CHAPTER 5

CONCLUSIONS, RECOMMENDATIONS AND FINAL CONTRIBUTION

5.1 INTRODUCTION

In Chapter 1 the researcher undertook to establish what influence HIV/AIDS has in the school - especially in informal settlements - as it is currently perceived by participating learners, educators, and the district officials of the DoE (see paragraph 1.3:5). The target-group was high school learners in Grade 12, their educators, and the DoE officials responsible for both the learning area of Life Orientation and Life Skills programme in Gauteng. The schools are all situated in informal settlements.

Firstly, the problem to be investigated was outlined as follows:

How do learners, educators and district officials within the Department of Education in the schools of some of the informal settlements of Gauteng, perceive the influence of HIV/AIDS on the activities of the school?

Secondly, the aim of this study was to establish what these perceptions of the learners, the educators, and the DoE officials are, and how the influence of HIV/AIDS affects the school. Thirdly, the methods used in the study were exposed and concepts were also clarified.

Chapter 2 consisted of a literature review on the HIV and AIDS epidemic and all its influences on communities and schools in South Africa. This enabled the researcher to eventually establish if there was any relationship between the empirical data in Chapter 4 and the literature overview in Chapter 2. This relationship enabled the researcher to come up with a thick description and illuminating interpretation of the categories that emerged from the data.

Chapter 3 consisted of an in-depth exposition of the empirical investigation of the method of research and the focus group interview. This enabled the researcher
to select a suitable research design. Focus group interviews were preferred for this study in order to obtain relevant data that would establish the perceptions of the learner, the educator, and the district officials in the formal education sector, on the school and HIV/AIDS.

Chapter 4 highlighted the findings resulting from the empirical investigation. Focus group interviews were conducted, the data obtained was analysed and interpreted accordingly. The first two interview transcriptions were taken back to the participants to check if it was truly what they said for credibility purposes. In order to validate the data, the researcher also used observations and field notes for triangulation. A literature control was undertaken in order to compare the research findings with the literature review in Chapter 2 in order to arrive at the thick description in the synthesis of the findings and some preliminary conclusions.

This chapter, Chapter 5 will provide the final conclusions and recommendations of this thesis, discuss the strengths and weaknesses of this study, suggest possible future research possibilities and lastly, present the ultimate contribution of this thesis. This study finally succeeded in breaking the silence, to make both learners and educators talk about HIV/AIDS. It encouraged participants to air their views and tell about their frustrations. Above all, it is a scientific, naturalistic inquiry report that provides thorough and in-depth information. Other scholars will also be able to utilise the ethnographic method used in this study. The result of this study is also a contribution to the existing body of knowledge about the influence of HIV/AIDS on the learner, the educator, and the district officials of education sector. Masses of information that was never before yielded came to light in this investigation, and the educational authorities and curriculum developers now have a wealth of insight and information into the influence of HIV/AIDS in this sector. The real influence of this epidemic is still to be seen in the future of this country and the world at large, and the consequences are expected to reach unfathomable depths of misery and woe. This study will however, certainly contribute to the destigmatisation of HIV/AIDS at school, among the learners, and the educators; remove the gross ignorance of communities and school populations and encourage openness and compassion.
In the following paragraph the final conclusions will be drawn on the findings of this research project.

5.2 CONCLUSIONS ON THE PERCEPTIONS REGARDING THE INFLUENCE OF THE HIV/AIDS EPIDEMIC ON LEARNERS

When coming to conclusions, not too many words should be used for fear of blurring again the clarity that was achieved through the classification process of the method that was used. Therefore, what follows here is the final distillation of the main themes that were identified in the analysis of the data, with a little more detail in the format of the sub-themes as far as more information is needed to understand the real meaning of what the learners, the educators and the district officials perceived to be the influence and consequences of the HIV/AIDS epidemic.

Learners have experienced problems in their personal lives as they realise that they can become ill and die of HIV/AIDS; they experience problems in their homes and families too, and those can carry over to having problems at school as well.

5.2.1 Personal problems

The occurrence of the HIV/AIDS epidemic causes problems in every sphere of the lives of the learner participants in this research. The researcher has come to the conclusion that the most prevalent of these problems have been identified as learners feeling that they have no future, and that they experience trauma in many ways.

5.2.1.1 No future

- In the face of HIV/AIDS, learners experience a sense of hopelessness. Life becomes meaningless as they become ill and die. Their future ends up only as a dream. In such a depressing environment of morbidity and mortality as this research has unveiled, it is the conclusion of the researcher that learners experience feelings of despair and discouragement.
• Amongst such serious circumstances of illness, depression and death, no other conclusion can be made that life sometimes become unbearable to many learners. They revert to mischief and crime, promiscuity and prostitution, and display a generally fatalistic attitude that sometimes even leads to suicide.

• Learners become promiscuous and run the risk of contracting HIV/AIDS as a result of factors like peer-pressure, poverty and looking after siblings as their parents die of HIV/AIDS.

• Infected and affected learners drop out of school and start participating in criminal activities in order to bring a plate of food on the table, to buy clothing, and sustain life for themselves and their siblings.

• When learners become infected, they fear talking to anybody about it. They fear languishing under the illness. Their solution to HIV/AIDS is suicide.

5.2.1.2 Trauma

Children who lose one or both parents to HIV/AIDS experience psychological trauma that can be devastating and frustrating. The conclusion can also be made that many children suffer trauma from abuse and harassment, stress and fear in households where the parents have lost contact with reality because of illness and poverty.

• One of the main reasons why the HIV/AIDS epidemic can not be curbed is the fact that people believe that if and when they disclose their own status they will be isolated and rejected and therefore they experience trauma and frustration.

• HIV/AIDS is intimately connected with the issue of gender and children’s rights because we are finding that incidents of incest and child abuse have a direct bearing on the HIV infection role. Lack of adult protection exposes the learners to risks like abuse.
• The threat of HIV/AIDS imposes major stress on learners from well before their parents die, to well after they have died. This stress compromise their function, well-being, concentration and school performance.

• South Africa is dealing with two epidemics – one is AIDS and the other is AFRAIDS (people are afraid of HIV/AIDS). The fear of AIDS translates to the fear of those who are infected and affected. As a result of ignorance and prejudice, people in South Africa fear talking about HIV/AIDS. Fear is very common among learners as well as adults/educators infected with and affected by HIV/AIDS. They are even afraid to talk about their fear and don’t know how to handle their fear.

5.2.2 Home-related problems

It is the general perception that all the people in South Africa are either infected or affected by the HIV/AIDS epidemic. This includes the family, the church, the school, all forms of medical and health care, traditional healers, community support structures and home-based care.

The problems that learners experience at home are numerous. The main conclusions on the problems of poverty, problems with their parents and around the family and community are presented here under the headings that follow.

5.2.2.1 Poverty

HIV/AIDS is directly linked with poverty. HIV/AIDS contributes to poverty and poverty results from HIV/AIDS. The effect on suffering such as unemployment caused by AIDS is enormous.

• Poor families are the most hard-hit by HIV/AIDS. Many families become poorer as HIV progresses and AIDS sets in. Breadwinners often have to stop working. With the lack of income, debts pile up, property, - including the home - may be repossessed.
• Learners from infected and affected families experience hunger problems as a result of the lack of adult support. These learners go to school without proper meals, leading to malnutrition. Such learners do not cope at school, because as we all know, a hungry stomach obeys no law.

• Without schooling completed as a result of HIV/AIDS, the children hang around and especially the boys get criminalised. They aren’t doing anything and therefore resort to rape, or stealing. Stealing is done in order to bring a plate of food to the table.

• When parents become ill or die of HIV/AIDS an economic burden is created, forcing many girls into prostitution in order to bring a plate of food to the table, which in turn perpetuates the epidemic.

• The lower status of women in society, total economic dependency and poverty, lead women to exchange sex for currency in order to keep the fires burning at home.

5.2.2.2 Family and parents

HIV/AIDS has had a major influence on the family system. That often altered the needs and roles of different family members dramatically. HIV/AIDS has put an unbearable strain on the family network.

The perception of the respondents is that parents are not really involved in educating their children on the threat of HIV/AIDS for various reasons, for example the fear of stigmatisation and isolation. They sometimes even resort to believing all kinds of myths regarding the disease and do not disclose their status until it is too late. The result is an increase in the number of orphans, the incidence of child-headed households where the nursing and care of terminally ill parents rest on the shoulders of children who still need to be learners at school. The youngsters of today have no positive role models any more, as the parents are absent, and nobody else cares.
• As parents die of HIV/AIDS, orphans are left behind, they become the most tragic and long-term legacy of the HIV/AIDS epidemic.

