HIGH SCHOOL TEACHERS' EXPERIENCES OF DEALING WITH LEARNERS MADE VULNERABLE BY HIV AND AIDS

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HIGH SCHOOL TEACHERS' EXPERIENCES OF DEALING WITH LEARNERS MADE VULNERABLE BY HIV AND AIDS

By

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DECLARATION

I declare that this dissertation, High school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS, is my own work. All sources used are cited in the study and have been acknowledged through referencing using APA 6th referencing system. I have inserted page numbers for citations which are directly quoted as well as those which are paraphrased. This dissertation has not been submitted at another institution of higher learning for degree purposes.

Sindiswa Ruby Tame-Gwaxula

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DEDICATION

I dedicate this dissertation to my mother Nikiwe Tame and my children Hlombe, Hlomla and Zintle. Thank you for the support and love you have given me throughout this study.

ABSTRACT

The HIV and AIDS pandemic have become not only a health concern but educational and social concern as well. According to Beyers and Hay (2011, p. 99) many school-going children are not only affected by HIV but a large number of adolescents are also either HIV positive or have AIDS. Other researchers argue that education should act as a vaccine against new HIV infections (Kendall and O'Gara, 2007, p. 6). This argument comes with the expectation that all teachers are willing and ready to work with learners made vulnerable by HIV and AIDS; without considering the lived realities of the teachers in relation to HIV and AIDS. While many teachers make a difference in the lives of affected and infected learners through the way in which they deal with the learners concerned, some may not take up the challenge to assist the learners, while others might unknowingly and unintentionally do harm. This study, therefore, aimed at exploring high school teachers' experiences of working with learners made vulnerable by HIV and AIDS in order to generate guidelines to assist teachers to effectively deal with vulnerable learners in their classrooms.

This phenomenological study employed photovoice and focus group interviews to generate data with six purposively selected high school teachers. The findings reveal that teachers find dealing with learners made vulnerable by HIV and AIDS emotionally, physically and financially draining as they have limited support structures to draw from. The study has therefore highlighted the need for teacher support programs in terms of working with learners made vulnerable by HIV and AIDS, such as health facilities, social workers and nutritional support. The study recommends that trainee teachers should be prepared for the realities of HIV and AIDS in the teaching and learning landscape in South Africa. The study also recommends that individual teachers should reflect on their own experiences and plan strategies of being effective teachers while also taking into account the challenges that are brought into the classroom by learners who are vulnerable.

Key Words: High school teachers,HIV and AIDS, learners, vulnerable .

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION AND RATIONALE

The HIV and AIDS epidemic has become not only a health concern but an educational and a social concern as well. An increase in the rates of infection has led to an increase in numbers of people living with HIV, children made vulnerable due to HIV and AIDS and an increase in child-headed households. This state of affairs has become a matter of concern worldwide, including South Africa. The epidemic update (UNAIDS, 2012, p. 14) shows a general increase globally of people living with HIV and AIDS since 2001. This could be attributed to sexual behavior patterns and the decline in the number of people using condoms - in many countries, also in South Africa. According to the UNAIDS update (2012, p. 14) the number of people living with HIV in 2001 was estimated to be 20.9 million. The number has increased to 35.3 million in 2012 (UNAIDS, 2013, p. 4).

Due to an increase in access to Antiretroviral Therapy (ART), there has been a decline in the number of AIDS related deaths in South Africa and life expectancy has risen from 53 years in 2006 to 61 years in 2012 (South African National Aids Council (SANAC), 2014, p. xv). In March 2013 about 2.5 million people living with HIV in South Africa were on ART (SANAC, 2014, p. xx). Approximately 1.7 million AIDS related deaths occurred in sub-Saharan Africa in 2012 compared to 2.3 million AIDS related deaths in 2005 (UNAIDS, 2013, p. 4). Although there seems to be a decline in the number of AIDS related deaths in sub-Saharan Africa, this region is still seriously affected by the epidemic. Sub-Saharan Africa has 69% of people living with HIV world wide and 71% of (both young and old) of the newly infected persons (UNAIDS, 2012, pp. 8 & 11).

The number of new infections in 2011 was 2.5 million and it shows a decline of 20% compared to 2001 which was 3.1 million (UNAIDS, 2012, p. 8). However, there is a continuous increase in high-risk sexual behavior among South Africans which results in high rate of new infections (Shisana, Rehle, Zuma, Jooste, Zungu, Labardarios & Onoya, 2014, p.112; UNAIDS, 2012, p. 14).

The variation in global prevalence can be as a result of many factors. Countries in the developed world have better infrastructure than developing countries in sub-Saharan Africa. Access to medical help might be easy to some whilst others might find access difficult or even impossible (Akwara, Noubary, Ken, Johnson, Yates, Winfrey, Chandan, Mulenga, Kolker & Luo, 2010, p. 1066). Although access to medical care has increased, South Africa still has 6.4 million people living with HIV in 2012 and hundreds of thousands become newly infected, making South Africa's epidemic the biggest in the world (Shisana, et al., 2014, p. 26 & SANAC, 2014, p. i). South Africa is one of many countries that have experienced a decline in child and maternal mortality due to AIDS due to early taking of antiretroviral treatment and regular screening for Tuberculosis (TB) (UNAIDS, 2012, p. 47), which helps in repairing the immune system (UNAIDS, 2012, p. 59).

Despite the introduction of antiretroviral therapy in 1990, HIV and AIDS prevalence in the general population of South Africa was estimated at 12.2% (6.4 million) of the 52274945 million (Shisana, et al., 2014, p. 29) people living in the country in 2012, an increase of 1.2 million compared to 2008 (Shisana, et al., 2014, p.35). This increase in prevalence of people living with HIV and AIDS can be as a result of having more than one sexual partner and a decrease in number of people using condoms in South Africa (UNAIDS, 2012, p. 14; UNAIDS, 2013, p. 5).

High rates of HIV infection lower the life expectancy of people in countries where the prevalence is escalating. Coombe (2002, p. 14) predicted that the life expectancy of people in South Africa will go down from 68 years to 40 years. This was confirmed by van Wyk and Lemmer (2007, p.301) who pointed out that many adults had died and that 13% of South African children were orphaned by the epidemic by 2005. The decrease in life expectancy as predicted by Coombe above, means that more children will be orphaned at a young age and people who work will die leaving families in poverty. Commenting on the rate of orphanhood, Shisana, et al. (2014, p. 39) pointed out that although there is a decline in number of AIDS related deaths, there was still an increase from 3 032 000 in 2008 to 3 132 041 of orphaned children in 2012 (SANAC, 2014, p. 6). These orphaned children grow up without parents and have to make means to survive. To ensure their survival, orphaned children might end up resorting to drastic measures such as crime,

drugs or engaging in transactional sex (Shisana, et al., 2014, p. 54). These activities cause orphaned children to be vulnerable to HIV infections, thus perpetuating the cycle of infections and AIDS related deaths. In addition to that, Foster (1998, p. 21) said that although over the years the number of children developing AIDS will become stable, the number of children who lose one or both parents will continue to rise for several years thereafter. The implication of this is that the numbers of children made vulnerable by HIV and AIDS will rise, while the number of caregivers declines. More often than not, orphaned children find themselves in the care of grandparents or a caring neighbor.

More needs to be done to combat the effects of HIV and AIDS especially amongst children. Already Foster (1998, p. 23) explained that if we fail to give enough care and attention to matters affecting children, we are to blame for neglecting the source of life because children are the future. Coombe (2002, p.17) agreed with Foster, and it seems that we are still not doing enough and therefore we see a rise in the number of children who are orphaned. Thus pressure to accommodate and care for the orphans is also escalating.

1.2 TEACHING IN THE CONTEXT OF HIV AND AIDS

According to Beyers and Hay (2011, p. 99) many children are not only affected by HIV but a large number of adolescents are also either HIV positive or have AIDS. These are school going children and providing for their needs becomes an extended role of a teacher. Thus, the teachers' professional lives are entwined with those of children made vulnerable by HIV and AIDS. Webb and Wood (2008, p.111) argue that due to the increasing number of children living with HIV infections, the supply of and the demand for education could be negatively affected. This is where the expectation that education should act as a vaccine to children made vulnerable by HIV and AIDS comes in (Kendall & O'Gara, 2007, p. 6). SANAC (2014, p. 43) agrees that keeping young people at school reduces vulnerability. The Department of Basic Education (DBE) (2010, p. 10) also agrees that schools are strategically in a position for children to access a variety of services because schools are representative of a network between learners, caregivers, staff and the larger school community .

Kendall and O'Gara (2007, p. 5) also posit that schools can take on an important role to offer pastoral care, education and fulfilling the social needs of children made vulnerable by HIV and AIDS. Schools can offer services to a large number of children compared to other organizations. Also, there is no organization that can offer the learning support that the school can offer (Kendall & O'Gara, 2007, p. 6). Schools, as a result, are perceived as points of referral to different sectors that can offer and provide support and resources to the learners made vulnerable by HIV and AIDS. This extended responsibility of the school is highlighted due to the fact that children made vulnerable by HIV and AIDS cannot easily access the help they need from other sectors, due to poor conditions of their families (Foster, 1998, pp. 19-21) or fear of being discriminated against or stigmatized. This prevents them from accessing help or services in many health care centers (UNAIDS, 2013, p. 84).

These demands and expectations place teachers at the forefront of the epidemic as caregivers and counselors for children made vulnerable. The extended role expected from the school affects the functioning of the school and can hinder the process of educating the learners. Not only do teachers and learners struggle to fulfill their respective roles of teaching and learning but the managers of education as well struggle to run the institutions effectively and efficiently because of the extended role expected from schools with limited or no resources (Webb & Wood, 2008, p. 111). It is, therefore, challenging to add more duties and roles for teachers who are already overloaded with teaching duties. What is needed is an understanding of support schools and the teachers need so that they are more effective in supporting learners made vulnerable by HIV and AIDS.

The South African government's strategies to combat the spread of HIV and AIDS should not ignore the educational and the social impact it has (Coombe, 2002, p. 15). The role of the teacher thus needs to be extended from attending to educational needs of the learners only to the barriers related to learning, such as HIV and AIDS. The DBE (2010, p. 13) concurs that in its strategy on HIV and AIDS for 2012 to 2016 the focus is on providing intervention at a preventative and treatment level. What is required is an intervention at preventative level through which teachers can play their role and learners can learn in the context of HIV and AIDS.

Teachers in South Africa have had to deal with the diversity in learners by default, regardless of their training. Inclusive Education White paper 6 (DoE, 2001) mandates inclusion of all learners, irrespective of their learning barriers and health status. As a result many teachers are facing a dilemma of not knowing how to deal with the children made vulnerable by HIV and AIDS. Thus they handle the challenges they experience in the best way they know how (Beyers & Hay, 2011, p. 101).

