs

THEME 1: Emotional needs that learners display

A need to belong

It was clear from the findings that these learners displayed a need to belong. They would also like to feel part of a family where there are brothers and sisters, a mother and a father. They would like to feel loved and cared for by their own parents. They miss their parents and wished they could still be alive. Some expressed the need to stay with their caregivers forever. Some wanted their caregivers to always look after them. Thus, they would look at other children who have biological parents and desire the same for themselves. However, even though they do stay with close relatives, it cannot compensate for the fact that they do not have biological parents. This was exemplified by Jabez who said:

I want to visit my mother at the graveyard, and: I wish my father would come. He called his aunt: My mother.

Joshua also expressed the need to belong as he stated:

I always think about my mother and father, and: I wish I can stay here forever.

Charlene expressed the need to belong:

I miss them sometimes, and "I wish I had parents.

Brenda also expressed the need to belong, when she said:

I was thinking of them, missing them, and she continued: I want to be like other children who are happy and their parents go out, they go out with their parents.

Caregivers interviewed also expressed the desire for learners to have parents, and quoting Aunt Diana's direct words:

He also desires to have his own mother, his own father.



Need for conversation

On the question of whether there was someone that they could talk to whenever they felt sad or depressed most said that they spoke to their caregivers. Some of them also speak to their teachers whenever they feel sad or depressed. On the other hand, one of them commented that she prefers to sit alone in her room, talking to herself. It was, however, clear that they do feel the need to speak to someone and there is always someone they could talk to whenever the need arises. For instance, Jabez said:

I talk to my mother.

He was referring to his aunt, and Joshua said:

I tell Aunt Kate.

He also had the courage to speak to the L.O. teacher:

I tell Mr. Fisher, while Charlene said: I tell my teacher, and for Brenda: there's Mrs. Willis and my friends that I can talk to.

Even Mr. Fisher, the teacher, spoke about building a relationship between himself and the kids, whereas Mrs. Theron commented that *they have a special relationship with her.*

Need for affection and warmth

Another emotional need that these learners expressed was for affection and warmth. They understood that in order for them to experience affection and warmth in their lives, they need to stay with people who are close to them, whether they are close relatives or foster parents. Affection and warmth can only be demonstrated by people who love them and who care about them, and these people are none other than those looking after them. This need is highlighted by Joshua who said:

I wish I can stay here forever, because they treat me well, underlined by Aunt Kate: I love them very much. And, I lay my life down for them.

This need is also echoed by Brenda who said:

I wish that Aunt Mary can look after me,

She was expressing the need for affection and warmth, while Natalie responded by saying:

There's no-one to talk to sometimes.

Physiological needs

These needs include the need for oxygen, food and water. In order for them to eat, they need money to buy food. If they do not have money to buy food, they either ask their relatives or their friends for money. Therefore, these needs are clearly demonstrated by what Jabez said:

I go to them and tell them I don't have money,

He had the courage to report whenever he needed money.

Need for safety and security

From the interviews I discovered one place where learners went in their time of need, namely "home", which can take various forms, depending on the situation at hand. I call it "place of safety", and whenever one is in distress there is a place to go and try to reconnect, or "cool off". Some of them go home and others just sit in their rooms while trying to rid themselves of their emotions. It is therefore evident that home or the room is the place in which they felt secure, fulfilling their need for safety. This need for safety and security is expressed by Brenda who said:

I was angry, then I came in the house, and she regarded her bedroom as a place of safety ... I just go to my room and think of those days with them. She continued: I just slam the doors, then go in my room ... I sit in my room and don't want to talk to no-one.

Joshua also expressed the need for safety when he said:

I wish I can stay here forever,

Later, this "place of safety" became a "place of fear" for Brenda, because circumstances had turned around, it being the place in which her mother died in front of her. Thus, home was

no longer a place of safety for her, but the school has become a place of safety for her now. Her reaction now was:

I couldn't stay by my house, because I was gonna cry. So I thought that I must go to school. ... go to school, and just forget about it. I don't talk to no-one. I'm just sitting in my room.

THEME 2: Emotions that learners display

Sadness

Sadness is one of the emotions with which these orphans have to grapple. To the question: "How does it feel not to have biological parents," all of them responded that they felt *sad*. Jabez gave a one-word answer by saying *sad*, while to the question "How did it feel when your mother died," he also responded by providing the same one-word answer. Joshua also felt *sad* when his parents died, but he added:

I was only sad when I came here.



This leaves the impression that he was happy where he was staying. He emphasised this by saying:

I'm not sad here.

Charlene also responded with a one-word answer *sad*, and on the question: "how do you feel about the fact that you and your brothers do not stay together?" She responded again with the one-word answer, *sad*, as she did to a question about her feelings on Mother's Day. I got the impression that the only emotion she constantly felt was "sadness". Brenda's response was:

I feel so sad.

She also responded:

I feel a little bit sad

On the question about how she felt about her parents not being there to show them her report card. Natalie used the words *not good* when asked “how does it feel not to have parents?” She tried hard to avoid the word “sad”, but it does show up in response to the question: “how does it feel that your mother was infected with HIV/AIDS and died of it”. This question was posed because she was aware of her mother’s status after she had disclosed it to her. She said:

I feel so sad.

Anger

Anger is one of the emotions associated with grief, and this emotions was also identified during the interviews held. Most of the child participants confessed to feeling angry due to the HIV/AIDS virus. They feel angry because of the fact that they do not have biological parents. They feel angry because their biological parents died due to the HIV/AIDS virus. They feel angry when people talk too loud to them. Thus, there are many reasons why these orphans experience feelings of anger. This emotion was expressed by Joshua who said:

I do get angry sometimes.

It was also emphasised by Brenda who said:

I was so angry.

Aunt Diana echoed Jabez getting angry when she said of Jabez:

If I talk too loud with him, he gets angry.

Fear

The feeling of fear was identified as one of the emotions associated with the HIV/AIDS virus. HIV/AIDS affected children experience the feeling of fear that they will die because of the HIV/AIDS virus. They fear contracting HIV/AIDS. They fear that their parents will die. They fear that their caregivers will die. Thus, they live in constant fear of losing a loved one. Aunt Kate talked of Suzanne at the initial stages of coming to live with her and her husband:

At night when she had to go to bed, then she tells me to keep the light on, because she was scared.

Aunt Diana spoke of Jabez:

You can see that he feels a little bit scared, because he might think that he does not want to die now.

This leaves the impression that HIV/AIDS is associated with death. Mr. Fisher used the word *apprehensive*, indicating that fear might manifest itself in these learners. Natalie uses the word 'worry', as in:

I was worried about my mother, what was going to happen to her.

Other Emotions (frustration, happiness, bashfulness, embarrassment)

It was clear from my findings that the learners were dissatisfied with their circumstances of being orphans, and exhibited a variety of emotions, such as frustration, bashfulness, embarrassment and happiness. Brenda felt happy and sad at the same time, displaying mixed emotions at the end of the year on receiving her report card and having no parents to show it to. She said:

I feel a little bit sad, but I also feel happy on one side.

Charlene felt bashful about not having parents:

I'm shy.

She confessed that she told her friends that Aunt Annabelle was her mother out of embarrassment. Asked why *I say it's my mother*, she replied that *I am shy*. Natalie felt *frustrated* if there was no-one to talk to, and Brenda said:

I want to be like other children who are happy and their parents go out, they go out with their parents.

THEME 3: Coping strategies adopted by learners in dealing with emotions

Using sleep as an escape

Sleep is often used as a means of escape in order for them to cope with their circumstances. They found that when they sleep they would be forgetting about reality and escape to a world that is perfect, where their lives are normal. Therefore, when things get too tough to handle, they prefer to sleep, because sleep grants a temporary solution to their problems. When Jabez became angry he would go to sleep:

I just want to sleep.

He was using sleep as an escape from reality and so temporarily forgetting about his circumstances of not having biological parents. His Aunt also said:

He sleeps a lot, and that he would go to bed now and again when he is angry.

Joshua also used sleep as an escape from reality when he felt sad:

I went to sleep.

Sleep was used as an escape from the knowledge that he does not have biological parents. Brenda escaped from reality by not thinking about the things that made her sad:

I forget about it quickly and I don't think about it, she said.

Crying

Most of the learners interviewed confessed to crying when their parents died. They still cry when they think about their late parents. Some cried, because their parents died in front of them. Some of them even cry when children insult them, teasing them about their parents who died of HIV/AIDS. Charlene was sobbing throughout the interview, sniffing with tears rolling down her cheeks, because it brought back memories about her late parents. Jabez cried when he felt sad, particularly when people said bad things about his late mother, opening up old wounds. Crying is used as a strategy to rid themselves of their emotions.