• When HIV positive parents’ illness gradually becomes worse, the children not only experience the pain and suffering, but they also have to nurse their seriously ill parents, begin to run the household, and become parents to their younger siblings. As parents become seriously ill and are admitted to hospitals, these children/learners are without adult care. When they die these children assume the adult roles.

• Home-based care, the family focused, community-based model for the care of the infected and affected learners with their families has been perceived as being an effective approach to the care of family members who are sick.

• Role models should preach abstinence on radio and TV. They should start practising abstinence themselves, and stop confusing the younger generation by saying one thing and doing another. It is the conclusion of this research that double standards are upheld in this country and that leaders, who are supposed to be role models, do not practise what they preach.

5.2.2.3 Church

• It is an unfortunate conclusion that churches seem to be doing very little to propagate HIV/AIDS awareness in the community.

5.2.2.4 Traditional healers

• Traditional healers perceive HIV/AIDS as a social and cultural problem. Sickness and death are attributed to cultural beliefs and taboos. Diseases are perceived as a result of a curse or that certain rituals were not performed or observed. They still have a big following. Many African people still go for consultation.
5.2.2.5 Community support and care

- Communities are hard-hit by HIV/AIDS. HIV/AIDS infected and affected people need sensitive *intervention* and compassionate *commitment* to care and support to find meaning in life.

5.2.2.6 Medical and health care

- The rise of *new infections* in South Africa has been blamed for example to an insensitive feudal leadership that felt no urgency in safeguarding the health of the peasant majority and on doctors who treat and prescribe medication for the infected “nicodemously” (secretly), thus, perpetrating *shame and guilt* on HIV/AIDS infected people.

5.2.3 School-related problems

A very important conclusion is that learners experience problems and need help from the school. It is a well known fact that where the *home collapses* and fails to sustain the well being of the children, the school as secondary educational institution steps in to assist them. The *school therefore has to cope* with learners being absent because of many reasons as mentioned above, with drop outs, poor performance, stigmatisation, secrecy and isolation, lack of empowerment programmes and teenage pregnancies. No wonder suggestions in the public media have propagated maternity leave for pregnant teenagers, and even nannies to look after their babies so that they can go back to school (Sunday Times, 2006:3).

Learners prefer that HIV/AIDS education should start in their schools and their community in order to break down those norms and standards that frown upon open discussion of sexual matters between parents and children.
5.2.3.1 Absenteeism

- Schools are experiencing a high rate of absenteeism as a result of HIV/AIDS. Learners *remove themselves* from school because they cannot concentrate as their parents are ill. They are afraid that when they are at school their parents might remain be dying. They are absent because they take their parents to hospitals. Some are absent because they are ill themselves, as a result of HIV/AIDS.

- Learners are *dropping out* of school as a result of HIV/AIDS. This means that the consequences of HIV/AIDS will follow them for life.

- Learners become emotionally affected as a result of HIV/AIDS. They don’t concentrate at school and therefore *perform poorly* as far as academic matters are concerned.

5.2.3.2 Stigmatisation

- A heavy mantle of shame cloaks AIDS in South Africa. An enormous stigma is still attached to the HIV infection. It is still taboo for many people in South Africa to admit that they are HIV positive or have AIDS and therefore they choose not to disclose their status. Parents *keep the secret* of the HIV positive diagnosis from their children, as the whole household could experience social rejection from the community.

- Stigmatisation of HIV/AIDS often causes *social rejection*, alienation and consequently learners dropping out of school. Because HIV/AIDS is stigmatised, infected and affected children are often prevented to play with other children and kept from gaining access to some of the few social support mechanisms for which they might be eligible.

- Learners who are infected and affected prefer to keep their HIV positive status a secret to avoid *social isolation* and rejection.
• Because HIV/AIDS is stigmatised, infected and affected children are often prevented to play with other children and from gaining access to some of the few social support mechanisms for which they might be eligible.

5.2.3.3 Lack of empowerment programmes on HIV/AIDS

• Learners need to be empowered on issues related to HIV/AIDS in order to take charge of their lives. It is repeatedly emphasised that AIDS education programmes need to be developed and evaluated to ensure that they are appropriate and acceptable.

• The majority of high school learners are sexually active and do not abstain nor use condoms.

• The youths of today are at an elevated risk for teen pregnancy and HIV/AIDS, because they often engage in high-risk sexual activities, including unprotected sex with multiple partners.

• Teenage pregnancy is very high as learners are mostly sexually active. Both their boyfriends and clients do no want to use condoms. Some are enticed by the child and/or the governmental AIDS grants because of poverty.

5.3 CONCLUSIONS ON THE PERCEPTIONS REGARDING THE INFLUENCE OF THE HIV/AIDS EPIDEMIC ON EDUCATORS

The face of HIV/AIDS has changed drastically in recent years. It is indeed an upsetting conclusion that can be made that society must begin to recognise that the face of the teacher is the new face of this illness. Educators face challenges in the era of HIV/AIDS personally, professionally and in the workplace.
5.3.1 Personal problems

Unfortunately educators are as vulnerable to HIV/AIDS as any other human being. The conclusion of this research is that educators do not escape the multi-faceted consequences of this disease and on a personal level even more often than once fall victim to it.

5.3.1.1 Physical problems

- Sick learners and their problems as a result of HIV/AIDS causes stress to the educators. There is no paid leave for stressed educator.

- It is hard to comprehend the amount of morbidity and mortality (illness and death) we see and will continue to see in this country’s educators. The problem will get much worse before it gets better. This is undoubtedly the most serious infectious disease threat in recorded human history as educators continue to be infected, fall ill and die.

5.3.1.2 Psychological problems

- Secrecy, stigma, discrimination and stereotyping plays havoc with educators’ nerves.

- AIDS has found a major foothold in the country’s teaching workforce. But it is custom not to talk about it openly.

5.3.2 Work-related problems

Educators occupy an intense position in schools and have relative power in this context, but studies such as this research on their (limited) knowledge of AIDS, have highlighted their need for training and information. They desperately need more knowledge, better skills, and extensive empowerment to enhance their attitudes positively and get them motivated. Assistance in this regard will improve their job performance and ensure better curriculum delivery.
5.3.2.1 Absenteeism

- Educators are too often absent from work as they are ill themselves, caring for sick families or attending the funerals of family members.

5.3.2.2 Knowledge

Educators need more knowledge on HIV/AIDS as a disease, on conveying values in order to convince learners not to indulge in high risk behaviour, and in ways and means to treat infected and affected learners with care and compassion.

- Culture and cultural/religious belief systems are seen as a barrier in as far as openly discussing HIV/AIDS at school by educators.

- There is a belief that female educators can handle HIV/AIDS and gender issues better than their male colleagues. An educator who is trained and is personally or professionally suited to teach HIV/AIDS programmes or Life Skills can be chosen.

- Lack of training on issues related to HIV/AIDS has an influence on the confidence of the educators and consequently educators lack commitment.

5.3.2.3 Skills

The conclusion is made from the findings of this research that HIV/AIDS and its consequences place heavy demands on the skills of educators - which they unfortunately don't have.

5.3.2.4 Attitudes

It can be concluded that educators’ attitudes gradually become more and more problematic as a result of HIV/AIDS. However, all educators need to make a paradigm shift – be reached by AIDS education and training programmes to ensure their support and perseverance.
• The conclusion is that HIV/AIDS and labelling goes hand in hand. Educators don’t want to get involved and teach about HIV/AIDS for fear of being labelled by the learners – they say: Here comes an AIDS teacher - “thicere was AIDS asu”.

• It can be concluded by this research that teacher motivation and morale are affected by this disease - educators are generally demotivated and their morale is at an all time low because of the effects of HIV/AIDS.

5.3.2.5 Job performance

The conclusion is that HIV/AIDS compromises job performance. HIV/AIDS infected educators experience deterioration in their work performance as they become weak as a result of the progression of the illness.

5.3.3 School-related problems

In the absence of care and vaccine, HIV/AIDS education represents the only viable control of the epidemic through the curriculum. The conclusion of this study is that this is not an easy enterprise, but irrefutably the only option. This means that the educators will have to spruce up their curriculum delivery, especially of subjects such as Life Orientation, Life Skills, Guidance and Counselling.

5.3.3.1 Curriculum delivery

Educators do not dare to act too creatively and they feel exposed as a result of the lack of proper training, support and feedback. As well qualified educators, they are supposed to be the implementers of the new curriculum at grassroots level. More specifically, they have to address the needs of the learners regarding the HIV/AIDS threat that looms over the school and that should be done via the learning areas of Life Orientation and Life Skills.

• The conclusion that comes to the fore from the findings though, is that Life Orientation is boring and used for writing and other class work.
• Life Skills is another area that can be applied to teach learners how to cope with the problems HIV/AIDS are causing, but for various reasons (cultural taboos, stigmatisation, etc.) educators are afraid to openly talk about sex. In fact, they seem not to know what to say or what to do.