According to Hall, Altman, Nkomo, Peltzer and Zuma (2005, p. 23), the burden of dealing with learners made vulnerable by HIV and AIDS leaves teachers drained emotionally, stressed, demotivated and with low morale and as a result they leave the profession. Beyers and Hay (2011) concur with Hall, et al. (2005) that teachers in their study indicated that they wanted to leave the profession because of stress caused by having to deal with learners made vulnerable by HIV and AIDS in their classrooms. If the epidemic is linked to teacher attrition, experienced teachers might leave classrooms and new inexperienced teachers will have to take on all those responsibilities left by experienced teachers. The concern in this regard is whether new and inexperienced teachers will be able to take up this task and make a difference? This calls for urgent attention to ensure that the education system remains effective despite HIV.

The dilemma faced by teachers in South Africa is also shared by teachers in a study conducted in Malawi. Kendall and O'Gara (2007, p. 10) cite a story of a young girl who stopped coming to school because her elder brother, who was living with HIV and was the breadwinner, had died. Teachers from the high school did not identify themselves with the responsibility to identify and track the children made vulnerable by HIV and AIDS at their school. These teachers felt that children made vulnerable by HIV and AIDS were just an additional burden because of their additional need for "support", "care" and "attention" (Kendall & O'Gara, 2007, p. 10). Already, these teachers had other challenges such as a shortage in working staff and overcrowded classrooms. Teachers felt it was too challenging to deal with learners made vulnerable by HIV and AIDS and simultaneously deal with their own experiences of HIV and AIDS. The experiences of the teachers in such studies resemble what many high school teachers today are going through in terms of dealing with learners made vulnerable by HIV and AIDS. Whether infected or affected

by the epidemic these learners are in need of support, not only educational but financial, emotional and/ or physical (UNAIDS Inter-Agency Task Team (IATT), 2009, p. 7; Beyers & Hay, 2011, p. 99). Bhana, Morrell, Epstein and Moletsane (2006, p. 8) conducted a study with secondary school Life Orientation teachers in Durban to find out how they dealt with learners made vulnerable by HIV and AIDS. They found that the teachers felt they were inadequately trained or had no training whatsoever to help learners made vulnerable by HIV and AIDS - which affected them emotionally which in turn affected how they did their work.

The studies discussed were conducted in other provinces of South Africa, exploring issues such as absenteeism of learners due to HIV and AIDS, and focusing only on Life Orientation teachers and the emotional impact HIV and AIDS have on teachers, there seems to be little research available on how high school teachers deal with learners made vulnerable due to HIV and AIDS in the Eastern Cape. A study that did explore how teachers dealt with learners made vulnerable by HIV and AIDS was conducted in Zimbabwe and Malawi, and it therefore seems that a study exploring how high school teachers in a city in the Eastern Cape, in the Nelson Mandela Metropolitan area, deal with learners made vulnerable by HIV and AIDS, can contribute to a deepening of an understanding of this phenomenon.

In light of the discussion above, the theoretical framework, teacher professional practice in the age of AIDS, generated through the HIV and AIDS in Teacher Education project with teacher educators and pre- and in-service teachers (HEAIDS, 2010a), seems appropriate to frame the study (see section 2.5.2 figure 2.1, p. 50).

1.3 POSITIONING MYSELF AS RESEARCHER IN THE CONTEXT OF HIV AND AIDS

The experiences of teachers in the studies discussed above, point to the difficulties teachers experience in the context of HIV and AIDS. I work as a teacher in a particular high school in a city in the Nelson Mandela Metropolitan area in the Eastern Cape. The school is situated in an impoverished area with low income and Reconstruction and Development Program (RDP) houses. According to my knowledge most learners at the school either live with single parents, relatives or foster care parents, or come from child

headed households. Social grants application forms brought by foster care parents for teachers to fill in, attest to this.

I am also a member of the Teacher Learner Care program (TLC) at the school. TLC is facilitated by a motor company in South Africa in partnership with the DBE and the Nelson Mandela Metropolitan University (NMMU) and is aimed at addressing learning barriers encountered by learners. I therefore do learner assessments (using a tool provided by this motor company) and offer assistance where I can or refer the learner to our school psychologist. It is through these assessments that I became aware of a number of learners who are either infected or affected by HIV and who need specific support. My involvement in the TLC program has opened my eyes to the many challenges educators are faced with when it comes to dealing with learners made vulnerable by HIV and AIDS in their schools and their classrooms. My experience at the school where I teach is not unique. While I have some training, other teachers with little or no training at all in the counseling field, often struggle to offer support to their learners.

1.4 PROBLEM STATEMENT

High school teachers are dealing with learners made vulnerable by HIV and AIDS. The teachers do so as best they can, even though they feel that they are not equipped to do so. While many teachers make a difference in the lives of the learners through the way in which they deal with the learners concerned, some may not take up the challenge to assist the learners, while others might unknowingly and unintentionally do harm. Many teachers might draw on support mechanisms available to them; others might create their own mechanisms; while others might not know what to do. The teachers' experiences of dealing with learners made vulnerable by HIV are therefore seen to be diverse and complex and require exploration to understand these experiences, which could inform the kind of support teachers need to take on this task.

1.5 PURPOSE

The main purpose of the study is to explore the experiences of high school teachers with regards to dealing with learners made vulnerable by HIV and AIDS in their classrooms.

This information will be used to generate guidelines to assist teachers in dealing with learners made vulnerable by HIV and AIDS in their classrooms.

1.6 RESEARCH QUESTIONS

- What are high school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms?
- What guidelines can be generated to assist teachers to deal with learners made vulnerable by HIV and AIDS in their classrooms?

1.7 RESEARCH DESIGN AND METHODOLOGY

In order to answer the questions set out in this study, I used a qualitative, interpretive and phenomenological research design. I engaged six purposively selected high school teachers who teach grade eight learners. I used photovoice and focus group interviews in order to access their lived experiences of working with learners made vulnerable by HIV and AIDS. These methods were useful in getting participants to discuss a very sensitive issue without focusing on themselves necessarily, but on the artifacts they produced in relation to the phenomenon. The participants analyzed their own photographs and I used open coding to analyze their explanations and the focus group discussions to generate themes and categories to answer the questions. Ethical issues were adhered to and trustworthiness was ensured. (Also see chapter 3).

1.8 CLARIFICATION OF CONCEPTS

In this section I clarify some of the concepts used in the study. This will help readers to understand and make sense of each concept as used in the context of the study.

1.8.1 A high school teacher

A high school teacher refers to a teacher who teaches in high school from grade eight to twelve. These are teachers that have been, during their teacher training, trained to teach in the General Education and Training (GET) band and in the Further Education and Training (FET) band. High school teachers (also referred to as secondary school

teachers) for this research refers to both male and female teachers who teach grade eight learners in the GET band. These high school teachers - regardless of what they teach – have experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms.

1.8.2 Leaners made vulnerable by HIV and AIDS

The word ‘vulnerable’, comes from Latin ‘*vulnerare’* which means 'to wound', and from ‘*vulnus’* 'wound' (Schmitt & Reinhold, 2014). Vulnerable learners as used in the study, refers to any child who is ‘wounded’ in being exposed to HIV and AIDS. Such learner might have lost one or both parents due to AIDS, might reside with a parent who is sick or affected or infected by HIV, or who might have become homeless due to the death of the parents (Akwara, et al., 2010, p. 1068; Andrews, Skinner & Zuma, 2006, p. 269). Such learners are deprived of support and guidance from an adult person, and even peers might distance themselves from learners made vulnerable by HIV and AIDS. These children, as a result do not necessarily get the support they need from families and friends.

For the purpose of this study learners made vulnerable by HIV and AIDS refer to school going children, doing grade eight in a high school, and who because of HIV and AIDS, find themselves either infected or affected, and therefore vulnerable.

1.8.3 Experiences

Soanes and Hawker (2006, p. 349) define experience as being exposed to a particular situation. For the purpose of this research experience refers to the teachers’ experiences at school of learners made vulnerable by HIV and AIDS. These might include teacher experiences of their academic performance, their social, emotional, as well as material conditions.

1.9 OUTLINE OF THE STUDY

Chapter one: Introduction and background

In this chapter the rationale behind this study has been discussed, focusing on HIV prevalence internationally, in sub-Saharan Africa, and in South Africa, and the impact HIV and AIDS has on education. I have highlighted research on the experiences of teachers in the context of HIV and AIDS, showing that there is a need for further exploration of Eastern Cape high school teachers' experiences of dealing with vulnerable learners in the classroom. I explained the purpose of the study and then formulated the research questions to be addressed. The concepts were clarified. I then briefly explained how the research was done, and ended off with an outline of the chapters.

Chapter two: Literature review

Chapter two explores literature review on teacher experiences in the context of HIV and AIDS; the prevalence of HIV and AIDS, its effect on children and what their vulnerabilities and needs are; it looks at intervention programs and policies available to equip teachers with necessary skills to offer care to children made vulnerable by HIV and AIDS and finally, an explanation of the theoretical framework used to frame the study.

Chapter three: Research design and methodology

This chapter focuses on the research design and research methodology. A qualitative approach to the study, the interpretive paradigm, as well as the research methodology, i.e. the phenomenological approach, is discussed. Methods of data production such as photovoice and focus group interviews are discussed, as well as sampling, the process followed in the research, data analysis, trustworthiness and ethical considerations.

Chapter four: Results

The data gathered from the fieldwork, i.e. the photovoice data, is presented as photographs with captions, showing the experiences teachers have of dealing with learners made vulnerable by HIV and AIDS. This is accompanied by transcripts of how

the teachers explain their pictures. Selected parts of the focus group interviews are presented in the chapter.

Chapter five: Findings and discussion

This chapter focuses on the discussion of the findings. The two research questions asked in chapter one: what are high school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS, and what guidelines can be generated to help teachers deal with learners made vulnerable by HIV and AIDS in their classrooms, are answered through the themes which were identified through the analysis. This is done by using direct quotations from the participants and supported by literature.

Chapter six: Summary, conclusion and recommendations

An overview of the study, a synthesis of the findings, conclusions drawn from the findings, limitations of the study, and recommendations for further research are discussed in the chapter.

1.10 CONCLUSION

This chapter has presented an introduction to the study which makes it clear that teachers are indeed at the forefront of dealing with learners made vulnerable by HIV and AIDS, and that how they deal with it needs to be explored to ensure appropriate support is provided to teachers in the school context in the age of AIDS. The next chapter provides a review of the relevant literature which underpins the study.

CHAPTER 2

LITERATURE REVIEW

THEORETICAL PERSPECTIVE ON THE ROLE OF TEACHERS IN THE CONTEXT OF HIV AND AIDS

2.1 INTRODUCTION

This chapter offers an engagement with literature regarding teacher experiences in the context of HIV and AIDS. First, I look at the prevalence of HIV and AIDS, its effects on children, their vulnerability and their needs. Second, I look at research on the experiences of teachers in the context of HIV and AIDS. Third, I look at what interventions and programs are available to equip teachers with skills to care for the school children made vulnerable in the era of HIV and AIDS. Fourth, I explain the theoretical framework I use to frame my study.

