CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In the literature survey, the primary objective was to gain understanding and clarity on the school and HIV/AIDS: The perceptions of learners, educators and departmental officials in informal settlements. The present chapter focuses on selecting a suitable paradigm that will suit the nature of the research problem. The selected paradigm together with its methods and techniques and data analysis will be discussed in depth in order to yield positive results.

3.2 THE RESEARCH PARADIGM

This study is situated in the naturalistic inquiry paradigm because, according to Lincoln and Guba (1985:8), naturalness or naturalism is a function of what the investigator does and the set of activities an investigator actually engages in while conducting his/her research. This research is situated in this paradigm to ensure that there is no manipulation on the part of the researcher and that no “a priori units” are imposed on the outcome (Lincoln & Guba, 1985:8) which means that the researcher does not influence the outcomes, but allows the outcomes to emerge. Naturalistic investigation is what the naturalistic researcher does and it is through this research design that answers to research questions will be obtained through the collection of qualitative data.

The naturalistic paradigm (developed and devised by Lincoln & Guba, 1985) is an appropriate paradigm in which to situate this research study as it relies heavily on the human as instrument. The human instrument can be developed and continuously refined as one of its special properties is its “virtually infinite adaptability” (Lincoln & Guba, 1985:250). The researcher in this study, as the major data collection device, will continue to develop and hone the skills needed in order to operate as an affective instrument. This includes the development of an appropriate research design to act as a “blueprint” (Merriam, 1991:6) for the
researcher. The researcher using the naturalistic inquiry paradigm has to acquaint him/herself with the field sites in which the study is to take place. Corsaro (1980 cited in Lincoln & Guba, 1985:251) explains that the researcher should use “prior ethnography” suggesting becoming a participant observer. The researcher should place him/herself within the field of study for an extended period of time in order to gain in depth knowledge of the situation (Lincoln & Guba, 1985:251) preparing the researcher’s mind and sensitising him/her as the human instrument. Increased time in the field allows the researcher to become unobtrusive, where the participants no longer see him/her as an outsider, but as part of the group. This enables the researcher to know the cultural background, custom and practice of the participants and they in turn will act ‘naturally’ developing objectivity in the study and removing bias.

The naturalistic inquiry paradigm also allows the researcher the opportunity to accumulate sufficient knowledge to attempt to resolve the research problem and thus lead in this study, to an understanding and explanation of how the learner, the educator and the DoE are influenced by HIV.

3.3 THE RESEARCH DESIGN

The research design has its origins in the nature of the research problem which is systematically investigated and reflects a series of major decisions made by the researcher in an attempt to discover the best approach to the research questions posed. Research designs involves “... putting things together, bringing to consciousness and to the notebook – as many aspects as possible of the researcher’s planning and preparation for inquiry” (Le Compte & Preissle, 1993:55).

Merriam (1991:6) defines a research design as “similar to an architectural blueprint. It is a plan for assembling, organising and integrating information (data), and it results in a specific end product (research findings). The selection of a design is determined by how the problem is shaped, by the questions it raises and by the type of end product desired”. It is thus vital that a researcher should have a thorough knowledge of the methodological and analytical tools available, as well as an awareness of their uses and their shortcomings in order to justify the choice
selected in conducting this research. The diagram below (Figure 3.1) illustrates how the naturalistic inquiry flows (adapted from Lincoln & Guba, 1985:188). A design flow used in this research will ensure the credibility, transferability, dependability and the confirmability of the study.

Figure 3.1: The naturalistic inquiry (adapted from Lincoln & Guba, 1985: 188)
A naturalistic inquiry demands a natural setting because “the phenomena of study, whatever they may be – physical, chemical, biological, social and psychological - take their meaning as much from their context as they do from themselves” (Lincoln & Guba, 1985:89). In addition, in a naturalistic inquiry the human is regarded as the instrument and in this study both the researcher and the participants were used as instruments because humans can provide credible data. Lincoln and Guba (1985:193) have explored the human as instrument by looking at the following characteristics: the human is the instrument of choice within the naturalistic inquiry that can respond to all personal and environmental cues that exist (Lincoln & Guba, 1985:193). The human being can adapt in the context of the research easily by “collecting information about multiple factors at multiple level simultaneously” (Lincoln & Guba, 1985:195). The researcher in this study was able to adopt a holistic approach by not divorcing the participants from their context and as a human instrument is “capable of grasping all this buzzing confusion in one view” (Lincoln & Guba, 1985:194) as well as being competent to function in the domain of tacit knowledge. As the research was being conducted, the researcher gained knowledge, and research skills were further honed and sharpened. Through “processual immediacy” (Lincoln & Guba, 1985:194) data in this study was immediately processed and interpreted by the researcher. This also allowed opportunities for clarification and summarisation where the researcher took the transcriptions after the second interview back to the participants for clarification and summarisation, correction and amplification (Lincoln & Guba, 1985:194) as well as the opportunity to explore atypical or idiosyncratic responses by exploring all responses from the interviews, attempting to understand their meaning, relevance and validity in order to discard the irrelevant (Lincoln & Guba, 1985:194).

Both the natural setting which demands the human instrument in a naturalistic inquiry, builds on tacit knowledge which Moore (as quoted by Lincoln & Guba, 1985:195) defines as the set of understandings that cannot be defined. It is not possible to describe or explain everything that one “knows” in language form; some things must be experienced to be understood. The researcher in this study used observation to observe the non-verbal cues, as some knowledge could not be communicated verbally by using language but through gestures that were used,
understanding was gained. It is stressed that within the naturalistic inquiry, the human instrument uses qualitative methods (Lincoln & Guba, 1985:198-199). The researcher in this study used interviews and observations as they are an extension of normal human activities (looking, listening, and speaking) yet it takes into account another human being required in the process of collecting the data. The human required is purposively sampled which means that sampling was done with a purpose – to ensure representation of the population and which can then be generalised (Lincoln & Guba, 1985:199-200). The researcher engaged in purposive sampling but sampling was not drawn in advance to avoid bias.

The researcher engaged in data collection and a continuous inductive data analysis so that almost every new act of investigation takes into account everything that has been learned and that insights are identified and pursued. When data was collected it was at the same time analysed or processed in this study being analysed inductively, with no boundaries being placed on the inclusion or exclusion of data. This process, which is iterative, continues until saturation is reached.

Even though the study did not embark on grounded theory, Lincoln and Guba include it as a part of the naturalistic inquiry. When data is processed, theory is put into place as “a necessary consequence of the naturalistic paradigm that posits multiple realities and makes transferability dependent on local contextual factors” (Lincoln & Guba, 1985:205). During the process of data collection and theory is developed a design emerges. “Within the naturalistic paradigm, designs must be emergent rather than predetermined because meaning is determined by context to such a great extent and because the existence of multiple realities constrains the development of a design based on only one construction and also because what will be learned at a site is always dependent on the interaction between researcher and context, and that the interaction is also not fully predictable and because the nature of mutual shaping cannot be known until they are witnessed” (Lincoln & Guba, 1985:208). The design emerged in this research study on site.

The following stages in this flow of narrative inquiry involve negotiated outcomes leading to a case report which is both idiographically interpreted and tentatively applied. Negotiated outcomes imply that “both fact and interpretations that will
ultimately find their way into the case report must be subjected to scrutiny by respondents who earlier acted as sources for that information” (Lincoln & Guba, 1985:211). The researcher in this study did not have preconceived outcomes, they were negotiated. After the first and second interviews, the researcher took the transcriptions back to the respondents to check if what was transcribed was truly what they had said. Through negotiated outcomes, trustworthiness has been arrived at and the credibility of the study is adequately met. Although not all negotiations end in agreement, everyone has the right to participate at arriving at outcomes.

The case report which is both idiographically interpreted and tentatively applied, is suited to the naturalistic paradigm. Idiographic interpretations ensure that the reader has a holistic understanding of the content and the context of the study and with the thick description of an “intensive or complete examination of a facet, an issue, set over time” (Lincoln & Guba, 1985:216), the researcher attempts generalisation. Communicating in this manner enables the reader to experience that sense of being there on site and in addition, it provides a reader with the means for bringing his/her own tacit knowledge to bear. Tentatively applying the findings could ensure transferability to some other sites similar to that in which the research was conducted. However, transferability should not be forced but it should be a harmonious experience based on judgemental information about the studied context.

3.4 METHODOLOGY

3.4.1 Sampling

The researcher conducted a purposeful selection or sampling (Merriam, 1998:61) in order to maximise the scope and range of information obtained and thus gain insight. Schools in the informal settlements of Gauteng were sampled, based on the fact that informal settlements are hard hit by the scourge of HIV/AIDS. Schools with grade 10, 11 and 12 learners were selected for the study. Learners from these secondary schools, educators, school management teams and officials from the DoE were purposively sampled for focus group interviews. Each category, for
example the learners, formed its own focus group. Furthermore, learners who belonged to the Representative Council of learners were categorised alone and those in Grade 12 alone in different focus group interviews. School management teams were interviewed as a team and educators that teach Life Orientation and Life Skills, as well as those who volunteered, were interviewed together. Departmental officials formed their own focus group interview.

3.4.2 Data collection techniques

Data collection is carried out with multiple techniques to develop a holistic picture of the naturalistic inquiry. In this study data was collected through the focus groups interviews and participant observation. The human instrument is, however, the primary mode of collecting data (Lincoln & Guba, 1985:287). For the purpose of this study the techniques that were used in this research study are discussed.

3.4.3 The interview as a research tool

The interview is considered a major source of data needed for understanding the phenomenon under study (Merriam, 1991:86; Yin, 1993:88). The interview is a favourite methodological tool of a qualitative researcher. It is “a conversation with a purpose” (Marshall & Rossman, 1989:82), the art of asking questions and listening. It is not a neutral tool, for the interviewer creates the reality of the interview situation. In this situation answers are given. Thus, the interview produces situated understandings grounded in specific interactional episodes (Denzin & Lincoln, 1994:353). An interview is a method of data collection that may be described as an interaction involving the interviews and the interviewer (Marshall & Rossman, 1995:82). Uys and Basson (1991:59) state that “… a research interview aims at obtaining information about the life world of human beings, their opinions, attitudes, values and perceptions towards their environments.” The interviewer gathers descriptions of the life world of the interviewee with respect to interpretation of the meaning of the described phenomena (Kvale, 1996:14).
The interview situation usually permits much greater depth than other methods of collecting research data (Borg & Gall, 1989:446). However, interviewing is influenced by the personal characteristics of the interviewer including race, class, ethnicity and gender (Denzin & Lincoln, 1994:353) but may range from casual conversation or brief questioning to more formal and lengthy interactions. Formal lengthy interactions are sometimes necessary in research in order to standardise interview topics and general questions. The most important aspect of the interviewer’s approach concerns conveying the idea that participants’ information is acceptable and valuable.

From the above merits of the interview as a research method for collecting data, it is therefore clear it is the most suitable tool for gathering data in this naturalistic inquiry. The purpose of the interview in this study is to understand the interviewees’ perceptions of HIV/AIDS in the school. In conjunction with the other methods of data collection used in this study, the interview serves to verify, establish and expand upon the information obtained from the respondents of the study and include the learners, the educators and the DoE district officials.

According to Lincoln and Guba (1985:268), interviews can be categorised further by their degree of structure, their degree of overtness and the quality of the relationship between interviewer and respondent. The degree of structure may be categorised as either structured or unstructured. For the purposes of this research study the structured interview which is often referred to as a focused interview, will be used as a research technique for gathering data.

3.4.3.1 The focus group interview as a data gathering instrument

Reviewing the literature on the subject of focus group interviews led the researcher to decide that this form of interview would be the most appropriate method to implement in an attempt to gather the perceptions of learners, educators and DoE officials about the school and HIV/AIDS. Depth of response from focus group interviews is possible that it is quite unlikely to be achieved through any other means (Best & Khan, 1993:208).
Kingry, Tiedje and Friedman (1990:124) define the focus group interview as a qualitative approach to learning about population sub-groups with respect to conscious, semi-conscious and unconscious psychological and sociological characteristics and processes. Focus groups have been shown to be a particularly valuable technique because it gets at the deeper attitudes and perceptions of the persons being interviewed (Cohen & Manion, 1989:12). By purposively sampling participants questions asked are keys to conducting effective focus groups to reveal the perceptions of the learner, the educator and the Departmental officials of the school and HIV/AIDS and provided a more rapid and cost effective means for completing interview in this study.

The focus group interviews brought together several participants to discuss a topic of mutual interest and relevance to themselves and this research. The researcher was able to encourage interaction among the respondents to stimulate in-depth discussions of various topics through this tool. The key to using focus groups in this research is that their use is consistent with the objectives and purpose of this research. The strength of this method lies in the ability to generate key ideas, which reflects the sentiments of participants. Respondents gave meaningful responses. The focus groups are unique and necessary for this study, the school and HIV/AIDS: the perceptions of learners, educators and Departmental officials as they provide an environment in which disclosures are encouraged and nurtured. This is especially significant when researching sensitive issues where the researcher wants to explore people’s thoughts and feelings, because often the group dynamic will be synergistic in bringing sensitive issues out for further discussion (Morse, 1993:224).

The advantages offered by the focus group interviews in this research study are numerous. They place people in natural real life situations (Krueger, 1994:34). The focused group interviews provided a stimulating and secure setting for members to express ideas without fear of criticism. The synergy of the group in this research study had the potential to uncover important constructs which would have been lost with individually generated data. Focus group interviews in this research study were helpful in uncovering dynamic emotional processes, which determined behaviour to such a large extent. The focus group interview format is
flexible and allowed the researcher to probe and to observe non-verbal responses such as gestures, smiles, frowns and so forth. The open response format of the focus group interviews provided an opportunity to obtain large and rich amounts of data in the respondents’ own words. The researcher can obtain deeper levels of meaning, make important connections and identify subtle nuances in expression and meaning. The focus group interview was the appropriate tool for obtaining data from learners and the results were also easy to understand (Steward & Shamdasani, 1990:16).

The researcher and respondents were the human instruments that participated in this focus group interviews conducted after school hours in a natural setting because the phenomena of a study takes meaning as much from the context as they do from themselves (Lincoln & Guba, 1985:189). In this study the researcher conducted the focus group interviews in the various schools that were purposefully sampled, taking into consideration all factors and influences in that context. The setting was comfortable and non-threatening, with high quality tape recorders strategically placed to capture the dialogue between the researcher and the participants, and to maximise accuracy and reduce possible misinterpretations. Group members were given assurance that the recording is confidential.

The focus groups were planned to include eight to 10 groups consisting of approximately four to 10 respondents each and the focus group interviews were conducted after school hours. Time span of research was not determined by a predetermined schedule but by practical considerations, such as data reaching saturation point. Upon arrival at the meeting place, the researcher greeted each participant and established a friendly contact so that rapport is created. The respondents were assured of the confidentiality and anonymity of the interviews. Confidentiality was necessary for the effectiveness of any data gathering techniques. The researcher facilitated the interview session, introduced and directed the discussion of the topic and activated participation during the conversation but also questioning and probing throughout the session. Data was collected through multiple sources to include interviews, observations and fieldnotes. The use of multiple methods of collecting this data is triangulation which is a research mechanism that serves to enhance the credibility of the
research by using different data sources, different collection methods and often also different analysis methods, all focusing on the research problem at hand. When the interview ceased to be productive or that data was saturated, the tape recorder was played back. This invited the respondents to react to member check and the credibility of the constructions the researcher made. This allowed the respondents to add new material until all respondents was satisfied that what was recorded was a true reflection of their perceptions. The researcher thanked the respondents as courtesy demands that the interviewer thank the respondents for their cooperation (Lincoln & Guba, 1985:271).

3.4.3.2 Observations as a research tool

Observation is a second major means of collection data representing a firsthand encounter with the phenomenon of interest rather than a second-hand account (Merriam, 2002:13). The focus group interviews, which permitted the respondents to move back and forth in time – to reconstruct the past, interpret the present and predict the future, all without leaving a comfortable armchair (Lincoln and Guba, 1985:273), gave the researcher the opportunity to observe as an active participant. A major advantage of direct observation is that it provides here-and-now experience in-depth. The researcher in this study during the focus group interviews was able to observe the participants’ emotions as they voiced their concerns and beliefs about this sensitive issue. At the same time, the researcher was able to record the respondents’ behaviour as they interacted in the focus group interviews while she questioned and probed.

Observations provided the researcher in this study the access to the emotional reactions of the group introspectively. Lincoln and Guba (1985:273) concur that observations … “allows the observer to build on tacit knowledge, both his own and that of the members of the group”. Observation is a powerful tool which the researcher in this study implemented as both observer and participant simultaneously with the observations becoming more focused as insights and information grew. At times during the interviews, participants were unwilling to discuss sensitive issues but direct/participant observation allowed the researcher to record observations which would reinforce and support data from the interview itself.
Observations were recorded as brief notes or fieldnotes during the session for validation of taped comments and utilised as complementary to the analysis. Fieldnotes are very important as they influence and are a supportive source of data as indicated above when participants were unwilling to discuss sensitive issues. Le Compte and Preissle (1993:224) describe fieldnotes as “written accounts made on the spot or as soon as possible after their occurrence that represent the interaction and activities of the researcher and the people studied”. Merriam (1991:98) suggests that fieldnotes describe the people and the activities, include direct quotations or at least an idea of what the people said, the observer’s comments which could include the researcher’s questions, feelings, initial interpretations, reactions, hunches and working hypotheses as these aspects add value to the research descriptions of the setting.

In this naturalistic inquiry, the fieldnotes were used to flesh out and verify the data collected during the interviews. Field notes were analysed for preliminary units and categories of information and these preliminary categories were checked, expanded and related during subsequent observations. Fieldnotes also add the researcher in writing up the study in that it supplied “rich, thick description” (Merriam, 2002:15) which persuades the reader of the trustworthiness of the findings and ensuring generalisability (Merriam, 2002:29) in the qualitative sense. Fieldnotes are also useful to check these merging data with some respondents for credibility (Lincoln & Guba, 1985:276). However, these methodological norms are discussed later in this chapter.

3.4.4 Data analysis

According to Morse (1993:125), data analysis is a process that requires astute questioning, a relentless search for answers, active observation and accurate recall. It is a process of piecing together data, of making the invisible obvious, of recognising the significant from the insignificant, of linking seemingly unrelated facts logically, of fitting categories one with another and of attributing to antecedents. Data analysis is regarded as the proof that allows the researcher in this study to structure and make meaning of the data collected during the study.
In this research study, the researcher followed suggestions from Miles and Huberman (1994:119) whereby there was a data collection period, a data reduction period, a data display and conclusion and verification. Data analysis is in “…a continuous interactive enterprise” (Miles & Huberman, 1994:12) of selecting, focusing, simplifying, abstracting and integrating the data, and data collection and analysis are a simultaneous activity (Merriam, 1991:119). Lincoln and Guba (1985:333) explain that the process of data analysis is essentially a synthetic one in which the constructions that emerge, have been shaped by the researcher. Data analysis is thus not a matter of data reduction as is frequently claimed, but of induction as when the researcher processed and analysed the data, it fell towards the inductive-generative and constructive end with analytic induction and content comparisons. This was assisted by the research journal which the researcher kept to record her daily activities and make notes and comments during her research study.

The constant comparative approach to data analysis used in this study, combines inductive category coding with a simultaneous comparison of all units of meaning (Maykut & Morehouse, 1994:134). The researcher firstly read the transcriptions a number of times with no preconceived ideas. The focus was not only on the transcriptions making meaning but keeping the research question in mind and seeking answers such as considering what is going on, what the people are doing, what the person is saying, and what actions and statements can be taken for granted. Secondly, a systematic process of content analysis was begun with random coding. Lincoln and Guba (1985:36) explain that the researcher needs to identify all the chunks or units of meaning which is called “unitising the data”. The researcher used coloured highlighters to identify units or meaning and assigned labels to segments in the texts as well.

Thereafter, the units of meaning that are identified in the data are cut apart and grouped together (Maykut & Morehouse, 1994:129). In this research, once each transcript was completely colour-coded and labelled, similar colours were grouped together by cutting them up and repasting them into the analysis notebook. By grouping segments of similar colour-coded data, categories were formed. However, Maykut and Morehouse (1994: 137) explain that the researcher should
use a “look/feel-alike criteria” to assist in the process of categorising taking into account that some data may fit into more than one category, some data which perhaps has not been recorded but is remembered by the researcher, may be included and finally, that some data may not fit into any category. Thus, in the categorizing and coding process, the researcher seeks to develop a set of categories that provide a reasonable reconstruction of the data collected (Lincoln & Guba, 1985:347).

Once the categories are identified, the categories were refined (Maykut & Morehouse, 1994:135) in order to distinguish major categories from sub-categories. The researcher at this stage found many categories emerging from the data. Thus, refinement was necessary to develop a major category such as problems experienced at home having a sub-category of poverty with a third level of hunger, crime and prostitution.

Once this step was completed, the researcher checked whether there was repetition of categories but that the categories gave a global understanding of the perceptions of all participants – learners, educators and district officials – of the school and HIV/AIDS. To write a thick description, the researcher placed the ideas and quotes were most appropriate and best substantiated each category under the formulated categories. Finally, findings were then compared with Chapter 2 for a literature check.

It is very important that data gained from the focus group interviews and observation were systematically analysed and verified in order to ensure credibility, dependability, confirmability and transferability. Morse (1993:25) concurs with this when he emphasises the fact that data analysis is a process of conjuncture and verification, of correction and modification, of suggestions and defence. In other words a creative process of organising data is necessary so that an analytic scheme will appear obvious.
3.5 TRUSTWORTHINESS

It is the duty of the researcher in this study to be concerned with trustworthiness. The naturalistic research study emphasises trustworthiness and that there should be confirmability. The following will be the criteria of trustworthiness.