Brenda cried when she felt sad and thought about her late parents:

I came in the house and I was starting to cry.



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She continues:

When my mother died, she died in front of me, and so I was so angry, I was crying and I was going on my knees and I was praying that she doesn't die.

Natalie had tears in her eyes throughout the interview, as did Jabez and Charlene.

Using Physical Force

In order for these learners to rid themselves of their emotions in order for them to cope they would often use physical force on anything that seems to be in their way. Therefore, the only solution that they would find would be, according to Jabez's aunt, to:

Throw things around, slam the doors or push the other children around.

Brenda also found that in order for her to cope was to:

Slam the doors and then I go in my room.

Sulking

On the question of what she did when she felt sad or angry, Brenda responded by saying:

I don't talk to no-one, I'm just sitting in my room, talking to myself. Talking to myself.

This is an indication of how she rids herself of her emotions, and yet later said:

There's Mrs. Willis and my friends that I can talk to, contradicting herself.

Academic Deterioration

It was clear from the interviews conducted that most of the learners' schoolwork deteriorated due to the HIV/AIDS virus. They did not concentrate in class and did not study for tests and examinations. Projects and assignments were not done, because they could not make peace with their circumstances. Therefore, most of them received extra help from their teachers, while others attended afternoon classes at school. On the question of how she coped after her mother's death, Natalie responded:

I didn't cope very well, and: on the question about her school work, I didn't do very well.

Natalie felt sad most of the time, resulting in her not concentrating in class. Her report card for the first three terms showed a decline, whereas a vast improvement was noted in the fourth term as she came to terms with the death of her mother. Aunt Kate said of Joshua:

Joshua is also attending after classes.

The social worker was not pleased with his academic performance at that time. His schoolwork deteriorated due to the news of his biological mother's death earlier that year, leaving him with feelings of frustration. Brenda's anger and feelings of sadness resulted in her not producing the same work that she was capable of, causing her schoolwork to deteriorate. She was receiving Mathematics classes from Mrs. Willis:

Mrs. Willis helps me with my school work.

Charlene still tries to come to terms with the death of her mother, leaving her feeling sad most of the time. These feelings of sadness cause her not to perform academically well, resulting in her receiving extra assistance from the teacher. She said:

She helps me with my homework sometimes.

Retaliation

When taunted or ridiculed, learners feel angry and frustrated, using retaliation as an option to fight back and stand their ground. When children insulted Jabez and taunted him about his HIV status, he would fight back and insult them, too. According to his aunt, he would react by saying:

No, your mother has AIDS. He said: *They like to talk about my mother, then I just want to cry,* giving the impression that he had gone through stigmatisation and discrimination in his community.

Hardened Heart

However, the coping strategy for Joshua was that he had made himself immune to feelings of depression, therefore becoming "hard". Aunt Kate even said:

Joshua does not cry,

He kept his feelings to himself, as a way of coping with the challenges. This boy had been a witness in his home when his mother had sexual relations with other men, and his younger sister was sexually abused by his mother's boyfriend. Therefore, in order for him to cope, he would cordon himself off from his feelings. Brenda, on the other hand, preferred not to think about her circumstances and tried to forget about them because they would make her sad:

I forget about it quickly, and I don't think about it.

Normalising Abnormal Situations

According to the social workers interviewed, these learners normalise abnormal situations, meaning that they become so used to their circumstances that they later see them as normal. Dorothy (social worker) responded on the question about how learners react to their emotions:

One of the things is that learners normally normalise situations that are abnormal.



Talking

The auxiliary social worker stated that HIV/AIDS affected learners used talking as a coping strategy. They talk to their friends, caregivers and teachers. Some even talk to themselves. Talking allows them to rid themselves of their emotions in order for them to cope with the stresses of their everyday lives. Talking allows them also to comfort themselves and to express their feelings. By listening to each other, it makes them realise that there are other children who are faced with the same circumstances and that they are not alone in this. Brenda admitted to:

Talking to myself.

Jabez, on the other hand, confesses:

I talk to my mother.

Denial

HIV/AIDS affected learners cannot make peace with the fact that their parents were infected with the HIV/AIDS virus. They cannot accept the fact that their parents died due to the HIV/AIDS virus. Some refuse to accept that they are orphans. They are in constant denial. Therefore, according to auxiliary social worker, Naomi, these learners did not accept their situations:

They don't like to know the status of their parents.

Brenda, on the other hand, preferred not to think about her circumstances and tried to forget about them:

I forget about it quickly, and I don't think about it.

Optimism



In order for these learners to cope when they think about their future, they are optimistic that they will achieve great things in life. Many of them interviewed have aspirations for a better life, but as Mr. Fisher said, these learners regret that they will not emulate their parents' achievements. From the interviews, all the learners indicated that they had dreams and aspirations for their future. Brenda said:

I see my future beautiful, working, nice job, live in a nice house.

Charlene is looking forward to *finishing school, going to college*. Jabez also wished to become a mechanic and Natalie a doctor.

4.2.2 The role of the LO teacher

THEME 1: Learners and Teachers' expectations of a teacher's role

Learners views about the teachers' roles in addressing their emotional needs

Learners interviewed had only good things to say about the teachers who are teaching them. They expressed that the teachers treat them well at school. Teachers care about them, and do special things for them. The teachers comfort them and support them with their school work. According to Jabez, the teachers treat him well at school. He also knows that the teachers care about him at school, other than teaching him. He knows this by the manner in which they treat him at school. Joshua, on the other hand, says he knows that his teacher cares about him, because:

She treats me very well.

This statement is emphasised by the word “very”, emphasising the degree of the treatment that he receives from his teacher. He also supports this statement when he said:

When I make mistakes that would make her angry, then she doesn't shout me, because she likes me.

Charlene is also clear about her teacher supporting her in her emotional distress when she said:

My teacher comforts me when I feel sad.

Brenda says bluntly:

My teacher cares about me. She worries about me. She would ask me what is wrong.

Learners do not have high expectations of the roles of teachers but to support them academically. As said by Charlene:

She must teach me.

This statement is supported by Brenda when she said:

I will just like them to help me more with my school work.

Natalie agrees with these statements when she responded:

To support me.

Teachers' views regarding the role they play in addressing the emotional needs of learners affected by HIV/AIDS

In order for teachers to support learners optimally, they liaise with various organisations in the community, i.e. social workers and HIV/AIDS Care Centres. Thus, they make time to observe what is happening emotionally with these learners, and they make time to sit and talk with these learners in order for them (the learners) to express their feelings. Teachers then see what is needed and they act accordingly.

Mrs. Theron said:

We work very close with the social worker around the corner. There's a counselling programme, because I normally counsel them. We also have a support structure that these ladies help them emotionally.

Mr. Fisher stated:

The learners have the freedom to come to the office to discuss that with me.

He further continues to say:

We counsel the child, allowing him to express his feelings, express what has happened and then we see what is needed.

Strategies of teachers maximising their roles in addressing the emotional needs of HIV/AIDS affected learners

Even though teachers are implementing strategies in addressing the emotional needs of HIV/AIDS affected learners, yet these strategies are not sufficient, because of time constraints and over-crowded classrooms. Yet, they would like to do more in this regard. Mr. Fisher said in this line:

I can never be satisfied. When I look at a situation like a place of safety where we have specialists living with the children and give the children all the necessary support, and deal with them in sports, and after school where these children can feel I've been catered for holistically.



Mrs. Theron stated:

We can never do enough. I feel I can do much more. I give an occasional hug, ask how are you feeling.

From Mrs. Theron's statement I derive the argument that she feels helpless, because she has limited power in dealing with HIV/AIDS affected learners and the problems that they are faced with.

However, the views of learners and teachers regarding the roles of the teachers in addressing the emotional needs of HIV/AIDS affected learners are complimenting each other in this that both parties reflect the emotional support the teachers are lending to these affected learners. It also proves the helplessness of teachers in having the desire to do more, but are restricted because of the circumstances they find themselves in. Learners

confessed that the teachers care about them and that there are certain things the teachers do for them. Teachers also stated what they are currently doing for these learners, but they also reflect their desire to do more. What stands out from the statements of learners and teachers is that teachers are doing everything they can in order to support these learners emotionally.

THEME 2: How LO teachers ensure the effective functioning of their roles

Building open and trusting relationships

Teachers build vital relationships with all stakeholders to ensure the effective functioning of their roles as LO teachers. They build relationships with the learners that they deal with on a daily basis. They build relationships with the parents and caregivers of these learners and they build relationships with the community in order to enable to support these learners optimally. Mr. Fisher said plainly:

The first type of support is a relationship between myself and these kids.