2.2 HIV AND AIDS AND CHILDREN

2.2.1 Children who are made vulnerable

An increase in the rates of infection in South Africa has led to an increase in the number of people living with HIV, children made vulnerable due to HIV and AIDS and an increase in child-headed households (Shisana, et al., 2014, p. xxxiv). High rates of HIV infection lowers the life expectancy of people in countries where the prevalence is escalating. Life expectancy of people in South Africa has been predicted to go down from 68 years to 40 years (Coombe, 2002, p. 14). In line with this prediction, Andrews, Skinner and Zuma. (2006, p. 269) state that South Africa is amongst those countries in sub-Saharan Africa where a generation has already lost both parents.

The slow roll out of prevention programs has contributed to the escalation of HIV prevalence in the general population and in 2012 the HIV prevalence rate stood at 12.2% (Shisana, et al., 2014, p. 45). Prevalence rates vary from one province to the other. The following presents the variation in HIV prevalence of the nine provinces: KwaZulu-Natal

has a prevalence of 16.9%, Mpumalanga 14.1%, Free State14%, North West 13.3%, Gauteng 12.4%, Eastern Cape 11.6%, Limpopo 9.2%, Northern Cape 7.4%, and Western Cape 5.05% (Shisana, et al., 2014, p. 37).

South Africa is burdened by these prevalence rates and clearly needs to provide access to treatment to decrease mortality rates. Countries in the developed world have more improved infrastructure than developing countries in sub-Saharan Africa, which makes access to medical help easier (Akwara, et al., 2010, p. 1066). Soanes and Hawker (2006, p. 520) point out that infrastructure refers to the "basic physical and organizational structures for a society to function." In the context of the study infrastructure refers to availability of people and services that make accessibility to ART easy to all at all time. This can be a group of people who work closely with health centers to deliver medication to people who live far or people who are ill and too weak to walk to health centers. Infrastructure promotes adherence to the treatment regime (Akwara, et al., 2010, p. 1066) which means that the more developed the infrastructure the more people living with HIV and AIDS will take medication as prescribed, follow the correct diet and stick to healthy lifestyles. On the other hand poor infrastructure results in unavailability of antiretroviral therapy and influences non-adherence. South Africa had 6422179 million people living with HIV in 2012, with about one third of them accessing ART (Shisana, et al., 2014, p. 35). It is true that poverty is a factor contributing to the spread of HIV and that the prevalence is higher in poorer communities (Shisana, et al., 2014, p. 51). While people with money can access better treatment from private sector there are those with little or no money who access free medication at public health clinics (SANAC, 2014, p. xv) easing their burden. In the context of South Africa, where ARVs is accessed freely, ART targets have been exceeded in 2007-2011 (Johnson, 2012, p. 1).

Children made vulnerable by HIV and AIDS have become not only a global concern but a concern in sub-Saharan Africa as well. Children are not only affected by the epidemic but are also infected by the virus. The most affected region is sub-Saharan Africa with 90% of the world's children living with HIV still coming from that region (UNAIDS, 2012, p.8). According to a report by Shisana, et al. (2014, p. 42) 7.1 % of young people between

ages 15-24 years with HIV were living in sub-Saharan region, while in South Africa 8.039 children between 0-14 years of age live with the virus (Shisana et al., 2014, p. 37)

Not only do children live with HIV and AIDS but it also results in many children losing one or both parents. In 2007, close to 12 million children globally were orphaned by HIV and one in every six children was heading up a household (Monasch & Boerma, 2004, p. 62). By 2009, approximately, 17.5 million children globally were orphaned by HIV and AIDS (Akwara, et al., p. 1066). In 2004, Richter, Manegold and Patcher (2004, p. 5) predicted that the levels of orphaning in South Africa will remain high until 2030. The reasons for the increase in levels of orphaning are that people do not access health services, do not go for testing and even if they do, they fail to disclose their status in fear of being stigmatized (Greef, et al., 2008, p.312). This fear that people have of stigmatization prevents them from seeking care (Mahagan, et al., 2008, p.72)

Adolescents' physical, emotional, mental, social and moral development is affected by the HIV and AIDS epidemic (De Lange, Greyling & Leslie, 2005, p. 38). Their physical development is affected by ailments associated with HIV and AIDS, linked to the immune system's failure to protect the body from opportunistic infections (De Lange, et al., 2005, p. 38). Emotionally, the learners made vulnerable by HIV and AIDS are often frustrated and depressed due to being discriminated against and stigmatized because of their own or their parents' HIV status and they can become withdrawn, living in fear of what might happen to them or their parents (De Lange, et al., 2005, p. 39). The social life of the child might, as a consequence of the above, be affected too, leaving them with little opportunity to form social bonds with their friends. The burden of caring for their ill parents and/siblings could also steal the learners' socializing time with peers or at the discovery of the learners' status and that of his/her parents, other learners might not want to be associated with him/her any longer (De Lange, et al. 2005, p. 38).

Something needs to be done to combat the effects of HIV and AIDS especially, amongst children. Clearly, if caring for the children is neglected, the future of the children and the country will be bleak (Foster, 1998, p.23). Coombe (2002, p. 17) agrees that if nothing is

done to alleviate the spread of HIV in the country, at least 3.6 million children will be orphaned by 2015. Thus pressure to accommodate and care for the orphans will escalate.

2.2.2 Education and children who are made vulnerable

Schools are not only expected to provide educational needs to learners made vulnerable by HIV and AIDS but to offer pastoral care as well (DoE, 2000b). Schools, as a result, are considered the focal points where from learners made vulnerable by HIV and AIDS can be referred to different organizations in order to access support they require. This expected responsibility of the school is due to the fact that children made vulnerable by HIV and AIDS often cannot easily access help from other sectors (Foster, 1998, pp.19-21) and in some instances they are discriminated against and stigmatized such that they are unwilling to access services offered by some health centers (UNAIDS, 2013, p. 84).

It is might be that dealing with vulnerable children on a daily basis is not an option for teachers. In Malawi when the government declared Free Primary Education in 1994, the number of enrolled children doubled in 1995 (Kendall & O'Gara, 2007, p. 6). Because schools in Malawi are widely distributed it is the only government institution at community level which can interact with and contribute to the holistic development of children, including those made vulnerable by HIV and AIDS (Kendall & O'Gara, 2007, p. 6; Mukoma, 2001, p. 56). Schools are therefore often the only institution that can offer protection, care and support, important life skills and hope to the children made vulnerable by HIV and AIDS (Kendall & O'Gara, 2007, p. 6; Hoadley, 2007, p. 258). As Kendall and O'Gara (2007, p. 6) and Coombe and Kelly (2001, p. 440) put it, schools serve as a "social vaccine" and the only vaccine the society has at hand against AIDS. Hoadley (2007, p. 258) adds that only those schools that are able to offer quality teaching and learning will thus provide learners with what they need as their right to education.

The implications of the increasing number of orphans and vulnerable children is that the role of school in an "AIDS-free" world changes to "state of emergency" centers in a world infected and affected with HIV and AIDS (Kelly, 2002, p. 28). The mission of schools then are no longer to only educate, but also to offer counseling and care to children made vulnerable by HIV and AIDS in their classrooms. Kelly (2002, p. 33) is of the opinion that

schools are capable of carrying out this role to counter the tragedy of HIV and AIDS and help children to regain their strength and dignity after being touched by HIV and AIDS.

It is however, the teachers who are at the frontline. Beyers and Hay (2011, p. 102) write that the demands on teachers, due to the HIV and AIDS epidemic, have increased as they have to provide counseling and support to learners made vulnerable by HIV and AIDS. This often includes providing economic or financial support, and assisting with school uniforms, food, and medical support (Van Wyk & Lemmer, 2007, p.311). Bennell (2005, p. 475) explains that if these children do not receive the medical attention they need, they may frequently be absent from school due to AIDS related illnesses, and this may have a negative impact on their education.

The demands and expectations place teachers at the forefront of the epidemic as caregivers and counselors for children made vulnerable by HIV and AIDS. The extended role expected from the teachers, affects the functioning of the school and the nature of the education provided. While it should not be seen as negative to take care of children, it does influence the running of the school because of the extended role required from schools (Webb & Wood, 2008, p. 111). What is required is supporting the schools so that they are able to support learners made vulnerable by HIV and AIDS.

The South African government's early strategies to combat the spread of HIV and AIDS were focused on the epidemic as a health problem and ignored the educational and social impact it has (Coombe, 2002, p. 15). Not much seems to have changed, as Shisana, et al. (2014, p. 117) concur, saying that in 2012 HIV is still addressed as a biomedical issue neglecting the social and the behavioral aspects of the epidemic. Because of this focus, the role of the teacher is thus – by default - extended from attending to educational needs of the learners to addressing social related barriers to learning, such as HIV and AIDS, without the necessary support structures put in place. Teachers in South Africa have to deal with diversity in learners regardless of their training. Inclusive Education White paper 6 (DoE, 2001) mandates inclusion of all learners, irrespective of their learning barriers and health status. As a result many teachers are facing a dilemma of not knowing how to

deal with the children made vulnerable by HIV and AIDS, but handle challenges they experience in the best way they know how (Beyers & Hay, 2011, p. 101).

2.2.3 Vulnerabilities

Vulnerability affects the daily functioning, performance and interaction of children across the world. There are various factors contributing to vulnerability but I will focus on how HIV and AIDS make children vulnerable.

Vulnerability is defined in various ways by different people in different countries around the world. UNAIDS (2009, p. 9) refers to vulnerability as the result of a complexity of factors that negatively affect the person's ability to have control over his or her health and thus makes people to be at risk health wise (Adger, 2006, p. 270). In Botswana vulnerability of children is often defined in relation to children who live on the streets, children under age forced to work, those who are exploited sexually and those who are handicapped (Skinner, et al., 2006, p. 620). In Rwanda vulnerability is associated with children heading up homes and those who had to be placed in homes or institutions, those under the supervision of foster parents and those who are in conflict with the law (Skinner, et al., 2006, p. 620). In Zambia the definition for vulnerable children includes those children who cannot or do not attend school, and children coming from poor households where there is insufficient food (Skinner, et al., 2006, p. 620). In South Africa vulnerability is looked at in terms of those children who are not cared for because they have lost one or both parents or caregivers, or will soon lose a seriously ill mother, children born to teenagers often not married, or children who live with unemployed parents (Richter, et al., 2004, p. 4; Skinner, et al., 2006, p. 620).

Orphanhood, linked to vulnerability, includes different nuances of being orphaned. Richter, et al. (2004, p. 3) citing UNAIDS (2000), describe any child under the age of 15 years who has lost a mother as a maternal orphan and if the child has lost both parents as a double orphan. Skinner, et al. (2006, p. 620) add that a child who loses a father can also be classified as an orphan, that is, a paternal orphan. From this explanation one can gather that a child need not lose both parents to be considered an orphan. Also, whether the child is a maternal or double orphan, the child is often still vulnerable.