3.5.1 Credibility

To ensure credibility of this research study, the researcher prolonged engagement with the participants to learn their culture, testing for misinformation that might be introduced by distortion, either of self or of the respondents and by building trust through persistent observation and triangulation. According to Lincoln and Guba (1985:302), it is imperative therefore that the naturalist spend enough time in becoming oriented to the situation. “Soaking in the culture through his or her pores” to be certain that the context is thoroughly appreciated and understood. Prolonged engagement also requires that the researcher be involved with a site sufficiently long to detect and take account of distortions that might otherwise creep into the data. This prolonged engagement enabled the researcher in this study to build trust with the schools and participants where the research study was conducted.

Triangulation was done in order to improve the probability that findings and interpretations are found credible. This was done through the use of multiple sources. After the second interview the researcher went back to the first interviewed respondents using member-checking for verification of the transcribed data as a form of triangulation and ensuring credibility. Triangulation in this study was also achieved through different methods of data collection such as focus group interviews and observations.

3.5.2 Transferability

Lincoln and Guba (1985:316) explain that it is the responsibility of the researcher to provide a data base that makes transferability judgements possible on the part of potential appliers. The researcher in this study has left an audit trail in the form of...
recorded interviews, transcriptions of interviews, fieldnotes and data analysis and has provided a “rich, thick description” (Merriam, 2002:15) which will enable anyone interested to reach a conclusion about whether a transfer can be contemplated as a possibility.

### 3.5.3 Dependability

To ensure dependability, according to Lincoln and Guba (1985:318), the product must be examined, the data, findings, interpretations and recommendations – and attest that it is supported by data and is internally coherent so that the “bottom line” may be accepted. To ensure dependability in this study, the researcher examined the process of the research in order to determine its acceptability. By determining its acceptability it has attested to the dependability of the research study. This process, however, establishes the confirmability of the study.

### 3.5.4 Confirmability

To establish confirmability in this study triangulation was employed by using focus group interviews and observation. The researcher in this study ascertained that the findings were grounded on data and that a sampling of findings can be traced back to the raw data from interview notes, and how categories were formed. The researcher also kept a research journal or a reflective journal (as suggested by Guba, 1981 cited in Lincoln & Guba, 1985:327) where she noted her daily activities during her research study which could help in confirming confirmability in this study.

The researcher throughout the study made it a point that trustworthiness becomes a matter of concern thus ensuring credibility, transferability, dependability and confirmability in this study.

### 3.5.5 Ethical considerations

Making initial contact and gaining entrée to the research site is important and thus the task of contacting appropriate individuals at the research site to gain entrée,
has both formal and informal aspects (Lincoln & Guba, 1985:225). In this research study the researcher contacted the schools that were identified to participate in this study telephonically, seeking to arrange for appointments. Appointments were secured and the researcher went to these schools to explain the purpose of the study to the various individual principals. Further appointments were made in order to address the staff members on the research study. Official appointment letters were also sent to the various schools. The researcher honoured those various appointments and addressed the staff members after school hours. After an explanation of the research study, staff members were given an opportunity to ask questions which the researcher responded to and handled with utmost care. It is during this time that appointments for interviews were made.

Confidentiality is necessary for the effectiveness of any data gathering technique. Confidentiality is a basic characteristic without which no technical instrument can be properly measured. This research study must meet the standards for research ethics. Ethics are about applying moral principals to prevent participants from being harmed or wronged in any way. The research must therefore be conducted in a respectful and fair manner (Renzetti & Lee, 1993:14). In the meeting with the staff members of schools the researcher promised anonymity and confidentiality of what was said during the interviews. Standards for research ethics within this study have been achieved through ensuring privacy, confidentiality and anonymity of the participants within this study.

It has always been recognised that building and maintaining trust is an important task for the field researcher and that the existence of trust automatically leads to credible data (Lincoln & Guba, 1985:225). When the researcher was addressing the staff members, she tried to build trust which was maintained throughout the study. If respondents develop that trust they are more likely to be both candid and forthcoming. The relationship of trust during this study period allowed the study to proceed smoothly. The researcher ensured that the development of trust with each respondent was developed because the ultimate credibility of the outcomes depended upon the extent to which trust had been established.
3.6 CONCLUSION

In this chapter the aim was outlined, illuminating the format of the study, methods of data collection and data processing. The naturalistic paradigm was also outlined. Qualitative methods were selected as suitable for this research study. The focus group interview was chosen as the method on how data was gathered in this study. Data analysis using the constant comparative method was also discussed. This study emphasised trustworthiness under the criteria of credibility, confirmability, transferability and dependability and triangulation was strictly adhered to. All the above therefore contribute to the success of this research study.

In the following chapter, the research findings and interpretations of the empirical study will be outlined and discussed.
CHAPTER 4

DATA ANALYSIS AND INTERPRETATION OF THE FINDINGS

4.1 INTRODUCTION

In this chapter the findings of the research are reported on. The data were collected through focus group interviews. The findings were captured by tape recording of the interviews, transcriptions thereof (see Addendum C) and finally decoding (see Addendum D). As described in Chapter 3 the constant comparative method was used to analyse the data. In the analysis different colours and codes were used to indicate different findings in an attempt to simplify the de-coding and categorising. Through in-depth content analysis of the transcripted data, categories were identified and examined across those categories for thematic connections among the respondents.

4.2 FINDINGS ON THE PERCEPTIONS OF LEARNERS

In the following paragraphs the discussion will deal with the perceptions of the learners on what the effects of this disease are on them. The findings indicate that HIV/AIDS is a real threat to learners. It has a multiple and negative influence on them. This was confirmed by what one participant said:

“Well, eh ... to me three years ago, I never thought HIV/AIDS would come to our classrooms. I never thought that there would be a situation or time or period where children would be affected and infected and two years ago, it was then that we felt the reality of the pain ...”

The findings concerning the perceptions of learners are clustered into three themes, i.e. personal problems, home-related problems and school-related problems. Each of these clusters were categorised and sub-categorised and afterwards described with reference to the interview data as well as the literature reviewed in Chapter 2.
4.2.1 Personal problems

Besides the problems that learners experience at home or at school they also experience “ordinary” personal problems because of their teenage years, but these are exacerbated by the epidemic of HIV and AIDS. Some of these personal problems are categorised under the heading “No future” which represents a nihilistic and fatalistic view of life, and that causes several personal problems such as for instance morbidity and mortality, etc. Other, not so “ordinary” problems are caused by people surrounding these learners, and are categorised under the heading of “trauma”, which represents abuse, fear, frustration, stress, etc.

4.2.1.1 No future

The future of the learners is hanging in the balance. It is threatened by HIV and AIDS. It is unimaginable how a society can face a future without young ones.

Learners find it hard to find hope for the future – and enjoy their daily lives. It is evident that HIV/AIDS threatens the future of these learners. This is what they had to say:

“It is like a threat to us because we sometimes think that we are not going to reach the age which our grandfathers and mothers have reached ... To us, especially in this area, 80% of people are dying of AIDS. It tells us that it is with us. It is not something that is far away. It makes us think “what is the point of going to school when I know I will end up getting HIV/AIDS and die?” Ja, it really interrupts our minds. So you feel what is the point going to school when you know you going to die of AIDS?"

Other learners had this to say:

“AIDS destroys the future of the youth. Now learners are infected, by the time one goes to tertiary education, it will be full-blown AIDS and one’s future will be destroyed. The dreams and the career you wish to follow, will end as a dream. All plans will be destroyed.”
4.2.1.1.1 Morbidity and Mortality (illness and dying)

Learners do not only experience the trauma of parents being ill or dying, but this study shows that they themselves are ill and are dying. This is what learners had to say:

“There are learners who are HIV positive here at school. And when they have full-blown AIDS, they will die. And that will affect us all as we will loose friends.”

The educators even confirmed this as they said:

“Most learners turn out to be orphans, as parents were victims and some learners are sick because of HIV/AIDS. As time goes on it will affect the whole system of education as learners are dying of AIDS and we will have fewer learners left.”

“Another thing is the influence on learners. They die and they go to hospitals so that we become worried about absenteeism and death because of HIV/AIDS. And as they die, we as educators will loose our jobs.”

4.2.1.1.2 Promiscuity

From the findings it seems that women are the hardest hit by AIDS. The difference in infection levels between women and men is even sharper among young people aged between 15 and 24 (Gow & Desmond, 2002:17). In South Africa, the ratio ranges from 20 women for every man. Young women are an endangered species from AIDS for several reasons in South Africa. They are often economically dependent on men, and may not have the power to resist sex or ask the partner to use a condom. Teenage girls are acquiring the virus at a young age, and mostly from older men.

This is what some of the learners had to say:

“These days there are many brothels and prostitutes. Even if you don’t become a professional prostitute, but you just do it even around you with Big Daddy from next door. You wink an eye to seduce him and when he winks back, you know you have to sleep with him in order to get money to feed your siblings. You have to fish for elderly people who have money, so that you sleep until then in order to put a
plate of food on the table. Why young ones are involved with elderly men is because we don't have a choice. We have to take responsibility, as your mom is ill and there is no income. Alone someone can take care of me, but with siblings I have to go ‘NGI YO PHANDA’ (I have to take responsibility).”

For millions of other women, sex is their only currency:
“And the main reason for prostitution is that the rate of poverty is still going high.”

In the informal settlement where the research was conducted, the chances of exposure to infection is very high due to overcrowding. This is evident from the research data as participants said:
“People around here get themselves involved in sexual activities in order to alleviate poverty. Things like prostitution etc.”

The lack of gender equality, from poverty and stunted education, to rape, denial of women’s inheritance and property rights, are major obstacles to victory over the virus.

The face of AIDS is increasingly becoming younger and female. The vulnerability of the poor to HIV infection is accentuated for women and girls, precisely because they are women. They are treated as economical subordinates. Their access to capital and credit is limited. They carry most of the responsibilities for ensuring that children/siblings are fed, educated and maintained in basic good health. In maintaining their households, women/girls even go to the extent of relying on the selling of their bodies for sex, to meet the household survival needs. The evidence from this research shows that the majority of high school girls live a promiscuous life. This is how the girls confirm it:
“Our parents are poor and can’t afford us…”

Some boys had this to say:
“Another thing, the girls are being influenced by their mothers to go and do prostitution for the family to survive. You find that the family is poor and cannot afford food - there is nothing to eat.”
The male chairperson of the Learner Representative Council (LRC) commented: “They are students during the day but at night they are something else.”

A great bout of laughter by all the participants confirmed this statement. It was actually welcomed by girls. It is evident that peer pressure also plays some role in promiscuity. This is what some girls had to say:

“Sometimes it’s not about parents, when you go to your friend, the friend will influence you to like if you have a relationship with a schoolboy; they will tell you that a schoolboy does not have money. Go to the adult men and have a relationship with people who are working, someone who can give you money like a taxi driver or even the educators.”

In one focus group discussion with male educators, it was noted that:

“And also the status. You find that I’m a teacher and because I have money, so money can do anything. So the young ones go to those who have money ... The learners (girls), they come to us because we have money so that they can buy quarters (lunch).”

“So, one day you do; then it becomes an everyday thing in all these needy children.”

4.2.1.1.3 Crime

A range of studies show that children who grow up without parents are more likely to become criminals, and less likely to be skilled and find jobs. Such children are also less likely to grow into secure and stable adults or become competent adults. Griessel et al. (1991:08) confirm this:

“A child needs a mother as well as a father to provide him with enough self-confidence to lead him to extend the horizons of this world and simultaneously to accept his task as co-designer of a world of human co-existence.”
Although these learners are still at school, they are involved in criminal activities, just like the girls mentioned earlier on, during the day they are learners, but at night they are something else. Evidence from this study reveals that: Because of HIV/AIDS, poverty increases and so does crime.

Learners said:
“It is actually a long chain of poverty, HIV/AIDS, crime etc. It goes hand in hand.”

They continued to say:
“With crime there’s rape and there is a possibility of getting AIDS through rape.”

Another perspective was expressed by boys:
“... Boys increase the rate of crime by house-breaking in order to get money. So as the rate of poverty has increased, so does crime and HIV/AIDS ... You use crime to get food.”

4.2.1.1.4 Suicide

Suicide has become a common factor in the lives of the learners. Learners are afraid to face the anguish that HIV/AIDS causes a person.

It is evident from this study that when teenagers or high school boys and girls are infected with HIV/AIDS, they become suicidal. This was confirmed by the learners themselves as they said:
“As a teenager, if you have a lot of problems like HIV/AIDS, you feel the best thing is to end your life! Suicide is a shortcut to end your suffering. It is very common.”

Some said this:
“When you see changes because of HIV/AIDS, you become scary and depressed. You think until you can not think anymore. The only thing that comes to your mind is suicide.”

Learners do not want to disclose their status for help; but to them suicide is the only solution. This is what they say on this issue:
“For us not to tell, even our parents, is because we think of the disadvantages of the virus. That I’m not going to live long and I’m not going to have children of my own. So that thing; you start feeling down and some or many commit suicide.”

It also became evident from this study that stigma and treatment result in suicide. This is what learners say:

“... The fact of committing suicide, it’s all about treatment. It comes from the fact that a person feels useless, unwanted. I’m just useless. If people have information and knowledge then HIV/AIDS will be better handled!”

4.2.1.2 Trauma

The prospect of the death of a parent on a child is very traumatic for all the household members. When a parent, sibling or caregiver dies of AIDS, the child may respond with confusion, anger, anxiety and a sense of despondency (Hepburn, 2002:93). Children become highly traumatised watching their parents being ill and then dying. Trauma will be exacerbated by the stigma and secrecy around HIV/AIDS that hampers the bereavement process (Kelly, 2002:11). It exposes children to discrimination in their community, school and even in their extended family. One educator agrees with this and even goes to the extent of defining trauma in this way:

“Trauma is when somebody is affected psychologically or disturbed psychologically. Yes, by saying this, a person’s mind is always disturbed by this circumstance around him or her.”

It is evident that learners who loose their parents to HIV/AIDS become traumatised even before these parents die. This is how some learners confirm this:

“... Like if your parents are HIV infected or maybe your mother, because your mother is very important, you will no longer have a mom, so you won’t concentrate. You become traumatised. It affects your marks at school, you drop out of school; it affects you more when you lose a mother, for your dad will look for another woman, maybe with other children of her own. The stepmother might harass you and she will look after her own biological children. You and your brothers will be
excluded, feel lonely and sometimes ‘I NDODA I YA ZU BONELA’ (everyone for himself). You feel like committing suicide.”

4.2.1.2.1 Frustration

It is evident from this study that learners are frustrated because of HIV/AIDS. This is what learners had to say:

“... If your parents or mother is ill or is going to die you no longer live life well. You are always frustrated and it changes your life completely. You no longer do well at school.”

Again the educators also confirmed the frustration:

“... When parents, either the mother or the father, die, it ends up making orphans so you find that they experience a lot of problems; like the house is sold, they don’t have a place to stay, they don’t have food and they don’t have anyone to look after them. Yes, you find that houses are sold, learners are homeless, they become drop outs, and they seek jobs at a tender age.”

They continue to express their frustration by saying that:

“... We are teaching learners who are affected from home; the parents are HIV positive and have AIDS. When these learners come to class they lack concentration and their performance becomes affected too. You are then teaching someone who is traumatised.”

“... You are teaching somebody who is affected and this person didn’t get counselling ...”

4.2.1.2.2 Abuse

Abuse has become one of the biggest challenges that South Africa is currently facing. It is evident from this study that HIV/AIDS leads to child abuse. Learners are abused mentally, emotionally, physically and sexually as a result HIV/AIDS. This is how the evidence from the learners confirms this (Gow & Desmond, 2002:17):
“HIV/AIDS lead to child abuse. Like if children start living with their uncles, they start abusing them sexually and emotionally. They think that when your parents are dead of HIV/AIDS you are useless, and they abuse you physically, making you work like a slave because they know that no-one will stand-up for you to say: You have been working the whole day. They think when your parents died of AIDS, you are like useless.”

“Sometimes your uncle says: I’ve been working for you, so you must do something for me, meaning LET’S HAVE SEX.”

“Sometimes your uncle chases you away and says: I don’t want extra expenses. Sometimes he has a wife who turns around to say: You are overspending on your sisters’ child and be forever complaining. It really becomes a problem and leads us into the streets and into sleeping around.”

4.2.1.2.3 Stress

The possible lasting psychological damage, especially to young children who lose a parent, is potentially the most damaging consequence of the epidemic. Although these damages are the most difficult to measure, they are there (Ebersohn & Elloff, 2000:7).

Stress and depression can compromise function and wellbeing in all areas of family life, including school and work performance, family relationships and capacity for childcare. As parents, brothers or sisters become terminally ill learners who are the caregivers generally lack training and experience. They are on call 24 hours a day and are emotionally involved with these patients. All these factors result in enormous stress. HIV/AIDS can impose major stress on learners and their households from well before a member becomes ill, to well after they have died.

It is evident that HIV/AIDS brings stress to the learners. This is their confirmation:
“Yes, it influence on us like if you lose a parent you become stressed, more stressed out. That’s why you find many street children because of this virus HIV/AIDS.”

Some learners had this to say about themselves:

“Ja, I think you loose your confidence when you are infected. You think everyone is laughing at you. You have stress and you no longer concentrate in class. Then you start failing. It’s not easy to accept that you are HIV positive, knowing that you are dying, it’s not an easy thing.”

4.2.1.2.4 Fear

This research shows that people, in general, fear talking about HIV/AIDS. When the question: How do HIV and AIDS influence you as learners/educators/department of education officials, the researcher was met with a sharp and enormous silence. Some participants looked down, looked withdrawn, and some looked at each other with surprise, disappointment and fear. Participants didn’t want to talk, and in some interviews, educators told the researcher that HIV and AIDS had no influence on them and that it was something very far from them.

This is what one educator said and he was supported by many others:

“HIV/AIDS does not affect us as educators. We know it is there, but it does not influence on us as educators. We do have something to say but we are not in a mood.”

The interview nearly ended before it started. Some other educators said:

“We don’t talk about HIV/AIDS here at school as educators.”

Learners also supported what was said by the educators:

“Educators are afraid to talk about HIV and AIDS in class ...”

Fear is the universal primal response to suffering. And yet beyond doubt it is also the single greatest enemy of recovery. Fear insinuates itself in every action or passion of the mind (Boyd-Franklin et al., 1995:4).
The evidence from this research shows that children fear the death caused by HIV/AIDS. They fear that they could be next. They fear to become orphans and they fear the loneliness. This is what the children had to say:

“I really think HIV/AIDS affects us emotionally, physically and in whatever way. For knowing that a member of your family has died of AIDS, affects you, for you don’t know if you are next, or what. It affects you even before that person dies. I think emotionally and physically it affects you. Let’s say your mother died of HIV/AIDS, you think by yourself: Am I going to die the same way?”

4.2.2 Home-related problems

Learners experience the influence of HIV/AIDS firstly, right from home. They are the most affected as a result of HIV/AIDS as they live with poverty and sick parents and relatives in households stressed by the drain on their resources. Learners therefore, inevitably take these problems that they experience, namely poverty and sick parents, from home with them to school.

4.2.2.1 Poverty

Poverty is more than financial depravation. Poverty assists the spread of HIV/AIDS and pushes people into poverty or makes it harder for them to escape from it (Barnett & Whiteside, 2002:276). It is well-known that the majority of South Africans are poor and it is the poor who are most likely to endure bad health and also be exposed to infections and diseases. The distribution of illness and diseases tells of the distribution of poverty in South Africa.

Evidence from this research shows that there is a well-known and continuing link between poverty and HIV/AIDS. Time and time again participants mentioned poverty as a cause of HIV/AIDS.

Some learners based their perceptions on what was once a serious debate in the country:

“The President of the country once said that it is not HIV that is causing AIDS but HIV/AIDS is caused by poverty and he was hammered; but I still back him on that.
If only we were wealthy, no girl would be sleeping around with a sugar daddy. Running around with men, it means you are after something and that something is cash ... I fully agree with what the President said – Poverty causes AIDS.”

Wekesa (2000:12-14) argues that HIV/AIDS is not a disease of the poor, but being poor facilitates the transmission of HIV and its more rapid development into full-blown AIDS. The disease also makes the poor poorer. Although not formally caused by poverty, HIV/AIDS has become a disease of poverty. HIV/AIDS tear families apart. Their vulnerability to the impact of HIV/AIDS is increased by poverty.

When families face HIV/AIDS, they are forced into situations of poverty and stress, because adults have to leave their jobs as a result of becoming too sick to earn a living. As a result, children often become caretakers within the family. They either look after an ailing parent or sibling or many drop out of school to earn a living. These children become vulnerable to exploitation, crime and abuse, especially after a parent’s death (Kurt, 2001:2).

The evidence from this study shows that “…Poverty is rife in South Africa.” Educators who participated in this research study feel that “… unemployment causes people to do something they shouldn’t do. Because of poverty there is crime and other activities in order to get money.”

One educator had this to say:
“If you look at the media, you will see that the most populated areas is where HIV/AIDS is too much and is because of poverty … It boils back to what the President mentioned that because of poverty, sex is the only thing that can reawaken you being human ...”

It is evident from this study that:
“Poverty accelerates the progression of HIV to AIDS and death because when this person is sick there is nobody who is working, there is no way that this person is going to get proper healthcare. There will be difficulties. That’s why when they are diagnosed with this disease, they don’t live long.”
“Ja, because health is low and poverty is high. ... The prepared diet for them they can’t afford to buy and transport to hospital, they don’t afford because of poverty.”

In conclusion this is what one educator said:
“... I think HIV/AIDS has brought poverty to the learners, whereby learners drop out and become prostitutes in order to support their younger sisters and brothers.”

Generally this research shows that “the rate of poverty has increased crime, prostitution and HIV/AIDS. This was echoed by some learners.