This kind of relationship is the primary one for any teacher employed at a school, because there can be no school without learners. Teachers are the people that spend most of their time with these learners, and as Dorothy said:

People that spend most of their time with the kids are none other than the teachers.

Therefore, teachers are in a better position to relate experiences with learners. By doing so, learners will feel safe and secure to trust the teachers with important issues. Brenda stated that Mrs. Willis was the person that she could talk to whenever she experienced difficulties:

There's Mrs. Willis and my friends that I can talk to.

Charlene's teacher was the person whom she approached whenever she felt sad, saying of her:

My teacher, she comforts me.

She not only talked to her teacher, but the teacher took action by comforting her. Joshua felt free to go to Mr. Fisher whenever the other learners were bothering him:

Then I tell Mr. Fisher.

These teachers do more than just teaching them Mathematics, according to Dorothy. Learners would not put their confidence in teachers by entrusting them with their feelings if they did not make them feel comfortable.

According to Aunt Kate, the teacher also acts as a caregiver for these learners:

She said that she will observe Suzanne and she will look after Suzanne.

Suzanne is Joshua's younger sister who was sexually abused by her mother's boyfriend and who infected her [Suzanne] with HIV/AIDS. Naomi, auxiliary social worker, said about the relationship role of the teacher:

There are some of the children they are at HIV/AIDS Care Centre, maybe they tell their teachers who help them.

From this statement, it is evident that teachers are attentive to the wellbeing of the learners. Dorothy said:

We've had one teacher who is so so so, she'd like to know what's happening with the kids.

Teachers not only observe and refer, they also enquire about the wellbeing of these learners. Mrs. Theron said:

Teachers have a special relationship with her (Charlene).

In order for the teacher to keep the best interest of the learner at heart, it is vital that s/he establish strong relationships with the caregivers. Caregivers must feel comfortable in entrusting them with personal information, knowing that they will keep it confidential, and not spread the information to others who have no interest in them. Aunt Diana said:

I went to see his teacher and I told her about him, and If there is a problem, they would call us to come to school and explain the problem to us.

Aunt Kate responded:

I went to the teacher and informed her ... The teacher and I have a good understanding.

Mrs. Theron said of her relationship with other teachers:

They're very supportive, very supportive, all of the teachers.

They were willing to help whenever she needed assistance. Both teachers related their relationships with other stakeholders for the benefit of the learners. Mr. Fisher said:

We have a relationship with a professor, who is a child psychologist, because we build this relationship, we would have that then as resource, and we are linked to the HIV/AIDS Care Centre and see the psychologist.

He added:

We have two interns at school. We also make use of their training to try to bring some extra resources at school.

Mrs. Theron said of their relationship with an NGO:

We have the HIV/AIDS Programme [NGOs] after school. We also work very close with the social worker around the corner, HIV/AIDS and Adolescence Care Centre.

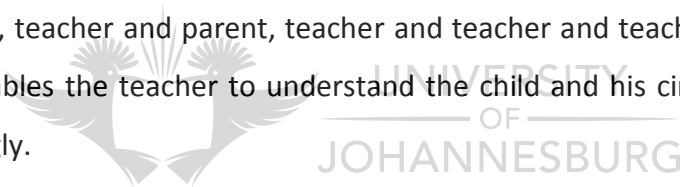
She also had relationships with parents:

Also a support structure that these ladies help them emotionally, as well as their physical needs. They are specially trained in First Aid to handle those problems. It's two ladies, three actually.

THEME 3: What tools do LO teachers use to ensure the effective functioning of their roles

Communication

Communication is used as a strategy in enhancing the teacher's role in addressing the emotions of HIV/AIDS affected learners in the school. There is communication between the teacher and learner, teacher and parent, teacher and teacher and teacher and community. Communication enables the teacher to understand the child and his circumstances better, and to act accordingly.



Teacher-learner communication

Teachers use communication in the classroom by teaching children about HIV/AIDS and how they should treat people infected and affected by it. Mrs. Theron stated that:

We teach them to have empathy with these learners, and don't tease them. The curriculum has HIV/AIDS in the LO programme. One of our themes is also HIV/AIDS. There's a counselling programme, because I normally counsel them. You talk to, listen to that person, and you encourage the child. Counselling for children is more difficult than it is for adults.

Mr. Fisher was also clear about using communication as a strategy in dealing with learners affected by HIV/AIDS. He said:

Where at times when they would feel uneasy when there are children that are taunting them, that they have the freedom to come to the office to discuss that with me. The first thing would be to get the child to a place of warmth, away from the attention of all the other children. Take the child either to the staffroom or to one of the other offices where we can sit and talk to the child, counsel the child and allow to express how the child feels, express what has happened and see what is needed.

Teacher-parent communication

Communication with the parents or caregivers of HIV/AIDS affected learners is also a vital strategy in order to understand the situation of the learners better. Caregivers and parents feel comfortable to disclose the learners' situations to the teachers, and they do not feel threatened or that the teachers would bridge the confidentiality of the information shared. Caregivers feel that they can confide in the teachers, and that the information will be dealt with in like manner. Mrs. Theron stated that:

The parents told me themselves.



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If parents did not trust the teacher they would not have had the freedom to discuss such a sensitive topic with her. Thus, one can conclude that because of the constant communication between parent and teacher, the HIV/AIDS status of the parent was disclosed in a confidential manner with the assurance that it would be performed as such. Mrs. Theron also said:

If they become ill, we inform the parents, or we take them to the doctor.

Mr. Fisher confirmed the statement of Mrs. Theron when he added:

The parents informed me. That is how I came to know about the status of these children. This kind of information would be dealt with in a very confidential manner. Communicate with the parent which in most cases the child would not be able to provide answers. We

advise the parents as to which counsellor they can approach if the situation becomes a bit unbearable.

Teacher-teacher communication

For the benefit of the learner, it is important that teachers communicate with each other regarding the circumstances of the learners they are teaching. Teachers can also be valuable sources of information, and they can gain from each other's knowledge and expertise, advising each other on what to do and what it is that worked for them in dealing with these learners. Parents and caregivers feel comfortable to make all the teachers aware about the HIV/AIDS status of the learners and parents. Therefore, Mrs. Theron stated that:

The mother asked me to disclose it to all the teachers who are teaching the children. She actually asked me to tell all the teachers so they can handle them with care.

The teachers were also always willing to support each other:

When you need something, they will assist you. Where the child's school performance is adversely affected and it has been discussed in the SBST that it would become very necessary for that to inform the educators involved when there are some contributory factors that could hinder the child's performance.

Teacher-community communication

Teachers can always draw on the skills and expertise of the community at large by using communication as a tool to ensure the effective functioning of their roles as LO teachers. As in the case of Mr. Fisher, where he involved a preacher from a nearby church to come and assist where necessary, he said:

We would then either call a counsellor, preacher or one of the teachers in the school to come and assist in addressing the situation with the child.

THEME 4: How LO teachers tout the effective functioning of their roles

By caring

It takes a special teacher to be a caring teacher. Learners, caregivers, teachers and social workers all confessed to the caring role of the teachers. Teachers demonstrated their caring roles in different forms. Some comforts the learners, while others help them with their schoolwork. From the interviews it was apparent that teachers did care about these learners. For instance, Joshua said:

When I make mistakes that would make her angry, then she doesn't shout me, because she likes me.

Charlene, on the other hand, said:

She comforts me.

Brenda supports the above statements when she said confidently:

My teacher does care, and explained: She doesn't shout me for anything I do. She worries about me. And then she says that she will help me with my school work.

Dorothy (social worker) said about the caring role of teachers:

We've had one teacher, she'd like to know what's happening with the kids. She refers when she thinks, you know, that things are not going ok. We have people that care at the school about the children, while Naomi said: They tell their teachers who help them.

It is, therefore, evident that the teachers help these learners because they care about them and if they did not they would not refer them to these centres. Aunt Kate (caregiver) said:

She promised me that she will look after Suzanne. So, I must not worry, she will keep me informed.

However, it seems that teachers were doing more than their duty and making an extra effort. Mrs. Theron said:

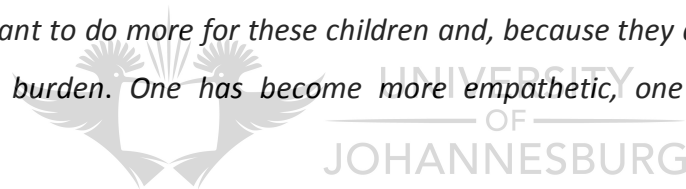
We care for them.

On the question as to what the reactions of the teachers were when learning about these children's status she said:

Very caring, very empathetic, you know.

Mr. Fisher commented about his caring role when he said:

You feel that you want to do more for these children and, because they are so innocent they have to carry this burden. One has become more empathetic, one has become more passionate.