Livingstone (2002,p. 743) generally views vulnerability as a state of being exposed to attacks or harm. According to this definition, vulnerable children are open to danger and are unable to protect themselves. They are helpless, cannot defend themselves against any forms of attack and feel unprotected against disease. Skinner, et al. (2006, p. 623) use a broader definition of vulnerability as a child whose right to basic needs are not met. According to this definition, a child might not be orphaned but can be compromised if a right to health, right to education or a right to home is not met. In relation to vulnerability of children to HIV and AIDS, Bennel (2005, pp. 468, 469) and Richter, et al. (2004, p.3) identify three categories of children made vulnerable by HIV and AIDS. There are those who are infected by HIV, those who take care of the sick, and those who are orphaned by HIV and AIDS. Bennel (2005, p. 468) states that "adversity of these three groups of children depends inter alia on the support from school". In other words schools have a major role to play in minimizing the vulnerability of learners in the context of HIV and AIDS and to afford learners made vulnerable by HIV and AIDS an opportunity of a safe environment where their rights are respected (care, hope, happiness and a state of being strong) (Coombe & Kelly, 2001, p. 443).

According to UNAIDS IATT (2009, p. 9), infected children may have special needs due to health problems they are faced with. According to this report, infections may cause "neurological damage" which may hinder the expected rate of development. The report continues to state that this category of children may even experience frequent and severe diarrheal diseases and respiratory infections. The children's stress levels may also be high due to changes in their livelihood. Van Wyk and Lemmer (2007, p. 310) highlight the following as needs of children made vulnerable by HIV and AIDS: economic support, basic and development security and a stable life. To add to that Skinner, et al. (2006, p. 624) mention the importance of maintaining balance in the child's context because if any one of the components in the child's life is disturbed or unbalanced, the child suffers.

If the context is not conducive to fulfilling the basic needs of the child, vulnerability could deepen when children are exposed to poverty and malnutrition and could be prone to illnesses, infections and diseases. Extended families with limited resources – caring for vulnerable children - may find it impossible to cater for the basic needs of the children

made vulnerable by HIV and AIDS. The lack of care and food security and being at risk of abuse and exploitation (Akwara, et al., 2010, p. 1066; Kendall & O'Gara, 2007, p. 5), position them, according to Andrews, et al. (2006, p.270) and Skinner et al. (2006, p. 620) as materially, socially and emotionally vulnerable.

HIV and AIDS can have a direct and/or indirect impact on the child. One child may be infected while the other may be afffected by the epidemic. Regardless of the direct or indirect impact on the child, these children are burdened by HIV and AIDS. Young and Ansell (2003, p. 469), argue that this is because of the changes in the structure of the society. Children who care for the ill parents or siblings, those who lose one parent or both, those whose parents cannot work due to illness, are the ones that carry the extra vulnerability of poverty, loss of property due to insufficient income, health conditions deteriorating as levels of poverty and stress go up and that is an indirect impact of HIV and AIDS. Andrews, et al. (2006, p. 270) agree with Akwara, et al. (2010, p. 1066) and Kendall and O'Gara (2007, p.5) that the children's vulnerability is increased by the financial constraints, and that such children also experience difficulty in accessing services and medicines from clinics. Sometimes their guardians - often illiterate – struggle to fill in documents for applying for social grants, exacerbating the vulnerability of the child, who might leave school to find a job becoming vulnerable to being exploited as child labourers.

Children may also feel the indirect impact of HIV and AIDS when there is a change in the structure of the population where parental care is substituted by guardians or grandparents. In the absence of a parent or when a parent gets ill, grandparents take over the role of a parent and sometimes children as young as 15 years old take care of their siblings. The absence of a parent increases vulnerability amongst children. In some instances, neighbours have to take the responsibility of parenting the orphan. Children may not easily adapt to the changes in roles of society and this can stress the child and affect his development and learning. They may be expected to play the role of a parent, and care and provide for self and siblings.

Not only does the loss of a parent affect and change the role of the orphans but it also is a very traumatic experience for the child. Kendall and O'Gara (2007, p.10) highlight that in the cases where peers discover that their friend has a sick parent, the child can be exposed to discrimination. A report by UNAIDS IATT (2009, p. 5) shows that discrimination and stigma becomes stronger when people pick up on children made vulnerable by HIV and AIDS and that can cause difficulties for the children in question and to their parents. Consequently, parents of the children who are vulnerable, take their children out of that school. As a result the child may withdraw and live in isolation both at school and in the community. The child may find it difficult to concentrate in class or may cry or show disruptive behavior which may affect his or her relationship with other learners and teachers at school (Bennell, 2005, p. 482). This has direct impact on the education of the child. Pulling out of school at an early age may lead the child to engage in activities such as early sexual involvement with older people in order to make money, or even do crime (Shisana, et al., 2014, p. 54). Such activities are clearly not beneficial to their own well-being.

Despite having to attend to the needs of learners made vulnerable by HIV and AIDS, teachers have to ensure that quality teaching and learning takes place and that learners' performance is at its utmost best. It is also important to keep the learner in school as attending school motivates learners to be more disciplined (Coombe & Kelly, 2001, p. 442) in terms of what to do and what not, or to move away from risky behavior. The above-mentioned expectations and demands to support the vulnerable learners do not really consider the trauma and despair teachers experience in trying to deal with learners made vulnerable by HIV and AIDS in their classrooms.

Schools have their own challenges such as shortage of staff, overcrowded classrooms and lack of resources (Kendall & O'Gara, 2007, p. 8). Teachers have to deal with emotional health and physical health issues and educational, financial and social challenges as well (HEAIDS, 2010b, p. 11), yet lack support in terms of necessary resources (Mukoma, 2001, p. 61). Despite this, they are expected to carry the extra burden of children made vulnerable by HIV and AIDS by offering them pastoral care. This brings me to the second body of knowledge.

2.3 TEACHERS DEALING WITH LEARNERS MADE VULNERABLE BY HIV AND AIDS IN THEIR CLASSROOMS

HIV and AIDS have not only changed the world, but have completely changed the world of education (Kelly, 2002, p. 1). This still rings true in 2014. UNAIDS (2013, p. 180) confirms that 2.1 million school going children in low and middle-income countries were living with HIV in 2012. When a problem affects children, the tendency is to ask for help from schools. This definitely calls for a complete change of idea of schools to be places of safety, hope and support in times of the pandemic. Bhana (2007, p. 432) supports this when she states that teachers are faced with huge social problems in school, associated with, amongst other things, HIV and AIDS and poverty. This calls for efforts that go beyond treating HIV and AIDS as just a biomedical issue but a combination of that and social and behavioral as well (Shisana, et al., 2014, p. 117).

In a study conducted in secondary schools in Durban (Bhana, et al., 2006, p. 7) teachers were confronted with the challenge of offering help to learners made vulnerable by HIV and AIDS. According to the study, learners come to school traumatized because they have lost people close to them, a parent or a caregiver. Although some of the teachers at the school teach Life Orientation, others do not have any training with regards to supporting vulnerable children. Even Life Orientation teachers at the school feel that the expectation of pastoral care from them is draining them (Bhana, et al., 2006, p. 8). These teachers state that there is no program in teacher training institutions that equips them for counseling or providing emotional help to learners made vulnerable by HIV and AIDS in their classrooms.

In another study done in Malawi, teachers complained about large numbers of learners in their classrooms, and that absenteeism from the side of the learners due to HIV and AIDS disrupted progress at the school (Kendall & O'Gara, 2007, p. 9). According to these teachers these learners were either sick, bereaved or taking care of a sick parent, sibling or caregiver (Kendall & O'Gara, 2007, p. 9). When asked what role they played to ensure quality schooling for the children made vulnerable by HIV and AIDS in their school, teachers indicated that it was not their responsibility to check and follow up on absent

children and that they were already struggling with large numbers in classrooms and shortage of personnel (Kendall & O'Gara, 2007, p. 10).

In Zimbabwe another study was conducted (Kendall & O'Gara, 2007, p. 12) which showed how a 12 year old girl, Tarisai, whose parents had died of HIV related diseases, was forced to leave school to look after her 9 year old brother and her 6 year old sister who were also regularly ill. According to the study, the one thing that Tarisai needed more than the food and clothes she was receiving was to go back to school. When the team of researchers went to the school, teachers mentioned that they too, were faced with overwhelming personal issues and management issues, and that there were not enough funds at schools, classrooms were overcrowded and that they were concerned about whether without proper training they will be able to deal with learners made vulnerable by HIV and AIDS in their classrooms (Kendall & O'Gara, 2007, pp. 12 & 13). They felt that dealing with learners made vulnerable by HIV and AIDS was too much for them.

Confirming that were teachers - in a study conducted in South Africa - who shared how dealing with people made vulnerable by HIV and AIDS affected them. One female teacher commented that dealing with people made vulnerable by HIV and AIDS made her feel sad, scared and wanting to cry when she meets people who have chronic illnesses and that it depressed her (Delport, Strydom, Theron & Geyer, 2011, p. 123). If teachers get scared and sad when dealing with children made vulnerable by HIV and AIDS they cannot do their job effectively and learning cannot take place as expected. Learners made vulnerable by HIV and AIDS cannot be supported by such teachers who need help themselves. As a result schools seem to fail to offer the expected support to learners with such vulnerabilities.

Another teacher from the same study blamed God for allowing the epidemic to happen (Delport, et al., 2011, p. 123). This shows that dealing with children made vulnerable by HIV and AIDS also affected the spiritual wellbeing of teachers. If teachers are spiritually low, it cannot be expected of them to uplift the spirit of learners with vulnerabilities. Other teachers told how they lost their appetite and unable to sleep after meeting with children made vulnerable by HIV and AIDS, while others started thinking of their own teenage

boys and girls and whether they are sexually active or not in fear of what they see (Delport, et al., 2011, p. 123) while others developed stomach aches and became nauseous as they thought about their ill family members. These are the effects that are not thought of when making schools state of emergency centers. Dealing with learners made vulnerable by HIV and AIDS affects the wellness of teachers and that can impact negatively on their professional work.

Professionally, these teachers admit that they do not know how to assist learners made vulnerable by HIV and AIDS since they are not nurses, social workers or psychologists although they are concerned about high rates of absenteeism and poor academic performance amongst learners (Delport, et al., 2011, p. 123). In addition to that, UNAIDS IATT on Education (2009, p. 6) agrees that teachers are not adequately empowered to deal with HIV and AIDS vulnerabilities and the effects it has on education. Even tertiary institutions do not adequately prepare them for such experiences, and what higher education institutions are doing is at a very small scale (HEAIDS, 2010b, p. 2; Baxen, Wood & Austin, 2011, p. 2).