4.2.2.1.1 Hunger

Hunger is experienced when one has no food to eat and no means to make ends meet. Hunger causes these learners to struggle with survival, and forces them to lead unhappy lives. They end up looking for alternatives that will give them money to buy food and clothes.

It is evident that some learners go to school hungry. This is what educators had to say:
“You know children would come to school dirty and you can see that there is no one taking care of them. Sometimes they come to school hungry, telling you that they have not eaten ... Some of the learners would come and tell us that so and so is staying alone at home so they didn’t eat anything.”

Some educators think that it is because of hunger that girls start practising prostitution. This is what they said:
“Others are selling themselves so that they can get something to eat. You find that, more especially, the girls go out there to sell themselves to the guys so that they can get something in return. But I think if we can as a school have something for these learners, so that they know that when we go to school we going to have something to eat almost everyday, it won’t be necessary for them to prostitute if the reason was to sell themselves for food. At least they will know that from school we will have something to take home. Half bread, a cup of soup can be something.”

The majority of male educators had this to say on the issue of hunger:
“And also the status... You find that I’m a teacher and because I have money, so money can do anything. So the young ones go to those who have money... The learners (girls,) they come to us because we have money so that they can buy quarter (meaning bread, with chips and atchaar).”

“As a teacher, when a learner comes to you, you must do something, especially with an empty stomach. Then tomorrow she comes again and so on and so on. And we do it.”

“It’s a trap”.

“So one day you do advance a sexual relationship, then it becomes an everyday thing in all these needy children.”

Hunger somehow forces learners to be involved romantically with educators. It is sometimes not through the male educators initiatives to have relationships with schoolgirls, but because they always come to them for money. It is therefore evident, as educators said that:

“... Food must also be provided to people affected because poverty increases the spread of HIV/AIDS.”

4.2.2.1.2 Crime

Poverty, homelessness and the insidious hopelessness lead to crime. As children are loosing parents to HIV/AIDS, they are at high risk of developing anti-social behaviour and of becoming less productive members of the society. These children will be more susceptible to HIV infections through abuse, sex work or emotional instability, which leads to high risk relationships.

Participants in this study agree and confirm that “... generally crime is high due to the lack of employment.”
This research study provides us with some evidence that some learners are involved in criminal activities as a result of HIV/AIDS. This is what learners had to say:

“... If you loose a mother or one of your parents who was perhaps a breadwinner in the house, ... if you are a boy, you think of crime in order to bring a plate of food on the table.”

Some learners said:

“It destroys learners very badly ... It makes us leave the school and when you are at home you think a lot and become a criminal. Because they have only a few days left for them to live, they start taking drugs in order to forget about HIV/AIDS. Sometimes they try to kill themselves. And some spread it by raping, etc. They don’t even care if they go to jail because of the disease.”

4.2.2.1.3 Prostitution

Prostitution is a key risk factor for women and girls. Studies have shown that prostitutes are both aware of the risk regarding HIV/AIDS, but still do not take precautions. The association between poverty and prostitution is well-established (Kelly: 2002:7). The face of AIDS is young and female. Prostitution, it seems, is not a matter of choice in the lives of some participants in this research study. It is caused by the fact that many women/girls do commercial sex work for a living.

They say that “when you loose a mother who was perhaps a breadwinner, you as a girl start thinking of becoming a prostitute and a boy starts thinking of crime in order to serve a plate of food on the table.” These learners, or girls, provide us with evidence that even before their mothers or parents die, prostitution as a result of HIV/AIDS, has to be a trend.

Learners shared their experience on prostitution:

“At times our parents are more sick ... more especially because there won’t be any income coming home. So you, as a girl you have to go. U YO PHANDA... Alone someone can take care of me, but with my siblings I have to go ‘NGI YO PHANDA’, I have to take responsibility.”
Pressures to meet their own immediate needs and those of their siblings far outweigh concerns that they might become infected with HIV. Precisely because they are poor, women/girls and experience in themselves a double disadvantage; the feminisation of poverty and the feminisation of HIV and AIDS.

4.2.2.2 Family and parents

A family is perceived and described by Pope John Paul II as a nursery of society and, of course, the church. He saw the family as a domestic church where basic skills of relation to others were learned. Evidence from this research has shown that families don’t talk about HIV/AIDS (Sunday World, 2004:26).

Educators had this to say on this issue:
“
You find that even in our families we don’t talk about it. Then when I find out that I’m positive, it’s going to be difficult to take it out. But in the family if you talk about it, so that we are all aware, we bring out what we know, what will help in the different stages. If we have full knowledge about the particular disease it’s going to be easier for one to disclose one’s status.
"

Learners also had this to say:
“
Our parents don’t talk about HIV/AIDS with us at home. At home you know it’s only that father and mother lecture.
"

Some educators also had this to say:
“...
The parents are ignorant and the learners know nothing and the spread continues. Even when we write learners something in the report, like this child needs support in this learning area. Who can help the learner at home because the parents can not entertain this with the learner at home? If parents would only take responsibility for parenthood with the educator to help fight this, it would help a lot.”

Every year, tens of thousands of children lose their parents to AIDS. There are an estimated 85 000 child-headed households in South Africa. A lost generation of children with no hope and no future is in the making.
4.2.2.2.1 Orphans

The results from this research show that learners, orphaned as a result of HIV/AIDS, experience multiple problems. This is evident from what one educator said:

“The fact that it leaves behind orphans which are left now to head families, it affects learners into the classroom. Now me, as an educator, the learner won’t be able to concentrate and as much as I might be doing the right thing in front there in terms of teaching, the learner there because of the problems at home, I mean they are left at home alone, teaching and learning won’t be effective on the part of the learner, therefore if affects even us as educators.”

4.2.2.2 Medical and home-based health care

Once HIV/AIDS strike in the household, there are very few chances of economic survival. Households cannot be sustained under such circumstances. Households spend an increasing amount on healthcare for people with AIDS. Although public healthcare is virtually free, there are many other costs involved in accessing care, such as transport costs for the person with AIDS and the family. In addition people will often visit private doctors and/or traditional healers as the disease progresses. The initial effects on households can include less insurance and medical benefits, as well as other costs of pro-AIDS treatments or attempts to find a cure. Once a household member develops AIDS, increased medical and other costs, such as transport to and from the health services, occur simultaneously with reduced capacity to work, creating a double economic burden.

This became evident when some educators said:

“You see ma’m, they are not doing enough on their side, and this comes back to us. eeh ...we’ve got this educator who is positive and will go for consultations timeously, and this educator will go to an extent of exhausting the money from the medical aid. So these are other things which some unions are busy fighting for. Not that they encourage but they are saying – why don’t government make provision and add money on medical aid of people who are HIV positive and have AIDS. Why are unions saying that? – Because it will come back to school again.
The teacher will exhaust the money from the medical aid and there is no money for consultation. Obviously, the teacher will stay at home and learners will be expecting that particular teacher and the department is not allowed to employ someone in the place of someone who has not yet died ... At the same time learners are there to be taught and expect to be taught.”

It is evident from this study that medical practitioners or doctors also play a role in the secrecy around HIV/AIDS. This is what was said by one principal in the interview:

“... Even if you go to the GP’s or any medical practitioner and institution, nobody wants to state clearly that this person has AIDS. They will just mention any opportunistic disease or just say ill-health. So already it has a form of secrecy around it ...”

Evidence shows that participants emphasised the fact that:

“Medication-wise also, people go to the doctors ‘nicodemously’ (secretly). They go and get medicines secretly; doctors are also prescribing medicines ‘nicodemously’ (secretly).”

It was also evident from this study that learners take or accompany and visit their parents, brothers and sisters to the hospital and stay away from school due to HIV/AIDS:

“... Government and doctors play a role in influencing the ideology of the community that HIV/AIDS is very bad.”

Young children often have to assume a ‘parental child role’ by caring for their own parents and younger siblings during the final agonising stages of AIDS, and then also after a parent’s death. Although these children may appear to be very functional, particularly in disorganised and chaotic families, they might not be coping.

It is evident from this study that the infected members of the community need support and care in the atmosphere of their homes, as learners unanimously decide that home-based care should be the way to go.
Some responses from the learners were:
“\textit{I think the community must hold hands and care for these people. If we don’t care as a society nobody will care for them. We live in a community with different religions that makes them feel that if you are infected you’re no more a person. I think the community must sit down and talk about this and hold hands with the infected. These people need a home-based care. Home-based care has to do with allowing those people to live a normal life like me and you. A friend who is infected must still be your friend.”}"

This is what educators gave as evidence:
“\textit{We are dealing with learners who come to school emotionally affected, based on the fact that they are taking adult roles at home by nursing their parents who are ill because of HIV/AIDS. They cook and do everything. They can’t concentrate in class and become absent from school. These learners can not cope.”}"

Learners themselves had this to say:
“\textit{Another thing is that our parents are infected and that if a mother is infected, being a breadwinner, I will get affected because I worry that she will die soon. And I have to be a parent very soon. Look at the responsibility with no one to take care of her and I have to look after my siblings, I have to take care of this and that and that will be a big load on me. And some of us even commit suicide.”}"

The learners’ education is also being influence as a result of HIV/AIDS. This is what learners in general had to say:
“\textit{Another thing is that if you are a first-born and your mother is sick or is not well. You think of your mother and not concentrate at school. If you have siblings it affects you even worse. It affects you and you can’t concentrate. You have to take all the responsibilities of looking after them together with your mother. It affects your studies.”}"

Educators confirm what learners say:
“\textit{They nurse their parents who are ill because of HIV/AIDS. They cook and do everything. Learners become affected, worry that the mother will die and they will}
be parents soon. Looking at the responsibilities and the siblings at home, that becomes such a load on them, some of them even commit suicide.”

4.2.2.2.3 Role models

Learners see their role models on TV and hear them on radio. According to McDowell (1990:39) the media have downgraded morality into a point where pupils think if they do what they see, they are behaving according to the norm of society. He relates that television portrays extra-marital sex six times more than sex between spouses. 90% of the sexual encounters in soap operas are between people not married to each other. The unfortunate part of it is that children cannot distinguish the truth about sex from the media fantasy. A good example of media fantasy is selling and advertising by using sex, where sex is a primary ingredient in most advertising. Sex is used to sell everything from automobiles to deodorant (McDowell 1990:43).

This is what learners had to say:
“... In fact even our celebrities that we have, whenever they express themselves or give a message to the youth they always say – Youth condomise; condomise as if sex is a must. Yes, it is there, but it is not a must. It is not like we should always emphasise or entertain it on radio or television. The people we are looking up to, our own role models always emphasise the issue of condoms, whereas the condom is not 100% safe ... Radio and TV personalities must spread abstinence and practice it. They should emphasise abstinence. Immediately you say abstain, you’re telling them about the future. They will do it because you are a role model.”

Educators feel that “... they must stop the confusion by throwing the HIV/AIDS to the media.” One educator added by saying:
“The children watch TV and other things. I think you have done Biology, ma’m. All those things stimulate or aggravate the flow and production of hormones. These hormones, when they run to the blood they stimulate the organs. At the end of the day you will be forced, you know what I mean.”
4.2.2.3 Church

HIV and AIDS have changed the traditional attitude of the religious community towards AIDS. It has been that sex equaled sin, and AIDS equaled sex. Religious leaders are also now infected and have a difficulty in dealing with it and living openly with HIV (Sunday World, 2004:5). Although some churches in South Africa are beginning to participate in the fight against HIV/AIDS, this study has shown that generally churches are not playing an active and positive role as it should. This is evident from the research when educators said:

“Even in the churches, the Abafundisi don’t talk much about HIV/AIDS.”

“... People think it is a sin especially those who belong to particular churches. They regard it as a sin – ‘Ha a na le AIDS ke sebe’, now they are already accusing such people that they sinned. In the community they feel it’s a shame, in the family they feel you have shamed the family, people would not come close to that family.”

One principal had this to say about the influence of HIV/AIDS in the church:

“I think HIV/AIDS is a matter of morals and values of the community and personally, I think the church has more to do with the morals and values of the community, the nation and the country. We as Tsonga people believe that when there are certain things in the community, the church can address it, and the same thing regarding AIDS, morals and values must be preached by the church. The church must be involved.”

The influence of HIV/AIDS on the church has also forced churches to be classified as real churches and overnight churches. This was deduced from the interview data when participants said:

“I think we have different types of churches. We have real churches and overnight churches. Overnight churches are like a gospel singer who decides to start his own church in order to get funds. This priest has never been trained. Now the real churches are where the priests were trained in for example, pastoral psychology etc. can help.”
“... A church is also a structure. A church also serves the community. There is a belief that AIDS cannot catch AIDS. Churches need to be encouraged to talk about AIDS. To tell their congregation to be responsible ...”

4.2.2.4 Traditional healers

Traditional healers should be brought into the field as a key link in the communication chain of fighting HIV/AIDS. Africans still believe in traditional healers. Almost all workers or Africans generally go to traditional healers before they visit the western doctors or medical practitioners. Western-style doctors and traditional healers were/are giving patients competing information. A united front needs to be established.

Some Africans still deny that they are infected by the HI-virus and believe that it has to do with the ancestors and that traditional ritual need to be performed. This is evident from the research conducted when educators expressed their frustration on the influence of HIV/AIDS in this way:

“... Another obstacle I have experienced is that parents, when a learner is ill, they take these learners to the inyangas. Even if you know it is HIV/AIDS you can’t do anything because it’s a parent and it is frustrating. Even if the learner did confide in you, you can’t tell the parent anything because it’s also a belief system. It’s frustrating ...”

Some educators responded by sharing their perceptions:

“Well, traditionally when a man dies they think you have been bewitched. We do have superstitions.”

“Superstitious people go to the inyangas or traditional healers.”

“Traditional healers can not cure AIDS ... traditional healers will give you something else, the opposite and you will die before your actual time.”

“... Sometimes traditional healers don’t believe in AIDS. They just say you have been bewitched, by so and so.”

Learners had this to say about traditional healers:
“Like in our culture we use razor to make you know, those cuts in order to put in the medicine – the inyangas, traditional healers. They are spreading it, because you use one razor and they don’t sterilize it.”

They believe this could be avoided by:

“By telling people to stop going there because from my experience one razor can be used by six people and if the first one is infected, it means the five others will be infected as well.”

4.2.2.5 Community support and care

Communities have been affected by HIV/AIDS through the death or illness of relatives, friends, neighbours, children, mothers and fathers. We need to accept that this scourge is just as much a social challenge as a medical one. It challenges our societal values. The majority of communities are economically depressed, forcing some women and men to use sex as a currency. These communities need to be mobilised and organised in the same way as it was done against apartheid. Poverty alleviation and community economic empowerment programmes cannot be excluded from the fight against this epidemic. In some situations AIDS illness and death threaten to overwhelm communities, and perhaps the society as a whole. Well-resourced communities will be able to cope better than poorer ones.

This research was conducted in a challenging society. This is what educators had to say about it:

“Our environment is very specific and challenging. Most of our learners are staying alone in the shacks ... Now imagine what happens.”

“HIV/AIDS influence us a lot, because of the community we live in ...”

“This community is a corrupt community. Learners fall in love with a boyfriend, maybe only for three months and get AIDS. The parents don’t care. They don’t mind. The majority of learners who are in the stage can stay five days without coming to school staying with a boyfriend. That’s why this community, hey!”
Prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic (UNGASS, 2001:17). While precaution must be the mainstay of the response to HIV/AIDS, the response itself is not complete unless it incorporates care, support and treatment as functional elements. Care is about effective health, functioning social systems, and psychological support structures that respond to the needs of those infected with HIV or affected by AIDS.

Participants in these focus group discussions cited the fact that:

“I think we should do like Botswana. The people in Botswana, they disclose and get support from the people. Now with us here we have that barrier, if we could treat AIDS like having flu, remove shame and stigma. Once we can do that people will be in a position to come out and disclose, they will come out of their shelters and cocoons and we can be able to share information on how do we prolong the lives of those affected. The people who are infected are alone. They don’t get any advice on what to eat, drink etc. Must I continue with alcohol, drugs etc.”

“I think as educators and role models we must teach the community outside there that if a person is HIV positive, we must love, care for and support them. This will happen only if we as educators are also work-shopped and have enough information.”

4.2.3 School-related problems

HIV/AIDS remains a potentially enormous threat. It places pressure on the public service, in terms of increased demands for service while eroding its workforce through increased absenteeism, morbidity and mortality. It is a well-known fact that education and training are critical for long-term development. It is through quality education that the country’s economy will and can develop. However, HIV/AIDS is a real threat to the education sector and thus potentially to human resource-based development. HIV/AIDS poses multiple and negative impacts on education and therefore targets all levels of operation, the local, district, provincial and national levels.
Besides the problems and the influence of HIV/AIDS experienced by learners personally and at home, the school life is also disrupted in some way or another. When a family member becomes HIV infected or dies of AIDS, everyone in the household is affected in one way or another. The overwhelming response is that HIV/AIDS influence on the learners’ ability to cope with everyday life. As learners spend most of their daytime at school, the influence can often be seen at school.

This has been a general response in basically all the focus group interviews conducted:

“When parents die, learners become affected and it becomes the school’s problem.”

**4.2.3.1 Absenteeism**

Poor and irregular attendance is a significant problem, particularly in high schools where the research study was conducted. Most school managers stated that absenteeism has increased over the past few years as a result of HIV and AIDS.

“A child who comes to school to learn, whose parents are ill, obviously has that emotional imbalance. While the learner is ill himself, the child could come to school or be absent. As a school we face a high rate of absenteeism.”

Another educator had this to say:

“Learners become absent from school. These learners cannot cope. They have emotional imbalance and are ill themselves. ... Absenteeism happens daily: learners go to funerals on Fridays or Mondays, they don’t come to school. They go and bury their family members due to HIV and AIDS.”

**4.2.3.1.1 Drop-outs**

Affected and infected learners drop out of school due to many reasons related to the influence of HIV/AIDS. Learners shared this in the interview:

“I would say that this disease affects us as learners. Our brothers and sisters don’t complete school because of this disease. You find that most parents can not afford to buy us clothes and other things. So you will know that as teenagers we
are attracted to many things and then we end-up selling our bodies to the adults who can give us money and buy us things. But at the end of the day we are left with HIV infection and the days become reduced and never fulfill our dreams.”

Another reason to drop out by learners:
“If a teacher or educators know that so and so is HIV positive, they start to react in a different manner. The teacher starts to treat a learner like a monster or someone who comes from another planet. That’s why in most schools learners drop out. ... Like maybe if they know that your mother is infected, your friend and other learners treat you. They turn their backs on you and treat you differently from others and you will be isolated. You end up feeling like it’s better to leave school because they don’t understand about HIV/AIDS and the kind of situation you are in.”

Educators have this to say about learners dropping out of school as a result of HIV/AIDS:
“... They don’t have uniforms; they don’t have food or lunch; we try to help, but obviously we can not cope on daily basis. At home the situation is the same. These children come to school at about 9 o’clock, sometimes 10 o’clock; sometimes they don’t come at all. To keep on questioning them is like you are being insensitive. Even though they come to school their minds are not at school.”

Evidence has shown that:
“... At times some of the learners who drop out are very intelligent, but because of poverty they have to drop out and make means to support their younger brothers and sisters.”

4.2.3.1.2 Poor performance

Children who are infected or even affected may suffer from anxiety and depression in anticipation of serious illness and death. Such concerns frequently have an adverse effect on school performance. Infected children; even if they are not aware of their diagnosis, experience factors such as neurological impairment or frequent absences because of illness or medical appointments. This may affect
the learners’ capacity to learn and do well in school. Physical exhaustion is also very common in these learners and may result in poor concentration.

This is evident when learners say:
“Sick learners can’t write exams or even come to school and that affects the performance of the learner. A learner who was performing well, changes drastically; once he knows his status, his performance drops.”

This is confirmed by educators as well:
“... What more when parents are infected. They keep on thinking of their parents, mother or father who is infected. Now, when we are teaching, these children don’t concentrate.”

“Learner concentration is so minimal. Educational objectives are compromised”.

“... When these learners come to class they lack concentration and their performance becomes affected too ...”

4.2.3.2 Stigmatisation

Stigmatisation kills the human spirit long before AIDS sets in. For this reason it is essential to address the stigmatisation of this disease (AM Consultants, 1999:98). Learners experience AIDS stigma by rejection from important others; criticism, threats of the risk they are presenting to others, friends and the negative judgments of their peers. The effect of stigmatisation can be acutely painful for some members, particularly when it involves rejection by loved ones. They bear the stamp and label of AIDS children. Peers and educators exacerbate psychological trauma through stigmatisation of infected and/or affected children/learners.

The stigma surrounding HIV/AIDS in South Africa is really unbearable. While illness and death are the most real facets of a disease of epidemic proportions, Barnett and Whiteside (2002:66) had this to say about stigma:
“Stigmatisation is in itself an important part of the history of any particular epidemic. It is a social process; a feature of social relations reflecting the tension, conflict, silence, subterfuge and hypocrisy found in every human society and culture.”

It is evident from this research that stigma is a serious problem with regards to the disease HIV/AIDS, and it needs serious attention. All participants in this research believe that the way HIV and AIDS was introduced here in South Africa brought stigma, as it was mainly associated with promiscuity.

This is what some educators said:

“Unfortunately, from the onset, HIV/AIDS has been stigmatised ... And unfortunately it is perceived that people get HIV/AIDS because of a promiscuous life they lived. Already an infected person or a child born with it is seen as promiscuous. The stigma starts from the top ... If it starts from above, it will easily cascade to the lowest rank. Stigma and confidentiality are barriers to disclosure, to deal with HIV/AIDS at school and nationwide.”