5.3.3.2 Students’ interests

Students on the other hand, are generally highly interested in HIV/AIDS-related topics and programmes. But the manner in which it is handled at school bores them and kills their interests.

• Guidance and Counselling are supposed to be the subjects in which the problems that learners experience at school can be addressed. The conclusion though can be made that because Guidance is a non-examination subject, educators use its time allocation to complete their syllabi in order to get better results in examination subjects at the end of the year. Counselling is done haphazardly and follow up rarely happens.

5.3.3.3 Resources (human, material and financial)

• Educators lack knowledge and skills around HIV/AIDS issues and therefore can not be the sole sources of information. They need intensive training.

• Financial allocations and grants seem to be inadequate to provide for the needs of the educators.

• Libraries, by the nature of their information and business, can provide the missing link and make a meaningful contribution to the fight against HIV/AIDS. Schools need resourced libraries in order to meet the school and public community’s need for information on the epidemic.
5.4 CONCLUSIONS ON THE PERCEPTIONS REGARDING THE INFLUENCE OF THE HIV/AIDS EPIDEMIC ON DISTRICT OFFICIALS

Existing problems within education have deepened with the onset of AIDS.

5.4.1 Politics and the role of Government

The conclusion is that as far as politics are concerned, Government is perceived as not to be playing its role effectively and efficiently. Government is lukewarm and hesitant to take leadership and pass legislation that can at once take care of the situation in the country.

The official confusion over AIDS meant that the disease succeeded where apartheid failed by killing off the black majority. Political leaders such as Buthelezi and Mandela tried to address and rectify the terrible damage the precedents the AIDS policy has done to South Africa’s reputation internationally.

5.4.2 Learners in the system

5.4.2.1 Declining of enrolment

- A sharp decline of enrolment was seen in recent years which have to be attributed to HIV/AIDS. It is the conclusion of the researcher that this is happening because of poor health, sickness and extreme absenteeism of learners.

- Drop outs become the order of the day. As learners become more and more infected, so is the dropping out from school constantly rising. Some drop out as a result of becoming heads of the household, caring for the sick or dying parents.

- Orphans also increase the dropping out rates as they experience various problems that hinder them to continue schooling. Orphanhood is becoming a serious challenge in the education sector.
5.4.3 Educators in the system

5.4.3.1 Declining numbers of educators

- The education sector is facing a teacher exodus which has to be halted. Teacher shortages would be a barrier to meeting educational goals. The daily resignations exceed the number of student-educators that complete their education studies and join the teaching corps on a yearly basis.

- There is an imbalance in the educator-learner ratio as a result of HIV/AIDS. Some classes are left unattended, while others are overcrowded, as one educator tries to fill in for the ill educator.

5.4.4 DoE: HIV/AIDS intervention strategies

HIV/AIDS is a major challenge for every one involved in education and the disease is stretching the whole education sector to its ultimate limits. It can be concluded that the response of the DoE was the following:

5.4.4.1 In-service training and workshops

- The conclusion from the findings is that all educators want to be trained to teach on HIV/AIDS. In-service training is generally expensive, but it is a good vehicle for transfer of skills and knowledge.

- Educators want quality in-service training and follow-ups. Appropriate training is a major factor in determining the overall success of the HIV/AIDS programme.

5.4.4.2 Availability of resources for education

As HIV/AIDS ravages within the education system, and very few countries will want to invest in our education. Some schools will be forced to merge and/or close. Most money will be allocated to the Department of Health and Welfare.
5.4.4.3 Distribution of condoms

It can be concluded that schools distribute *condoms* in order to mitigate the influence of HIV/AIDS. Whether this is helping to curb the spread of the disease is another question?

5.4.4.4 Employee Assistant Programme (EAP)

The unfortunate conclusion must be made that the Employee Assistant Programme is declared redundant with no mission and vision by the participants in this study.

5.5 SUMMARY OF THE DISCUSSION OF THE CONCLUSIONS REGARDING THE INFLUENCE OF THE HIV/AIDS EPIDEMIC IN SCHOOLS

There is only one major conclusion regarding HIV/AIDS and its influence on the school and that is: *This country is in trouble*. The findings of this research made it clear that unless we want to slip into oblivion and mediocrity, South Africa should *stand up, mobilise* and *fight against HIV/AIDS in unity*, in the same way as with Apartheid.

How to attempt to do exactly that will be recommended in the following paragraphs:

5.6 RECOMMENDATIONS ON THE PERCEPTIONS REGARDING THE INFLUENCE OF THE HIV/AIDS EPIDEMIC ON LEARNERS

The data from the focus group interviews that were held with the participants in this research project is reflected in Chapter 4. The gathered data was analysed, findings were made, categorised, clustered and compared, which eventually enabled the researcher to arrive at the recommendations that follow hereafter. The order of the presentation of the recommendations follows the same order as that of the conclusions so that the reader stays in the patterns and do not get lost in the detail. Therefore the recommendations will include some general remarks and recommendations, then remarks that relate to the learner, the educator, and the
departmental officials, and lastly, some final remarks by the researcher to conclude this gigantic piece of work.

The following are recommendations on the perceptions of the influence of the HIV/AIDS epidemic on the learners as experienced in their personal capacity, in the home, and the school

5.6.1 Recommendations on PERSONAL PROBLEMS OF LEARNERS

The following are personal problems experienced by learners as a result of HIV/AIDS.

5.6.1.1 No future

- Learners infected with HIV/AIDS should receive group support as it is the most effective way to turn persons around from despair to optimism, to give hope where there isn't any. This support group process should reinforce a sense of compassion and hopefulness. It might sometimes be the only forum on which these learners can rely in the struggle to maintain hope for the future. It should be noteworthy that the simple discussion of a group member issue is frequently enough to restore a sense of future. Hope and joy should be critical ingredients for sustainability.

- There should be a holistic life-management programme that will address the social, psychological, spiritual and medical concerns, as well as meet the complex medical requirements of these learners who are gradually embracing a unique form of hopelessness. The programme should be designed to help these learners develop the skills necessary to succeed in their individual plans. Part of it should be pastoral counselling to address the spiritual needs of each learner affected, and to offer compassion, support and guidance.

- HIV infected learners should be helped in making life-choices; not only to deal with morbidity and mortality, but also to cope with the years of life
during which they feel physically well. Where there is life, there is hope! There should be an individualised, nurturing and holistic support and care system provided to these children who perceive themselves as without a future.

- Ill learners should receive support and medical treatment. Anti-retroviral treatment (ARVs) should be made available to the infected learners. In the case of HIV infected children, families should be fully informed about the nature of medical treatments that will be required and the child’s probable medical course. They should receive up-to-date information. Educators at school should be informed of care and support. The family should also receive extensive education regarding the risks of transmission of the virus from the infected child to others.

- A nutritional and healthy diet should also be provided at school and promoted at home.

- Everybody - including schools, churches, parents, authorities and communities - should assist in poverty relief, provide shelter for learners that are homeless and, provide food and spiritual and pastoral care for street children in order to combat/fight promiscuity among our learners. Our whole society needs to be cleansed from the scourge of this epidemic, and it needs a sincere effort and vigorous attempt from everybody concerned.

- HIV/AIDS education should be provided preventatively, long before young people become sexually active and begin engaging in risky behaviour. They should understand from their earliest years that risky behaviour endanger their lives and that they need to take responsibility for their own and their peers’ well being. AIDS prevention education programmes should use multimedia and audio-video presentations. These videos should use scenes and language that are familiar to the majority of the youths, such as the everyday street language and inclusion of high risk situations familiar to many of these learners. They should receive information on sexual risk
taking. As a result of the curiosity learners have about sexual topics, a receptive climate should be created for conveying such information.

- Parents should make HIV positive children aware and help them understand their own diagnosis, as it is their right. They should allow these children to have some control over what is happening in their lives and to also have a say over their circumstances. Openness and truthfulness together with love and compassion should generally be the preferable ethical choices over lying and secrecy when dealing with children or adults who are infected or affected. There should be a countrywide national drive towards breaking the silence on HIV/AIDS, unveiling the secrecy, forgiving the harm, promoting compassion and caring, in order to demystify the illness and lessen the discrimination.

- Crime should be prevented in creative ways. The school should establish a good relationship with the Department of Justice which handles criminal offences against learners, and by learners. The school should also have good contact with the police and child protection unit, in order to ensure that learners are not harmed and that judicial processes are not harsh on them. Counselling should be provided to the learners who commit crime with an attempt to rehabilitate the learner.

- There should be a dedicated rape and abuse unit which is properly resourced to deal with every case reported.