Mrs. Theron said:

Very caring, very empathetic.

These words were used in replying to a question about the reaction of the other teachers when they learned about the HIV/AIDS status of these learners, and what their reactions as LO teachers were on hearing about it. Mrs. Theron said:

They go the extra mile for Charlene.

Teachers made an extra effort in several ways, for example Charlene says:

She felt sad. She comforts me.

On the passing away of her mother. Brenda's said:

She worries about me, and she asks me what is wrong.

The teacher consoled Aunt Kate, saying:

She promised that she will look after Suzanne.

Mrs. Theron said: *Sometimes you become emotionally involved in these children's lives. We teach them to have empathy with these learners, and don't tease them, you know. They're actually over-protective over her.*

Mr. Fisher used the words:

Sincere compassion.

On the question of whether they thought they were doing enough for these learners, both teachers indicated that they could never do enough. Mrs. Theron said:

We can never do enough. It is tough. You do what you need to do. Personally, I feel I can do much more, but what can you do? Your time is not always your own. The work must carry on. The curriculum must be completed.

Mr. Fisher responded:

It will never be sufficient for these children in the status that they are. I give them an occasional hug, ask how are you feeling, or so, but you know, a person can do, but there's no time. I have forty five in a class.

However, Dorothy claimed:

People who are caring, are never cared for. And if you don't care for the carers, you're running a risk of people being burnt out. They end up normalising abnormal situations. They want to be treated like they are truly supported.

She also commented on the reaction of these children: *Why do you make my situation abnormal when I see it as normal?*

Physiological support

Mrs. Theron said:

We have a support structure that these ladies help them emotionally, as well as their physical needs. There's a feeding scheme.

The learners also mentioned that they were part of the feeding scheme at their schools.

Charlene said:

I am part of the feeding scheme.



Joshua said:

I do take lunch.

His caregivers took good care of him. A child whose physiological needs are not met will display some kind of emotional distress, explaining inclusion of this topic in my study.

Educational support

Learners infected and affected by HIV/AIDS will at one stage or another have to stay absent from school, because of either taking treatment at the hospital or being sick. Another reason can be because of their having to care for a sick parent. This results in learners accumulating a backlog academically, therefore, in order for them to stay on par with the

other learners, teachers need to implement strategies for them to keep abreast of their school work. Mrs. Theron said:

There's a remedial programme for them. And assessment, extra assessment programme. The children can't help that they're absent.

Mr. Fisher said:

When it comes to assessment, and dealing with school work, we do have intervention programmes, so we would make use of intervention programmes to give this child a fair opportunity to be assessed. We are also aware that, because of absenteeism, the child would be developing a backlog, and lack information that other children have, and this child does not have. And then we would also be running with a little bit of remedial work, but more so the intervention.

Aunt Kate said:

Joshua is also attending after classes.



Charlene said:

She helps me with my homework sometimes.

Brenda said:

They help me with my school work. Mrs. Willis helps me. We go every day, like first break, we go there by Maths, then she tells us how to do our work and to understand it.

These HIV/AIDS-affected learners are been treated equally as are all the other learners.

According to Mr. Fisher:

We also do not want to treat the children in such a way that the child feels that 'why am I getting this attention, and the others don't? We do not give them unnecessary or too much attention.

Mrs. Theron also stressed:

They treat them the same.

THEME 5: What LO teachers do to ensure that they stay abreast of developments in the teaching fraternity

Ensuring on-going training takes place

In order for teachers to stay abreast with developments in understanding their roles and the needs of HIV/AIDS affected learners, both agreed that they received ongoing training regarding HIV/AIDS. Mrs. Theron said:

The training is offered by the Department, and the other one was done by my church. It was more a counselling skills training. The HIV/training I've done many years ago. It was also the Department.

She also desires to receive more training. She said:

I would, can never get enough training when it comes to handling HIV.

Mr. Fisher also received HIV/AIDS training:

I've been for training that was offered by the Department of Education. It deals with HIV/AIDS. We've also been for training dealing with different personality traits so that one

can minimise the child's personality traits and know how to treat the child based on the child's HIV/AIDS status.

The social worker and auxiliary social worker also suggested that teachers should receive training regarding HIV/AIDS. Dorothy said:

They should get training and be supported. Training is on-going. It's not just a once off, it must be on-going. I wish we can be in a position to identify the children.

Naomi said:

I think they need training, because of sometimes né, it's not that they know each and every one problem, so I think they need training for these children, because they are the one working with these children.

4.3 SUMMARY

This chapter focused on the analysis of the data collected during my interviews with the different participants. It provided full, rich descriptions of the themes which emerged from the data collected. I established that an emotional need precedes emotions, because the latter stem directly from the former. I also identified emotional needs experienced by the learners that were interviewed, and determined the emotions stemming directly from these needs. I then probed the role of the LO teacher in addressing these needs. In the following chapter, I discuss my findings and make recommendations for future reference.



CHAPTER FIVE

DISCUSSION OF FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

In the previous chapter, findings about the emotional needs of the learners affected by HIV/AIDS were analysed and interpreted in detail as well as the emotions stemming directly from them (Ekman, 1999:1). I then focused on the role that the LO teacher plays in addressing these emotional needs effectively. In this chapter, I am going to focus on the discussion of findings, strength of the study, limitations of the study and recommendations for future practice.

Meaning for my study was derived from the data collected during the interviewing process. As Merriam (1998:6) states, “qualitative researchers are interested in understanding the meaning people have constructed, that is, how they make sense of their world and the experiences they have in the world”. Emphasis was thus placed on the daily experiences of participants and how they found meaning from these. Pursuant are the findings of responses from participants interviewed.

5.2 THEMES

5.2.1 Emotional needs of learners affected By HIV/AIDS

A need to belong

The findings clearly indicated that HIV/AIDS-affected learners have a need to belong, because some stressed the need to stay with their caregivers ‘forever’. Another learner interviewed told her friends that her caregiver was her mother, because she was too embarrassed to let them know that she did not have a mother. These statements clearly demonstrate Oluwagbemiga’s (2007:669) argument that “HIV/AIDS turns children into orphans”. Furthermore, one learner expressed her need to belong when she indicated that she had a longing to stay with her paternal aunt and that her aunt could look after her. This longing is similar to what Mooney (2003:32) illuminates: “these children have a great need to belong”. It was also clear from the findings that most of these orphans had been raised

by relatives, and they were quite content with the living conditions in these homes. In South Africa, most orphans affected by HIV/AIDS are been taken care of by relatives (Giese et al., 2003:63). Similar to these arguments are those of Nkomo (2008:108), who states that HIV/AIDS orphans do have people who care about them, and they receive optimal support from family and friends which is highly appreciated by these learners.

Need for conversation

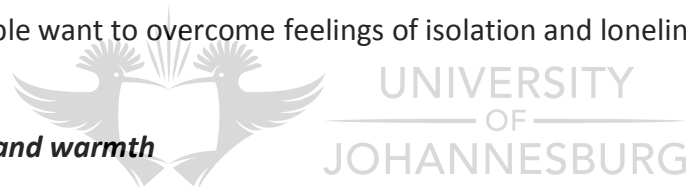
It was clear from the findings that HIV/AIDS orphans need to receive comfort from time to time in the form of conversations with other people on how to deal with the stresses of their everyday encounters in life. These conversations are to build the self-esteem and morale of these learners, and to point out to them that they are not useless, that there is someone willing enough to lend an ear, to listen to their stories, and to give them hope and encouragement. Donald et al. (2006:103) argue that ‘the primary source of motivation in human behaviour is the fulfilment of needs’ (Maslow’s Hierarchy of Needs). This is clearly demonstrated in the premise of Maslow (1998), Pearson (2007), Huitt (2007), and Norwood (2009), that all people want to overcome feelings of isolation and loneliness.

Need for affection and warmth

Kruger (2002:26) argues that orphans are forced into adult roles, robbing them of proper care and nurturing. According to interviews held with orphaned learners, their need for affection and warmth were demonstrated when they stressed the need to stay with their caregivers forever. Even though they were lavished with love and affection by their caregivers, they still longed for their own parents in that they missed them and thought about them for much of the time.

Physiological needs

According to interviews held with these learners, their physiological needs were well taken care of. These are the needs for oxygen, food and water, according to Maslow (1998), Huitt (2007), Pearson (2007) and Norwood (2009), the strongest needs of all needs. This need is the first need in the search for satisfaction, which is why I found it vital to include this in conjunction with the emotional needs. If a child is hungry or cold, he or she cannot function at his or her best, and will express some kind of emotional need. According to Nkomo (2008:



77), orphans receive their support from relatives, friends or the church. This was also found in the interviews, with participants stating that they asked their friends whenever they needed something. Schools also offered feeding schemes as a resource for those learners whose caregivers could not afford to supply their children with lunch every day.