The evidence from the findings in this study shows that people have used all these labels and many more to identify those who are to be stigmatised. This is what one principal, a member of the school management team (SMT) said:

“There are many names around HIV/AIDS. Nurses go three fingers when they see a person with HIV/AIDS. They say – ‘KOLOI YA ELIJA HA E DUMA JA TSAMAYA!’ (once you are diagnosed HIV positive, you are going to die). Therefore, no poor teacher would like to be associated with such names.”

One frustrated educator responded in this way:

“The fact that HIV/AIDS brings embarrassment and shame, people have learnt the hardest way and as such they don’t want to be associated with such things.”

Further evidence indicates that there is an outcry to the government and the DoE that they should uproot the stigma around HIV/AIDS as educators say this:

“... But we don’t have an approach on how to work with and eradicate stigma.”
The common response to HIV/AIDS is often “AIDSPHOBIA”, a stigmatisation that has profoundly affected the lives of HIV infected and affected children and their families. It is linked to homophobia, prejudice and judgments about sexual promiscuity or drug abuse and fear.

One child had this to say:
“I really think HIV/AIDS affect us emotionally ... Emotionally, ... I think it is peer pressure that affects one the most ... For my friends would like to talk about the death of my mother, but they will be ashamed as she would have died of AIDS. Emotionally, I believe that when talking of something, you become healed ... Now it makes me wonder whether my mother did run around with men who were HIV positive. It makes you ashamed of your mother, not necessarily that your mother died of HIV/AIDS.”

This study shows that family and friends can reject one if they happen to know that he/she is infected. Some learners provided this evidence:
“... Because you find that your family and friends reject you. You find that you don’t have a place to sleep. They don’t want you near them; they reject you because they think they might also be infected. So because you don’t have a place to sleep, then you resort to prostitution or sleeping around.”

Fear of contagion persists despite evidence that AIDS can be acquired only through sexual transmission or exposure to contaminated blood products. Evidence in this study shows that stigma associated with HIV/AIDS causes many children to experience intense shame, guilt and anger resulting in feelings of low self esteem.

Educators confirm that there is stigma surrounding HIV/AIDS, as they say:
“The way HIV/AIDS came and was introduced - it was associated with like STI – that you have been sleeping around. It was treated with privacy and confidentiality. People think you have been sleeping around. From the onset HIV/AIDS has been stigmatised“.
Learners also feel that a stigma exists at school:

“Like you know, learners like to tease one another, nee ...”

It is evident that educators also stigmatise learners. This is how some learner described it:

“If a teacher or educators know that so and so is HIV positive, they start to react in a different manner. The teacher starts to treat a learner like a monster or someone from another planet. That’s why in most schools learners drop out.”

AIDS in itself is a calamity for an individual, a family, and a community. It does not need the human response of aggravating it through stigma, silence and shame.

4.2.3.2.1 Secrecy

This study reveals that when learners are infected or even affected, they drown in secrecy and social isolation.

Too often, many HIV-infected children and their families live in a conspiracy of silence because of the stigma and the shame associated with AIDS, as well as related issues and risk factors (homosexuality, bi-sexuality, drug abuse, prostitution and promiscuity). For many reasons HIV/AIDS is often a well kept secret. Many such families fear that they will be rejected in their own communities if the secret becomes known. One of the consequence of the ‘conspiracy of silence’ is that families may withdraw, become socially isolated and become ‘emotionally cut off’ from their traditional support system. These family members are at a particularly high risk of mental health problems, such as depression, suicide, and for withdrawal from a poor compliance with medical care.

This is evident as learners say:

“I would rather not tell anybody, because if you tell this to one person ... when they see you, they will undermine you and run away, saying we don’t want this HIV-positive person in our group ... Peer pressure will be too much.”
Secrecy is used as a weapon of protection against stigma and discrimination; but these families need support and care. This is what one principal had to say:

“Those children needed support, needed care...”

This study reveals that from the interview discussions:

“HIV/AIDS brings shame and embarrassment and people don’t want to be associated with that.”

“People are quiet; they don’t want to talk about HIV/AIDS.
There is a great silence on the issue of HIV/AIDS.”

“Infected learners isolate themselves, not being free anymore; they don’t seem to be the usual person you know anymore.”

“Infected learners feel lonely and sad and a lot goes on in their minds.”

4.2.3.2.2 Isolation

The main issue regarding secrecy and social isolation shed some light on controversy as learners said:

“Learners are scared to disclose; they think other learners will laugh at them and make it a joke.”

“In some instances one knows about his status and spread it.”

“We do want them to disclose but they must not be close to us.”

“If a friend can disclose yo-yo...! It’s gonna be a different story.”

“If someone can disclose we are going to change because of our fear. The disease has no cure; we don’t want it next to us. We understand about it but we are scared.”

“It’s better to know it the way it is now; to see it on TV, but not here.”
4.2.3.3 Lack of empowerment programmes

The evidence collected from this study reveals that learners need programmes on HIV/AIDS. There was a consensus on this issue and this is what they had to say:

“These programmes must not be like what we get in class for the Vuselela people. They go like ... HIV – H stands for Human, I – stands for Immune and V - stands for Virus. It becomes boring and we loose interest. It must be like what we are doing now in this interview. We don’t want what they are doing, it’s boring. We know that from Grade 7. All that is done in class is boring. It is one song every day. AIDS stands for A ... I ... D ... S ... When those Vuselela people come to class we really get bored.”

It is evident from the data collected that learners need programmes on HIV/AIDS, but not just programmes – they need quality and interactive programmes.

It is the responsibility of the education sector to facilitate the empowerment of both girls and boys at school; to decrease their exposure to high-risk situations and to ensure that education institutions are free from sexual harassment.

These learners must be empowered to internalise age-appropriate information about AIDS and demonstrate what they have learned as opposed to what they presently believe and say:

“People are making excuses that they can’t eat a banana with its skin ... eat a sweet in a paper .... what brought me on earth will take me to heaven.”

Educators had this to say:

“Basically the bottom line here is that there is lack of precaution ... by necessary precaution we mean using condoms or condomise or to abstain.”

Some said:

“Another thing is that the learners are the most vulnerable. For them to understand the issue of AIDS is still a dream. Most of them do not understand that AIDS is there. They might be watching TV and be listening to radios. They don’t take it
seriously. The majority still don’t understand that HIV/AIDS is a reality and is there ... They might understand, but accepting it is a problem.”

From the interviews it seems important to emphasise the fact that learners need empowerment on the issue of HIV and AIDS. Educators put it this way:
“Yes, even though there might be some who are affected but the majority – you look at their lifestyles, you realise that they don’t take their lives seriously; especially the high school learners. What they think is that it is fun going out with their boyfriends and we are not sure what is going on when they are out there.”

“If you check in our classrooms, two – three girls have dropped out because of pregnancy. It tells you one thing – lack of information.”

Learners need empowerment on issues concerning HIV/AIDS as some educators agree in this way:
“Yes, these learners are not going to end up here at school. They have a life after school. So they need to know how to relate to an HIV infected person. They need to know how to accept themselves when they themselves are affected and have all they need to know how to live life positively; positive life with HIV/AIDS.”

Some educators raised their concern in this way:
“Yes, my concern with the Department is that they must introduce a subject that will be dealing with AIDS. Because ... not all learners are aware of this HIV/AIDS ... Maybe it would be important that the Department of Education in their designing of a curriculum to include like Health Education. How they excluded Religious Education is how they should include Health Education. .... Grade 10, 11 and 12, these ones are facing the issue of prostitution, crime, drug abuse etc. They are also affected. The upper grades need something to address these problems.”

4.2.3.3.1 Abstinence

Evidence from the data collected indicates that learners find it very difficult to abstain. They consider abstinence as a myth. This is what learners had to say:
“And if my mother can not do this and that, you have to go and get for your family. If you can afford food, you will tell your children to abstain; but if you can’t, you will send them to go and make money.”

Learners unanimously agreed that it is not easy for them to abstain. “Exactly, we can not abstain.”

Learners also blame their parents on the issue of abstinence. This is what they say:
“The problem is with our parents. If our parents were faithful and honest with us and want us to live long, they would sit down with us and make us understand and emphasise this thing of abstinence. But now our parents are the ones that make us to go and jol, go and have sex and bring money home; more especially with the girls.”

Some learners had this to say:
“Our parents they start asking you at the age of 13, if you have a girlfriend or a boyfriend. They start telling you about sex, the importance of having sex. They don’t tell you about the danger of having sex. Parents don’t tell you about abstinence. They tell you about sex and what it will do to you. If they, as our parents can tell us to abstain, we will start taking this abstinence thing serious and do the way they want us to do.”

Blame must also be apportioned to the media, especially the television. This is what learners had to say:
“But now we are the younger generation, we eat all these things and watch TV then these feelings become very strong, that is why we can not abstain. I mean we can’t abstain.”

Educators also had this to say on abstinence:
“Looking at their age, I think it’s our duty as educators to encourage them to abstain. To do away with sex until maybe they reach a certain age of maturity.”
Government was also implicated with regards to the abstinence issue:
“Government must do something. We tell children; our learners to abstain. It is very difficult for them to abstain because of the type of food they are eating ... The type of food they eat make them to be sexually active before they would be active at 16 years, but now at 9 years they are sexually active because of the food they eat (processed food, like cheese and others).”

4.2.3.3.2 Teenage pregnancy

Teenage pregnancy has been a longstanding problem facing schools in South Africa. It is a nightmare within the education sector. However, one would imagine that with the impact of HIV/AIDS it would be an impossible factor (Gow & Desmond, 2002:89).

The association between poverty and prostitution is well established. A more recent trend is that women/girls place themselves at risk of contracting HIV as a way to obtain grants.

The evidence from this study shows that there is a major problem of teenage pregnancy in every school in which the research was conducted. This was acknowledged by the educators as they say:
“Ja, learners are parents and they are making babies that are infected.”

“I think they are not using condoms, because if you look at the teenage pregnancy rate, ja, without saying a lot, it goes without saying that condoms are not used.”

“They are sexually active because you see them pregnant at an early age. Some of them even come here at school already having babies. We can see that they are sexually active through this teenage pregnancy and being mothers at an early age.”

Learners themselves say this about teenage pregnancy:
“Look at the pregnancy rate here at school. Look at the illegal abortion with stuff like Vim etc. It shows that we are not condomising or even abstaining.”
“People get pregnant in order to get the grant. So along the way HIV/AIDS is not being taken care of.”

“... A lot of pregnancies, abortions and abortions ... We all need the grant ... People become pregnant, get children in order to get those grants and HIV/AIDS grant. The government meant good and implemented this to help people, but people are making a disadvantage of that and abuse it. But the government meant to help people. But now people are unemployed, so poor that they need that grant so HIV/AIDS gives them that grant or having a baby.”

In this following table a summary is given of the categories that were identified from the data on the question asking about the perceptions of the learners on the influence of HIV/AIDS in the school. This table still contains the rough data as it was presented in the paragraphs above.

See Table 4.1 on page 109.
TABLE 4.1: SUMMARY OF THE PERCEPTIONS OF LEARNERS ON PROBLEMS EXPERIENCED DUE TO THE INFLUENCE OF HIV/AIDS

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<thead>
<tr>
<th>RESPONDENTS</th>
<th>MAIN THEMES/CLUSTERS</th>
<th>CATEGORIES</th>
<th>SUB-CATEGORIES</th>
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<td>LEARNERS</td>
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4.3 FINDINGS ON THE PERCEPTIONS OF EDUCATORS

HIV/AIDS is ravaging the educators. There are many educators who are infected and in urgent need of anti-retroviral treatment to fight HIV/AIDS. As more educators fall ill, this adversely affects the quality of education that learners will receive. The findings of the research concerning the perceptions of educators and the influence of the epidemic on educators will now be reported on. The findings are clustered into three categories in order to classify and clarify the mass of data that was gathered, namely perceptions of the influence on their personal lives, on their work-related performance and lastly on school-related matters, such as curriculum delivery and Life Orientation.
4.3.1 Personal problems

The following categories deal with the perceptions of educators on the influence that HIV/AIDS has on their personal lives, and how it affects them in their teaching in the school.

4.3.1.1 Stress

HIV/AIDS is causing enormous stress to the educators, school managers which include the management teams.

This comment emerged repeatedly:

“This HIV/AIDS is stressing us as managers and there is no leave or paid leave for stress. The government also says you are a manager, so, manage the situation around you.”

“As the situation is right now, both the educator and the learners are affected. If the parent is infected, the learner or the child is affected. So is the teacher because the child will come to you every morning, crying. So you have to give care and support to the child and in some instances you also have emotions. You feel sorry for the child. When you get home, you still think of the child. It means then that both the teacher and the learner are affected by this virus.”

“Yes the department is doing something. They don’t recognise teacher’s problems. If you have something that is stressful, they don’t recognise stress as a problem. So, even if the teacher submits leave forms, wherein is written “stress”, they don’t recognise it. Yes, the department is doing something. They don’t recognise stress.”

4.3.1.2 Morbidity and mortality

This study has revealed the fact that many of our educators are infected by HIV, some are ill, and that many are exiting the education sector as a result of
HIV/AIDS. Most die because of this epidemic. This was evident in most of the focus group interviews conducted in this research study.

One educator had this to say:
“... You count yourself no more as part of the world. It affects you psychologically. You don't even enjoy anything. Today you are sick, tomorrow you are different. That psychologically punishes you. You can come to school but you won't be effective, and when things are not going right, don't you think the students will see that? It really affects them and therefore one might turn to isolate himself.”

It is also evident that educators are dying of HIV/AIDS as one educator confirms: “More and more educators are leaving the system because of HIV/AIDS. So you will see that eh ... though learners are infected as well, but the rest are educators. The school will remain with learners only and the educators will be out of the system.”

Some statements were really frightening with regards to the issue of mortality; some educators emphasised the fact that: “HIV/AIDS is ravaging the educators. With the statistics of teacher mortality in ten years to come there will be no educators left...”

4.3.1.3 Secrecy, stigma and myths surrounding HIV/AIDS

The work place is the last domain in their lives where the secret is ultimately revealed. The work place is the one domain where the educators feel the most vulnerable. Why the need for secrecy? Educators fear for their jobs. Their jobs are the only source of income. Despite the laws protecting employment rights, educators are still anxious about revealing their HIV-status. It might mean risking their jobs. Even more than that, their jobs are also very much connected with their sense of personal identity; their search for meaning and usefulness as productive members of the community. They are afraid of the reactions of other members of the school community to their disclosure. They fear the judgments, the hostility and the rejection. They also fear of becoming the focus of attention and the target of gossip. Gossip can trivialise, distance and demean in a way that denies full meaning and depth to human beings. They worry about the loss of private lives,
becoming the target of controversy, becoming the centre of attention. They worry about discrimination and rejection by others.

From the data collected, this is what educators had to say about secrecy:

“How are you going to tell them (learners) that one will be very difficult as you the teacher tell them (the learners) not to sleep around. It will be difficult; they will never listen to you. How will you teach them when you have HIV/AIDS, if something becomes a problem; they will never listen to you. They will ask you how to get AIDS and you can’t tell them to stop sleeping around.”

“HIV/AIDS on an educator has a tremendous impact. You feel neglected as people associate HIV/AIDS with sleeping around ... Once they see you, they will change towards you and neglect you. The love that you used to get you will never get anymore. Everything changes.”

“... The person himself decides to isolate himself from others after knowing his status.”

“There is more to HIV/AIDS than to any other disease. What you think rationally is different from reality.”

“People think you have been sleeping around and reject you.”

“Maybe after some time people will start understanding because the first impression will be hey! that man was sleeping around if you tell them.”

“For the learner will not understand a teacher who is HIV positive or has AIDS. They will destroy you. They will give you names etc. It will destroy your teaching profession.”

“Children will be disappointed and give you names ...”

Some educators emphasise that:

“People who are infected, who are HIV positive are being isolated by the community. Even at school they are isolated. Even the educators will be isolated.”
“As educators we feel the department should bring us counselors in school to deal with HIV/AIDS instead of educators. This will also remove this thing of discrimination because some of us are afraid to disclose because we are afraid of being discriminated against. ... And then if an educator is infected the parents will turn to blame the teacher that the teacher is not responsible enough. And then they will think and feel that the educator's not good and how can she be infected; whereas she teaches our learners. It’s like she’s not spreading a good message.

“... One of our colleagues was HIV positive and she was very sick ... So she would give other colleagues some food and they would go and throw the food away saying – ‘Rona are batli go ja AIDS.’ It was so painful when she became aware that she gave people food and they never ate it. And that even her best friends.

" Stigma is an undesirable attribute that an individual possesses causing a person’s social status to be reduced. Stigma experienced by a person, includes an imagined fear of attitudes in the society as well as the possible discrimination caused by this suspicion of the disease (Brown, Trujillo & Macintyre, 2001:15).

One educator had this to say:
“People will attach stigma, and that stigma nee, has a whole lot of chain reactions. Maybe I’m a very strong somebody, tomorrow I break and people will start to observe and say here is this and that and that ... They will talk, especially because AIDS shows symptoms and people will definitely conclude. Even in the neighbourhood they will talk and label you and that is stigma.”

Another educator said:
“Maybe if I’m looking for you in the community, they will say he stays next to that teacher who has AIDS ... It destroys everything. It’s like someone who is mad.”

4.3.2 Work-related problems

These categories deal with the problems that educators experience according to their perceptions of the influence of HIV/AIDS in the workplace.
4.3.2.1 Absenteeism

The evidence from this research has shown that the influence of HIV/AIDS has seriously showed itself through absenteeism at schools. Some educators registered their frustrations in this way:

“The influence is there, for you find that one educator is infected and always absent; so you will find that another teacher must take care of more than one class, which is very difficult and we can not cope and we are overloaded.“

Another educator quickly interrupted:

“Because sometimes I must go for my check-ups, I must go for my counselling. Sometimes it’s just a bad day for me and I don’t feel like waking up. So what about the poor learners? I will just be absent.”

Absenteeism affects the smooth running of schools. Teaching and learning is no longer effective. This is evident from this statement:

“The learner will also suffer as this teacher won’t be going to class; which means teaching and learning is no longer effective.”

Principals also indicated their concern of absenteeism through interviews conducted with the School Management Teams (SMTs).

4.3.2.2 Knowledge

Analysis of the empirical data indicated that all participants know something about the HIV/AIDS epidemic. They know how it is transmitted, how it could be prevented and that there is no cure for HIV/AIDS. They also acknowledge that it affects the educational sector and the entire country. The following example confirms the above:

“Yes we know about how HIV/AIDS affects one, but further than that we are incapacitated. The space of the teacher will be very limited, so that as a teacher who doesn’t know much, except that there is no cure for HIV/AIDS, you are limited on what to say. Then again, as a teacher you have to be cautious in class. You must draw a line on what to say and to whom. So that you don’t leave out children
who are directly infected and affected. One needs to be very careful and that limits the teacher’s space.”

However, educators in this study indicated that they do not know how to deal with the issue of HIV/AIDS in the workplace. That is both in the classroom with learners and within themselves as colleagues. This is what they said:

“And the other thing is that we don’t even know how to deal with this HIV/AIDS thing. That is why we have a problem. Like if you find a learner or colleague who is infected. You don’t know how to help. Like you don’t know what to do and how to support that person … We don’t know how to capacitate learners as well as colleagues who are infected on how to cope with this disease … and we are not yet capacitated in terms of coping to live with those learners who are infected and affected.”

One teacher, who was extremely emotional on the issue of them not being educated on how to deal with HIV/AIDS in the classroom, and at school generally, had this to say:

“I think the educators should be the first people to be informed, to be knowledgeable in HIV/AIDS because we are directly involved with these learners.”

4.3.2.2.1 HIV/AIDS and culture

This research study has shown that culture is a barrier towards educators talking about HIV/AIDS in the classroom and in school in general. This is what some educators had to say:

“Even when they talk about Life Orientation they don’t get deep into HIV/AIDS information as to how do we get HIV/AIDS, because you know in our culture it’s difficult to talk to our children about certain things. Some of our educators still feel, I can’t say this to the children for example, if you have to code-switch and say sex in our language it will be difficult, it is not in our morals and values to discuss such issues.”
4.3.2.2 HIV/AIDS and gender

This study has revealed that HIV and AIDS also influence gender issues. This is what some educators had to say on HIV/AIDS and gender:

“In some instances, us, the male species, I don’t think we are more comfortable in dealing with HIV/AIDS, like the female species. Usually, if a learner comes and talk to me about his/her status, we usually refer them to the lady educator. I don’t know, maybe it’s because you ladies have got sympathy or what. If all educators could be empowered, we would be ready to dare such challenges.”

4.3.2.2.3 HIV/AIDS and commitment

It would appear that the HIV/AIDS curriculum programme is not taught in many schools. The study was conducted in secondary schools, and it was found that Biology (Life Sciences) is one of the subjects that cover the HIV/AIDS topic. It is possible that a number of students do not even take this subject. Some educators actually skip the HIV-related topics and ask students to read on their own, because they feel profoundly uncomfortable and unprepared to teach this subject.

From the evidence gathered in this study learners said:

“We think educators are afraid”.

Other learners had this to say:

“There are educators who can’t speak or teach us about these things. They feel it is an embarrassment talking to us about HIV/AIDS and sex. We should have quality educators who are trained to teach us LO.”

“Ja, we are actually writing class work during LO rather than having any explanation or teaching. We need information and practicals!”

4.3.2.3 Skills

Educators of children with HIV/AIDS, as well as educators who have the responsibility of teaching HIV/AIDS information and prevention curricula, require considerable education and training to deal with the emotionally charged issues
created by the AIDS crisis. The lack of skill on how to teach HIV/AIDS in the classroom emerged in all the interviews conducted in this study as a matter of concern and urgency. Evidence indicates that educators are frustrated by this situation. One educator had this to say:

“We are faced with a situation where those learners are under our care. Some of the children are affected as they come from different backgrounds, where some lost parents, brothers and relatives. Some are languishing under this illness. It becomes difficult to reach out to such learners, someone with such pain. Learners’ concentration is so minimal. Educational objectives are compromised. Even the educators’ performance is compromised and affected. We lack human resources when it comes to such issues. We are so helpless. We become incapacitated in such issues. We become very frustrated as educators. We have strings attached to these learners as we become a family at school.”