The school management is expected to lead in assisting teachers deal with learners made vulnerable by HIV and AIDS in school. Chikoko and Khanare (2012, p. 24) explored the response of School Management Teams (SMTs) to psychosocial aspects of orphans and vulnerable children in the context of HIV and AIDS and worked with them to see which assets within the community they could draw on to support the learners and the teachers. In another study conducted by Visser, Johan, Schoeman and Perold (2004, pp. 274-276), although school principals were expected to monitor the implementation of HIV and AIDS prevention policies in their school, the guidance period got removed to cater for examinable subjects, some principals felt that HIV and AIDS prevention was not the school's responsibility, while others claimed lack of time and personnel resources as preventing them from implementing these policies. SMTs clearly have a role to play in the provision of support to learners made vulnerable by HIV and AIDS, and they cannot ignore this important task.

It is interesting to note that some teachers in the study of Delport et al. (2011, p. 123) refer to being robbed of their social lives. Teachers indicated that they no longer had time for anything else but to visit the ill, bereaved and go to funeral services of children in their schools, parents of their learners or even their own friends, families and colleagues on a weekly basis (Delport, et al., 2011, p. 123). This extra load takes time which erodes the time available for socializing, so even during weekends or time off from school they do not really get away from dealing with HIV and AIDS vulnerabilities, which has become part of their lives.

2.4 HIV AND AIDS POLICIES AND INTERVENTIONS

In an attempt to address the HIV and AIDS pandemic many South African government policies were introduced and many intervention programs, some with a research as intervention angle, came into existence.

2.4.1 Policies

As means to protect the rights of the infected and affected learners and teachers, the South African government introduced several policies. Griesel-Roux, Ebersöhn, Smit and Eloff, (2005, p. 253) mention the introduction of the National Policy of HIV and AIDS in 1999. The aim of the policy was in agreement with Inclusive White Paper 6 (DoE, 2001) in that they both enforce constitutional rights of the infected and affected learners and teachers not to be denied access to school as a result of their HIV status. They encouraged people to disclose in order to get the necessary assistance and ensured that the information shared in confidence is kept between the two until consent to refer is given. The Inclusive Education White Paper 6 (DoE, 2001) also aimed at protecting children living with HIV from being discriminated against and stigmatized. The introduction of these policies might have helped people to disclose and get help and early treatment, or to share the burden of living with HIV, but nothing in the policies addressed the concerns of teachers when it comes to dealing with learners made vulnerable by HIV and AIDS in their classrooms.

The Department of Education's Tirisano (DoE, 2000a) and the DoE's National policy (1999, p. 6) both had objectives to raise HIV and AIDS awareness at all levels and to ensure that Life Skills and HIV and AIDS education reaches all children in school. Both addressed the impact that HIV and AIDS has on education by training teachers and by providing necessary resources to teachers. A positive point about Tirisano was the acknowledging of the fact that HIV and AIDS effects education, and that training alone, without the necessary resources, will not be helpful. According to the policy, teachers were expected to access and work with professional people to deal with issues of HIV and AIDS (DoE, 1999, p. 19). There was, however, a huge gap between what was expected in the guidelines and its actual implementation by the teachers. Some teachers for example, were against the use of condoms as means to prevent the spread of HIV, and rather believed in and promoted abstinence. The policy neglected the fact that everybody, including teachers, has their own beliefs and attitudes when it comes to the epidemic. As Helleve, Flisher, Onya, Mukoma and Inge-Klepp, (2011, p. 121) put it, "Teaching HIV and AIDS and sexuality is not a value-free activity". Teachers, like all human beings, have their own value systems and they need to be respected. Also, the fact that some teachers may also be affected or even infected by HIV and AIDS was not addressed by the policy. They were expected to implement the program without considering the impact that it might have on them and their job. Teachers, as a result, found it difficult to implement the guidelines.

Griessel-Roux, et al. (2005, p. 253) cite the Gauteng Circular 33/2001 as an example of how the Gauteng Department tried to facilitate the implementation of the guidelines of the Norms and Standards for Educators, and which acknowledged that HIV and AIDS education should go beyond imparting intellectual information and include engaging with real issues in real life situations. The life situations as Griessel-Roux., et al. (2005, p. 253) put it include emotional, physical, material, psychosocial and educational needs. A good policy needs to address such challenges. The Gauteng circular also did not consider the needs of teachers. The focus was on implementing the guidelines but not on empowering teachers to deal with learners made vulnerable by the epidemic (Griessel-Roux, et al., 2005, p. 253).

Each school governing body, the principal and the SMT were also required to adopt the National Policy and create own school policy according to the specific needs of and challenges experienced by the school itself (DoE, 1999, p. 13). The National policy should serve as a guide on what should form part of the policy at school level. The development of such a policy should help protect both learners and educators affected and infected by the HI virus from discriminatory practices.

2.4.2 Interventions

Intervention programs introduced before 1995 were based on prevention of HIV and AIDS and knowledge and information of how HIV is transmitted (Wood & Goba, 2011, p. 276; Mukoma, 2001, p.56). These interventions did not consider HIV and AIDS as a social phenomenon but as a health concern.

Amongst the early intervention programs Sinclair (2002, p. 54) cites the introduction of a life skills program in 1997. According to Sinclair this program focused on training teachers on life skills and on how to prevent the spread of HIV and AIDS. The challenge of this life skills program was that few teachers were skilled on implementing, tracking or keeping an eye on the effect of the program on learners, in terms of what they have learnt. Wood and Goba (2011, p. 276), for example, mention the National Integrated Program (NIP) introduced by Eastern Cape Government (ECG) and the Eastern Cape AIDS Council (ECAC) in partnership with Department of Health (DoH) which focused on support and care of teachers and those in need. The program served to strengthen referral systems in the community with special focus on children made vulnerable by HIV and AIDS (DoE, 2000, p. 29). This was followed by the Health Advisory Committee (HAC) which also aimed at joining forces with the community in fighting the spread of HIV and AIDS in schools and in Further Education and Training institutions (DoE, 1999, p. 31). The HAC was made up of educators and staff, representatives of parents and learners, leaders from different faith-based organizations and from medical or health care professions. The HAC received basic counseling training from Non-Governmental Organizations (NGO's) to strengthen the role of schools in health promotion and prevention of HIV (DoE, 1999, p. 31). NGOs, central to the community, seemingly understand what is going on in terms

of HIV and AIDS and its impact on the society. However, NGOs do not have a clear idea of the curriculum demands of teachers (Wood & Goba, 2011, p. 276). The context of the school is different from that of the community. A good program thus, would have to consider those differences and demands. The basic counseling course was important for teachers in order to be able to offer some sort of support and care (Wood & Goba, 2011, p. 276).

Another program introduced in 2005 which also seemed promising was the 'No apologies' and peer education program (ECG and ECAC, 2006, p. 230). It promoted abstinence as prevention of HIV transmission and focused on empowering learners to do away with risky lifestyles. Once again this program treated HIV and AIDS as only a health issue. It did not consider the learners affected by the pandemic. The program also ignored learners who were already infected with HIV, and as such not all learners' needs were met by the program (Wood & Goba, 2011, p. 277).

None of the above programs and interventions seemingly equipped and empowered teachers sufficiently on how to deal with learners made vulnerable by HIV and AIDS. They failed to assist teachers to teach and learners to learn and school managers to manage in the context of HIV and AIDS (Ferreira & Ebersöhn, 2011, p. 27). Quality teaching and learning is still negatively affected despite these programs (Wood & Goba, 2011, pp. 279-281; Mukoma, 2001, p. 56). Both teachers and learners have information about the epidemic but teachers still do not feel empowered to deal with learners made vulnerable by HIV and AIDS in their classrooms, learners continue to fall pregnant and levels of HIV infections keep on escalating (Mukoma, 2001, p. 56; Shisana, et al., 2014, p. 112).

Several studies with a research as intervention approach have also been initiated. Here I refer to the Resilient Educators (REDs) study (Theron, Geyer, Strydom & Delport, 2010). This support program for educators affected by HIV and AIDS (Theron, et al., 2010, p. 4), acknowledged that teachers do not "work in isolation" and that teaching does not take place in isolation. There are other factors affecting teaching, the HIV and AIDS epidemic included. One way in which teachers are affected is when they have to deal with learners made vulnerable by HIV and AIDS in their classroom (Theron, et al., 2010, p.5). Not only

that, teachers are human, they have families, some of these teachers have family members who are infected by the virus and some of them have even lost family members or even close friends and neighbors. REDs acknowledged that and tried to empower teachers to be resilient in times of HIV and AIDS.

Out of the five suggested ways listed in the REDS program to support teachers to become resilient in the face of the epidemic one refers to providing teachers with “social sector support” (Theron, 2010, p. 132). This kind of support ensures access and availability of support in schools. In REDs, Theron (2010, p. 130-135) suggests six steps towards resilience, for educators, enabling to cope, accept and go on with life in the context of HIV and AIDS (Theron, 2010, p. 128). I agree with her when she suggests that one way of becoming resilient is to accept the situation. That is absolutely the first step for high school teachers, to accept that the epidemic is there and learners are made vulnerable by it. The next step though, where teachers are to “see the situation as manageable” (Theron, 2010, p. 131), might often seem impossible, especially knowing that some teachers do not have any mechanisms to draw on, do not know how to deal with learners made vulnerable by HIV and AIDS in their classrooms, and cannot see it as manageable at all. Also, “connecting with others” (Theron, 2010, p. 132) is the third suggested step. In this step Theron, et al., 2010, p. 132) encourage people who are infected or affected by the pandemic to have positive relationships with family members and friends who care. This step can be difficult to some of the learners, considering the fact that some of these learners come from child headed families and to avoid stigma, they may have fewer or no friends at all. Another step suggests, “Use the pandemic for self-growth”, “Stay hopeful” and “Self-care” (Theron, et al., 2010, pp. 133-136), which sounds good but can only be practical in contexts where there is access to support and clear guidelines on how to deal with learners made vulnerable by HIV and AIDS in their classroom. The epidemic requires teachers who are resilient and who can withstand the challenges brought by the epidemic. In the context of poverty and accessing help from outside school, this program might not be easy to implement.

Another useful program which assists teachers in their need to offer pastoral care to learners made vulnerable by HIV and AIDS in their classrooms was the Supportive

Teachers Assets and Resilience (STAR) intervention program offered in schools in Port Elizabeth, in South Africa (Ferreira & Ebersöhn, 2011, p. 63). The STAR program aimed at assisting teachers to offer psychosocial support to learners made vulnerable by HIV and AIDS (Ferreira & Ebersöhn, 2011, p. 63). The program also aimed at supporting the child in totality by addressing effects of vulnerability on the children (Ferreira & Ebersöhn, 2011, p. 64). The STAR program, as an asset-based program considers availability of local resources and facilities as well as looking for existing structures teachers could draw on when dealing with learners made vulnerable by HIV and AIDS (Ferreira & Ebersöhn, 2011, p. 68).