- There should be targeted and timed interventions to learners who are infected in the form of supportive counselling to those learners and their families that suffer from fear and suicide. Fear should be replaced by knowledge and understanding. There should be ongoing counselling so that these learners should be able to express their despair, their unbearable isolation and their multiple fears. There should be psychiatric referrals for suicidal patients (learners). A concerted effort should be made to make sure that each and everyone acquire the correct information and facts about
HIV/AIDS in order to understand this overwhelming fear, as it is caused by ignorance and a lack of information.

- Group support should gradually help these learners to express their emotions and talk about their disease. They should be gradually helped to find an essential existential meaning for their ordeal. Learners should be taught the procedure to follow in order to disclose certain issues like that of HIV/AIDS infections. There should be an acknowledgement of the fear that accompanies HIV/AIDS when addressing the issue by the intervention home-support groups.

- HIV/AIDS education should discuss a range of fears beyond sexuality. Look out and listen for, and assess the fears that are stated or implied by the children’s questions

5.6.1.2 Trauma

- Grief education should be a vital part of the Department of Educations’ efforts as one of the responses to the HIV/AIDS crisis. This would help learners to understand their pain and give them hope and the means to heal the hurt. Grief education should also be offered by a grief support group and should also be provided through print and other media. Grief and loss education should also be offered to enable these children to mourn and grieve the death of their parents. As parents die of AIDS, grief is difficult for the bereaved because of fear and the stigma attached to AIDS.

- Learners should be taught to take ownership of this HIV virus. They should receive special attention individually. They should be provided with a 24 hour call centre service in order to receive counselling and the right strategies for survival. Support groups should also be available for traumatised and frustrated learners in order to deal with their problems in a group forum.
• An HIV/AIDS programme should be able to address the effects of past sexual abuse on an individual’s sexuality and provide them with self-empowerment skills through skill building activities. Those children, who ran away from home to be street kids because of HIV/AIDS and abuse, should be given a safe place for homeless boys and girls. A residential treatment programme for these infected and affected children should be in place and the abused ones should also receive psychological support and counselling. Abused children should be influenced and encouraged to report any form of abuse. A well-resourced abuse unit should be established to be of service to the schools, especially in the informal settlements where abuse is so rife. There should be a good networking relationship between the school and the police in order to be quick in handling issues of abuse related to learners and HIV/AIDS.

• Learners suffering from stress should receive counselling, as counselling attracts young people who are worried about infection, who have family members with HIV/AIDS and those interested in HIV testing. Stressed learners should also receive a special needs programme with an aim to provide a supportive, trusting and nurturing environment to help them gain control of their own lives again. They should receive specialised medical care, psychological support, life management skills and spiritual support to help them come to grips with meaning, usefulness, death and other life issues. Given the stressful lives of learners, every school should be allocated a psychologist, a counsellor or a psychiatrist. Social and psychological counselling should be provided without financial obligations. All children who are identified as HIV infected or in whom AIDS has been diagnosed, should receive special support services regardless of who the legal guardian is.

5.6.2 Home-related problems

Home should be a safe haven to all learners, because home is where the heart is. Instead, it is a well of misery to some learners who have to face the severe consequences of HIV/AIDS. Wherever the disease strikes down someone or some
family, the nearest relative as well as the community must be alert and ready to step in and assist in whichever way necessary, especially to help the children in the house to carry on with their young lives as smoothly as possible.

5.6.2.1 Poverty

All poor children should be taken care of by the government and their surrounding communities until they graduate from high school. Parents should be provided with employment opportunities in order to look after their children well.

- The responsibility of the education sector should be to facilitate the empowerment of learners to prevent them from going hungry, for girls to prevent prostitution, and boys, to prevent them from indulging in crime. Serious thought must be employed to come up with plans and programmes to decrease their exposure to high-risk situations and to ensure that education institutions are free from sexual harassment and violence. Educators should be able to identify children/learners in distress so that they can receive assistance timeously. Feeding schemes should also take place at high schools. There should be vegetable gardens at each and every school for nutritional purposes; schools could sell some vegetables in order to raise funds to buy other necessities in order to feed the hungry.

- A value oriented education within Life Orientation should inform, modify and influence positive behaviour that shun upon criminal activities at all costs. Learners should be taught emphatically about the difference and consequences of desirable and undesirable behaviour. The police should be called to school to give lessons on the prevention of crime, dangers of drug abuse and rape as absolutely unacceptable types of behaviour.

- Girls/learners should be made economically independent in order to stop reverting to prostitution in order to make a living. It should under NO circumstances ever be an option any more! They should learn ways of reducing their risk of contracting and spreading HIV-infection through healthy and morally acceptable lifestyle practices. The police should also
patrol and scare these young learners who stand at street corners, fuelling stations or where truckers park their trucks, looking for opportunities of prostitution. A climate of morality and high living standards must be cultivated nationwide by all legal entities and authorities.

- Through intervention skills, derived from the social learning theory, e.g. coping, problem solving, and interpersonal communication, learners should avoid problems and stay healthy by employing techniques of cognitive behaviour. Experiences in HIV/AIDS education should be shared so that learners are able to understand the sources of pleasure and danger in their own lives. If all schools were resourced, the interactive videodisc should be the most promising way to inform and influence these learners. Videodiscs should provide new opportunities for learning through modelling, role-playing and feedback. These interactive videodisc programs should help these learners to obtain skills on how to prevent HIV infection and instil in youths the confidence to apply these new skills. Cultural sensitivity and interactive interventions should appeal to these high risk learners and to professionals who work with them.

5.6.2.2 Family and parents

Parents need to take responsibility for their children and see to it that they grow up safe and healthy and happy.

- When and where the parents of a family have died of AIDS, vigorous efforts should be made by the neighbours and community to locate and involve the nearest family members for social support to the children that have been orphaned. Relatives who volunteer to look after these children should have educational sessions as well as hands-on-experience in caring for HIV infected or affected children. They should be trained in all the procedures and techniques to provide comfort and solace for the children. There should be an education project aimed at reintroducing AIDS orphans who have dropped out of school to academic work, by using a system pioneered by a successful adult literacy programme.
• The family environment is among the most important influences on adolescent behaviour. Families should talk openly about HIV/AIDS during family dinner, togetherness or ceremonies. When they are infected or affected these families should find an anchor somewhere (the church) or somebody (relatives). Parents should make sure that the information their adolescents receive is correct. If they don’t speak to their adolescents, somebody else will. Parents should support, trust and respect their children so that they can have confidence to use the information to make wise decisions and delay having sex.

• There should be residential care. Residence should try to help by taking children temporarily into their homes when parents can no longer care for them or for themselves. Open arms helps families affected by HIV/AIDS by providing community-based family-centered support service for free. Services to families should include concrete assistance information, referrals and advocacy and education. People who provide services to families should be highly dedicated and motivated individuals who can turn obstacles into creative challenges. They should plan for their services. Planning should be flexible and expansive.

• Parents should play a major role in the battle against ignorance and prejudice. The home should therefore serve as an extension to what the child has learnt and was exposed to at school. Home and school should work hand in hand.

• Nursing care and support systems should be established for learners and educators affected and infected by HIV/AIDS. Learners should receive a wide range of psychological support services as they nurse and care for their parents. They should also receive training and support programmes for caregivers to prepare them to meet the extensive services that HIV infected people require.

• To enhance the quality of life, support groups should be formed. In taking up your neighbours’ burden you will render love and compassion that will
bring hope and strength to the suffering and the poor. A special programme for children with HIV/AIDS and their families should be designed and implemented. The presentation must be offered in an informative way and by knowledgeable people. A hotline for kids, providing information about services, referrals and support should be available within the education system nationwide.

- Inspiring role models should be introduced to the youngsters of this country. There should be an inter-disciplinary group of media (TV and radio) presenters involved in order to address complex issues around HIV/AIDS, because high school learners are influenced by what they read and hear in the media, but the knowledge is often based on headlines rather than thoughtful exploration of news sources. Despite what learners may be exposed to at home, on the street, or in the media, there should be an educational setting where the flow of information is carefully controlled in the classroom as educators are supposed to be their role models. The social and cognitive learning theory states that actions are often learned by watching others model the action and then practising the behaviour. It is therefore essential that the learner’s role models (celebrities) practice abstinence or safe sex (which is actually NO sex!) and engage in abstinence as they are also getting infected and having babies out of wedlock.

5.6.2.3 Church

- The church should be a caring, accommodating, social centre. The church should work closer with the schools and should not only provide the young generation with knowledge about the virus, but also assist them to develop an acceptance and understanding of self, an appreciation of family and social influence, moral sensitivity in the light of the law of God and the church, and competence in a range of living skills.