It is evident from this research study that educators demand training on issues of HIV/AIDS. Another educator said:

“... Educators must be trained and be given certificates, but not certificates of attendance. They need a diploma or certificate in HIV/AIDS so that the people who teach the learning area must know exactly what they are doing. Unlike right now where we survive with whatever material we come to and the approach is not uniform and up to scratch.”

Educators feel:

“If all educators could be trained to be counselors it would be easy ... because teaching doesn’t end at school.”

This research has shown that there is anger and frustration among the educators, and at the same time, it has given them a platform to air their views. This is the evidence:

“We are saying the government or the Department of Education is exposing us. We are doing it on our own without government support. So we are saying the government must come forward and train us ... Actually what we are saying is that every teacher must be trained, must be workshopped, must be informed in order to give more emphasis to HIV/AIDS.”
It is evident that educators generally feel helpless as they say:

“Because we are not yet capacitated in terms of coping ... we don’t know what to do. What we can do is perhaps to call these learners, ask what could be the problem. Even though they tell us, there is very little we can do as we don’t have the skills to deal with that ...”

4.3.2.4 Attitudes

Attitude often manifests itself through the prejudice that a person has. These attitudes are influenced by one’s culture, background, religion and experiences (St Francis Care Centre HIV/AIDS Councilors Manual, 2002:12).

The attitudes that were most frequently mentioned in the interviews are discussed in the following paragraphs. Not all these attitudes portray bias or prejudice, but nevertheless they are most important in the perceptions of the educators as far as the influence of HIV/AIDS is concerned.

It is evident from the data collected that HIV/AIDS influence the educator’s attitude. Educators had this to say on the issue of attitude:

“We are afraid to talk about HIV/AIDS in class because you don’t know who is affected or infected, and they can twist your words, as if, like you mean or you are referring to them because they are HIV-positive and have AIDS. That’s why we say in class it is difficult for us. We don’t know how to handle this situation.”

Evidence has shown that educators have adopted a silent attitude on matters around HIV/AIDS at school. They feel that the attitude they have is: “Because we are not yet capacitated in terms of coping to live with those learners who are infected and affected, maybe even myself as an educator still needs to be capacitated.”

Some educators argued that the issue of attitude is grounded on their mindset and this is evident when they say:

“I think it’s more than that. The issue of mindset is also a problem. People are not open and disclosing. I think even in our classrooms we still have a problem of
talking about HIV/AIDS. Another thing on the tasks and assignments also, they must be communicated to our seniors. Unfortunately, the senior person doesn’t approve of some assignments and that shows you that the issue of mindset, our own mindset has not changed.”

One principal, a member of the SMT summarised the issue of attitude in this way: “I think like it was mentioned that we need to change the mindset. If we change our attitude as educators, these children will be free to come and discuss their problems and status with us. So there is a big gap between the learners and the educators because of the attitude. Now the attitude becomes the roadblock towards communication.”

The evidence from this study has shown that not only are educators silent on the issue of HIV/AIDS in class or when they are with learners, but also when they are alone as educators. This is evident from this statement: “But when coming to educators, less or very little is done ... We don’t want to talk about it, we don’t even want to hear anybody talking about HIV/AIDS.”

One principal, who is a member of the SMT, confirmed that by saying: “We don’t talk about HIV/AIDS. Why don’t we talk about HIV/AIDS? I would like us to reach a stage where we sit and talk about HIV/AIDS - in staff development meetings also talk about HIV/AIDS - and it must start from above.”

Through attitude you express your feelings and your moral principles (Chambers Concise Dictionary, 1985:60).

4.3.2.4.1 HIV/AIDS and labeling

It is a well-known fact that learners give educators nicknames. Once you are in the teaching profession, you can be sure of one. Either because of your looks, what you do, how you do things or even if there is nothing wrong with what you are, or what you do, you still earn one. That is still acceptable; however, the problem is when a teacher is labeled as a result of teaching HIV/AIDS as a subject. Some educators feel HIV/AIDS should be a learning area on its own:
“If HIV/AIDS could be made learning area on its own, because it covers most aspects of the child’s growth, it would make things easier. If a child has to learn about HIV/AIDS, it should start from the Foundation Phase whereby a child should be taught about their body.”

But some educators are afraid and indicated that:
“Although there would be a problem when a teacher comes to teach about HIV, the people and learners would say THICERE OA AIDS or SU meaning: Here comes an AIDS teacher. Some spend their money on alcohol to remove stress. Some are now alcoholics.”

4.3.2.4.2 Teacher motivation and morale

The influence of HIV/AIDS has stolen some teacher motivation and morale. The evidence from this research has shown that educators experience multiple problems because of HIV/AIDS. This is what some educators had to say:
“Okay, I think as an educator in person, you will be demoralised, stressed, disappointed. You will not pay full attention in your work. Maybe it may affect your whole life.”

“Well eh ... the morale will be lowered since everybody will be worried saying my friend or my kid etc. will pass away from this disease.”

Evidence has also shown that not only educators experience problems but also principals as school managers. One principal had this to say:
“This HIV/AIDS is stressing us as managers, and there is no leave or paid leave for stress. The government also say – ‘you are an area manager; manage the situation around you.’ Let them come closer to home; they will know what they are talking about. They are also fond of saying – “don’t look at the government for answers (from us); deal with the situation around you and come up with an answer.’ It’s easy to say when you are up there. It’s easier said than done.”
Another teacher almost shed tears as she said:
“*When parents are infected or ill or a parent dies, it impacts on the learner very badly. This whole thing comes to school because the learners don’t concentrate at school and it becomes a problem as educators cannot cope with such learners/children ... We all cannot cope with this illness.*”

Educators are demotivated and their morale is low - as some educators say:
“*... Most educators around South Africa don’t know their status in regard to HIV/AIDS. We are not always going to blame the government but when the disease came, it already had a stigma. When you go for a loan at the bank if you are HIV-positive you wouldn’t get it. So many educators are afraid to disclose their status because many doors are being closed. Educators fell ill into that category. Even if they go for testing they don’t disclose because of that.*”

4.3.2.5 Job performance

Job performance is the key factor in maintaining the quality of education. It is evident from this research that job performance is compromised as a result of the infected and affected HIV/AIDS educators. Another educator remarked:
“I suppose you won’t give 100% effort to your work – the teaching profession ... It has a negative, psychological, emotional effect as it will interrupt your performance. Learners will be shortchanged and you as a teacher will become frustrated. You will hold on to the profession as you are there, but as far as delivery is concerned, you won’t produce quality education. You won’t do what is expected of you.”

Educators also indicated that it is not only because they are infected and affected that performance decreases, but also infected learners and affected learners contribute to the decrease of their performance. This is what they have to say:
“*Mm ... first of all you as an educator, to do your job very well you must look at a child who is happy and eh ... you find that a child does not have parents or they are bedridden of the disease. When the child comes to school he is affected in every way and because of that your job as an educator is made very difficult. You try to help the child and because the child has all these problems you cannot get to the child ... They keep on thinking of their parents, mother or father who is infected.*
Now, when we are teaching, these children don’t concentrate. Whatever you are teaching, you don’t reach them. Definitely it influences everything.”

Because of what have been said another educator concluded by saying:
“Your performance as a teacher will be in question and the performance of the learners will drop. This will not affect us as educators only. The head of the department and the principal will come down to assist. Meanwhile we all have limited skills and knowledge to deal with such learners.”

Evidence in this study has shown that:
“...When you have the disease, when an attack comes, you will go to hospital. One teacher must do your job and psychologically it affects the children. In the workplace it takes companies and time and lots of money to train and put a teacher to a certain level. The institution is losing experienced educators. Experience breeds results. Now, with this illness and lack of experience, the performance will drop and it takes time for learners to get used to that teacher because they are used to the other teacher. When educators are at a certain level, they become an asset to the institution. When something of that nature happens, the institution is losing. When performance drops they will get new educators and when we talk of the influence of these are some of our experiences.”

4.3.3 School-related problems

The following categories discuss the perceptions of the educators on the influence of HIV/AIDS in the school.

4.3.3.1 Curriculum delivery

According to UNESCO (2003:54) societies that encounter problems tend to look at schools to provide some kind of remedy. To expect schools to address a problem such as HIV/AIDS means in effect expecting educators to address a problem, largely through the curriculum. The cornerstone of any HIV/AIDS programme is education. Attitudes and values can be shaped through a curriculum – a most powerful tool - specifically designed to look at HIV/AIDS within a class situation.
WHO & UNESCO, 1994:3). All activities in the classroom should in some way or the other include HIV/AIDS, as well as the formal curriculum.

There are major problems with how the HIV/AIDS curriculum is being delivered. Most of these relate directly to the commitment and competence of educators, to teach sensitive and difficult topics.

Learners had this to say as far as curriculum delivery is concerned:
“…There are things that the school must do; it is to teach us. We come to school and learn and learn. But when it comes to sex and HIV/AIDS, things that we want to learn and know most, they don’t teach us ...”

Both learners and educators who participated in this research study believe that this type of education has not been effective. They were also supported by the school management teams and some departmental officials.

4.3.3.1.1 Life Orientation

Life Orientation (LO) is a crucial learning area in the new Outcomes-Based Education (OBE) system. This learning area, within the school curriculum, looks at the development of the child as a holistic being. All documentation from the National Department of Education (NDOE) since 1995, defines it as a fundamental learning area, as it empowers the learner to live a meaningful life, in a society that demands rapid transformation (NDOE, Senior Phase Policy Document, 1997:101). This learning area was designed to specifically look at the social, emotional, physical, psychological and affective unfolding of the learner as a whole person as they progress towards adulthood.

Life Orientation is a crucial learning area in the new OBE curriculum. It is provided for by the time table of every school, and has qualified educators teaching it. But it is evident from the data collected that Life Orientation is not offered effectively as a learning area within the curriculum at present. This is what educators have to say about Life Orientation:
“It is not working, for the mere fact that we are giving out condoms. Life Orientation then is not working, Life Orientation is failing.”

Another educator pointed out the reason why Life Orientation was not successful at school:

“It is not working because even their parents are HIV positive or have AIDS. This thing comes from the top down. The parents we can not control; then for the children, we are failing.”

One school management team member had this to summarise when speaking about Life Orientation:

“This L.O was Guidance and was never taken seriously in our black schools. And the L.O as a subject is still handled by educators who would either volunteer to take it or some principals, because they don't have classes, opt to take L.O. And still it won't be adequately attended to because the principal may not always be in the classroom. L.O is a learning area that we never specialised in, such that the presentation of it is not adequate. It is not given enough focus. From the perception of educators and learners and people in general, L.O is a learning area that is not important. You can go to class without preparing and everybody can teach it. And that is exactly the problem; it is not everybody who can teach L.O. It needs a person who has passion for it, a person who will go into it and do it justice. There is a need for restructuring in L.O.”

Learners had this to say:

“Basically what we are doing is activities rather than speaking. What I thought about L.O was that we are going to talk about reality, but what we are doing is this activity, I want it on Monday – it’s kind of boring. I have to write instead of talk. It’s not for us to tell the educators what to teach us but hey ... ... We feel we are not getting anywhere with this L.O.”

4.3.3.1.2 Life Skills

According to Van der Merwe (1999:72), Life Skills are a large range of coping abilities people need, to be able to function effectively in their daily lives.
“Life Skills is a programme within the learning area Life Orientation. Its goal is to equip students with key competences in problem solving, decision-making, stress and anxiety management, conflict resolution, interpersonal relationships, planning and entrepreneurship, self-esteem and assertiveness as well as HIV and AIDS prevention.”

This was said by a departmental official in one of the interviews conducted in this study. In the secondary school Life Skills is offered in Grades 8 and 9. Grades 10, 11 and 12 have Guidance as a subject.

One principal had this to say:
“No, it’s not sufficient. We don’t have enough time. We don’t want to lie, especially because it is not integrated in their learning areas/subjects. I don’t want to lie; we don’t have enough time to talk about this. Maybe come next year. We can start talking about HIV/AIDS. But for now we don’t have time.”

4.3.3.2 Students’ interests

Unless students perceive HIV/AIDS as being an important issue, it is unlikely that they will take school-based education seriously, no matter how well designed and delivered the curriculum might be. From the evidence gathered, learners still don’t take HIV/AIDS very seriously. They still think AIDS is a myth, a love story, irrespective of what is happening in front of them.

This is how they comment on some issues related to HIV/AIDS:
“Educators approach us in a childish way. I think when they receive information from the books or workshops they don’t come and report it seriously to us. I think when educators go to these workshops they learn for themselves not to come and deliver or teach us because there is nothing that they bring back to us. When they come to class to teach about HIV/AIDS their approach ... She teaches us like young children. She doesn’t teach us like in the level where you can feel that if I do this, this is what will happen to me with regard to HIV/AIDS or when I have sex.”
Due to the lack of interest in what educators do in class, learners retain their beliefs concerning sex and AIDS:

“Nkas se je banana le letlakala la gona. (I can’t eat a banana in its skin)
Nka se je leswitsi le pampiri ya gona. (I cannot eat a sweet wrapped)
Se ntlisitseng lefaseng se tla nkisa legodimong. (What brought you on earth must take me to heaven)”

4.3.3.2.1 Guidance and counselling

Schools at which the research was conducted are also supposed to offer Guidance and Counselling as subjects in Grade 10, 11 and 12 as they are secondary schools. The main goal of Guidance and Counselling as a subject then was to prepare learners for the national examination, as well as to make appropriate career choices for higher education. In response to growing social and psychological problems among secondary school learners, it was extended to provide personal counselling through psychological services. Through Guidance one would have thought HIV/AIDS could be taught in these grades. However, educators use the Guidance period to complete their syllabi in order to produce good matriculation results. This was confirmed by the educators and their SMT when they said:

“During Guidance, because we have so much to do, we don’t teach this Life Orientation. In other words it’s not an examination subject. We teach and complete our syllabi.”

Learners had this to say on the issue of Guidance:

“We need time where they can teach us about HIV/AIDS instead of using Guidance periods to complete the syllabus and teach other stuff.”

One principal had this to say on the issue of Guidance:

“It is true that most educators didn’t specialise in Guidance ... Those who did Guidance like myself, I’m quite prepared to face such things because you talk to children about their problems ... When I came here I went to classes to talk to the learners about HIV/AIDS. A week after, two learners came to me ... they told me that they were HIV-positive. It means if educators were given the confidence and
opportunity of handling this subject without fear. If we can have a programme where our educators can be empowered, I don’t think there could be a problem.”

4.3.3.3 Resources (educators, materials, finances)

It is evident from the data gathered in this study, that both educators and learners confirmed that educators are not very helpful when it comes to handling issues concerned with HIV/AIDS. Educators themselves feel strongly that they have not been adequately trained and prepared to teach about issues of sexuality or AIDS education.

4.3.3.3.1 Educators as sources of information

On this issue, educators had this to say:

“These learners have more information than us. When they talk, they do talk. They know everything about HIV/AIDS.”

Learners had this to say:

“The approach in HIV/AIDS is not good. We want the people from the Department of Health to come to our school/classes, in order to give us more information. Because we are being taught one thing everyday – abstain, condomise and don’t sleep with many partners. We are now sick and tired of that, we want to have more and more information and we think there is more and more information out there.”

Learners indicated that they were informed about HIV/AIDS from Takalani Sesami, a TV-programme, unfortunately the majority of learners don’t have electricity at home anymore. Some indicated this about the booklets they were being handed by the school or the clinics:

“Booklets – we throw them away. We hear about HIV/AIDS everyday on the radio and TV.”

From both educators’ and learners’ point of view it is clear that the integration of AIDS in the curriculum has not been successfully implemented. They both feel that
HIV/AIDS should be introduced as a subject on its own, and that training should be intensified:

“HIV/AIDS could be made a learning area on its own, because it covers most aspects of the child’s growth. If a child has to learn about HIV/AIDS it should start from Foundation Phase where a child should be taught about her body and the effects of that. So it starts from bottom to top. So I think it should be treated as a subject on its own.”

4.3.3.3.2 Resource materials

From the research study conducted it is also evident from both educators and learners that most schools lack support material. It is also clear that most of the schools do not have access to resource centres where they can consult on materials for HIV/AIDS.

Some educators indicated:

“I suggest that the Department of Education must pump in money to the schools. We must have a budget. Schools must employ psychologists and HIV/AIDS educators. AIDS must be taken as a subject.”

“... the department can pay a lot of money for this L.O so that schools should be equipped ... The department is doing nothing except to give us booklets and condoms.”

“Life Orientation – orientation to life, so they must say we resource it as it orientates our learners to life.”

“The books – they are not right because we don’t even have workshops or whatever how do we understand these books?”

4.3.3.3.3 Financial resources

Other educators from other schools had this to say:

“The Department of Education must also supply us with resources.”
“I would like those people who know better to come in our school and teach us so that when I go to class I’m confident. Not just to be given books with no training, nothing.”

In conclusion, this research on the perceptions of educators on the influence of HIV/AIDS reveals that; related content in all subjects will ensure that the knowledge of the class and the school be brought in line with the knowledge outside the school. This will also ensure that there are no discrepancies in the information children receive, as these discrepancies may lead to major conflict and mistrust. The knowledge and skills acquired through such a curriculum must be adequately detailed to enable youngsters to have the facts at their disposal when faced with challenging situations.

In the following table (see Table 4.2) a summary of the perceptions of educators on the influence of HIV/AIDS on the curriculum is given, illustrating the crucial importance of the learning area of Life Orientation in the endeavour of curbing the spread of the epidemic in the schools.
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### 4.4 FINDINGS OF THE PERCEPTIONS OF DISTRICT OFFICIALS

The findings of the research on the perceptions of the influence of the epidemic on the education sector, in this case, the District Officials of the Department of Education, will now be reported. The main categories that were identified are the following: *The role of the Government* and *Politics* do feature when people’s perceptions are discussed, but as far as the learners in the system are concerned, the officials of the education sector identified the *Declining of enrollment* as main
category. The data yields two sub-categories (in italics) namely the enormous drop-out number of learners and the fact that many of these learners became orphans as a result of parents falling ill and dying of AIDS. At the same time as far as the educators in the system, the data revealed a declining number of educators, which affects the educator-learner ratio. In response to these occurrences the Department of Education started to introduce the following intervention strategies: in-service training and workshops, and stepped up the appropriation of resources. Lastly, the introduction of Employee Assistant Programmes (EAPs) for the educators and somewhat controversially, the provision of condoms in schools form the last sub-categories of the findings as it came to the fore through the data that was gathered in the interviews.

4.4.1 Politics and the role of Government

The wealth of any government is its people. It is therefore the responsibility of any government to take care of its people and their welfare. Evidence in this research revealed the dissatisfaction of the participants on the role the government was playing when handling the issue of HIV/AIDS.

Participants in this study felt that the whole issue of HIV/AIDS was being practiced and that politicians were talking about HIV/AIDS for political gains. This is what was said during the interview:

“HIV/AIDS has become a political issue. It has become a political battle, not a battle to save lives.”

Another educator had this to say:

“I also feel that government is not doing enough. There must be increased research on drugs related to HIV/AIDS. They must give people anti-retroviral medicine. We are loosing volumes of manpower with the conflict and deliberations, we loose people to AIDS. There should be increased research. Education alone has not worked because it is difficult to change the attitudes and behaviour. Attitude is very difficult to change. They must prevent the loss of lives. Prevention in terms of education only is not enough. Food must also be provided to people affected because poverty increases the spread of HIV/AIDS. They must
also stop the confusion by throwing the HIV/AIDS to the media. The President says this, the politicians says that. This brings confusion to the nation instead of talking one language. Hence HIV/AIDS is out of control. More energy is wasted on deliberations that cause confusion.”

Participants feel that:
“I should think that, eh ... this problem of HIV is a national problem and, eh ... one will be amazed that when Patricia de Lille challenged people in Parliament to disclose their status; most of them refused and yet they expect people to disclose their status. So they should be an example so that it should be top to bottom ...

One educator stated:
“Even in political structures, go there, teach people about HIV/AIDS, then we can perhaps reduce the spread of AIDS.”

It is the role of any government to put legislation in place. The South African government put in place the legislation around the issues of HIV/AIDS (the National HIV/AIDS Policy). This includes the right to confidentiality and the right to privacy. This has of course been prompted by the consequences of disclosure of HIV status which are uniquely injurious. They include the possibility of social stigma, discrimination and isolation as well as loss of job, housing, insurance and in some instances, the right to attend school among other things. The underlying principle of confidentiality is the right to privacy, based on both legal and ethical considerations.

Participants in this study acknowledge efforts of government putting in place the legislation around HIV/AIDS. However, confidentiality regarding the HIV status of an individual has been met with controversy in this research study. Participants, especially educators and school managers, came up with a very interesting perspective on the influence of the confidentiality legislation on people with HIV/AIDS. Of course they are clearly grateful for legislation designed to protect the privacy of people afflicted with this disease. Yet, they also blame this kind of legislation for creating an environment in society where such secretiveness is supported and encouraged. Although the law protects the confidentiality of people
with AIDS, it simultaneously encourages them to keep quiet about their status, even when they might want to reveal it. All that those kinds of legislation show is that it's safer to just keep quiet. In fact by protecting your right to confidentiality the new legislation actually encourages people with HIV/AIDS to keep quiet. In other words the law is saying that you have a right to keep your HIV status to yourself. Whatever you do, please do not burden the rest of South Africa with your secret. The law, in effort to protect people with HIV, has also pushed them further into hiding, forcing them to become liars and prisoners of their own terrible secret.