Need for safety and security

All these learners expressed their need for a haven, i.e., a place they could call home. This is the place that they can run to whenever they are in distress. This need coincided with a need to belong, which suggests that a person cannot have a haven without belonging somewhere in a family.

This theme forms the basis for my study, as it probed the emotional needs of learners, suggesting that an emotional need not met might manifest itself in different inappropriate modes of behaviour in children (Byatt-Smith, 2006:1).

5.2.2 Emotions of learners affected by HIV/AIDS

Ekman (1999: 1) argues that emotions are a direct result of emotional needs manifesting in children. The SAPOD (ed. Soanes, 2005:288) defines an emotion as “a strong feeling, such as joy or anger”. Ekman (1999:1) identifies six primary emotions manifesting in children, viz. happiness, surprise, disgust, fear, anger and sadness. He adds that emotions are always focused in the present, and these stem directly from the needs of the children. Therefore, negative feelings such as anxiety, fear and anger are all part of emotional development in children, particularly in the context of HIV/AIDS (Tlhabane, 2009:47).

Sadness

The findings clearly revealed that these learners experienced sadness at the loss of their parents. Whenever they thought about them they felt sad. When they saw other children with their parents they felt sad, because they would have loved to be in these children’s shoes. This emotion was experienced by all orphans interviewed relating to the loss of a parent or loved one. Nkomo (2008:88) reports that the emotional demand that HIV/AIDS has on these orphans is sad and upsetting.

Anger

Anger is a violent emotion against something or someone. These learners had lost their parents, and even though they lived with people who cared about them they felt angry for not having parents. This might be a direct result of watching a parent suffering from HIV/AIDS, and eventually dying. It has also been reported by Nkomo (2008:42) that people affected and infected by HIV/AIDS exhibit feelings of anger, because of the uncertainty of their future.

Fear

I also deduced from my findings that these orphans experienced fear as an emotion directly linked to HIV/AIDS. This confirms Kruger's (2002:20) premise that fear is another characteristic of the context in which HIV/AIDS exists, and which these orphans were fearful of contracting and dying from. This also displays one of the categories of fear that Mooney (2003:40) suggests, notably a fear of illness and death. Learners worry about parents and about their own future as the parent's health deteriorates (Phiri & Webb, 2002:24). Similar to the argument of Phiri and Webb (2002:24) is that of Giese et al. (2003:16), stating that HIV/AIDS also propels children's fear regarding the inevitable death of their parents. According to Donenberg and Pao (2006:9), the ever-present fear regarding the death of a parent infected with HIV/AIDS affects childhood.

Other emotions

Other emotions, such as worry, frustration, desperation, loneliness, social withdrawal and hidden feelings were found among orphans having to deal with HIV/AIDS. These findings are in conjunction with those of Zhao et al. (2007:6), among HIV/AIDS orphans in China.

5.2.3 Coping strategies adopted by learners in dealing with emotions

Using sleep as an escape

Many of these learners use sleep as to escape from the stresses of their everyday lives. Sleep allows them to forget about their circumstances for a while. In addition, the Oxford South African Concise Dictionary (OSACD, Van Niekerk & Wolvaardt, 2010: 1114) explain sleep as recovering from something by going to sleep. It is thus clear that these learners

prefer to sleep rather than staying awake, because this will allow them to recover from their traumatic experiences. However, there were no evidence found in literature that substantiates how children use sleep as a temporary strategy as to escape from their traumatic ordeals.

Crying

Most of these learners confessed that they cried when their parents died. Many were still grief-stricken and cried from time to time as they reminisced about the “good old days”. Crying allowed them to rid themselves of their emotions of sadness, thus feeling relieved afterwards. Brenda was experiencing an intense emotion of desperation, thus revealing the strength with which her emotions featured (Bergh & Theron, 2006:165).

Physical force

In order to rid themselves of their emotions, some use physical force, such as slamming doors, pushing around relatives and throwing objects. By doing so, learners feel empowered that they did something in order to rid themselves of these lurking emotions that keeps them from enjoying their lives. However, there was no evidence found in the literature that I consulted about how children use physical force to rid themselves of their emotions when feeling distressed.

Sulking

The findings brought to light that some learners sulk by sitting in their rooms and refusing to communicate to others in the household. Sulking is used as an expression of disappointment or annoyance in their circumstances (OSACD Van Niekerk & Wolvaardt, 2010: 1187). However, no literature that I consulted reported children using sulking as an expression in traumatic emotional experiences.

Academic deterioration

Another problem emanating from the effects of HIV/AIDS on orphans was that their academic work deteriorated. Learners’ minds were occupied with their unfavourable circumstances, thus they did not concentrate or paid attention in class. This resulted in them not producing the results that they were capable of. Therefore, their academic work

deteriorated, showing a decline. Most received extra support from their teachers, and another went for extra classes every week. Lyons (2008:2) implied that the intellectual development of children could be permanently limited if they were deprived of opportunities to grow and develop successfully during their childhood.

Retaliation

HIV/AIDS victims have “the right to freedom from discrimination” (Phiri & Webb, 2002:9), but children often experience discrimination due to their association with HIV/AIDS (Giese et al., 2003:16). From the findings it was clear that these learners experienced discrimination and were stigmatised in their communities. From these social isolation and ridicule, feelings of anger were aroused. It made them feel that they do not belong, because they were treated like “outsiders” in their communities. Therefore, they had to find ways to defend themselves against such phenomena. Some chose to retaliate and fight back, while others became immune to these forms of discrimination, hiding their feelings thus appearing “hard”.

Normalising abnormal situations

HIV/AIDS orphans normalise abnormal situations as a means of coping with the stresses of their everyday lives. They have become so used to their circumstances that they have accepted them, and see them as “normal”. They have realised that they have to accept their circumstances, because there is nothing that they can do about it. However, from the literature on HIV/AIDS affected orphans I could not find any evidence pointing to children normalising abnormal situations as a coping strategy in their emotional distresses.

Talking

Talking is used as a strategy to cope with HIV/AIDS and its effects. Learners discuss and encourage each other, which allows them to realise that there are others in a similar situation to them. Egan (2002: 65) makes it clear that it is through talking that change starts to take place. Talking allows them to express their feelings and in so doing, heal themselves emotionally. Corrigan, Lickey, Schmook, Virgil and Juricek (1999) substantiates talking to be the first step in the healing process.

Denial

These victims refuse to accept their circumstances, living in denial. Some of the learners refuse to accept their circumstances, and the fact that their parents have been infected with HIV/AIDS. Thus, they do not like to talk about it. On the other hand, some learners try not to think about it, but would rather try to forget about it, thinking about happier times when circumstances were still favourable. Denial is identified as a stage associated with the grieving process (Van Dyk, 2005:257).

Optimism

I come to the conclusion that nothing is lost for these learners. As long as they can have aspirations there is hope. When they think about their futures and the countless possibilities that it has in store for them, they feel happy and optimistic that there is a bright future ahead of them. According to the theory of Erikson's Psychosocial Development Grace (2010:2), children at this stage of their lives begin to look at their futures and explore their possibilities. These learners will be directionless if these stages have not been implemented effectively.

5.2 THE ROLE OF THE LO TEACHER



5.2.6 How LO teachers ensure the effective functioning of their roles

Building relationships

It was evident from my findings that teachers build relationships with all stakeholders involved in the school community. They do so with the learners, the caregivers of these children, their colleagues, as well as the wider community. These findings are confirmed by Hattingh and De Kock (2008:326), who argue that teachers are nearly everything to the learners. Therefore, as indicated by the theory of Bronfenbrenner's nested system (Donald et al., 2006:41), these theories are effectively implemented in the relationships that teachers build with the different stakeholders involved in the teaching fraternity. In addition, the DoE (1997:38) highlighted the role parents play within the school community by giving them official recognition in their involvement in the education of their children. Furthermore, working in collaboration with NGOs, community groups and other resources

have a positive outcome in the effectiveness in addressing HIV/AIDS education in the school and community (UNESCO, 2006:36). I rephrase a proverb in stating that “no teacher is an island”, because without establishing good relationships a teacher would not be able to function effectively in the stresses of his or her daily work. As in the above arguments of the theory of McAllister and Irvine (2000:434), the disposition of empathy is manifested in the caring relationships that teachers hold with their learners.