- Churches should mobilise against the rapid spread of HIV/AIDS through crusades, conferences and strong sermons in order to save the young generation and to lead them to God. Churches should ensure that accurate
and appropriate information on HIV/AIDS is presented within a full Christian vision of human sexuality.

- Religious convictions should provide an explanation to suffering, giving some meaning to the illness and reinforcing belief to external life. People infected and affected by HIV/AIDS should strengthen their coping mechanisms through religion and that they should express their increasing closeness to God because He is a source of emotional support and protection against depression.

- Churches should strive to destigmatise HIV/AIDS. It should be the duty of the church to bring moral guidance to the issue of AIDS. AIDS isn’t about sin, it’s about a virus. Churches are valuable pulpits that should provide information to young women about their right in health and empowerment matters.

- Just as Jesus broke through the social and cultural barriers of his time to reach out with compassion, love, hope to people in great need, so should religious leaders of all churches respond in the same way to the crisis of HIV/AIDS.

### 5.6.2.4 Traditional healers

Traditional healers still fulfil an important role in the community. Certain cultural beliefs need to be respected and understood as part of the people’s heritage. Therefore the education sector and schools should involve traditional healers in their HIV/AIDS programme in order to increase their knowledge and understanding about HIV/AIDS. The HIV/AIDS programmes that are created should take into account the customs and culture of the community. Traditional healers should be involved in order to help define appropriate approaches in mitigating the influence of HIV/AIDS.
5.6.2.5 Community support and care

In the South African community, a radical shift in attitudes should be a priority as it is essential to halt the advance of this epidemic.

- The Government and its departments, e.g. education, health etc. should join hands in order to emphasise education on home-based care. There should be an effective community programme that sought to look after the affected and infected in an informal setting like a home where knowledge and skills about HIV/AIDS will be central. A counsellor should also be allocated to particular homes for home-based care. An understanding, candour, openness and a non-judgmental approach should be adopted and a respect for the community. This intervention should be brought to a community setting in order to make it easily accessible to the target population and to minimise barriers to participation.

- Education about HIV/AIDS should be primarily concerned with the prevention of transmission and the optimisation of health. HIV/AIDS education within the community should reveal the nature of our society, and provides people with an opportunity to learn about their own values and should teach them something about themselves. At present there is no cure for HIV infection and AIDS, therefore primary prevention through education within the community should be a major aim. The HIV/AIDS education should be about community, it should foster images of equality and community, not about the hierarchy of blame. It should bring about caring for others and inclusion not about isolation and exclusion.

5.6.2.6 Medical and health care

- Doctors should be more assertive, start educating people who visit hospitals, clinics or private practices about HIV/AIDS, even if they are not HIV positive.

- Doctors should feel free to tell the patients about their HIV positive diagnosis; prescribe freely what their patients need, with no secrets and private informa-
tion, as it brings forward and reinforces the feelings of shame or guilt to the patient.

- Independent medical practitioners should offer free medical services to patients with HIV/AIDS who cannot afford to pay.

- The medical fraternity should encourage voluntary counselling and testing.

- Infected doctors should also disclose their status in order to open the gates of public disclosure and normalise society, so that people can understand this is an illness, and it can be fought with dignity and hope, for all people have to die one day – and nobody knows when that will be.

5.6.3 School-related problems

The school should provide a window of hope towards the future of the learners and the problems they experience in this era of HIV/AIDS. The school is supposed to be a safe place to make sense of complex and confusing realities.

5.6.3.1 Absenteeism

There should be improved data collection systems and processes on absenteeism so that patterns for HIV/AIDS victims and the influence thereof could be identified. Learners who are ill as a result of HIV/AIDS should be visited and be given extra learner support material to be able to use at home to avoid lagging behind and consequently dropping out.

- A learner who is constantly absent because of morbidity and mortality should be allocated a case manager who should meet the needs of that learner, counsel and get him through this ordeal and arm the learner with the right tools for survival. Constant guidance and counselling - one-on-one - should be provided to the learners who have been identified as having problems, to prevent them from dropping out.
Motivational speakers should be invited to address learners and give them hope for tomorrow and to uplift their morale. Poor performance should be prevented through the application of training of appropriate skills, associated with enhancing physical, intellectual, emotional and spiritual development of the learners affected and infected.

For learners to concentrate and perform well at school, grief education should be offered regularly. The grief education programme should include basic information about the symptoms of grief, the process of grieving and strategies for grief resolution. This grief programme should emphasise that each individual’s reaction is unique, that there is no single right way to free or to resolve grief. Grief education should be a vital part of the school and the education sector as one way to respond to the AIDS crisis.

5.6.3.2 Stigmatisation

Education about HIV/AIDS should not attempt to reduce stigma attached to HIV/AIDS victims, but to destigmatise HIV/AIDS. Learners should be educated on the rights of every learner, the policies and legislation surrounding HIV/AIDS, stigmatisation and discrimination. Learners should be taught to be supportive toward one another and have compassion with those who are in need.

Secrecy and social isolation should be discouraged. There should be intensive imparting of knowledge and information about HIV/AIDS. Peer education strategies should be in place in informing, educating as well as modifying negative societal perceptions. Disclosure should be made a priority to the learners on matters involving HIV/AIDS so that they should receive early intervention like counselling etc. Learners should be encouraged and made to believe that truthfulness coming from a loving place is always preferable to lying and secrecy.
5.6.3.3 Empowerment programmes on HIV/AIDS

- There should be an empowerment group in each school to act as a primary vehicle for empowering and disseminating AIDS information and an arena for all learners to ask questions about the information they have been getting. This empowerment group should institutionalise a mechanism for providing current and accurate AIDS information with a particular focus. It should reinforce the correctness of some of the information the learners have received.

- Programmes on HIV/AIDS should be non-prescriptive and non-judgmental in order to give learners an opportunity to make choices, to voice their opinions, and also empowers them to take responsibility for their action.

- There should be family life education at high schools. There should be a comprehensive programme on HIV/AIDS that should facilitate understanding and prevent both fear and discrimination. This programme should not only emphasise the rights of HIV infected children and others, to privacy and confidentiality, but also their right to participate fully in the school community as well as in the general community.

- Programmes on HIV/AIDS should include persons with HIV infections and those with AIDS to answer questions and to change statistics into hopes, dreams and changes in real people’s lives.

- Effective videos should be used to enliven and make more realistic the issues discussed in those programmes. The language used in these programmes of HIV/AIDS should be understandable. The focus on AIDS education should not only be on the transmission of bio-medical information, but also on the effects of prejudice, discrimination, racism and sexism. AIDS education should also critically analyse the social constructs of the disease not only importing factual medical information about this epidemic. An HIV/AIDS education programme should address the pre-existing stigma and not only provides facts about HIV/AIDS.
• Community experts on HIV/AIDS from local organisations, medical practitioners - those doctors most experienced in treating AIDS patients - might have an adult only perspective that might not relate to children. A paediatrician should also be involved. The communities should be enlightened by serious efforts to educate and inform them on the dangers and consequences of this disease. Caregivers should be trained to relieve the children’s plight to look after their sick parents; to reduce the social isolation of families; and increase their involvement with a network of helpers and service providers, which would assist them with concrete and psycho-social problems of families in South Africa.

• HIV/AIDS programmes should adopt a holistic approach. Programmes on HIV/AIDS should demystify the taboos of sex and death. These are real life facts and need to be treated with respect and humility. These programmes on HIV/AIDS should present an opportunity for both teacher and learners to examine and overcome their deeply held social, political and religious discomforts and bias around sex.

• Education should involve the rehearsal of skills and behaviour to assist learners to choose behaviour that is in line with their own knowledge and attitudes, even if it differs from that of their peers.

• There should be a clear framework on how partnerships operate at schools on issues related to HIV/AIDS. There should not be a situation where schools around the same area receive services from a certain NGO and the others don’t. There should be a detailed strategic plan to guide all activities related to HIV/AIDS at school. Schools should rally for additional and more effective support and partnerships from prospective donors, service providers and other agencies.