In this program teachers were also encouraged to start a school-based vegetable garden which helped alleviate poverty amongst the learners made vulnerable by HIV and AIDS. The teachers also initiated support groups which helped vulnerable learners not to live in isolation but to be in company of others, share own experiences and get advice. Information centers for HIV and AIDS were started. These helped learners made vulnerable by HIV and AIDS to easily access any information they required concerning the epidemic. Learners were also assisted with filling in of social grant application forms, and were supported in terms of school fees and food parcels. The STAR program seems to be the type of program that every teacher in the context of HIV and AIDS needs, as it draws on available resources and facilities in the school and community. It addresses the needs that learners made vulnerable by HIV and AIDS have, i.e. the physical, educational and psychological.

The HIV and AIDS in Teacher Education Evaluation Report of a Pilot Project by HEAIDS (2010a), and the ‘Curriculum-in-the -making - Being a teacher in the context of HIV and AIDS’ (HEAIDS, 2010b), called for self-reflection on three sets of knowledge, namely: the knowledge that the teacher-educator has in helping students in the context of HIV and AIDS; subject specific knowledge of HIV and AIDS, and the institution's knowledge of the epidemic, i.e. the skills required for institutions to support students (De Lange, 2014, p. 379). These three sets of knowledge serve as a means to do away with assumptions and misconceptions teachers have around the issue of HIV and AIDS. The project attempted to ensure that teachers are culturally sensitive when dealing with learners made

vulnerable by HIV and AIDS. Hence, the project suggests that teachers reflect on what they know about themselves, about their learners and about the subject of HIV and AIDS. This knowledge could prepare teachers to use teaching methods that will enable learners to learn fully and for the teachers to be able to offer pastoral care and emotional support needed by the learners made vulnerable by HIV and AIDS.

There is also a TLC intervention project in the Eastern Cape, initiated by a South African motor company in partnership with the DBE and NMMU in 2012. This project is aimed at addressing learning barriers experienced by learners at school. Teachers are trained and empowered with knowledge and skills that will assist them into supporting learners with learning barriers without discriminating against them. Using a diagnostic tool designed by the three partners, teachers are able to assess the learner, support and/ refer to school psychologist or social worker for further help.

The four projects discussed above are 'bottom up' projects which mean that they are informed by the demands of the community, and are teacher-led. Skinner, et al. (2006, p.621) add that the government needs to come up with strategies or approaches that are informed by what the community needs - that is "bottom up" strategies- not to decide for the people what the people need. The strength of the projects are that they allow people who directly experience dealing with learners made vulnerable by HIV and AIDS to tell what really needs to be done and to generate ideas on how to offer support and assistance to vulnerable learners. As a result people have more confidence in a program they have suggested and initiated than programs that are imposed on them. Letting them decide on what is good for them can also encourage and motivate them to implement it, own it and make sure that it is successful.

For intervention programs to be successful there needs to be a consideration of availability of resources such human beings, time and finances. In contrast to the projects as discussed above Kirby, Laris and Rolleri, (2007, p. 214) bemoan the fact that in low and middle income countries, there has been little or no evidence of the success and effectiveness of HIV and AIDS programs, and point to the lack of resources. Clearly, in the context of low socio-economic status countries, resources might be scarce, but when

teachers are encouraged to look at themselves as resources who could access other resources in the community, and when the programs are owned by the teachers, success can be achieved. However, in the light of the TLC program, as good as it looks, only a small number of schools have teachers trained in this program while other schools in the area do not have access to such a support mechanism.

As a HEAIDS publication (2010a, pp. 11 & 12) points out, so much has been written on how parents, teachers and learners are affected by the epidemic, little has been done to offer practical educational and emotional help to teachers who deal with learners made vulnerable by HIV and AIDS in their classrooms. In fact, the statistics do not even show the passionate majority of teachers who are trying to change the lives of their learners and their communities with what they have available to them. Despite the small successes of the intervention programs discussed above, learners still continue to be orphaned and made vulnerable by HIV and AIDS and teachers still continue to experience challenges as to how to deal with vulnerabilities displayed by learners in their classrooms. A need to explore high school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS is evident and guidelines coming from the teachers, need to be crafted so as to improve the situation in the education system. With the Eastern Cape being one of the provinces highly affected by HIV and AIDS in South Africa, it is important to understand how the epidemic plays out within the classroom setting.

Thus, in light of the above discussions, it is necessary to conduct a study on what teachers experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms within the Eastern Cape, specifically in two schools in the Nelson Mandela Metropolitan area. The study will be guided by the following theoretical framework.

2.5 THEORETICAL FRAMEWORK

I frame the study in the roles of teachers as set out by the DoE (2000a) and the professional practice of teachers in the age of AIDS (HEAIDS, 2010b).

2.5.1 The seven roles of teachers

There is an expected level of competency in teachers which can be determined by the seven roles as outlined by DoE (2000b). I draw on DoE (2000b, pp. 13-14) to explain and summarize the seven roles expected of teachers in their profession:

- **Learning mediator**

Teachers are expected to mediate learning displaying knowledge of the subject matter or learning area and also educational strategies and principles to do so. It is through this knowledge that teachers are able mediate learning with consideration to the diverse needs of learners and the context within which they teach. Diversity includes amongst others race, culture, tradition, gender, disabilities, learning barriers and family background. It is their role to recognize and respect diversity amongst learners. Recognizing this diversity amongst their learners, teachers are expected to show sensitivity towards their needs and vulnerabilities. As learning mediators teachers should create an environment which is inspirational and developmental to learners.

- **Interpreter and designer of the learning programs**

It expected of teachers to be able to design original learning programs and to interpret the existing learning programs to fit the context in which they teach. In doing so teachers are to consider what is suitable to their teaching context and in terms of the learners' needs and vulnerabilities. The resources for teaching are to be chosen based on the context. Resources can either be visual or textual depending on the needs of the learners. Also, the pace and the order at which teaching takes place are to be determined by the teacher guided by the knowledge he/she has of the learner's ability. Some learners are fast and some are slow in grasping knowledge; some learn better when they see (visual) and some when they hear (listen) while others understand better when they feel and touch. This knowledge of diverse needs should help the teacher to be sensitive when teaching.

- **Leader, administrator and manager**

It is the role of the teacher to lead by example and manage learning in his/her classroom. As a leader, the teacher should be able to take decisions not only in the classroom but in all matters at school and in the community. It is the role of the leader to show support and care towards learners and colleagues as well. Also, as leaders teachers have to be able to do record keeping and other administrative tasks required of them. It is the role of the teacher to promote democracy by allowing others to contribute or be part of decision making, allowing learners to solve their problems amicably showing respect towards diversity and upholding the constitution of the country.

- **Scholar, researcher and lifelong learner**

In order to ensure personal and professional growth, a teacher should never stop research and studying, to ensure that he or she is keeping abreast of the new knowledge and new teaching strategies in the learning area he/she teaches, the professional and the educational matters and other field related to teaching. A teacher should always be up to date with current issues, practices, principles, and technology in education profession.

- **Community, citizenship and pastoral role**

As a good community member and citizen, a teacher should be responsible for others and care for both colleagues and learners. It is the teacher's role to defend the South African constitution by developing a supportive environment for both learners and colleagues by promoting human rights and values. Teachers should demonstrate and encourage dedication to ethical issues and upholding of the constitution. It is their role then to encourage democratic values both at school and in the community. At school such values can be promoted by supporting and empowering the learner and by positively reacting to the needs and vulnerabilities of learners. While at society level, teachers need to show understanding and support towards parents, community and other organizations through HIV and AIDS education.

- **Assessor**

Assessment is central to the teaching and learning process. A teacher's role is to make sure he/she understands the reasons behind assessment and the different assessment methods. A teacher should be able to formulate both formative and summative assessment and keep detailed and diagnostic records. As an assessor, the teacher is responsible for giving feedback to learners to help them improve and for the improvement of learning programs.

- **Learning area/subject/discipline/phase specialist**

A teacher needs to be a specialist in the learning area, subject, discipline he/she offers. He/she needs to have knowledge, skills, and values and know the procedures, principles and the different approaches to teaching the subject. That knowledge should also be accompanied by the knowledge of the context in which they function so that they know which approaches to use and when.

It is imperative to know that the context in which these roles were outlined has drastically changed due to HIV and AIDS epidemic in the country. Teacher competencies can therefore not be looked at in isolation but should consider other factors such as HIV and AIDS. Therefore the following framework assists in making meaning of the role of the teacher in the age of AIDS.

2.5.2 Professional practice in the age of AIDS

In a HEAIDS study (2010b, p. 40) the role of the teacher has been reconsidered because of additional roles educators have to play in the context of HIV and AIDS. Due to challenges of HIV and AIDS teachers have to act as prevention agents, offer care and support for both affected and infected learners and colleagues, and acquire new skills and sensitivities that will equip them with their pastoral role. Figure 2.1 below (HEAIDS, 2010b, p. 41) displays what the role of the teachers has become in the era of HIV and AIDS.

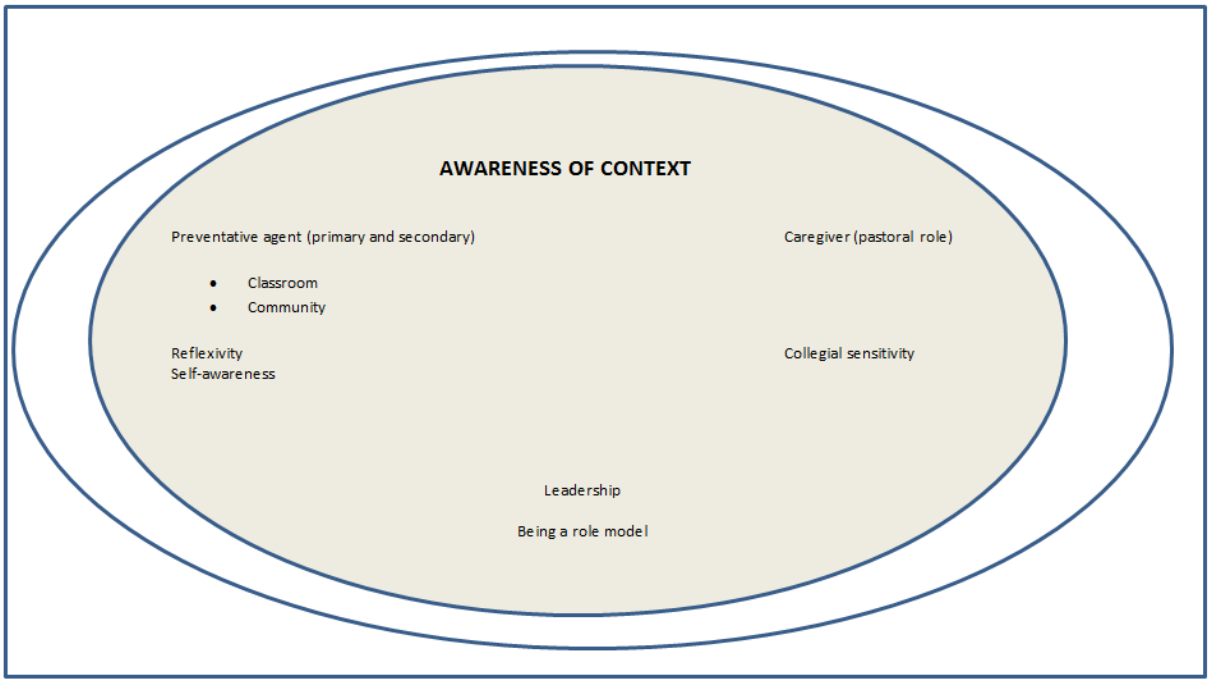


Figure 2.1 Professional practice in the age of AIDS (HEAIDS, 2010b, p. 41)

According to the model, teachers need to be aware of the context in which they operate. They need to be sensitive of the fact that some of the learners and colleagues they work with are not only affected by the HI virus but are infected as well. The pastoral role teachers have to play in the context of HIV and AIDS goes beyond school level to the community level (HEAIDS, 2010b, p. 41). Looking at the model one can see that there is an inner circle or the immediate environment or the primary environment where the teachers operate and that represents the school. The school is made up of learners, teachers and non-teaching staff. Also, there is an outer circle, the bigger one and that is representative of the community where teachers and learners come from. The role of the teachers therefore does not stop at school but goes beyond the primary environment.