5.2.7 What tools do LO teachers use to ensure the effective functioning of their roles

Communication

It was clear from my findings that communication is the tool that LO teachers use to ensure the effective functioning of their roles as teachers. Communication is established by bringing it into the classes, making learners aware of HIV/AIDS and the impact that it has on all those affected by it. These statements are similar to those of the DoE, that learners should receive HIV/AIDS education on an ongoing basis (DoE, 1996: 3). This is similar to Panday's (2007:11) premise that teachers in their respective classes should bring the curriculum to life, and clearly demonstrate that teachers make learners aware of HIV/AIDS and how people need to be treated. Therefore, the learners in the school know that they must treat these learners with the dignity and respect they deserve, and it is clear that the learners affected by HIV/AIDS experience stigma, discrimination and teasing by other learners due to their loss (Coombe, 2001:12). In addition, communication with the different stakeholders is established by teachers adopting counselling roles in order to enable these orphaned learners to cope with the stresses of their daily encounters. This statement is also similar to Kelly's (2000:18), that due to the HIV/AIDS pandemic, many teachers have to adopt counselling roles to help learners cope with its effects.

In Zambia, it is anticipated that a policy endorsing counselling for all stakeholders in the school be introduced Kelly (2000:18), however, HIV/AIDS orphans in China do not receive the emotional support needed for them to cope with the effects of this disease appropriately (Zhao et al. 2007:2). Grainger et al. (2001:73) claim that communication with learners affected by HIV/AIDS to win their trust is a skill needed in communities to address

sensitive issues. They further claim that psychosocial support for HIV/AIDS-affected learners differs from that offered to learners infected with this virus.

5.2.8 How LO teachers tout the effective functioning of their roles

By exhibiting a caring disposition

Teachers and learners interviewed confessed to the caring role of the teachers. Both Mr. Fisher and Mrs. Theron used the word “empathy”, placing themselves in these learners’ shoes, understanding the learner’s situation much better (Van Dyk, 2005:186). Empathy is a vital attribute for any teacher to exhibit in various settings (McAllister & Irvine, 2000:433).

Providing the physiological needs of the learners demonstrates the caring role of the teachers. According to Maslow’s Physiological Needs (Maslow, 1998; Huitt, 2007; Norwood, 2009) the physiological needs are the first and strongest needs of all human beings. If these are not met the child cannot function optimally. Thus, HIV/AIDS can affect the quality of learning outcomes negatively, unless there are appropriate interventions implemented (Coombe, 2000:17). Frequent absenteeism can be the result in learners underperforming academically (Franks et al., 2003:230). Therefore, learners affected by HIV/AIDS school performance deteriorate due to feelings of worry and anxiety (Phiri & Webb, 2002:25). Teachers implement appropriate intervention strategies in order for these learners to stay on par with the curriculum of the school, receiving optimal support from their teachers, including remedial classes and extra assessment programmes. However, the heavy workload of the teachers, as well as the large classes, make it difficult at times to perform their daily tasks effectively. Thus, teachers need to have workloads that they can manage, including teacher-learner ratios (Miles, Miller, Lewis & Van der Kroft, 2001:51).

5.2.9 What LO teachers do to ensure that they stay abreast with developments in the teaching fraternity

Ensuring ongoing training

Both teachers interviewed responded that they received HIV/AIDS training, but social workers emphasised the need for all teachers to receive ongoing training for all the teachers in the school, not only one or two. Teachers need support to help them cope with the increasing number of learners who have lost their parents (UNESCO, 2006:13). Pigozzi (2006:18) claims that once-off training is not enough. Therefore, all teachers need to receive HIV/AIDS training, emphasising the emotional needs of HIV/AIDS affected learners. Thus, Grainger et al. (2001:74) suggest that teachers, youth leaders and community based programmes be trained to identify learners in need of support. According to the DoE (1996:5), it is expected of all teachers to receive training regarding HIV/AIDS. Franks et al. (2003:230) claim that teachers of young learners do need to be well-informed about the curriculum regarding HIV/AIDS. This will enable them to identify emotional needs of HIV/AIDS affected learners in an early stage, thus preventing irreplaceable damages done to these learners. In addition, teachers need to be well-versed in the emotions that learners display in order for them to render the support necessary in such instances (Tlhabane, 2009:48). Therefore, training for teachers to gain skills in addressing counselling for learners with psychosocial and emotional needs is vital (UNESCO, 2006:12).

5.3 LIMITATIONS OF THE STUDY

The following are considered limitations of the study:

- The age restriction: I wanted to interview learners in Grades 10-12 as well, because they were going to express themselves better than the younger learners. Their vocabulary would have been more extended than the younger ones, giving me much more information.
- I would have liked to interview teachers other than the LO ones, because they are also the teachers of these learners.

- My focus was on HIV/AIDS orphans only, and I would have liked to interview more orphans, not only HIV/AIDS orphans.
- It was difficult to find adults willing to let me conduct interviews with them, due to the stigma surrounding HIV/AIDS.
- I initially struggled to find child participants, because adults refused to be interviewed after hearing what the interviews entailed.
- A few child participants did not really want to open up and I found it difficult to get full answers from them. I had to ask close-ended questions to some in order to get answers from them.
- Some interviews had to be conducted at night, because I had to wait for caregivers to return from work. There was noise from the other children in the house during the interviews, making it difficult to hear the speaker during my transcription of the interviews.
- Caregivers were under the impression that I was a social worker who was going to help them solve their problems. However, when they understood the term “researcher”, they rendered their unconditional support.

5.4 STRENGTHS OF THE STUDY



The following are considered strengths of the study:

- Schools that I approached to conduct my research were more than willing to participate in the study.
- LO teachers were willing to participate, proving they were working towards fulfilling the emotional needs of the learners with regard to HIV/AIDS.
- All participants honoured their appointments for interviews.
- More than enough information was gathered from the LO teachers, because they wanted to make people aware of their role in the curriculum in the school.
- The study was conducted in the area where I stay, making it easier to understand the plight of these learners.
- The study proves that even though these are young learners they have feelings and emotions, and should therefore be taken note of, and not be ignored.

5.5 RECOMMENDATIONS

The following were recommended for improving the situation in addressing emotional needs of learners affected by HIV/AIDS

- All teachers in the school need to receive training in dealing with HIV/AIDS-affected learners. The DoE should take cognisance of the level of knowledge and expertise of all teachers within the teaching fraternity, making funds available in order for these teachers to receive the training necessary in order to become well-versed regarding the emotional needs of learners affected by HIV/AIDS.
- Schools need to identify caring teachers, who are passionate about these learners beyond teaching them subject content.
- These teachers need to be supported from time to time, because if the carers are not cared for, one is running a risk of people becoming 'burnt out'.
- The discrimination and stigmatisation found in the study may be addressed by conducting workshops and training sessions for the community at large, imparting knowledge about HIV/AIDS.
- LO teachers should take responsibility and accountability for their roles and not wait on the Education Department to initiate training, thus liaising with other LO teachers from other schools, establishing LO teachers' forums, sharing information and exchanging ideas in order to meet the needs of these learners.
- The DoE should minimise the workload of all teachers as well as the learner-teacher ratio in schools in order for all teachers to execute their teaching roles effectively.
- For future researchers undertaking research in this field, the developmental stages as well as the emotional development of learners should be taken into consideration. Such learners would be able to express themselves more clearly.

5.6 SUMMARY

This chapter has focused on the findings and recommendations made, alluding to limitations that included the focus, which should have been not only on HIV/AIDS orphans but with all orphans at large. Challenges experienced revealed the misinterpretations some participants

had about the role of the researcher and that of a social worker. It was clear that they associated the researcher with a person who would assist them in overcoming their social difficulties.

Furthermore, the study identified the emotional needs that HIV/AIDS orphans have to endure on a daily basis. These needs include a sense of belonging, the need for conversation, a need for affection and warmth, the need to trust someone when in need and the need for a haven. The emotions stemming directly from these needs are sadness, anger and fearfulness. These orphans then react to these feelings by using sleep as an escape, they cry; they use physical force by slamming doors, pushing other relatives around and throwing objects, they sulk and their academic performance deteriorate. In order for them to cope from these feelings, they retaliate, normalise abnormal situations, talk about their feelings and are in denial.

In addition, the study revealed the constant interaction amongst the various stakeholders within the school community, and their involvement in the lives of the orphaned learners. These stakeholders work hand-in-hand in order to meet the needs of the orphans physically and emotionally, thus creating a surge of caring. They exhibit a caring disposition by enquiring about frequent absenteeism and by catering in the physical needs of these learners.

Striking to notice is the desire for the teachers to receive training to better their skills in order to support the orphans to the best of their abilities. However, it is also clear that the training of LO teachers receive regarding the emotional needs of HIV/AIDS orphaned learners, is insufficient to address these needs.

It is, therefore, imperative that all people involved in the learner's life, according to the nested system of Bronfenbrenner, be cognisant regarding all aspects of the HIV/AIDS pandemic and those affected by it.