• Learners should receive education about HIV/AIDS and abstinence. A programme that actively assists young people in formulating moral principles upon which they may ground their lives is of the utmost importance and concern. Programmes such as the one referred to hereafter (Hope for
• Special visits should be arranged by the school in order to introduce learners to people living with AIDS - but not those that are seriously infected and dying – but those who are strong and still healthy. They should be taken to hospices etc. This, one way or another, should challenge existing behaviour and the mythical knowledge and would force these learners to celibacy/abstinence. Sometimes the only way to get learners to listen is by having their peers talk to them. Only then will something really sink in. There should be an abstinence-based programme that proves risk elimination as the safest way to prevent HIV/AIDS transmission, and also to teach the importance of risk reduction in preventing disease. Such programmes do exist and can be presented in school on request (The Silver Ring Thing)

• The HIV/AIDS prevention curriculum should emphasise, particularly for girls, their rights to resist the demands of others that forces one to engage in dangerous behaviour to prevent teenage pregnancy. The focus should be on self-empowerment through skills building activities so that they should mostly be able to make appropriate choices, personalise the lessons/information and to be able to identify the choices that they encounter in their own lives; how best can they change through the skills obtained. HIV/AIDS education should be linked to teenage pregnancy prevention education and initiatives that reinforces common themes of self-esteem, effective decision-making and healthy sexual development. Girls should be offered opportunities through a pregnancy prevention curriculum tailored specifically to develop the skills and commitment they need to prevent unintended pregnancies may offer a multigenerational benefit. These learners should
receive age-appropriate pregnancy prevention information. The delivering of pregnancy prevention information to these learners facilitates the implementation of a sexuality education programme and provides an opportunity to make a difference in their lives. This education should help them to avoid high-risk sexual behaviour and reduce the incidence of adolescent pregnancy, etc. They should be able to make choices related to sexual behaviour, build contraceptive knowledge and skills. They should practice communicating about relationships, sex, and contraception with a parent/teacher, etc. Child and HIV/AIDS grants should be strongly controlled and should not be abused by these girls to alleviate poverty and for personal gains.

5.7 RECOMMENDATIONS ON THE PERCEPTIONS REGARDING THE INFLUENCE OF HIV/AIDS EPIDEMIC ON EDUCATORS

If educators are to engage in decision-making activities that could define them as professionals, then they should be given the opportunity to develop the knowledge base appropriate to such responsibilities. The classroom teacher should be the most powerful weapon we have in the fight against this illness.

5.7.1 Personal problems

5.7.1.1 Physical problems

- Educators and the general staff should receive grief education in order to minimise stress as learners, fellow educators, general staff members and their family members die of AIDS. Stressed educators should adopt a positive healthy lifestyle by eating a nutritional diet, exercising, minimise alcohol consumption and smoke. There is no paid leave for stress. Educators should start support groups where talks will be about stress. This should have a huge influence on their lives and work. They will be sharing problems, and at the same time sharing solutions. One should feel relieved. A 24 hour call centre service should be provided where educators can call in
• As far as the terrible atmosphere of morbidity and mortality are concerned, relief educators should be appointed in the place of ill educators. Ill educators should disclose their illness with regards to HIV/AIDS, in order to get help so that they could live longer.

• Educators should receive Anti-retroviral therapy (ARV) as a matter of urgency as the education sector is experiencing teacher attrition consequently shortages of educators as a result of HIV/AIDS. Deceased educators should be replaced with immediate effect for the benefit of the learner and to prevent a barrier in meeting educational goals.

5.7.1.2 Psychological problems

• Educators should speak openly about HIV/AIDS, secrecy, stigma, discrimination and other stereotypes related to HIV/AIDS, thus, attacking ignorance and prejudice and wrong ideas about the disease. Educators when trained/capacitated should help create an environment in the workplace where people can be open about their HIV-status, without fear of prejudice or discrimination. This should make a school a centre of hope and care for the community and that is where the battle should be won – here at our schools. The education sector should deal urgently and purposefully with the eradication of discrimination practices against individuals affected and infected by HIV/AIDS at school.

• All schools should have, and take note of the constitution of the country in the office. The constitution of the Republic of South Africa 1996 should be able to unfold the fundamental rights to the learners, educators and all other staff members. This should be used to eradicate discrimination and all other forms of stereotypes around HIV/AIDS.
5.7.2 Work-related problems

Research should be conducted on educator absenteeism, the causes and its implications within the education sector as a lot of money is wasted on paying educators for sick leave.

5.7.2.1 Absenteeism

- Channels for disclosure of ones HIV status should be made available at school in order to understand absenteeism and even to avoid it. Each and every school should have a relief educator for purposes of absenteeism of ill educators as a result of HIV/AIDS. This educator will be trained professionally on matters related to HIV/AIDS.

5.7.2.2 Knowledge

- Educators should be knowledgeable about HIV infection and AIDS in order to be effective and be able to channel issues related to HIV/AIDS within the school. Educators should also receive programmes that reflect contextual challenges facing them in their fight against HIV/AIDS.

- Educators should be trained and guided in choosing the teaching style and teaching strategies when teaching about HIV/AIDS. The educator should be able to strike a balance, be at ease and competent in both didactic and participatory education. Educators should be trained on how to answer questions asked by students in matters related to HIV/AIDS and on how to deal with specific situations. Educators should receive ongoing workshops, be monitored and supported by appropriately knowledgeable skills issues.

- HIV/AIDS and culture places heavy burdens on educators. Educators should be helped to accept their cultural beliefs and embarrassment as natural in discussing some issues around HIV/AIDS. However, they should discuss AIDS prevention in order to protect the lives of their learners. Educators should seek culture-specific methods to challenge apparent
cultural barriers to effective communication about HIV/AIDS in the classroom and in the staff room. Educators should not perceive HIV/AIDS education as a disintegration of culture and an erosion of values in the modern world.

- When dealing with HIV/AIDS and gender, AIDS should be treated as an issue of equality and not that of passing the buck and gender. All educators should be trained on how to handle HIV/AIDS issues and not only female educators, as this is taking another angle based on gender.

- Educators need to be trained in order to handle HIV/AIDS and labelling by learners. Educators should not avoid engaging with children about HIV/AIDS and to counter false information about transmission because if they avoid the subject as a result of fear of labelling then they will be fostering the belief that HIV/AIDS is a mystery, a taboo subject that educators cannot and will not address. The school should be a safe place to make sense of the complex and confusing realities.

5.7.2.3 Skills

- All educators should receive in-service training on HIV/AIDS in order to cope and be able to deal and handle HIV/AIDS issues that confront them both at school and in the community. Educators, when specially trained, should be capable of presenting such a programme and that educators with a particularly good rapport with learners should be the best candidate for training. For appropriate training, the needs of the educators should be assessed and appropriate training programmes planned and developed. Well-equipped and well-trained educators should have an influence on the knowledge, skills and attitudes of the learners with whom they interact. Educators’ training should include skills in making the most in both informal and formal education opportunities.

- Educator training should help educators develop skills in counselling, the exploration of values and the creation of a suitable classroom environment
where difficult issues may be examined. Training educators should help them interrogate HIV/AIDS into the existing curriculum and to develop interactive teaching techniques.

5.7.2.4 Attitudes

- Educators should be trained specifically in principles of attitudinal healing as they are people working with children at school and their families. Attitudinal healing is the process of letting go of painful, fearfu l attitudes and should be able to release fear and replace it with love, as love is the most important healing force in the world. When educators release fear only love remains.

- There should be a workshop where educators will discuss their concerns, receive training that should change their attitude and be involved in programme development rather than to be only programme implementers. Educators should continuously and consistently aim to instil attitudes and values in learners like caring, loves, support, tolerance, etc. but not to be overwhelmed with his/her prejudice.

- Educators should be exposed and taken through to the anti-bias curriculum. There should be an emphasis on group consciousness raising for educators as a necessary prerequisite to implement a new curriculum in the classroom with HIV/AIDS education.

- Participation in the in-service training of programmes should build the morale of educators. Psychological support and ARVs should be provided in order to motivate educators and lift their morale.

- Medical Aid subsidies should be increased in order to sustain the educators’ illness/medical help throughout the year. Financial institutions should stop discriminating against educators who are HIV positive and have AIDS when applying for loans. There is a need to improve the educators’ salaries as one way of motivating them and rekindling their morale.
5.7.2.5 Job performance

- ARVs should be provided to the educators in order to maintain them longer within the system and to maintain and boost their job performance. Support by the employer and encouragement towards disclosure of the infected educators could improve job performance of educators at school.

- Health education programs should be provided to the educators with accurate information on health issues and safe sex and condoms and should address the psychological and emotional aspects of each issue. Staff members who go through this training should feel more comfortable with the workplace. This program should improve communication among principals and staff and increase awareness of health and safety issues. The program should help them to know the facts, protect themselves and recognise risks of HIV/AIDS.

5.7.3 School-related problems

The HIV/AIDS education poses a unique challenge that has caused much debate concerning what should be appropriately taught at each grade.

5.7.3.1 Curriculum delivery

- Curriculum delivery on issues of HIV/AIDS programmes and Life Skills programme should be made compulsory. Educators should be committed and skilled on how to handle HIV/AIDS programmes and Life Skills programme intensively. District officers should support the educators on the implementation of the Life Skills programme and HIV/AIDS programme. The methodology used in all schools should be uniform to avoid exposure of educators and to influence teacher commitment and eradicate the haphazard manner and sporadic teaching of these programmes.