Below are the roles of teachers at school level within the context of the community in the era of HIV and AIDS:

2.5.2.1 Teacher roles

2.5.2.1.1 Prevention agent (primary and secondary)

A teacher should prevent new HIV infections and any further spread of the virus. As a prevention agent a teacher should organize and facilitate HIV awareness campaigns and ensure that all are made aware of how the virus is acquired and transmitted and promote healthy sexual habits (HEAIDS, 2010b, pp. 40 & 41). Teachers should be in a position to prevent any further spread of HIV and promote fair treatment of both learners and colleagues whether infected or affected by the epidemic.

2.5.2.1.2 Caregiver (pastoral role)

In the context of HIV and AIDS, a teacher should be able to support and care not only for learners but for colleagues as well who are made vulnerable by HIV and AIDS. Learners come to school for education, but also for various other needs. Some need emotional support while others need financial support, or need to be taken to a health care center. It is therefore the role of the teacher to offer the pastoral care required by learners (Bhana, et al., 2006, p. 8).

2.5.2.1.3 Leadership (being a role model)

Teachers need to play a leadership role at both micro and macro level of their working environment. As leaders, teachers should lead preventative approaches and live according to their teachings, being an exemplary model. Teachers need to make sure that in spite of the epidemic teaching takes place. There are certain expectations that people have of them and they should be a source of hope for all situations. In the micro and macro environments where teachers operate, there are learners and colleagues who might be in need, and the teacher has to be able to lead by example in catering for the various needs displayed by people (Hoadley, 2007, p. 253; Theron, 2008, p. 79).

2.5.2.1.4 Teacher sensitivities (collegial sensitivity)

A teacher needs to be sensitive towards the needs of both learners and colleagues who are either infected or affected by the epidemic or both. Learners and teachers are burdened by the epidemic and when they come to school teachers are expected to be

supportive and sensitive towards vulnerabilities of colleagues and learners (Bhana, et al., 2006, pp. 5 & 6).

Also, HIV and AIDS affect more women and girls than men and boys (Duffy, 2005, p. 16; Turment, 2003, p. 417). Therefore, a teacher should avoid making unsuitable comments and be sensitive to the particular needs of girls and women. There is also the question of culture, and when addressing the topic of sex and sexuality, a teacher has to keep the issue of cultural heritage in mind so as not to offend (HEAIDS, 2010b, p. 41). From a cultural perspective some women may find it difficult to access treatment and support in fear of being treated or counseled by a male person. A teacher also needs to be sensitive towards contextual assets which are learners, colleague and people from the community and the constraints they are faced with when addressing the issue of HIV and AIDS. This awareness includes knowing and understanding different values and attitudes people hold in terms of HIV and AIDS; where people come from; what their experiences in terms of the epidemic are and the constraints such as money and support from family and friends, they might be experiencing in addressing HIV and AIDS (Hoadley, 2007, p. 253).

2.5.2.1.5 Teacher agency

As agents of change teachers have to show willingness to reflect on personal experiences of HIV and AIDS and be able to do something about the epidemic. They should promote healthy sexual behavior by practicing that first and by promoting and upholding human rights and values. They can also model not to discriminate against and/ stigmatize people made vulnerable by HIV and AIDS. The role of being the agents of change needs to be carried out both at classroom level and at community level.

A good teacher takes time to reflect willingly on his/her lived experiences of HIV and AIDS. They may have lost people close to them to AIDS, may be caring for an HIV infected person close to them, or may be infected themselves; they could share such lived experiences with their learners and colleagues. Sharing own experiences, fears and beliefs could normalize the epidemic. This will encourage learners to do the same. By looking into themselves and their positions in relation to the epidemic they may get a deeper understanding of what others are going through at a personal level.

Considering the above roles of educators, as stipulated by the DoE (2000b) and HEAIDS (2010b), the question about teacher experiences in the context of HIV and AIDS and the vulnerabilities of both learners and teacher, it is clear that teaching competencies and learning is affected and the role of teachers in the context of HIV and AIDS has changed into being more than just a teacher.

2.6 CONCLUSION

This chapter presented a focused literature review on children made vulnerable by HIV and AIDS, as well as teachers' work with learners made vulnerable by HIV and AIDS. It also focused on related policies and interventions in terms of HIV and AIDS. The theoretical framework confirms the roles educators have to play and the challenges they are faced with as professionals in the era of AIDS.

The next chapter focuses on the research design and methodology used to do the study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

A PHENOMENOLOGICAL STUDY

3.1 INTRODUCTION

The study seeks to explore the experiences high school teachers have of dealing with learners made vulnerable by HIV and AIDS in their classrooms. This is achieved through the use of a qualitative approach as it allows for the exploration and presentation of personal points of view that participants have about a particular phenomenon (Daymon & Holloway, 2002, p. 6; Fouche` & Schurink, 2011, pp. 309-310), in this instance experiences of dealing with learners made vulnerable by HIV and AIDS.

In the previous chapter, I drew on several bodies of literature. I looked at what literature says about children made vulnerable by HIV and AIDS and teachers dealing with learners made vulnerable by HIV and AIDS in their classrooms, as well as policies and intervention strategies in terms of HIV and AIDS in schools.

In this chapter, focusing on a qualitative approach, using an interpretive paradigm, I discuss phenomenology as methodology. A focus is also given to the two data production methods used: photo-voice and unstructured focus group interviews. I also discuss how thematic analysis was used and how trustworthiness and ethical issues were considered in the study.

3.2 RESEARCH DESIGN: QUALITATIVE AND INTERPRETIVE

In this study I used a qualitative approach and worked in an interpretive paradigm. Daymon and Holloway (2002, p. 5) state that a qualitative approach cannot be separated from an interpretive paradigm.

3.2.1 Qualitative approach

A qualitative approach allowed me to explore and interpret what I see and hear in terms of the participants' lived experiences in their natural setting (Fouche' & Delport, 2011, p. 65; Denzin & Lincoln, 2003, p. 3) in order to understand the teachers' experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms. Working from a qualitative approach enabled me to develop a holistic view of the participants' complex social reality (Fouche` & Delport, 2011, p. 65), using various forms of data and not relying on only one source of data (Fouche` & Delport, 2011, p. 65). Exploring participants in their natural setting enabled them to use their own language to explain their world better (Fouche` & Delport, 2011, p. 66). A qualitative approach therefore ensures flexibility and uniqueness and avoids replication of a design (Fouche` & Delport, 2011, p. 66).

Qualitative research allows for inductive and deductive reasoning (Daymon & Holloway, 2002, p. 6) which helped me generate information with the participants first and then analyze it thereafter.

3.2.2 Interpretive paradigm

An interpretive paradigm acknowledges the physical existence of the real world and pays attention to the multiple and varied experiences as lived by the participants (Sandberg, 2005, p. 305). The interpretive paradigm enables the shaping of knowledge about the life worlds as lived by the participants by drawing on their understanding of the topic being researched (Bevir, 2002, p. 10). Such realities are socially constructed and the meaning thereof is generated by convincingly interpreting the actions and the words of the participants (Bevir, 2002, p. 10). Knowledge is then created through personal interaction between the researcher and the participants and the meaning as given by the participants (Fouche` & Shurink, 2011, p. 310).

As a researcher I explored with the participants, what their experiences were of dealing with learners made vulnerable by HIV and AIDS in their classrooms. This was made possible by the fact that I, the main "research instrument" (Daymon & Holloway, 2002, p. 5) personally engaged with the participants - the teachers - in their school environment

on the topic. I therefore interacted with teachers in their routine place of work (Daymon & Holloway, 2002, p. 6).

The stories shared by the participants about the phenomenon under study can deepen an understanding of the phenomenon for the researcher working in an interpretive paradigm (Lindseth & Norberg, 2004, p. 147). From engaging with them about their experiences, I was able to understand and interpret their realities rather than control and predict what their experiences were (Schurink, 1998 p. 256). An interpretive paradigm therefore also allows me to explore and to introduce new concepts relevant to the study due to its flexible and unique nature (Shurink, Fouche` & De Vos, 2011; Daymon & Holloway, 2002).

I am interested in the high school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS, but I too am a teacher dealing with learners made vulnerable by HIV and AIDS, and I have therefore tried to put my own concerns and biases aside. Also, I understood that whatever the experiences of high school teachers are of dealing with learners made vulnerable by HIV and AIDS, there must be a reason for it. Working in an interpretive paradigm, helped me understand that this phenomenon is complex and that there are several factors contributing to the way the phenomenon plays itself out. Whatever the experiences teachers have of dealing with learners made vulnerable by HIV and AIDS, they are real, and they have been influenced by a whole range of factors (Salend & Duhaney, 1999, p. 149). I worked with a small group of participants as a qualitative approach implies an interest in a deep exploration of the phenomenon (Daymon & Holloway, 2002, p. 6). I was able to obtain meaning from the teachers' point of view and as a result, could draw conclusions which were not certain but tentative (De Vos & Fouche`, 1998, p. 91). The design is therefore qualitative, interpretive, contextual and explorative.

3.3 RESEARCH METHODOLOGY: PHENOMENOLOGY

Leedy and Ormrod (2005, p. 140) define phenomenology generally as an exploration and description of a phenomenon as experienced by the participants (Delport, Fouche` & Schurink, 2011, p. 305). This methodology allows people to be actively involved in

understanding, defining, justifying and making sense of daily experiences (Babbie & Mouton, 2001, p. 28). It is a methodology that helps understanding the world lived by others because it directs the researcher to the real experiences that are not spoken of (Sadala & Adorno, 2002, p. 282).