REFERENCES

Adrian-Vallance, E., Cleveland-Marwick, K., Fox, C., Hollingworth, L., Manning, E., Murphy, M., Sargeant, H., Stark, M., Wedgeworth, L. (eds.) (2007). *South African School Dictionary*. Longman. England: Pearson Education.

Attawell, K. & Elder, K. (2006). *HIV & AIDS and Educator Development, Conduct and Support. Good Policy and Practice in HIV & AIDS and Education*. UNESCO. France.

Attawell, K. & Elder, K. (2006). *HIV & AIDS and Safe, Secure and Supportive Learning Environments. Good Policy and Practice in HIV & AIDS and Education*. UNESCO. France.

Bergh, Z. & Theron, A. C. (2006). *Psychology in the Work Context*. Third Edition. South Africa: Oxford University Press.

Bhana, D., Morrell, R., Epstein, D. & Moletsane, R. (2006). The Hidden Work of Caring: Teachers and the Maturing Aids Epidemic in Diverse Secondary Schools in Durban. *Journal of Education*, 38: 1-23.

Bogdan, R.C., Bilken, S.K. (1982). *Qualitative Research for Education. An Introduction to Theories and Models*. Boston: Allyn & Bacon, Inc.

Bosworth, K. (1995). *Caring for Others and Being Cared for: Students Talk Caring in School. Phi Delta Kappan*, 76 (9) 686-93.

Bradshaw, D., Johnson, L., Schneider, H., Boume, D. & Dorrington, R. (2002). *Orphans of the HIV/AIDS Pandemic: The Time to Act is Now*. Number 2. Centre for Actuarial Research, University of Cape Town.

Brunton, C. and Associates. (2003). *Education Labour relations Council. Policy Handbook for Educators*. South Africa: Universal print Group.

Bryman, A. (2007). *Qualitative Research 2. Volume 3: Issues of Representation and Reflexivity*. London: Sage.

Bryman, A., Burgess, R.G. (1999). *Qualitative Research*. London: Sage.

- Byatt-Smith (2006). Child Behaviour – The Emotional Needs of Children. www.healthvisitors.com of midwivesonline.com Ltd. (Accessed 21 March 2011).
- Christiaans, D. J. (2006). *Empowering Teachers to Implement the Life Orientation Learning Area in the Senior Phase of the General Education and Training Band*. University of Stellenbosch. Cape Town, South Africa.
- Chugh, S. (2001). Focus on Children's Emotional Needs. Child and Adolescent Guidance Centre. New Delhi. www.Lifepositive.com/mind/parenting/emotional-needs.asp (Accessed 26 February 2010).
- Clough, P., Nutbrown, C. (2008). *A Student's Guide to Methodology*. Second Edition. Justifying Enquiry. London: Sage.
- Coombe, C. (2000). Managing the Impact of HIV/AIDS on the Education Sector in South Africa. University of Pretoria: C:/cec/HIV/South Africa\AAAAfinalproofCoombeHIV.doc. 14 January 2009.
- Coombe, C. (2001). *HIV/AIDS and Trauma Amongst Learners: Sexual Violence and Deprivation in South Africa*. Cape Town: Heinemann Publishers.
- Coombe, C. (2002). *Mitigating the Impact of HIV/AIDS on Education Supply, Demand and Quality: AIDS, Public Policy and Child Well-Being*. Unicef-IRC. Florence.
- Coombe, C. and Kelly, M.J. (2001). *Educations as a Vehicle for Combating HIV/AIDS. Draft Strategic Plan for HIV/AIDS and Education*. Lusaka: Ministry of Education.
- Corrigan, P.W., Lickey, S., Schmook, A., Virgil, L. & Juricek, M. (1999). Dialogue Among Stakeholders of Severe Mental Illness. *Psychiatric Rehabilitation Journal*, 23: 62-65.
- Crabtree, B. & Miller, W. (1992). *Doing Qualitative Research: Research Methods for Primary care*. Volume 3. London: Sage.
- Cresswell, J.W. (1998). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. United States of America: Sage.

Department of Education (1996). National Education Policy Act (no. 27 of 1996). National Policy on HIV/AIDS, for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions.

Department of Education. (1997). Quality Education for All. Overcoming Barriers to Learning and Development. Report of the National Commission on Special Needs in Education and Training and the National Committee on Education Support Services. Pretoria. South Africa.

Department of Education, (2000). Government Gazette. Volume 415. Number 20844. Pretoria.

Department of Education (2001). Education White Paper 6. Special Needs Education: Building an Inclusive Education and Training System.

Department of Education (2004). C2005. Revised National Curriculum Statement. Grades 4-6 (Schools). Intermediate Phase. Pretoria.

Donald, D., Lazarus, S. & Lolwana, P. (2006). *Educational Psychology in Social Context*. Third Edition. Cape Town, South Africa: Oxford University Press.

Donenberg, G.R., Emerson, E., Bryant, F.B., Wilson, H. & Weber-Shifrin, E. (2001). *Understanding AIDS-Risk Behaviour among Adolescents in Psychiatric Care: Links to Psychopathology and Peer Relationships*. Chicago: University of Illinois.

Donenberg, G.R. & Pao, M. (2006). *Youths and HIV/AIDS: Psychiatry's Role in a Changing Epidemic*. Chicago: University of Illinois.

Egan, G. (2002). *The Skilled Helper. A Problem Management and Opportunity-Development Approach to Helping*. Loyola University of Chicago.

Ekman, P. (1999). Basic Emotions. Handbook of Cognition and Emotion Psychology Department. Sussex, UK: John Wiley and Sons Ltd.

Engelbrecht, P. & Green, L. (2006). *Promoting Learners Development. Preventing and Working with Barriers to Learning*. Pretoria, South Africa: Van Schaik.

- Erikson, E.H. (1983). *Identity: Youth and Crisis*. Great Britain: Whitstable Litho Ltd.
- Franks, B. A., Miller, M.D., Wolff, E.J. & Landry, K. (2003). *HIV/AIDS and the Teachers of Young Children*. Gainesville: University of Florida. *Early Childhood Development and Care*, 174(3): 229-241.
- Frey, J.H., & Oishi, S.M. (1995) *How to Conduct Interviews by Telephone and in Person*. New Delhi: Sage.
- Giese, S., Meintjies, H., Croke, R. & Chamberlain, R. (2003). *Health and Social Services to Address the Needs of Orphans and Other Vulnerable Children in the Context of HIV/AIDS*. University of Cape Town.
- Gillham, B. (2000). *The Research Interview*. Padstow: Paston PrePress.
- Grace, E. (2010). *Erikson's Theory of Psychosocial Development*. www.kidsdevelopments.co.uk/EriksonsPsychosocialDevelopmentTheory.html (Accessed 8 June 2011).
- Grainger, C., Webb, D. & Elliot, L. (2001). *Children Affected by HIV/AIDS: Rights and Responses in the Developing World*. Save the Children UK. Working Paper Number 23.
- Guba, G.E. & Lincoln, Y.S. (1988). *Effective Evaluation*. San Fransisco: Jossey-Bass.
- Haines, E. (ed.) (1996). *Chambers-Macmillan South African Dictionary. Senior Phase*. Macmillan Boleswa.
- Hannabuss, S. (1996). *Research Interviews*. Aberdeen: The Robert Gordon University. *New Library World*, 97(5): 22-30.
- Harder, A. F. (2009). *The Developmental Stages of Erik Erikson*. www.learningplaceonline.com/stages/organise/Erikson.htm (Accessed 9 June 2011).
- Hattingh, A. & De Kock, D.M. (2008). Perceptions of Teacher Roles in an Experience - Rich Teacher Education Programme. *Innovations in Education and Teaching International*, 45 (4): 321-332.