- Educators should be made to understand the important role Life Skills and HIV/AIDS programmes play in the development of learners as some learners
are initiated to sex at an early age. Educators should use participatory methods to ensure effective teaching and learning. HIV/AIDS lessons should also be taught within other learning areas, and integrated in subjects such as Health Education or Biology. The Natural Sciences and Life Sciences also offer excellent opportunities for integration of HIV themes.

- HIV/AIDS education should be made a compulsory examination subject (based on continuous assessment) where all learners should participate actively in the learning process have portfolios, write exercises in interpersonal assertiveness, tests, projects, assignments, essays, role-playing in simulated high-risk situations and reduce anxiety.

- HIV/AIDS curriculum should be taught in a manner that is likely to promote risk-reduction behaviour. The curriculum should enable high school learners to respect the disease it should cause a significant behavioural change.

- Age-appropriate education on HIV/AIDS should form part of the compulsory curriculum for all learners. HIV/AIDS education should be provided in the earliest possible grades, because if it waits until high school it might be too late. The fact of preteen and early teen pregnancy confirms that some learners at primary schools are already sexually active and that there is a need for HIV/AIDS education in both lower and higher grades.

- Life Orientation - This learning area should not be presented so inadequately - instead within this learning area Life Orientation a continuing HIV/AIDS education programme should be implemented at all schools for all learners, educators and other staff.

- Life Orientation as a learning area within a curriculum should provoke critical consciousness and thereby empower responsive and responsible citizens. Learners should be enabled to ask questions about societal response to HIV/AIDS and to see themselves as citizens who can make decisions that will give direction to that response in the future. At a personal level this learning area should help students to reflect on their own behaviours. It is within Life
Orientation where a learner should recognise and be able to discuss sensitive controversial issues such as conception, birth, HIV/AIDS, child rearing, abortion and technological developments which involve consideration of attitudes, values, beliefs and morality. They should be aware of partnerships, marriage and divorce and the influence of loss, separation and bereavement.

- **Life Skills** - The Department of Education should develop a follow-up strategy and a curriculum evaluation in order to check if implementation of the Life Skills programme is taking place. Monitoring, evaluation and support should be given a priority in ensuring that the programme succeeds. The Life Skills programmes should respond to the needs of the learners, earn their trust, go where they are and speak their language. Life Skills programmes should involve parents, local leaders, religious leaders and traditional healers in order to remove prejudice. Life Skills programmes should use participatory methods and experiential learning techniques, not to give learners class work or notes everyday like what learners in this research indicated.

### 5.7.3.2 Students’ interests

- HIV/AIDS programmes and Life Skills programmes should consider the needs and interests of the learners. Learners should be involved in programme design and delivery and these programmes should target these learners with information about HIV/AIDS and risk behaviour. These programmes should include the concerns voiced by young people themselves.

- Students’ interests are often high in the case of education about HIV/AIDS and related topics, educators should therefore receive training, guidance and support to enable them to provide educational opportunities well. Music, art, drama, video and other resources should be used in order to increase student interest and participation.

- Guidance and Counselling should in the higher grades, where Life Skills and HIV/AIDS programmes are not part of the curriculum, work on skill development. Educators should be trained on how to handle these programmes within
Guidance and Counselling. They should also receive training on appropriate teaching and learning methodologies related to safe behaviour.

- Materials, educator manuals and learner support manuals should be developed for effective teaching and learning.

- Guidance and Counselling should reduce teenage pregnancies, prevalence of HIV/AIDS and high-risk behaviour. It is essential that by the time they leave school all students should have received the best possible education on HIV/AIDS. HIV/AIDS programmes should help learners develop appropriate skills and attitudes, change risk behaviour, and counter discrimination. The content of these programmes should take into account the physical, mental growth and development of the learners.

5.7.3.3 Resource availability (teacher, material and financial)

- The teacher can no longer be seen as the only source of information. In-service training should increase self-confidence regarding the educators’ knowledge about HIV/AIDS in order to be sources of information and perform their jobs effectively. Educators should feel capable of informing others about HIV/AIDS and experience relief from unnecessary anxiety. Reliance on informal education alone to provide all knowledge and skills learners need to protect themselves against HIV/AIDS is dangerous. Educators should be sources of information by being provided with information and training so that they are well-informed and know how to react to particular questions and issues.

- Newspaper articles about AIDS should be clipped daily so that the staff members can keep in touch with recent developments. A small library should keep all HIV/AIDS resources as well as self-help books for clients. There should be audio-visual materials and young people with AIDS should be used as resources themselves in interviews in order to emphasise to learners the dangers of HIV/AIDS.
There should be peer instructors in learners who are part of the training team to teach others about HIV/AIDS. It should be considered that teens learn better and communicate more effectively with peers and that should add to the programmes’ credibility.

The educational materials about HIV/AIDS should be culturally and religiously sensitive. Such materials should take into account the cultural beliefs and experience of the targeted audience and should be presented in a language with which the audience identify.

Financial allocations should be revised in order to get in touch with the needs of schools and educators.

5.8 RECOMMENDATIONS ON THE PERCEPTIONS REGARDING THE INFLUENCE OF HIV/AIDS EPIDEMIC ON DISTRICT OFFICIALS

The most important recommendation that the district officials came forward with was that the education sector should improve their communication of information on HIV/AIDS-related problems and needs in education and conduct research as well as effective ways of responding to the findings of research projects.

5.8.1 Politics and the role of Government

Politicians in South Africa should engage in a process of self-evaluation as a sincere attempt to fulfil their obligations to the people they claim to serve. The time for petty politics is over – serious and concerted efforts must now be demonstrated and sustained in order to give people hope for the future.

Politicians should pressurise the government of the day to roll out antiretroviral therapy to all in need of it, in order to prevent the morbidity and mortality experienced in the communities, at schools and within the education sector.
• Political leaders should stop using HIV/AIDS as a vehicle to win votes, but apply their energy in the battle to unite and save the nation; to destigmatise and uproot isolation, to stop rejection and fight discrimination. They should lead by example: lead exemplary lives of high moral standards of loyalty and abstinence; be ideal role models, full of compassion and love towards the people; disclose their status when diagnosed positive; and then live with dignity and humbleness that would give the poor and the suffering hope.

• The role of the government is to maintain law and order and thus provide a safe and positive environment for children and adults living in this country, even for those citizens facing life threatening diseases. It is recommended that this is now done with enthusiasm and commitment.

• The government should make efforts to destigmatise HIV/AIDS, by coming up with legislation that address and policies that resist this epidemic head on. For a start, the leaders should now take the responsibility to pursue a personal life of healthy and high moral standards as role models so that the people can flock after them and the country becomes a flourishing and happy place to live in.

• There should be advocacy for extreme and radical policies concerning children, to protect and nurture all of them, especially those with HIV/AIDS.

• There should be educational outreach services for community agencies.

• The government should facilitate the co-ordinated involvement of multiple major service delivery systems that already exist, for example: child welfare, health educational institutions, hospitals and doctors, community organisations such as the Red Cross, religious institutions, traditional healers and associations.

• The government should facilitate the social services and medical organisation policy implementation and decision making. There should be very strict laws regarding the sex worker industry in order to prevent women and girls
from contracting the disease and dying of HIV and AIDS. The government should put everything into motion to provide employment, so that the social context issues surrounding the risks experienced by the economically disadvantaged and underpowered women placed at risk by partners become something of the past.

- The government should encourage foreign and local investments, determined job creation, and innovative efforts by the private sector in order to alleviate poverty. Skills development projects should be emphasised in order to make employment accessible.

5.8.2 Learners in the system

Because of the large numbers of learners in the system it gets quite difficult to keep up with the registration of the learners. This needs to be upgraded so that the correct numbers can be calculated.

5.8.2.1 Declining enrolment of learners

Research should be conducted on the declining of enrolment in order establish the real reasons why learners disappear from schools and to come up with the correct statistics.

- There should be a very careful analysis of exactly what is happening in the education sector to produce the large number of reported drop outs. There should be early intervention strategies put in place within the education sector in order to minimise drop outs. Voluntary counselling and training should be provided to the learners to influence them timeously. A call centre for learners that operates 24 hours should also be provided.

- Orphans should be taken care of by the DoE by coordinating volunteers from the community to assist in taking care of the orphans both at school and at home through for example cooking for them. The private sector should be drawn in to provide resources that could help these orphans.
• Orphans should receive counselling continuously – a one-on-one counselling, as well as group support should help them heal from within, to be able to take charge of their lives and to reduce that emptiness.

• The church should also be drawn in to offer pastoral care for these learners; it could assist in poverty relief and ask members of their congregation to help care for these orphans.

• Orphans should be taken care of and supported within a family and within his/her culture, environment and community where he originated or he’s familiar with. Foster carers should be mobilised within the community and caregivers should be intensively trained in providing support and care. This will absolutely reduce orphans’ dropping out.