This is evident when one principal, a member of the school management team, and some educators said:

“National government should emphasise disclosure. People are quiet about HIV/AIDS. They don’t want to disclose. Today most of the professions have been affected. Look at the defense force; they know about HIV and AIDS. They are work shopped and have gone through numerous training sessions on HIV/AIDS. But 50% to 60% are infected, sick, but they do not disclose.”

Another principal also said:

“But if we came out, government will use us as guinea pigs. Saying school A did this and that. Our disclosure will make us vulnerable. We don’t want to be used as guinea pigs. If they are failing as a government, they must not come and use us as guinea pigs.”

Another educator fumingly said this:

“... And this thing of the government saying there is no need for me to disclose is another way of making and discouraging people to disclose.”

Another educator also had this to say:

“... Because if government didn’t say that it is good to disclose, it may be tricky. Government and doctors play a role in influencing the ideology of the community that HIV/AIDS is very bad.”

One learner said:

“... So I think the government must try and work hard to bring proper knowledge to the people ...”
It is very clear from this research that participants want the government to put more effort on issues of HIV/AIDS and to play a role in eradicating the stigma and ‘forced’ confidentiality surrounding HIV/AIDS. “Stigma and confidentiality are barriers to disclosure.”

Further evidence from this research shows that both learners and educators feel that the government and the Department of Education are promoting sex at school through the distribution of condoms.

This is what some educators had to say:

“Another thing is that the community should be capacitated. Even if the people are not diagnosed, they must take this thing of HIV/AIDS very seriously. And that will come from the workshops, from the training of the community; they must be prepared to go and test for HIV/AIDS.”

“Yes, of course, communities need training, more information, more of saying, HIV is like any other disease – if you are diagnosed being positive then you must do this and that. This is awareness, all those things.”

“I think it is the responsibility of the government through all structures to let everyone know, to workshop everyone about AIDS; not us knowing only that AIDS is a killer disease. Just to know all about AIDS ...”

4.4.2 Declining of enrollment of learners

Declining enrollment in schools is already a challenge. There is a gross lack of hard data of infection rates for the high schools or school going age population. This furthermore makes it hard and difficult to identify how far the decline has been accelerated by HIV/AIDS.

In one focus group discussion with District Officials of the Department of Education, it was noted that:

“... First of all enrollment, you know, due to learners who are orphans, then enrollment of schools, go down because the poor learners have no parents, and they are without money for their education. They cannot further their education ...”
4.4.2.1 Drop-outs

A lot of learners from schools in informal settlements are leaving school because of prostitution, a promiscuous lifestyle or because of a family that is disorganised. As some respondents said:

“One thing that I’ve noticed is the number of learners who are dropping out of school, more especially female learners. It seems to me they don’t have information about the ABC of AIDS as it has not been introduced at our school yet. Once you see learners dropping out from school as result of pregnancy, it tells you as a teacher that they don’t abstain, they don’t condomise and that they enter into a relationship without knowledge. If you look at classes, two to three girls have dropped out because of pregnancy. It tells you one thing: lack of information.”

4.4.2.2 Orphans

While HIV infections and AIDS related illness among educators, learners and officials within the education sector is a cause for concern, a far greater problem is the enormous number of children orphaned by AIDS. Orphans and other children from households affected by HIV/AIDS are at high risk of being withdrawn from schooling and higher education - due to household economic pressures and needs to care for sick family members. Many of those who remain in the system will also be unable to pay various fees or buy books and uniforms. Their vulnerability could expose them to abuse, it could lead to engaging in sex-work or even pressurise them to commit crime, just to be able to survive. These effects challenge the education system to go beyond its traditional teaching role.

“Some children become orphans and do not go to school to fulfill their dreams.”

4.4.3 Declining numbers of educators

Educators, at all levels of the education system, are at a significant risk as a result of HIV/AIDS. It is clear that the number of trained educators is decreasing because of mortality related to HIV/AIDS(Hepburn, 2002:92). This high attrition
rate of educators will probably lead to an increased demand for educators. This comes at a time when government has already rationalised teacher training colleges and only a few students enroll for an education degree at universities. This influence is currently felt as the death of every single educator is particularly very serious, it tends to impact on the education of approximately 20 to 50 learners. Throughout the discussions, the issue of educators dying of HIV/AIDS was repeatedly mentioned.

Learners had this to say:
“Educators are also infected and dying of HIV/AIDS and this affects us a lot as learners."

“Educators are at the lowest rank of any occupation. No one wants to go and be a teacher. Now here is a situation where educators are dying and this will increase the shortage of educators. It’s going to be disaster.”

Educators themselves had this to say:
“HIV/AIDS impacts heavily on the teaching profession. Everyday we are loosing educators when educators die; it causes the government or the Department of Education a lot of money. That’s why I’m saying it has a negative influence because as we loose educators everyday, the government or the department spends and the learners suffer.”

“... When an attack comes, you will go to hospital, one teacher must do your job, and psychologically it affects the children. In the work place it takes companies and time and a lot of money to train and put a teacher to a certain level. The institution is loosing experienced educators. Experience breeds results. Now with this illness and lack of experience, the performance will drop and it takes time for learners to get used to that teacher because they are used to the other teacher. When educators are at a certain level they become assets to the institution when something of that nature happens, the institution is loosing. When performance drops they will get new educators and when we talk of the influence, these are some of our experiences.”
“In a way its brain draining… In a way we are loosing very valuable experience. Just like when government complains that it’s loosing people to other countries like the UK (United Kingdom) for employment. It will seriously affect the economy of the country.”

There are indications that educators may be at even greater than average risk of HIV/AIDS as their incomes and status in their communities give them ample opportunities for high-risk behaviour.

In one focus group with male educators it was noted that:
“…And also the status. You find that I’m a teacher and because I have money, so money can do anything. So the young ones come to those who have money. The learners, the girls, they come to us because we have money so that they can buy quarters (lunch).”

“So one day you do, (meaning to advance sexual relationship) then it becomes an everyday thing in all these needy children.”

According to the DoE’s policy the educator-learner ratio is important; it should be 1 educator to 40 learners in the primary schools and 1 educator to 35 learners in the high schools (Republic of South Africa Schools Act No.84, 1996b).

Educators had this to say on the issue of the educator-learner ratio:
“We teach learners who are infected, and as learners are dying, the learner-teacher ratio will be affected. Not only educators are going to suffer but also the education system will suffer because its educators and learners are infected and affected by AIDS and are dying in large numbers. Who is going to offer education in the next generation?”

The educator-learner ratio is a problem as one education official who participated in this research aptly puts it:
“The learner-teacher ratio is also a problem because presently learners are without educators. Most educators are infected and some are affected. So that’s the problem when coming to the learner-teacher ratio.”
4.4.4 DoE: HIV/AIDS intervention strategies

HIV/AIDS is a real threat to the education sector and thus potentially to human resource based development. Illness, absenteeism and death have invaded our schools. It is therefore the reason the DoE had to respond to the influence of HIV/AIDS rather sooner than later. The result of the research on the influence of HIV/AIDS on the education sector, which is the DoE in South Africa, is as follows: They stepped up the presentation of in-service training opportunities for educators, held more workshops, making available more and better resources for educators and providing condoms to the schools. The implementation of the EAPs is the latest effort to assist educators in the heavy task that they have on their shoulders to counter the influence of HIV/AIDS in the schools.

4.4.4.1 In-service training and workshops

Some educators who participated in the focus group discussions had this to say: “I think priority should be given to education. I'm not saying educators are better or what, but for any country to say it is well developed it depends on how many people are educated. It means that you can get more and more foreign currency by exporting human resources to places. Why Cuba benefits, because it gets taxes from other countries by exporting Doctors. Now besides natural resources and other things, educators and other people in general are also resources. So if we don't develop our human resources there we have a problem. We will depend on other countries which won't boost our economy. People need to guard against dying of HIV/AIDS.”

Another educator had this to say: “It is true because a dysfunctional education system also means that eh ... the standards are not up to scratch. It is going to cause problems if this HIV/AIDS problem is not sorted out. As we are looking at these students as future engineers and if things are not done properly these departments will remain a dream.”

Through the in-service training regular workshops play an important role in teacher development.
The following comment from a school manager gives us an indication of the quality of workshops that educators attend on HIV/AIDS:

“Like they say educators attend courses. To me these courses are not beneficial to these educators. They are not empowered. They are only there just to convince the District that the facilitators have done their work. Because sometimes and most of the times they last for 45 minutes and they will say go home. If the government or department was serious about this, they would have taken all L.O. educators maybe for a week and book them somewhere and teach them seriously. Empower them instead of calling them every week for 45 minutes which makes no difference and don’t help these educators. They waste resources. The National Department must do something on how to empower these educators.”

“I think very little has been done in addressing the influence of HIV/AIDS at schools. Sometimes they do call workshops in order to give educators information about this illness that is affecting South Africa as a whole. But these workshops don’t solve the problems that are being experienced at school ... If those people could come to schools and implement what they say, so that we can see how to go through that and even to make follow-up.”

This is how the DoE District Official comments on workshops:

“Let me say, we do a lot of training; because what we are doing we take the educator for the whole week and we embark on training on how to conduct lessons on HIV/AIDS ...”

There is a general outcry on the issue of workshops by the educators as they say:

“If they conduct workshops and seminars it would be simple for one to go to the doctor and test, it would be simple for one to even disclose the status. We would also like to be given an opportunity to explore in the field of HIV/AIDS.”

“I think the Department of Education together with the Department of Health and Welfare should conduct a variety of workshops and try to speed up this thing of anti-retroviral medicine so that they can reduce this thing of HIV/AIDS because around 2030 I doubt if there will still be a teacher.”
Some educators made this comment:

“The department has got programmes for educators and also programmes for HIV. But the departmental programmes are not active because there are no follow-ups. You find that a teacher has a problem and if the school does not know about that, or does not have the skills or the managers are not work shopped, that alone is a problem. It is difficult to deliver and to assist. The programme is communicated to one educator and there is no dissemination of information.”

“... It is advisable, when the department wants to implement a particular programme they need to start with the managers, so that the managers can give support to this teacher and to cascade to other staff members.”

4.4.4.2 Availability of resources for education

There will be a reduced availability of private resources as a result of AIDS – this will contribute to the diversion of family resources for medical care. Public funds will be reduced for the system, owing to the AIDS-related decline in national income and pre-emptive allocations to health and AIDS-related interventions. The education sector will lose millions that are tied down by salaries for ill but inactive educators.

This is what educators had to say considering the availability of resources for education:

“AIDS will affect the economy of our country. Look at investors who read a lot about certain countries, investors wouldn’t want to invest in such a country. That AIDS and its statistics is like this in this country. Because of this problem, investors are not coming and many people are unemployed. By this we are saying that by having this problem the country will try to survive or live in a vacuum whereby it will have to be forced to cut its links with the international world which is going to be a problem”

“I feel we need a psychologist, a nurse to assist us in handling the issue of HIV/AIDS. Because as educators we have to be psychologists, nurses, everything and it becomes very difficult as you have to play different roles at the same time
and at the same time you have to teach, mark, prepare tests, exams hey, it’s difficult.”

4.4.4.3 Distribution of condoms

The distribution of condoms was part of the response the DoE had to embark on in order to mitigate the influence of HIV and AIDS within the education sector, starting from the learner to the educator, and including the officials within its system. In almost every restroom in the education buildings there are condoms. At schools condoms are also available in staff rooms, and to a greater extent even in the classrooms.

However, from the data collected in this research, learners, educators and principals meet these exercises (the distribution of condoms at school) with controversy. This is what was said during focus group interviews:

“It is not our duty as educators to give condoms to learners. I know of some workplaces where they put a box in toilets and other areas for people to take. I don’t know whether they are promoting sex or what are they trying to do ...”

“Distributing, I don’t think it will be fair, we have to consider the age of these learners.”

“When we distribute there are two things. First, we are protecting them secondly, we are promoting sex ... So what do we do in this case? Just like I mentioned, the environment is a broad spectrum. They go to movies, they watch TV, and we teach them in class ... Distribution will mean both.”

“... In this forum I’m confused because the government is promoting sex. You watch that everyday on TV saying talk to your children about sex. Introduce them to whatever ... whatever? We all watch TV. And now we are sitting there saying by giving condoms we are promoting sex. There is a lot of confusion because other organisations say this; government says that, and at the end of the day it causes a lot of confusion to everybody including the learners. What are we now telling the children? It is very bad what we are doing to the children instead of preaching abstinence.”
“I don’t know if it is right for me to say what I have to say now, but here at school you find learners are complaining that so and so are pregnant etc ... I think we should consider. But by distributing we protect them, helping them. But at the same time we are promoting sex at school.”

An angry educator had this to say:
“To me distributing is totally out, because if you look at the structure or the environment, it does not promote sexual activity. But if you look at hotel and nightclubs, these are areas we definitely should target and distribute condoms.”

### 4.4.4.4 Employee Assistant Programmes (EAP)

In response to the influence of HIV/AIDS within the education sector, the Employee Assistant Programme was put in place; its role is to give professionals counselling and support. However, evidence from this research study indicates that many officials, including educators, are not aware of this programme. Some claim it is of no help at all.

This is what both principals and educators had to say concerning the Employee Assistant Programme:

“EAP is voluntary, so we don’t force educators to go. They think and fear that they will be reporting themselves to the higher ranks and what will the higher ranks do with me. It does not even make sense as they can’t even tell the immediate managers their problem. The EAP is a hush-hush thing. We know it’s there but they are not doing anything. They are not promoting it, they are not doing a retention schedule, end of year schedule, report etc. They should really preach it.”

“Nothing happens to the teacher. All these pains will just disappear. There is no support given to the teacher. Eh ... we become social workers, and there are times where we cry with the kids even though we are not supposed to do it. But because you are emotionally affected you end up closing the door, crying and after ten minutes you go out and start smiling again as if everything is okay, nothing happened. As a teacher nothing happens. No support at all unless you take your medical card and go for counselling at your own expense.”
This is what the district official had to say on this issue:

“Well, because presently, it is still a new thing, I cannot say yes, or no. But it has been introduced and it has been advocated to most of the people, most probably some of them do go.”

In the next table (Table 4.3) a summative illustration is given of the findings of the perceptions of the District Officials on the influence of HIV/AIDS on the school.

**TABLE 4.3: SUMMARY OF THE PERCEPTIONS OF THE DISTRICT OFFICIALS ON PROBLEMS EXPERIENCED DUE TO THE INFLUENCE OF HIV/AIDS**

<table>
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<tr>
<th>RESPONDENTS</th>
<th>MAIN THEMES/ CLUSTERS</th>
<th>CATEGORIES</th>
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<td>Role of Government</td>
<td>Politics</td>
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<td>Learners in the system</td>
<td>Declining enrollment</td>
<td>o Welfare</td>
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<td>Educators in the system</td>
<td>Declining numbers</td>
<td>o Drop outs</td>
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<td>Intervention strategies</td>
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**4.5 SUMMARY OF DISCUSSION OF THE FINDINGS**

This research has shown that education is fundamental to the fight against HIV/AIDS. The confusion about HIV/AIDS in South Africa is the biggest crime. The best weapon that will ultimately turn the tide, is knowledge and understanding: education. Unfortunately it seems that the DoE does not have the capacity to deliver what they too so direly need to and have to do. The human, financial and material resources are lacking and the perceptions are there that they expect the educators to cope on their own.
Further evidence from this research has shown that communities urgently need to be educated on HIV/AIDS. This has been confirmed by learners when they said: “It’s really surprising that the Department of Education is focusing on schools only and forgetting or ignoring the bigger picture, the community. The aim of the department is only to attack HIV/AIDS through schools. We understand that we spend most of our time at school. But the more pressure that we have is out there. Well, it is wrong, but they are coming in a very different way. We think they should attack it from the community because from the community we learn that charity begins at home. They come from such things that if you teach adults, definitely the children will know. If you teach them that a crab walks sideways, there is no way that a baby crab can walk straight forward. So this thing would be very easy if we come to school with HIV/AIDS information but not us taking it home. So the Department of Education should actually not only look at schools but the community out there. They should not do it by calling people into halls. But by visiting people in their respective homes ... But if you come to my home we will sit down and talk about important issues surrounding HIV/AIDS.”

Educators had this to say: “You know we blacks will always refer to our situation. We cannot run away from our situation. We are sitting here - there is an informal settlement there. Most of our parents are not working. They are sitting there; they don’t even have a little knowledge about HIV/AIDS. They only know of the disease. They need as well to be informed about the disease. So our proposal or our wish would be it goes beyond school premises and reach the unemployed people at home.”

In the following table (Table 4.4) a presentation of all the categories is given according to what emerged from the data and became important in the analysis or the process of inductive reasoning (Maykut & Morehouse, 1994:137). The researcher found that the constant comparative method provided her with a clear path for engaging in analysis of the substantial amounts of data that were both challenging and illuminating. What is illustrated in this table (Table 4.4) is an effort to give a synthesis or overview of all the most important categories that were identified from the bulk of the data that was gathered.

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<tr>
<th>RESPONDENTS</th>
<th>MAIN THEMES/CLUSTERS</th>
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| **LEARNERS** | Personal problems | No future | o Morbidity  
| | | | o Mortality  
| | | | o Promiscuity  
| | | | o Crime & Suicide  
| | | Trauma | o Frustration  
| | | | o Abuse  
| | | | o Stress & Fear  
| | Home-related problems | Poverty | o Hunger  
| | | | o Crime  
| | | | o Prostitution  
| | | Parents | o Orphans  
| | | | o Nursing and care  
| | | | o Role models  
| | | Absenteeism | o Drop out  
| | | | o Poor performance  
| | School-related problems | Stigmatisation | o Secrecy  
| | | | o Isolation  
| | Empowerment programs | | o Abstinence  
| | | | o Teenage pregnancy  
| **EDUCATORS** | Personal problems | Physical problems | o Illness  
| | | | o Stress  
| | | | o Morbidity  
| | | | o Mortality  
| | Work-related problems | Psychological problems | o Secrecy  
| | | | o Stigma  
| | | | o Myths  
| | Absenteeism | | o Culture  
| | Knowledge | o Gender  
| | Skills | o Commitment  
| | Attitudes | o Training  
| | | o Resources  
| | | o Labeling  
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| | | o Stereotyping  
| | | o Motivation  
| | | o Morale  

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### 4.6 INTERPRETATION AND CONSEQUENCES OF THE FINDINGS

When looking at the literature review done in Chapter 2, the themes that emerged seemed very similar to the categories that eventually emerged from the collected and analysed data. The emerging themes from the data, the researcher’s observations, and the literature review in Chapter 2 will now be interpreted, compared and discussed. It is important to bear in mind that this section represents the researcher’s interpretation of perceptions voiced by respondents.

According to Lindhart (1987:127) all researchers should take note of previous work done in their field to improve the research conducted, and to implement a new paradigm in the field of research. The results of this study are therefore discussed with reference to the relevant literature and information obtained (Merriam, 1991:61).
South Africa has managed to end the titanic struggle of apartheid and brought a new order of democracy about. However, the threat posed by the prevalence of HIV/AIDS, the politics and the prejudices surrounding this epidemic requires a supreme mitigating strategy. If the spread, and all the other factors concerning HIV/AIDS, is not dealt with, it will sooner than later reverse whatever development gains and investment have been made. The categories as identified in the first part of this chapter will now be discussed and interpreted one by one as they have emerged from the data gathered by the focus group interviews, and as they have been selected from the literature overview and the careful observation by the researcher.

4.6.1 INTERPRETATION AND CONSEQUENCES OF THE FINDINGS ON THE PERCEPTIONS OF THE INFLUENCE OF THE EPIDEMIC ON LEARNERS

HIV/AIDS has created multiple problems for learners and if it is not addressed these learners will have a bleak future and become a problem for themselves, the school and the community: a suffocated generation. The consequences of the findings on the perceptions of the learners will now be interpreted under the headings of personal problems, home-related problems and school-related problems.

4.6.1.1 Personal problems

4.6.1.1.1 No future

Learners acknowledge the fact that HIV/AIDS is ravaging the youth, they feel that they don’t have a future because they will die of it. Again the number of HIV/AIDS deaths in their communities tampers with their hope for the future (see paragraph 2.2). They estimate HIV/AIDS related deaths in their communities to reach 80%, and ask themselves how they are going to survive from it. Learners give an example of families where only the grandparents are not infected but all other family members are infected. They do not see any light at the end of the tunnel.
• **Morbidity and mortality**

A large number of learners are ill because of HIV/AIDS, but presently only a small number of them are dying. The high school learners see their brothers and sisters dying of HIV/AIDS. They are most probably at tertiary level of education or institutions of higher learning and that scares them. They are also traumatised by the fact that they are not only losing parents, brothers and sisters, but also friends. Although we do not have accurate statistics on the morbidity and mortality rate of learners because of HIV/AIDS, the impact is now being felt by schools, communities and parents. When one plants a small tree one expects it to grow to be a very big tree and bear fruit, not to wither and eventually die. Investment in education will not give returns because of the premature mortality (see paragraph 2.6).

• **Promiscuity**

HIV/AIDS is often associated with promiscuity. Promiscuity might be caused by peer pressure at school. Sometimes learners become promiscuous because parents cannot afford to buy them clothes or food. Sometimes learners become promiscuous because parents are ill, or have no income, or they are dead and therefore, learners end up with a certain responsibility (see paragraph 2.3.1.2). When both parents are dead and learners are left under the care of uncles or family members, some uncles abuse them. They tell these learners “I work for you, I give you food, clothes, money, pay for your education and a roof over your head - so you have to pay me also, give me something” and the girl learner/child will be forced into sleeping with an uncle. Learners become promiscuous at times when they do not have a shelter, being homeless forces them to be promiscuous - just to be somewhere at night. They are still young. They need to belong and to be loved. The fact that their parents died because of HIV/AIDS makes them seek that love in the wrong places, they are being promiscuous although they in turn feel that they are being loved.