- Heffner, C.L. (2004). *Erikson's Stages of Psychosocial Development*. Psychology 101. Chapter 3: Personality Development. <http://allpsych.com/psychology101/social-development.html> (Accessed 9 June 2011).
- Henning, E., Van Rensburg, W. & Smit, B. (2004). *Finding your way in qualitative research*. Pretoria: Van Schaik.
- Hennink, M., Hutter, I. & Bailey, A. (2011). *Qualitative Research Methods*. London: Sage.
- Holstein, J. A. & Gubrium, J. F. (1995). *The Active Interview*. *Qualitative Research Methods*. Series 37. A Sage University Paper. City: Sage.
- Huitt, W. (2007). *Maslow's Hierarchy of Needs*. *Educational Psychology Interactive*. Valdosta, GA. Valdosta State University.
- Kellam, T. (2010). *10 Ways to Meet a Child's Emotional Needs*. Parent Survival Guide. www.parentcentral.ca/parent/newsfeatures/article/800685--10-ways-to-meet-a-child's-emotional-needs – Parentcentral.ca (Accessed 21 March 2011).
- Kelly, M. (2000). Standing Education on its Head: Aspects of Schooling in a World with HIV/AIDS. *Current Issues in Comparative Education*, 3(1): 28.
- Kelly, M. (2000). *The Encounter between HIV/AIDS and Education*. Lusaka: University of Zambia.
- Kerig, P. K. & Wenar, C. (2006). *Developmental Psychopathology: From Infancy through Adolescence*. Fifth Edition. New York: McGraw-Hill.
- Kirby, D. (1994). *Sex and HIV/AIDS Education in Schools: Have a Modest, but Important Impact on Sexual Behaviour*. Santa Cruz: ETR Associates.
- Kruger, S. (2002). *Teachers' Understanding of the HIV/AIDS crisis affecting children*. Master's Thesis. Johannesburg: Rand Afrikaans University.
- Leo, P. (2007). *Connection Parenting*. www.raisingmallsouls.com/children's-emotional-needs (Accessed 21 March 2011).

- Linsk, N. L. & Mason, S. (2004). Stresses on Grandparents and other Relatives Caring for Children Affected by HIV/AIDS. *Health and Social Work*, 29(2): 127-136.
- Lyons, M. (2008). *The Impact of HIV and AIDS on Children, Families and Communities: Risks and Realities of Childhood during the HIV Epidemic*. HIV and Development Programme. Issues Paper No. 30.
- Magano, M. D., Mostert, P. & Van der Westhuizen, G. (2009). *Learning Conversations: The Value of Interactive Learning*. Johannesburg: Heinemann.
- Marshall, C. & Rossman, D. (2006). *Designing Qualitative Research*. Thousand Oaks: Sage.
- Maslow, A.H. (1998). *Maslow on Management*. United States of America: John Wiley & Sons, Inc.
- Mason, J. (1996). *Qualitative Researching*. London: Sage.
- McAllister, G. & Irvine, J. J. (2002). *The Role of Empathy in Teaching Culturally Diverse Students. A Qualitative Study of Teachers' Beliefs*. *Journal of Teacher Education*, 53(5): 433-443.
- Meintjies, H. (2010). *Demography – Child-Only Households. Statistics on Children in South Africa*. Children's Institute. University of Cape Town.
- Merriam, S. B. (1998). *Qualitative Research and Case Study Applications in Education. Revised and Expanded from the Case study Research in Education*. San Francisco: Jossey-Bass.
- Miles, S., Miller, S., Lewis, I. & Van der Kroft, M. (2001). *Schools for All. Including Disabled Children in Education*. Save the Children. United Kingdom.
- Minichiello, V. & Kottler, J. A. (2010). *Qualitative Journeys. Student and Mentor Experiences with Research*. London: Sage.
- Mooney, J. U. (2003). *The Disposition of Pre-Adolescents Towards HIV/AIDS*. Master's Thesis. Johannesburg. Rand Afrikaans University.
- Morse, J. M. (1994). *Critical Issues in Qualitative Research Methods*. London: Sage.

- Ndebele, D. (2007). *Schools and HIV/AIDS: Perceptions of Learners, Educators and District Officials in Informal Settlements*. Doctoral Thesis. University of Johannesburg. South Africa.
- Nkomo, T. S. (2008). *The Needs of Children in Middle Childhood Orphaned by HIV/AIDS*. Department of Social Work and Criminology. Master's Dissertation. University of Pretoria.
- Norwood, G. (2009). *Maslow's Hierarchy of Needs. A Theory of Human Motivation*. www.deepermind.com/20maslow.htm (Accessed 8 June 2011).
- Ogina, T. A. (2007). *Redefining the Role of Educators in Managing the Needs of Orphaned Learners*. Doctoral Thesis. University of Pretoria. South Africa.
- Oliver, P. (2003). *The Student's Guide to Research Ethics*. Milton Keynes: Open University Press.
- Oluwagbemiga, A. (2007). HIV/AIDS and Family Support Systems: A Situation Analysis of People Living with HIV/AIDS in Lagos State. *Journal of Social Aspects of HIV/AIDS*, 4(3): 668-677.
- Panday, D. (2007). *Teachers' Perspectives on the Implementation of Life Orientation as a Learning Area*. Article submitted in partial fulfilment for degree of Magister Educationis (Curriculum Policy, Development and Management): Nelson Mandela Metropolitan University. Port Elizabeth. South Africa.
- Pearson, C. (2007). The 10 Essential Emotional Needs. The Mindfield College. Human Givens Institute. www.mindfields.org.uk/Blog/?Page_ID=139 (Accessed 21 March 2011).
- Phiri, S. & Webb, D. (2002). *The Impact of HIV/AIDS on Orphans and Programme and Policy Responses*. AIDS, Public Policy and Child Well-Being. Florence: www.unicef-icdc.org (unicef-IRC).
- Pigozzi, M. (2006). HIV&AIDS and Educator Development, Conduct and Support. Good Policy and Practice in HIV&AIDS and Education. Division for the Promotion of Quality Education. France: UNESCO.

- Pigozzi, M. (2006). HIV & AIDS and Safe, Secure and Supportive Learning Environments. Good Policy and Practice in HIV & AIDS and Education. France: UNESCO.
- Ramblebabble (2001). *The Emotional Needs of Children*. <http://everything2.com/title/children%2527s+emotional+needs> (Accessed 26 February 2010).
- Renzetti, C. M. & Lee, R. M. (1993). *Researching Sensitive Topics*. California: Sage.
- Ritchie, J. & Lewis, J. (2003). *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage.
- Rudestam, K. E. & Newton, R. R. (2007). *Surviving your dissertation. A Comprehensive Guide to Content and Process*. Third Edition. USA: Sage.
- Seidman, I.E. (1991). *Interviewing as Qualitative Research. A Guide for Researchers in Education and the Social Sciences*. New York: Columbia University.
- Seidman, I. E. (2005). Technique Isn't Everything, But It Is a Lot. *Interviewing as Qualitative Research*. Teachers College Press. 3 Edition. (November 22 2005). Chapter 6(extract).
- Shaeffer, S. (1994). *The Impact of HIV/AIDS on Education: A Review of Literature and Experiences*. UNESCO: Section for Prevention Education.
- Shaffer, D. R. (2002). *Developmental Psychology. Childhood and Adolescence*. Sixth Edition. University of Georgia.
- Simatwa, E. M. W. (2010). *Piaget's Theory of Intellectual Development and its Implication for Instructional Management at Pre-Secondary School Level*. Kenya: Maseno University.
- Singhal, A. & Rogers, E. M. (2003). *Combating AIDS. Communication Strategies in Action*. New Delhi: Sage.
- Soanes, C. (ed.) (2005). *South African Pocket Oxford Dictionary*. Third Edition. Oxford University Press.
- Strauss, A. & Corbin, J. (1999). *Basics of Qualitative Research. Techniques and Procedures for Developing Grounded Theory*. Second Edition. Newbury Park: Sage.

- Thupayagale-tshweneagae, G., Wright, S. D. & Hoffmann, W. A. (2010). *Mental Health Challenges of the Lived Experiences of Adolescents Orphaned by HIV and AIDS in South Africa*. Journal of AIDS and HIV Research 2(1) 008-016.
- Tlhabane, E. M. (2009). *The Role of Life Orientation Educators in the Teaching and Learning of Life Orientation*. Chapter 3. UNISA.
- UNESCO. (2006). *HIV & AIDS and Safe, Secure and Supportive Learning Environments. Good Policy and Practice in HIV & AIDS and Education*. Booklet 2. France.
- UNESCO. (2006). *HIV & AIDS and Educator Development, Conduct and Support. Good Policy and Practice in HIV & AIDS and Education*. Booklet 3. France.
- Van Dyk, A. (2005). *HIV/AIDS Care and Counselling. A Multidisciplinary Approach*. Third Edition. South Africa: Pearson Education.
- Van Niekerk, T. & Wolvaardt, J. (ed.) (2010). *Oxford South African Concise Dictionary*. Second Edition. Oxford University Press. South Africa.
- Vaughn, S. Bos, & C. Schumm, J. (1997). *Teaching Exceptional, Diverse and At-Risk Students in the General Education Classroom*. Second Edition. Needham Heights, USA: Allyn & Bacon.
- Wicks-Nelson, R. & Israel, A. C. (1997). *Behaviour Disorders of Childhood*. Third Edition. New Jersey: Prentice Hall Inc.
- Zhao, G., Li, X., Fang, X., Zhao, J., Yang, H. & Stanton, B. (2007). *Care Arrangement, grief and psychological problems among children orphaned by AIDS in China*. China: AIDS Care.