5.8.3 Educators in the system

A concerted effort should be made to recruit student educators for the teaching profession, as not too many students register for education studies any more.

5.8.3.1 Declining numbers of educators

• The education sector should consider new structures and curriculum for schooling to ensure greater flexibility and efficiency in responding to the expected rapid demand for trained replacement.

• The education sector should try by all means to provide anti-retroviral medication (ARVs) to avoid further declining numbers of educators as they die of HIV/AIDS.

• The education sector should put in place a maintenance programme that will keep educators within the department.
• Educator/learner ratio - As both educators and learners get ill as a result of HIV/AIDS, there should be a mechanism to balance the ratio.

• An extra educator employed by the Student Governing Body (SGB) should be available in all schools to avoid combining classes in the absence of an ill educator in order to solve the educator-learner ratio. When learners are ill, dropping out, the educator/learner ratio is also affected; therefore, research and a careful analysis on how many educators and learners are infected per school should be prioritised.

• Voluntary counselling and testing should be made a priority by the department for every school.

5.8.4 DoE: HIV/AIDS intervention strategies

• The DoE should urgently and purposefully deal with the HIV/AIDS scourge in and through the education and training system. However, it should mobilise inter-sector initiatives at all levels to promote prevention and should ensure adequate support for the infected and affected.

• The highly respected government officials - those who are afflicted by HIV/AIDS themselves, and because they are in the community - should help by discussing their illness in order to reduce discrimination and prejudice, or destigmatise HIV/AIDS. They should raise awareness and acceptance of the only cure to this disease, i.e. prevention and abstinence, and in the last instance, the use of condoms.

• In-service training sessions and workshops should be a good vehicle for the transfer of skills and knowledge - not just for writing monthly reports. These trainings should be well-planned and the format in which it will be carried out should be clearly outlined.
• Institutions of higher learning should also equip and produce graduates for teaching that are ready and qualified to fulfil the task demanded by the challenge of HIV/AIDS.

• Resources for education should be made available by the education sector and the DoE should ensure that the influence of HIV/AIDS is incorporated into all levels of planning.

• The DoE should ensure that there is a multi-disciplinary network in the community and that the activities are coordinated in order to pool resources and to avoid duplication of services.

• As far as the distribution of condoms is concerned, learners should be given detailed information regarding the proper use of condoms and they should be forewarned to make sure to increase condom use among those who do have sex. There should be a significantly greater reduction in barriers to condom use. Parents, community and the other role players should be consulted on all matters regarding the distribution of condoms and reach a consensus.

• The Employee Assistant Programme (EAP) should be nurtured in the workplace in order to render psychological support and to provide counselling in all necessary spheres.

• The DoE should set-up a toll-free number for learners and educators and at the members of the workplace for HIV/AIDS.

• The DoE, through schools, should try and find out if there are some organisations around the area who could also join hands and render invaluable service regarding learners that are infected and affected and HIV/AIDS issues holistically.
• The DoE district offices should give maximum support to schools and identify whether the Life Skills programme is truly implemented at all schools as envisaged by the department.

5.9 THE MAJOR CONTRIBUTION OF THIS THESIS

The final outcomes of this research reveal clearly what the perceptions of learners, educators, and district officials are on the influence that HIV/AIDS have on learners, educators, curriculum designers and developers, policy makers, the Department of Education, smaller communities and the wider South African society (see the Conclusions and Recommendations). In short, these findings contribute largely to the body of knowledge on the influence of this disease on the education sector. This study is therefore informative for the general public and for that reason the researcher hopes through what is revealed in this study to

- achieve a huge step forward towards the destigmatisation of HIV/AIDS;
- encourage openness and remove ignorance;
- promote awareness of, care and compassion to those infected and affected.

The methodology of the thesis resembles an ethnographic nature, and will hopefully entice other scholars to follow the same method. The results of this study ultimately produced information that was never uncovered before and could successfully be used to enlighten and assist learners, educators, curriculum designers and developers, policy makers, Departments of Education, other communities and, as already mentioned above, help other provinces in winning the battle against HIV/AIDS.

Another major contribution of this study is that it managed to break the silence on HIV/AIDS at these participating schools. To succeed in making educators and learners to talk about HIV/AIDS and to get interested in issues around HIV/AIDS and its influence, was really a breakthrough.
5.10 STRENGTHS AND LIMITATIONS OF THE STUDY

This was a relevant, but to a certain extent, limited research study as financial and time constraints are always present. The research was conducted in Gauteng, only one of the provinces in South Africa; however, the findings of this study could be extended wider on a national scale and follow-up studies could be executed in other provinces. This study was further conducted in the informal settlements of Gauteng where only African people are residing. It was unfortunate that when the researcher approached some of the Afrikaans, English and Indian schools on this research study, the response was negative. It is, however, not surprising as HIV/AIDS is viewed as a racial disease in South Africa.

The study focused on establishing the influence of HIV/AIDS on the learner, educator, and the education sector, and was successfully done.

5.11 RECOMMENDATIONS FOR FURTHER STUDY

Further studies and in-depth research are necessary on each and every aspect that has been touched on by this research endeavour – it will include specific attention to every category that has been identified, and the researcher plans to continue to pursue exactly that in research articles to follow this thesis.

Similar studies could be undertaken in other provinces to determine if the findings of this thesis on the informal settlement schools in Gauteng are unique or standard, and if the results will be applicable to informal settlement schools in other provinces.

5.12 FINAL CONCLUSION

This research was conducted in informal settlement high schools in Gauteng. The aim was to establish what the perceptions were of learners, educators, and the officials of the DoE on the influence that HIV/AIDS have on the school. The targeted groups were Grade 12 learners, the learner representative council, the educators and those that directly teach Life Orientation and Life Skills, the school
management teams and the officials who are responsible for Life Orientation and Life Skills within the Department of Education. The process of this study provided an environment where the different views and opinions from the participants successfully led the researcher to establish the perceptions of the learner, the educator, and the District Officials with the Department of Education on schools and HIV/AIDS. HIV/AIDS is here, HIV/AIDS is everywhere; HIV/AIDS is everyone’s problem. However, the DoE need to respond to the expressed and unexpressed needs of its internal constituencies and the needs of its broader external community, so that the scale and nature of the epidemic can be stemmed effectively by developing concrete and substantive mechanisms to conquer and win this raging epidemic.

Yes, HIV/AIDS has come to South Africa and has now sneaked itself into the school’s classrooms and staff rooms. The influence of this epidemic is inconceivable - there is virtually no sphere of life, no age group, especially that of children of all ages that are not influenced by this disease. The influence on families, schools, greater and smaller communities – in fact, the complete education sector - is absolutely immeasurable and unfathomable at this point in time. This study is therefore claiming that it is necessary to treat HIV/AIDS with absolute urgency within the education sector. HIV/AIDS infect and affect learners, educators and officials within the education system and therefore paralyse the effectiveness and quality of education in the country. The HIV epidemic in South Africa has the potential to prevent the achievement of sustained human development. As the multiple and cumulative influence of the epidemic work their way through the system, all sectors of society and the economy will ultimately be affected.

The challenge of HIV/AIDS is enormous. It leaves orphans which schools must take responsibility for. However, while a cure has not yet been found, and a vaccine is still years from widespread trialing, the disease is as transmittable and as dangerous as previously thought. The truth of the matter is of course, that HIV/AIDS just isn’t anymore as newsworthy as it was. People get “sensation fatigue” - we’ve got high interest rates to worry about now. Prevention represents the only viable way to control the HIV/AIDS epidemic. It is universally accepted that the school is the most appropriate place where the battle against HIV/AIDS
can be won. It is the learners who must stand up, as they did in 1976, to say: “Enough with Apartheid” and they won democracy for South Africa. Now, as the present youth, they must say: “Enough with new HIV infections; enough with risky behaviour and multiple partners. We can abstain from sex, we can wait until we marry, and we can change our lifestyles.” The 1976 youth mobilised themselves; why can’t the youth of today do likewise with HIV/AIDS?

Creativity and responsiveness is the key to addressing the epidemic. As much as there is an urgent need to provide prevention against HIV/AIDS, so is the care and support for the growing numbers of those already infected and affected in our schools and their communities. It is through the schools that the secrecy that surrounds HIV/AIDS can be unveiled. People resort to confidentiality as a mechanism for self-protection against rejection and discrimination. Human rights should be protected. HIV/AIDS is among us and threatens the well-being of all; empowerment for all and the destigmatising of HIV/AIDS should do the trick. Attitudes urgently need to be changed. Effective HIV/AIDS programmes should be in place urgently, in order to combat HIV/AIDS and mitigate its effects.


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