Thus, promiscuity is a means of survival to many girls and many women in South African communities. For families to survive, for children to go to school and
receive all those basic necessities, mothers and sometimes the girl child, must go out and sell their bodies. There are many job losses and parents are at home, unemployed. Those that are employed are mostly ill as a result of HIV/AIDS and lose their income. They live in overcrowded shacks in informal settlements and in poverty. Promiscuity keeps fires burning in most kitchens but exacerbates the spread of HIV/AIDS as they indulge in unprotected sex because of its higher rates in payments as compared to protected sex (see paragraph 2.2).

- **Crime**

Crime is an action that breaks the law, a shameful and senseless act. In this area of the influence of HIV/AIDS, chances that learners complete school are slim. This is as a result of their parents’ death, which in turn forces some boys to engage in criminal activities in order to eat, to get clothes for themselves and for their siblings. Some of them commit crime by raping with an intention to spread AIDS, which they might not even know how or when they were infected (see paragraph 2.3).

- **Fear and suicide**

When a child is diagnosed with HIV, parents experience continuous fear, disbelief, anxiety, stress and feelings of being on an emotional roller coaster. Parents fear that their children will not play with others and that these children will face harsh reactions from their peers at school (see paragraph 2.3.2.4).

Fear of stigma, discrimination, rejection, and ridicule; fear of the agony of the disease itself (HIV/AIDS); fear to open up and disclose your status to a friend, family or educators, forces learners to think very deeply and seriously. They ask themselves so many questions with no answers available. The consequences of this fear result in them eventually committing suicide - they emphasise that this is very common and accepted by the youth of today. Ending their lives is one viable decision, a decision that makes sense (see paragraph 2.6).
4.6.1.1.2 Trauma

The trauma of watching parents on their deathbeds and not being able to grieve properly – because of the stigma, the prejudice surrounding HIV/AIDS - is immeasurable and brings much frustration to the learner (see paragraph 2.6.4).

- **Trauma and frustration**

The trauma of being diagnosed as HIV-positive worsens the frustration. Learners are traumatised by the influence of the HIV/AIDS epidemic. They feel so helpless and it is like life has no meaning to them anymore. They are being frustrated by the situation at home, at school and their personal status. They feel that HIV/AIDS prevents them from achieving something in life. This therefore drives them into aggressive situations (see paragraph 2.3.2.1).

- **Abuse**

Learners whose parents died of AIDS experience abuse. Some are being abused through those myths that if an infected man sleeps with a young girl or virgin the virus goes away. The evidence also suggests that adult men seek younger and presumed uninfected partners. These learners are abused by uncles, relatives or even by a stepmother if perhaps their father is still alive. At times these children are forced to be slaves, as they do not have anyone to defend/protect them. Such circumstances result in increased numbers of abandoned, exploited and unschooled street children who are seen in the communities (see paragraph 2.3.1.3).

- **Stress**

Learners whose parent or both parents are ill or have died as a result of HIV/AIDS become stressed. They are always thinking of the situation and blame themselves for failing to stop what happened. They feel responsible of their parents' illness and death. If it is a mother who died of HIV/AIDS, they ask themselves if the mother was promiscuous or not. Because they do not have answers they become
stressed. They are also ashamed of talking about the death to a friend, and try to avoid it. They suffer from shame, guilt and stress. When they themselves are infected they become highly stressed. Stress prevents them from concentrating and participating in school activities. Affected and infected learners are under an enormous strain (see paragraph 2.3.2.1).

- Fear

This study has revealed that the South African society still fear people living with AIDS. They even fear to talk about AIDS. Some of the participants said that as a society they were still learning from such situations in order to accept the existence of HIV/AIDS and to be caring. Even though people are being educated about HIV/AIDS, they still have fears about it. Fear of contagion persists despite evidence that AIDS can be acquired only through sexual transmission or exposure to contaminated blood products (Boyd-Franklin et al., 1995:4).

It is important to note that when the researcher asked the first question of the interview, she was met with silence. In another interview some educators said that HIV/AIDS had no influence on them and that it was something very far removed from the educators. In some instance when the researcher asked: “Is there anything you want to say?” one educator harshly said: “I just said I don’t know.” He didn’t want to talk at all. HIV/AIDS is a very sensitive subject. The consequences of the silence with regard to the HIV/AIDS epidemic is not good for the learners, the educators, or the education sector.

4.6.1.2 Home-related problems

The home is where learners first experience the problems and the influence of HIV/AIDS. At home is where the learners have to watch their parents suffer from the illnesses related to HIV/AIDS. It is at home where learners watch HIV/AIDS tearing the structure of the family apart.
4.6.1.2.1 Poverty

Poverty assists the spread of HIV/AIDS. The illness forces people into poverty or makes it harder for them to escape from it. Because of poverty people are notably striving to survive or live a happy life. They end up looking for alternatives for survival (see paragraph 2.2:14 and 2.3.2.4:23).

The majority of learners where this research study was conducted came from very poor backgrounds. Parents are unemployed and cannot afford to buy food, clothes and other necessities. They come from informal settlements that are overcrowded. It is in this poverty stricken and over populated areas where HIV/AIDS is taking its toll. Most people are uneducated and therefore are short of knowledge regarding HIV/AIDS issues. This therefore accelerates the progression of HIV to AIDS and death. Due to poverty there is lack of proper healthcare even though clinics are for free, transport becomes a problem. These ill people can't even afford the diet prescribed for HIV/AIDS patients. Learners from such a poor environment turn to prostitution and other criminal activities in order to access money for a living (see paragraph 2.3.2.5:25).

4.6.1.2.2 Family and parents

Families are hard hit by HIV/AIDS, as parents get ill, loose income and eventually succumb to HIV/AIDS, leaving orphans behind. Often relatives who are supposed to take over when such tragedies occur can no longer cope as they are also dying of this illness (see paragraph 2.9).

Education against the virus needs to start at home with parents taking the teaching role (see paragraph 2.9:42). Parents must start talking about HIV/AIDS at home, breaking the cultural barrier. Some parents think that family life or sex education - which could be taught in schools - put their daughters at risk, because the knowledge about sex education and HIV/AIDS may make them promiscuous (see paragraph 2.9.2). However, a community hit by problems, look up to the school for help. Trained educators or NGOs must cascade knowledge to parents, who in turn
will learn and break the cultural barriers to talk about HIV/AIDS with their children in the comfort of their homes.

Apart from the fact that parents are unemployed and poor, they are ill and dying and their children need to take care of them. Many households are headed by children in their teens that have to drop out from school to run these households and do home-care and nursing. Once the parents die they become orphaned and that poses another problem to the community.

- **Orphans**

Orphans are part of all communities (see paragraph 2.9.1:43). This study has revealed that there are many AIDS orphans who are left to head households. They assume adult roles by looking after the younger siblings and feeding them at a very tender age. These orphans face financial hardship and they have difficulties with school fees, uniforms, books, food and clothing. To a larger extent houses are being sold and they are left homeless. These orphans sometimes become street children, criminals, some resort to prostitution and are vulnerable to abuse and exploitation. They also face prejudice and are often neglected by relatives and other people who are supposed to look after them. The community safety network has been overwhelmed and can no longer cope with HIV/AIDS orphans. Some AIDS orphans are left with their grandparents who later on die and they become orphans again. The situation of HIV/AIDS in the communities is appalling and requires attention, strategic coping and management.

This research has shown that a major problem with HIV/AIDS epidemic is the rapidly increasing population of orphans. Most orphans go to school hungry and dirty. In the primary schools there are feeding schemes where learners get something to eat during break, although they might not have anything to eat for supper. The high school learners, where the research was conducted, do not receive food at school; there are no feeding schemes and therefore these learners are likely to be less well-nourished. Hence, the high mortality rate when infected. Orphans are vulnerable to exploitation, discrimination and ostracism. To them
schooling is often an uphill struggle as they head households, lack supervision, care and support (see paragraph 2.6.1:32).

- **Medical and home-based health care**

The medical fraternity plays an important role on the issue of HIV/AIDS. Once a household member develops AIDS there are many costs involved in providing care. Although the public healthcare is virtually free, people go to the medical practitioners and the traditional healers. When AIDS patients go to the general practitioner, and they are diagnosed, the waiting period for the results can be long. When the doctor gives results his reaction tells. They portray HIV/AIDS in the same way that it was introduced in South Africa – a horrible disease, a “monster”, “something painted black”. When they write scripts they use other names, when they prescribe they do it “nicodemously” (secretly). They align themselves with the stigma surrounding HIV/AIDS. They don’t help people to disclose their status. Those that have medical insurances also experience problems of accessibility, being suspended by the medical aid, saying the funds are depleted by this or that month, for example, and after that they experience numerous problems and stress as a result of the discontinuing of medication and then they eventually die. Nurses ridicule those that are infected or ill by showing them three fingers and calling them AIDS – koloi ja Elija, Z3 etc. (a biblical story of Elija but using it to ridicule those that are infected).

This research has realised that home-based care is a necessity towards responding to the tragic legacy that the epidemic has created in so many families and societies. Home-based care expresses provision for the special medical and other needs of the infected. Infected people want to see and feel supported and wanted. These people want to see government responding by sending people in their own homes to help fight the illness. They gather strength from such care (see paragraph 2.9.4).

When parents are languishing under the HIV/AIDS illness, learners are forced to take on adult roles and stay at home to nurse and care for their ill parents. These activities affect their school attendance, concentration and performance. They end
up leaving school to assume the adult role completely. They have to fetch water, cook, bathe the ill parents, and give medication. When these parents have diarrhea, this learner/child must take care of that. They must look after their ill parents for 24 hours a day. A child becomes emotionally and psychologically exhausted. A child at this stage needs to be nursed and cared for as nature dictates but HIV/AIDS reverse these natural responsibilities (see paragraphs 2.3.2.4 and 2.6.2).

- **Role models**

Learners fear that they will grow up without role models as their fathers and mothers are dying of HIV/AIDS. The media also projects celebrities who are role models to learners in all advertisements as that of being romantic. This could lead to sexual activities, instead these people should portray advertisements that are morally acceptable and encourage romance in married couples. Celebrities as role models to learners preach the use of condoms and protected sex as if it is a norm to have sex. Learners imitate what is done or shown on TV and at that time there is no one to call them to order. Again, both the community and learners have the conception that educators are role models. The image of an educator as an ideal role model and perfect citizen is a very important theme that even runs through the educators mind. Unfortunately some educators are also infected. This makes learners and the communities think that educators have fallen short of the ideal. What makes it worse for the educators living with AIDS than for other AIDS sufferers is the expectation that society holds for them. Educators are expected to be model citizens, role models of perfect behaviour, an example for all to follow, especially the learners (McDowell, 1990:43).

4.6.1.2.3 **Church**

Religious leaders are not playing the role they should considering the issue of HIV and AIDS. If they were intervening, then they would be adhering to the calling made at the 4th International Conference on Health in Community Intervention (see paragraph 2.9.3). The research findings indicate that religious leaders do not give HIV/AIDS the emphasis and urgency it deserves. They still perceive it as a sin. They did, however, accept that it is there, and that it exists. We don’t know why
they accept its existence, whether it is because of the devastating influence of HIV/AIDS even among the so-called saved or born-again Christians or even because of some religious leaders who are infected themselves (see paragraph 2.9.3). Religious leaders need to participate in the fight against HIV and AIDS and help in moral regeneration by preaching of abstinence.

From churches, mosques, temples and synagogues the religious establishment needs to demonstrate leadership on this issue.

4.6.1.2.4 Traditional healers

In South Africa, traditional healers have a great deal of support in both urban and rural African communities (see paragraph 2.9.3). This research has revealed that when a person is ill, the first person to visit is the traditional healer as they believe they have been cursed. Parents take learners out of school to visit the traditional healer when they are ill and have HIV and AIDS. Educators who are professionals visit traditional healers before and after the HIV and AIDS diagnosis. Celebrities who are role models visit traditional healers when they have HIV and AIDS. This is because of a belief in the active purposeful intervention of supernatural beings (gods) that may complement the health belief model, which are used as frameworks for understanding AIDS-related behaviour (Lindegger & Woods 1994:11). Traditional healers have a major role to play in combating HIV and AIDS. Although they cannot cure HIV/AIDS, they can cure opportunistic diseases and even refer their patients to clinics and hospitals. They must also go for Voluntary Counselling and Testing (VCT) (see paragraph 2.9.3).

4.6.1.2.5 Community support and care

All local community organisations need to mobilise against this threat of HIV/AIDS. Unless we wage this battle collectively and holistically at every level, we are all doomed (see paragraph 2.9:42).

Families and communities need care and support in order to respond positively to the epidemic. Care and support are fundamental elements on the issue of those
affected and infected. Care is about effective health, functioning social systems, and psychological support; structures that respond to the needs of those infected and affected with HIV/AIDS. Care and support includes accepting every individual on the basis of that person’s innate human dignity, regardless of his/her HIV status. Care and support must recognise the need to provide psychological support in response to the trauma, denial, stigma and discrimination so frequently experienced by the affected learners, educators, parents and all community members.

4.6.1.3 School-related problems

Schools may also be affected by the psychological effects of having infections, illness and deaths in its midst. As much as learners experience problems at home and problems that are personal, so are school-related problems.

Since there is no cure for HIV and AIDS, prevention and education remain the core/main tools in fighting and combating the HIV and AIDS epidemic. Communities need to be educated about HIV/AIDS. This research has proved that community members still lack knowledge of the influence of HIV/AIDS. In many interviews conducted in this research it was unanimously mentioned that education on HIV/AIDS should be extended to the communities. This confirms the UNESCO report (2003:54): that societies that encounter problems tend to look at schools to provide some kind of remedy (see paragraph 2.9.4).

4.6.1.3.1 Absenteeism

Learners are absent at school as a result of HIV/AIDS. When parents are ill, learners excuse themselves from school in order to take care of their ill parents. Sometimes they fake illness in order to take them to the hospitals or traditional healers. Learners are also absent as a result of their own AIDS-related illnesses. They become absent in order to attend funerals of their relatives, parents and friends killed by AIDS. As learners become traumatised, stressed and frustrated by HIV/AIDS, the absenteeism becomes worse. HIV/AIDS orphans become absent from school for any number of reasons: like the lack of food, or taking a
break from the prejudice they suffer from the peer group at school. Absenteeism affect performance at school and to some extent leads to learners leaving school permanently (see paragraph 2.6.1).

- **Drop outs**

The multiple problems that learners experience personally, from home and at school, may ultimately lead to them leaving school. It is not only money problems that will keep learners out of school but also the fact that these learners are traumatised by the illness of their parents as a result of HIV/AIDS. Never receiving any counselling, care or support could affect their concentration in class. They are thinking of their circumstances and the school suffers those consequences. It will become increasingly difficult for education to reach those children under such difficult circumstances. As if it is not enough to suffer the trauma of HIV/AIDS, the stigma and discrimination is added forcing these learners to collapse completely. The pressure becomes insurmountable (see paragraph 2.6.2).

- **Poor performance**

When a learner suffers psychological and emotional trauma, and nothing is done, the performance of the learner will be shaken very badly. Whilst there is lack of concentration and physical wellbeing, the learner’s marks will drop. His/her quality of work will be in question and that will have an influence on his/her self-esteem. As these learners are constantly absent from school, caring for the sick adults, being sick themselves or attending funerals, their studies and performance is affected negatively. In some instances they are forced to quit school because of the difficult circumstances surrounding them (see paragraph 2.6.3).

4.6.1.3.2 Stigmatisation

In many countries, including South Africa, reactions to AIDS reveal discriminatory and politically motivated beliefs which reflect the patterns of prejudice in society. Learners who are infected are being ostracised, discriminated against and suffer
from stigma, including when it is known that their family members have HIV/AIDS. This results in some learners leaving school (see paragraph 2.6.4).

The stigma around HIV/AIDS is overwhelming. People with HIV/AIDS experience all sorts of reactions over and above dealing with the disease itself. They are being ridiculed, rejected, isolated, and discriminated against. They are labeled and they suffer all these biases and prejudices that go hand-in-hand with HIV/AIDS. Participants in this study believe that the stigma is caused by the way HIV and AIDS was introduced to the people. HIV/AIDS pamphlets also influenced and strengthened the stigma. It is mostly associated with promiscuity, adultery, and sleeping around, and one who suffers from it, suffers from shame and guilt.

Even though not all children are HIV positive, they also experience ostracising as do those children living with AIDS. The reason could be that their parents are HIV positive or have AIDS. Neighbours prevent their children from playing with them. They are often not encouraged to attend schools or play with their peers. Many children will test negative and remain well, but they will bear the stamp and label of AIDS children. It is heartbreaking and unbearable to be rejected, isolated, called by names and not allowed to play with others. It is even better when rejection comes from the community; it is very traumatic when it comes from within the family. Stigma destroys children (see paragraph 2.3.2.4:23).

- **Secrecy**

People who are HIV infected or have AIDS prefer to keep it a secret because of the stigma surrounding HIV/AIDS. They try to protect themselves by keeping it a secret as HIV/AIDS is associated with promiscuity. They are afraid of rejection by their own family and friends. They are afraid to lose loved ones in their lives. They don’t want to be rendered useless or as outcasts in the society. They are always called by names, ridiculed and discriminated against. Secrecy is seen as the only solution. Although HIV infected and AIDS victims are aware of their rights and the pieces of legislature on matters of HIV/AIDS, they don’t feel comfortable. To them it is safer to just keep quiet. In fact, by protecting your right to confidentiality they feel the new legislation actually encourages people with HIV/AIDS to keep quiet.
In other words the law is saying that you have the right to keep your HIV status to yourself. Whatever you do, please don’t burden the rest of the world with your secret. Those who wish to disclose their status are afraid of being used as guinea pigs. HIV/AIDS victims keep their secrets right into their graves with bleeding hearts. Support for families through the bereavement period after the AIDS related death of a child or another family member is often lacking, because of the stigma and secrecy surrounding AIDS.

Most families are not willing to share their children’s diagnosis with friends and relatives. The reasons for not informing the natural sources of social supports are a parental sense of guilt and shame associated with the behaviours that result in HIV infection. Secrets are kept because of a fear of community disapproval, stigma, withdrawal or denial of services to the infected child and the entire family. Many families are also unwilling to share the diagnosis with the ill child and find themselves further burdened by the lack of confiding within the home at a time and place where they might benefit from being able to talk about the situation. The child is caught up in a conspiracy of silence.

As long as one’s status on HIV/AIDS stays a secret, no one will ever really know what the exact state of affairs is in the school, or for that matter, in the country. The fact that the disease still spreads like wild fire can be contributed to secrecy; because usually what you do not know does not hurt you, BUT in the case of this illness, what you do not know will definitely hurt you!

- Isolation

The main reason why learners revert to secrecy is because of fear for social isolation. The data that was gathered shed some light on controversy as learners said that they are scared to disclose their status; they think other learners will laugh at them and make it a joke. Once these learners disclose their status, the others do not want them to come near them. They say they realise that there is no cure for this disease and therefore they don’t want it next to them. Although they understand about it they are still scared (see paragrph 2.3.2.4).
4.6.1.3.3 Lack of empowerment programmes

It seems that prevention programmes inside and outside the school are lacking. Irrespective of the urgency of information on HIV/AIDS as expressed by all the respondents, the only evidence that could be found in the data from the interviews was that the overall capacity of the Department of Education is not sufficient to handle the needs of schools; nor do the communities have the means or the capacity to initiate such programmes (see paragraph 2.5).

• Abstinence

Abstinence is a practice that will free every learner from becoming infected by the HIV-virus. However the majority of the learners already in high school are sexually active and do not practice safe sex. Boys are in control in this game as they refuse to use condoms and the poor girls are being confused, and sweet talked into being submissive. Boys attribute this to peer pressure and the myth that if one does not have sex one will run mad and that eating a banana with its skin on is stupid. It is abstinence that demystifies the taboos of sex and death, as these taboos are reinforced by the restriction of public discourse on sexuality brought on by particular political, religious, legal and social norms. Since learners are not abstaining and are not practicing protective/safe sex, the virus is spreading at a faster and deadlier rate than the knowledge about it (see paragraph 2.3.1.2).

• Teenage pregnancy

Teenage pregnancy occurs when a girl between 13 and 19 fall pregnant. It is important to note that the age of the father does not count. Teenage pregnancy is determined by the age of the mother, not the father (see paragraph 2.3.1.2). The majority of high school learners are sexually active and do not use protected/have safe sex. Boys believe that what brought them on earth, will take them back – meaning sex hence unprotected sex. Peer pressure also contributes, as they talk and discuss things like – “I cannot eat a sweet wrapped; I cannot eat a banana in its skin”. Girls feel that they are being overpowered by the boys and therefore surrender to unprotected sex as a symbol of love. Girls believe boys control them,
so is their culture. High schools experience a lot of teenage pregnancies, in spite of the distribution of condoms at school. Girls become pregnant in order to get child grants handed out by the Department of Social and Welfare. They disregard the existence of HIV/AIDS. Some of those who are not pregnant say they use contraceptives, which means they fear pregnancy more than AIDS. Learners come from poor backgrounds and prefer to have AIDS in order to get the AIDS grant than to stay free of HIV/AIDS but remain poor.

4.6.2 INTERPRETATION AND CONSEQUENCES OF THE FINDINGS ON THE PERCEPTIONS OF THE INFLUENCE OF THE EPIDEMIC ON EDUCATORS

The findings have shown that educators struggle with personal, work-related and school-related problems. These problems will now be interpreted.

4.6.2.1 Personal problems

The personal problems of educators that emerged from the data seem to divide into two distinct clusters, namely physical and psychological problems. But it seems rather impossible to unravel the two types of problems as they are so intertwined physically and psychologically that they influence the educator at the same time.

4.6.2.1.1 Stress

Educators are stressed by both their personal HIV positive status, AIDS and that of their families, learners at schools and their families. By not disclosing their HIV status, they put themselves into a psychological prison of hiding and secrecy (see paragraph 2.7.2).

4.6.2.1.2 Morbidity and mortality

Educators are in urgent need of anti-retroviral treatment in order to fight HIV/AIDS. As more educators fall ill, this will adversely affect the quality of education learners
receive. In Chapter 2 (see paragraph 2.7.1) estimates show that there are more than 450 000 educators in the system, and that 10 educators die of HIV/AIDS per week over a period of 10 months, although the impact of HIV/AIDS on the education system has not been fully investigated, and hence no reliable statistics exist.

4.6.2.1.3 Secrecy, stigma and myths surrounding HIV/AIDS

Educators who are infected or affected suffer in silence. The workplace is the last place where they wish to disclose their HIV positive status. They feel that they have fallen short, because educators are role models and respected in their communities. They fear the reaction of parents because they entrusted the lives of their children unto them (*in loco parentis*). They feel if they let the secret out, learners might destroy them through labeling or rejection. They fear the reaction of the school governing body. HIV positive educators suffer in silence for fear of isolation, possible rejecting judgment by friends, family members and most importantly by colleagues. They also feel that the legislation surrounding HIV/AIDS – the right to privacy and confidentiality pushes them into a corner where they should suffer in silence. They believe that government is saying to them please do not bother the rest of the world with your problem, but suffer the agony in secrecy and in silence (see paragraph 2.7.4).

4.6.2.2 Work-related problems

4.6.2.2.1 Absenteeism

It is quite apparent that as AIDS continues to take its toll, there will be a lot of absenteeism at schools and this has a negative influence on the education system’s ability to plan, manage and implement policies and programmes. Sick leave is a financial burden to the education sector. Educators are absent from school because of illnesses related to HIV/AIDS, and also because of a friend or a family member that is ill and needs caring. Sometimes educators attend funerals (see paragraph 2.7.3).
4.6.2.2.2 Knowledge

Knowledge is to know now what one did not know before; i.e. information (Oxford English Dictionary, 1995:225). Educators know better about the HIV/AIDS epidemic. They know how it is transmitted and how it can be prevented. They also know how it influences the education system and the entire country, but they don’t have professional knowledge on how to deal with HIV and AIDS in a school situation. They don’t even know how to handle those infected with HIV and AIDS in the staff or in classrooms. They ended up confessing in the interviews that learners were more knowledgeable about HIV/AIDS than they were - information they (learners) get from streets. How dangerous could it be? They expressed unanimously that the department is exposing them by not giving them training. Even a few that went to workshops admitted to it (see paragraph 2.8).

Offering HIV/AIDS education poses unique problems for educators. Many feel uncomfortable in dealing with sensitive and in some cases taboo topics. Some are constrained by anxieties about their personal HIV-status and experiences of the disease in their families and communities. These concerns have detrimental effects on the HIV/AIDS education they can offer, hence the lack of commitment. Educators need good training in HIV/AIDS education so that they can become committed. A commitment to the curriculum must entail a commitment to the world that evokes. It is impossible and expecting too much from the educators to be committed to something they are not skilled on. They cannot handle HIV/AIDS at school because of a lack of empowerment. Managers cannot manage the influence and the programmes at school as they are not capacitated.

4.6.2.2.3 Skills

Educators lack skills and knowledge in dealing with issues that are related to HIV/AIDS. They do not know how to react and what to say when a colleague is infected. They don’t even have the skills on how to handle their own infection. They prefer not to talk about HIV/AIDS in the staffrooms, classrooms or in the school in general. At some stage they feel very stressed and frustrated when a learner confronts them with such a problem. They feel so helpless, so empty and
then start blaming themselves as being useless educators/professionals, and again blaming the Department of Education for not inducting them or even training them on how to handle HIV/AIDS issues within neither the school environment nor the community at large. Principals and SMTs are crying for skills that will enable them to handle HIV/AIDS and how they can manage disclosure by an educator.

4.6.2.2.4 Attitudes

There is unwillingness on the side of the educators to talk about HIV/AIDS both in class and in the staffrooms. Some claim that it is a very sensitive subject and it is stigmatised. By virtue of its very nature they claim it is not wise to talk about it, as one doesn’t know who has it and how uncomfortable one will be with such a subject. They also feel that it is difficult to talk about it in class, as learners might twist their words, or statements to claim that an educator was referring to those who are infected. To avoid problems they believe it is best not to talk about it at all. Learners also claim that educators practice prejudice once they know that this and that learner is infected. Educators are also afraid to be called names by learners when they teach HIV/AIDS as “Tichere oa AIDS asu” – here comes an AIDS teacher. They also claim that perhaps female educators can handle HIV/AIDS better within the school environment, than male educators. Cultural beliefs are also a stumbling block in teaching HIV/AIDS. Issues related to race, class, gender, religion and prejudice are deeply interwoven into attitudes about AIDS and cannot be ignored.

Educators who are both infected and affected are demotivated and their morale is low. It becomes increasingly difficult for education to reach learners who are both infected and affected. At times educators cannot go an extra mile, stretch beyond as their stamina is also measured because of HIV/AIDS. Another factor that demoralises educators, is the fact that the education sector is doing nothing to address their plight. The educator’s rights are not as protected as those of the learners. Educators are demotivated and their morale is low. Their work as educators is seriously compromised by prolonged periods of illness. When they are at school they are faced with learners who are HIV infected, and therefore feel helpless, which may lead to avoidance and refusal to help (see paragraph
2.7.5:39). Educators feel that there are many programmes that the Department of Education brings to the learners although not effective but nothing has ever been designed for educator support with regards to HIV/AIDS.

The data collected show that the stigma attached to this epidemic makes it very difficult for educators to talk about it. Educators are afraid to talk about the epidemic because they think others might see them as suffering from this HIV/AIDS (see paragraph 2.7.4:38). It is the stigma attached to HIV/AIDS that prevents educators to disclose their status. It is the stigma that makes educators withdraw and isolate themselves from colleagues and members of the community. It is the stigma that causes stress and kills these educators.

It is well-known that infected people in South Africa are discriminated against, and so are the educators. People do not even want to be touched by them, not even share a bathroom, or even kitchen utensils. They loose friends, family and people who they love because of HIV/AIDS. They are being isolated, and they too isolate themselves from the people. Educators who are infected are discriminated against and that generates a lot of shame, embarrassment and guilt. They feel useless and regard themselves as outcasts even though they are protected by the pieces of legislature. Discrimination of HIV infected and AIDS affected people send them into hibernation. Even if they are not ill, they just stay away from the school environment in order to minimise stress.

Educators who are HIV positive but don’t know their status perform their duties as best as they can, as usual and as expected. But once they know their status, even though they are not ill, their performance drop. The knowledge kills them before the actual disease and therefore most of them do not encourage voluntary testing and counselling. When symptomatic illness begins to adversely have an influence on the educators’ health and ability to perform their teaching duties, they become frustrated and distressed and can no longer meet their own standards of excellence. As more and more educators fall ill, productivity is lost, experience is lost, and the Department of Education suffers the consequences.
4.6.2.3 School-related problems

4.6.2.3.1 Curriculum delivery

An effective curriculum will unambiguously demonstrate how high school learners can lower their risks for HIV infection through a certain lifestyle. It is through the curriculum that the plight of the orphans will be addressed.

The Life Skills and HIV/AIDS programme extends from Grade 1 to Grade 7. It was envisaged that it will be available in all primary and secondary schools in 2003. However, many schools are still not teaching this programme. Learners confirmed that in the data collected (see paragraph 2.8:39).

Curriculum delivery at high school would empower these learners for post-matriculation. Many learners at tertiary institutions are ill and dying of HIV/AIDS. If they were prepared and informed (through curriculum delivery) at high school level, they would be in a position to protect themselves from this disease. Learners feel that the most important thing that should be done is to teach them the dangers and the impact of HIV/AIDS. They need motivation to face this disease.

- **Life Orientation**

Education is an immediate response to the AIDS epidemic. However, AIDS education programmes must be designed not only to impart information to individuals but also to reduce the stigma attached to AIDS. Life Orientation should be very exciting as it is supposed to be practical, realistic, and relevant to the everyday life experiences of learners in high schools (see paragraph 2.8).

- **Life Skills**

The Life Skills programme which aims to promote a healthy lifestyle, which offers HIV/AIDS education in an age-appropriate manner to prevent the transmission of HIV/AIDS and other STIs, has not been effectively and efficiently fully implemented in all grades at school (see paragraph 2.8:39). Communication strategies,
assertiveness, decision-making and problem solving skills aim to prepare learners to become independent thinkers. However, these core skills were found lacking in most of the learners as teenage pregnancy, illegal abortions and prostitution are still severely practised by those learners. High school learners think that the Life Skills programme is useless; that’s why the department didn’t integrate it into their curriculum. However, learners want it so badly but in an improved version. Educators don’t teach it in the same manner in which they teach mathematics, accounting, science and biology in order to complete the syllabi. They feel it is a waste of time as it is not an exam subject (see paragraph 2.8).

4.6.2.3.2 Students’ interests

The manner in which HIV/AIDS is presented to the learners is perceived as boring. Learners have lost interest and declare educators as people who don’t know and are not committed to what they are doing with regard to the implementation of HIV/AIDS programmes (see paragraph 2.8:39).

Although educators like to view themselves as objective professionals, acting in the best interest of children, when it comes to HIV/AIDS, personal values, prejudice and preconceptions play a critical role in determining what information they do and do not provide.

- Guidance and Counselling

Guidance and Counselling is a non-examination subject. Schools use these periods to teach subjects like mathematics, physical science and accounting in order to complete the syllabi. It is during this period that HIV/AIDS themes could be taught as there is no Life Orientation or Life Skills education programmes in Grades 9, 10, 11 and 12. These are also the most dangerous stages where learners are sexually active. The teen experimentation, characterised by risky behaviour that can leave the South African population vulnerable to contracting a variety of sexually transmitted diseases, including HIV/AIDS (see paragraph 2.3.1.2:18).
4.6.2.3.3 Resources (educators, materials and finances)

From the data collected it is clear that with regard to HIV/AIDS, educators are not a source of information to the children. This is because they are not well trained on how to implement this programme. Preparing educators to integrate HIV/AIDS into the curriculum is a complex process, not just because it raises personal concerns for individuals but because it may force them to address new subjects such as sex and death. It is complex because it provokes inquiry into basic philosophical issues about the nature of pedagogy, the meaning of childhood and the role of the educator as an agent of change. If educators lack confidence in their own HIV/AIDS information, they will fail to respond to many teachable moments (see paragraph 2.8:39).

It is clear that educators need to be prepared for the implementation of HIV/AIDS education. Resource availability is also very important. They must be supported by scientifically accurate, good quality teaching and learning material on HIV/AIDS. Educators in this research study expressed the lack of resources on HIV/AIDS.

There is a lack of a structured approach to assist educators on how to teach HIV/AIDS in an attempt to fight the epidemic (see paragraph 2.8).

4.6.3 INTERPRETATION AND CONSEQUENCES OF THE FINDINGS ON THE PERCEPTIONS OF THE INFLUENCE OF THE EPIDEMIC ON DISTRICT OFFICIALS

There are several challenges and priorities which need to be tackled as effects of HIV/AIDS to achieve the goal of quality basic education for all citizens of South Africa.

4.6.3.1 Politics and the role of Government

HIV/AIDS is clearly a disaster, effectively wiping out the developmental gains of the past decade and also sabotaging the future (see paragraph 2.2). Participants in this research revealed the political battle the South African parliament faces with
regards to the issues of HIV/AIDS. They summarised this political battle not as a battle to save lives, but to win votes. South Africa is fighting a war against HIV/AIDS. If it is to be won however, all the people need to understand that the government cannot fight this war on its own (see paragraph 2.2).

HIV/AIDS inhibit the capacity of the South African state to govern effectively, thereby undermining its ability to respond to its citizens needs. As the South African government is already addressing gender equality issues, HIV/AIDS is increasingly redressing those educational disparities between girls and boys because girls are removed from school to look after and care for sick parents, relatives and siblings. Girls will be forced into early marriages or into prostitution. They become overwhelmingly vulnerable (see paragraph 2.10).

4.6.3.1.1 Legislation and welfare

The role of the Government is currently very challenging, as pieces of legislation around HIV/AIDS are perceived to be pushing AIDS victims to extreme corners (see paragraph 2.4). Stigma challenges government and propels AIDS sufferers not to disclose. AIDS exacerbates problems of poverty, disinheritance, migration, orphanhood, child abandonment, physical abuse, psychological trauma, ostracising and discrimination.

4.6.3.2 Declining of enrolment

One of the challenges the education sector is facing is the decline of enrolment. As many children are born with HIV, Grade 1 classes are beginning to feel the effect. Although we don’t have the exact statistics we know that the influence is there. Some learners in the higher grades are already infected and then affected learners whose parents are ill have to take adult roles and not enroll for school (see paragraph 2.6.3:33 and 2.10:47). In other instances enrollments decline due to ill parents who don’t have an income to send learners to school. Some learners are orphans who don’t have looked after by their grandparents who in turn depend on welfare and, therefore cannot afford enrolling the grandchildren at school. Some children who have been taken in by extended families with more children, who also
require resources for schooling, will not be provided for with money by the less productive remaining adults.

4.6.3.2.1 Drop outs

Learners, especially at the high schools where the research was conducted, are mostly sexually active. This, therefore means that there are those who are infected and ill to attend school as it was revealed through focus group discussions. Prejudices, being ostracized, discriminated against and suffer from stigma when it’s known that their family members have HIV/AIDS, causes some to leave school. Some leave as a result of pregnancy. Some leaves school as result of illnesses or in order to stay home caring for their sick parents. As a result of HIV/AIDS, very few learners will need school (see paragraph 2.10:47).

4.6.3.2.2 Orphans

An orphan is a child whose parents are dead and does not have anyone to care for him/her. Because of HIV/AIDS, parents die, causing the increase of orphans. This leads to child headed families, who later drop out of school and become prostitutes and criminals in order to survive. This challenges the Department of Education and stretches it to its limit (see paragraph 2.6.1).

4.6.3.3 Declining numbers of educators

As educators are becoming more and more ill with HIV/AIDS, schools experience a decline in the number of educators. Some are languishing under these illnesses and are too weak to come to school and teach; some are dying. It therefore becomes very difficult to replace an educator as colleges of education are rationalised and students who go to universities think that the teaching profession is a disgraceful profession that does not pay good salaries. This therefore, results in the quality of education being compromised (see paragraph 2.10).

The educator/learner ratio is another challenge that the education sector needs to address. According to policy in the primary school 1:40 and in the high school 1:35
learners is the regulation. As educators become more ill, learners are left with no educator for a very long time as the educator cannot be replaced because he/she is still employed. Learners are combined in one class under one educator who is present and the educator learner ratio is further compromised. In some schools more learners fall ill and die in some is the opposite (see paragraph 2.10).

**4.6.3.4 DoE: HIV/AIDS intervention strategies**

4.6.3.4.1 In-service training and workshops

Educators are supposed to receive training time like in any other institution. Educator development is very important as it upholds the quality of education and maintains the standard. However, this study revealed that very little is done in connection with this aspect. Some participants who once attended workshops complain about the quality of these workshops. No follow-ups, monitoring and support is done by the district officials. Some educators and managers have never attended a single workshop. Learners also complain that when an educator goes for in-service training there is absolutely nothing they bring back to them (see paragraph 2.8).

4.6.3.4.2 Availability of resources for education

The education sector will soon experience scarcity in human resources. As more money will be diverted or allocated to health and welfare to fight HIV/AIDS, some will be allocated to the department of social development and welfare for grants. The DoE might suffer a budget cut, as more money is spent on salaries for ill educators. Building of schools might be affected and many other resources might not be easily and readily available (see paragraph 2.10).

4.6.3.4.3 Distribution of condoms

The DoE had to react in order to mitigate the influence of HIV and AIDS. The National HIV/AIDS Policy and the Life Skills programme were their answer (see paragraph 2.10). Condoms had to be distributed to schools in order to let learners
practice safe sex and the Employment Assistance Programme had to be in place in order to help educators or any other employee on issues that also concerns HIV/AIDS. There might be other reactions which of course are not known by the participants of this study at present.

The distribution of condoms at schools has caused some major debates among the participants in this research study. Some feel that as the school distributes condoms, the message is clear – go and indulge in sexual activities. Some believe it is both protective and forcing learners to engage in sexual activities. Some believe that the school is the wrong institution for that, but that nightclubs and hotels might be most appropriate areas for distributing condoms. Some feel it is against their religious beliefs to distribute condoms to learners. Learners themselves believe that the school acknowledges their being sexually active and actually nurtures it. Some think the department is wasting money as they don’t even use these condoms (see paragraph 2.10).

4.6.3.4.4 Employee Assistant Programme (EAP)

Many educators are not aware of the Employee Assistant Programme. Those that are aware feel that it is not a useful unit. Some fear that if they go to the EAP they might be divulging their secret (HIV-positive status) and might suffer the negative consequences. It is believed that the EAP is a hush-hush thing. No report is given, no feedback, no follow-up etc. Educators at all levels have no confidence in the programme (see paragraph 2.10).

In Table 4.5 an example of a comparative overview is given of the perceptions of educators of the influence of HIV/AIDS on the school and the educational environment as it is embodied in the DoE. What the researcher intended with this categorising and coding process was what Lincoln and Guba (1985:134) explained as the activity whereby the researcher seeks to develop a set of categories that provide a reasonable reconstruction of the data collected. Once the inductive category coding and simultaneous comparing of units of meaning across categories are done, the refinement of the categories can start. Only then can the exploration of relationships and patterns across categories begin, to eventually end
with the integration of data yielding an understanding of the people and settings being studied.


<table>
<thead>
<tr>
<th>DESCRIPTION OF CATEGORY</th>
<th>INFLUENCE ON THE INDIVIDUAL EDUCATOR</th>
<th>INFLUENCE ON THE DEPARTMENT OF EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Educator becomes infected with HIV</td>
<td>• No costs to the education sector</td>
<td>• No cost</td>
</tr>
</tbody>
</table>
| • HIV/AIDS related morbidity begins | • Sick leave and other absenteeism increase  
• Work performance declines due to educator illness  
• Payouts from medical schemes increase  
• Educator requires attention from employer and the Employee Assistant Programme should start working | • The overall performance of the teaching force declines  
• Medical aids funds allocated for the year becomes exhausted before the year ends  
• Educators become miserable and depends on traditional healers completely  
• Medical aid premiums increase the following year because of the additional use of benefits  
• Managers within the education system begin to look at issues related to HIV/AIDS due to effects  
• HIV/AIDS interventions should be designed, put in place and be implemented to prevent disaster, but so far, nothing has come through for educators |
<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The educator leaves the school due to ill-health (medical boarding)</td>
<td>Pension benefits claims are made.</td>
</tr>
<tr>
<td>and death</td>
<td>In case of death – funeral expenses are incurred</td>
</tr>
<tr>
<td></td>
<td>Death benefits are claimed from the insurances</td>
</tr>
<tr>
<td>Department of Education recruits to replace the educator</td>
<td>Payouts from pension fund cause the Department of Education contributions to increase</td>
</tr>
<tr>
<td>Department of Education trains new educators</td>
<td>Morale, discipline and concentration of other educators become low due to the loss of colleagues</td>
</tr>
<tr>
<td>New educator at work</td>
<td>Educators become absent to attend funerals</td>
</tr>
<tr>
<td></td>
<td>Educators become stressed and depressed by this epidemic</td>
</tr>
<tr>
<td>Department of Education advertises the post/vacancy</td>
<td>Returns on investment in training of educators are reduced as they die of HIV/AIDS</td>
</tr>
<tr>
<td>Post is vacant until new educator is employed</td>
<td>Temporary educators are employed with no experience in Outcomes-Based Education (OBE) whatsoever, as colleges of education were rationalised long before the OBE curriculum</td>
</tr>
<tr>
<td>Learners feel the influence/impact, as they are being shortchanged and deprived of their rights to complete and quality education</td>
<td>The Department incurs the cost of training through workshops etc. in order to bring the new educator up to the level of the old ones</td>
</tr>
<tr>
<td>The Department incurs the cost of training through workshops etc.</td>
<td>Curriculum advisors plan workshops according to their work plans, whilst the educator is in the class raw as is.</td>
</tr>
<tr>
<td>in order to bring the new educator up to the level of the old ones</td>
<td>The Department of Education, experience the overall reduction of experienced and skills employees and that influence or impacts on the general performance and the quality of education within the system</td>
</tr>
<tr>
<td>Performance is low and influence/impacts on confidence</td>
<td>Other educators within the phase spend time providing on the job training whilst, still struggling with the implementation of this new curriculum</td>
</tr>
<tr>
<td>New educator at work</td>
<td>The Department of Education, experience the overall reduction of experienced and skills employees and that influence or impacts on the general performance and the quality of education within the system</td>
</tr>
</tbody>
</table>
4.7 CONCLUSION

In this chapter the researcher interpreted how the participants view the way the HIV/AIDS epidemic influenced South Africa, the learners, the educators, and the education sector. This research was conducted in five high schools in the Gauteng Department of Education, situated in the informal settlements. The findings revealed the intervention strategies and reaction of the DoE in mitigating the influence of HIV/AIDS and the needs for their schools. It is important to note that even though not much scientific research has been done before on these issues of HIV/AIDS in the schools, the influence is there and is now felt more than ever before.

In the next chapter, the researcher will draw conclusions on the perceptions of the participants in the research as discussed, analysed and categorised above, and provide some recommendations on how to counteract the influence of HIV/AIDS on the learner, the educator, and the education sector. The final contribution of this study, together with the penetrating and illuminating findings of Chapter 4, will also be discussed in the last chapter of the thesis.