I used a phenomenological methodology as it allowed me to study teachers' life worlds and their experiences as they deal with learners made vulnerable by HIV and AIDS in their classrooms. As the researcher I relied on how teachers describe their first hand experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms. I tried to understand how they perceived their own experiences. Phenomenology allowed me to gain an understanding of their experiences and enabled me to interpret the experiences teachers have of dealing with learners made vulnerable by HIV and AIDS in their classrooms. The participants, too, were able to take a step back and look at their daily experiences from a different angle. Taking a step back made it easy for participants to describe the experiences they have of dealing with learners made vulnerable by HIV and AIDS in their classrooms (Barnes, 2003, p. 3). My main aim was to explore, reveal and talk with the teachers about their experiences of dealing with learners made vulnerable by HIV and AIDS.

Working in a phenomenological methodology meant that I did not need to have a hypothesis, and that I got an opportunity to go beyond a mere description of the teachers' experiences and to reflect on the relationship between participants and the phenomenon (Barnes, 2003, p. 3), as well as between aspects of the phenomenon. Finally, I could also generate guidelines with the teachers and from the findings on what can be done to help teachers deal with challenges they are faced with when dealing with learners made vulnerable by HIV and AIDS.

3.4 METHODS OF DATA PRODUCTION

The data production for my study drew on photo-voice and focus group interviews to encourage full discussions of the experiences high school teachers have of dealing with learners made vulnerable by HIV and AIDS in their classrooms and to generate guidelines on how teachers can be helped in dealing with such learners.

3.4.1 Photovoice

Photovoice allows for participants to use a camera to “create” and “define” photos that show their daily lives and it involves giving participants cameras to capture their realities in terms of their lived experiences (Wang, 2006, p. 148). Photographs are unique and concrete evidence of the existence of a social issue and are good for data analysis especially when used with interviews (Rose, 2007, p. 238). Rose (2007, p. 238), cites Grady (2004) and Becker (2002) as saying, “Pictures are valuable because they encode an enormous amount of information in a single representation” and that photos convey “real, flesh and blood life”.

HIV and AIDS is a sensitive topic which is still a taboo to some people. Introducing it to my participants required a “non-threatening way” (De Lange, Mitchell & Stuart, 2007, p. 55) and hence I used photo-voice to “encourage active participation” and help the participant teachers identify and talk about their experiences and generate ways of dealing with them (Olivier, Wood & De Lange, 2009, p. 13). It seemed that photovoice could be useful in this instance as it “promotes social action [and] dialogue of pertinent issues” (Olivier, et al. 2009, p. 13). Rose (2007, p. 238), citing Blinn and Harrist (2004) and Lathan (2003), confirms that photos help participants to do self-reflection on certain issues in their lives they may have not given much thought or attention to. Photovoice is also more open-ended and generates information, affect and promotes reflection (Rose, 2007, p. 238). Denzin and Lincoln (2003, p. 182) refer to photographs as a “record of subject” or as “documenting a variety of social life experiences”. Through photographs, therefore, our own understanding of the phenomenon gets magnified as pictures keep a detailed record of how social phenomena happen (Denzin & Lincoln, 2003, p. 191). There are certain things that cannot easily be explained verbally but becomes clearer when having to take a photograph to use in discussing the issue.

Participants took photographs individually using the following a prompt: “Take four (4) photographs of challenges of dealing with learners made vulnerable by HIV and AIDS in your classroom”. I discussed with the participants what the photovoice would be the week before, in preparation for taking the photographs. I gave each teacher a camera to work

with. Fortunately they all knew how to operate digital cameras. I gave the participants 20 minutes to take four enacted photographs depicting their daily experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms. The photographs could be taken anywhere on the school premises, inside the classroom or even outside the classrooms. I took the cameras away and printed the photographs later and I brought them back the following week. Once the photographs were developed, I asked each teacher to choose two photographs that represented the most compelling issues in terms of the studied phenomenon and that they write a caption for each photograph. They pasted the chosen photographs on an A4 page, wrote captions for each picture and then put them up on the wall for everyone to see. They then started sharing their experiences of dealing with learners made vulnerable by HIV and AIDS using what they saw in the photographs in the focus group interviews. The focus group interviews were then recorded and transcribed.

3.4.2 Focus group interviews

Denzin and Lincoln (2003, p. 41) define interviews as a conversation or a certain way of asking questions and listening to responses given by the interviewee.

In focus group interviews people share their own experiences and in the process assist other participants to recall other events concerning the phenomenon (Denzin & Lincoln, 2003, p. 71). Focus group interviews are affordable, flexible, and explorative and can produce rich information because of the qualitative nature it possesses (Denzin & Lincoln, 2003, pp. 73-74). Focus group interviews enabled me to get a deeper understanding of high school teacher's experiences with their real world (Denzin, Yvonna & Lincoln, 2011, p. 547). The experiences are lived by the participants and as a result they shared them freely and clearly. The focus group interviews, with the group of six teachers, also enhanced the process of triangulation as it put responses of individual participants in context (Denzin & Lincoln, 2003, p. 41).

I had three focus group interviews with the teachers. There were six teachers in total, three males and three females and they made one focus group. The interviews lasted approximately one hour per session and added up to three hours for all three interviews

session. The photographs were used in the focus group interviews to encourage participants to talk more about their experiences of dealing with learners made vulnerable by HIV and AIDS. I prompted them to: “Tell me about your photographs”. Each participant talked about only two of his/her photographs, and I encouraged the other participants to question and comment. As we spoke about the challenges I also asked them what they thought could be done to support their work in school, pushing them to suggest some guidelines.

I used an audio recorder as a tool for data capturing. Using audio recordings enabled me to capture the exact words of the participants when they talked about their photographs and when they discussed each other’s photographs. The audio recording also captured the tones of voice used by the teachers when they talked about their experiences. These tones could vary from for example shy, enthusiastic, confident, to hostile and angry (Basit, 2010, pp. 113-114). These could have been missed when taking notes only. I transcribed the recordings taken from the interviews. Additional notes were also taken to describe the body language (Basit, 2010, pp. 113-114) of participants when talking about their experiences. This included amongst other things, whether or not the participants smiled, cried, laughed or were not keen to answer or talk about their experiences (Basit, 2010, pp. 113-114).

3.5 SAMPLING AND PARTICIPANTS

Strydom (2011, p.223-224) defines sampling as selecting a “subset of the population considered for the actual inclusion in the study.” There are various types of sampling styles but I chose to use non-probability purposive sampling because of its feasibility, and being less time consuming (Strydom, 2011, p.231). Purposive sampling allowed me to use my judgment to access sites of my choice (Strydom & Delport, 2011, p. 391) (See also 3.6). I considered schools that were close to where my school is and that had similar contexts as mine. My school did not form part of the research because including my school in my research would affect trustworthiness of this study. The schools are situated in a community with a low socio-economic status. Both schools were easily accessible to me and therefore also conveniently chosen. I depended on the judgment of one female

teacher who helped me gain access to the two schools and identify other teachers who might have rich information on the phenomenon I am studying (Cope, 2005, p.168). The study focused on those teachers at the entry of high school, grade 8 teachers, who were teaching learners in the age group ranging from 12-13 years. Grade 8 forms the foundation of the senior grades and if teachers could be supported at this stage, then the learners made vulnerable by HIV and AIDS can be self-sufficient and self-supportive to some extent through the rest of their secondary school years. Two groups of teachers, three from each school, both males and females, were engaged in the study (See Table 3.1). I used an equal representation for both sexes in my study. I acknowledge that working with this specific group does not allow me to generalize my findings, nor will I claim that the group represents the wider population (Strydom & Delport, 2011, p. 390), but only the group itself.

Table 3.1 Participants' biographical details

Participant (pseudonym)	Sex	Age	Teaching experience	Subjects taught
Spakes	Female	23 years	2 years	Social Sciences
Ladz	Male	28 years	5 years	Mathematics, English First Additional Language
Mandi	Female	32 years	10 years	Mathematics
Shaun	Male	37 years	13 years	Life Orientation
Zee	Male	45 years	23 years	English First Additional Language, Arts & Culture
Zozo	Female	46 years	25 years	Life Orientation, IsiXhosa Home Language

3.6 PROCESS

I first had to apply for ethical clearance from NMMU and when I got the ethical clearance letter (see appendix A) I then moved on to request permission from the DBE to work with

two schools in the area of my choice. Permission was granted by the DBE (see appendix B).

I told a female teacher from a neighboring school about my intention to work with teachers who can help me get information on what high school teachers' experiences are of dealing with learners made vulnerable by HIV and AIDS. She advised me on the two schools and promised to speak to at least one teacher at each school who could help me find more teachers who may be willing to participate. I then called to make an appointment with the principals of the two schools. On the agreed date and time I went to school A to meet with the principal and then went on to school B to meet with the principal too. I produced the ethical clearance letter from NMMU and the permission letter from the DBE. The principals asked me to leave my proposal and the permission forms (see appendix C) they had to read and sign and we agreed that I could collect them in a week's time. They both needed time to read the documents carefully, to consult with staff, the Representative Council of Learners (RCL) and the School Governing Body (SGB) before signing.

After a week I called the principals to check if I could come and collect permission forms allowing me to work at the schools. Once I had collected the permission forms from the principals I asked for permission to meet with the two teachers who my friend had directed me to. I spoke to these two teachers, and although they did not want to participate they suggested names of other teachers who could help me with my study.

I introduced myself to the teachers. I then set up an appointment with them to introduce the project and begin data production. We all agreed to use school A as our meeting venue because it was central to everyone as the other school was situated deep in the squatter camp area and far from taxi routes. The six teachers from both schools agreed to work on Wednesdays after school and once during interval. The only time we met during interval was for the photo shoot with the rest of the sessions held from 14h30 until 15h30. We had five sessions altogether. We held our first session on Wednesday after school at school A and we used it as an introductory and information sharing session

where the purpose of my study was explained and consent forms to participate were explained and signed by the teachers (See appendix D).

When I introduced the study to the participants some wanted to withdraw exclaiming that they were not Life Orientation teachers and that they did not wish to take over the job of Life Orientation teachers, or get into trouble with them. I had to explain that I too, was not a Life Orientation teacher but that I have had encounters with learners made vulnerable by HIV and AIDS at my school. I did not get into details as to what those encounters were, but this provided an opportunity for a lead in time (De Lange & Mitchell, 2014) for discussion and thinking about the phenomenon of dealing with children made vulnerable due to HIV and AIDS.

Once they had asked all their questions we decided on the next meeting during school interval the following Wednesday. They knew how to *use the camera* so I did not have to explain how to use it. They also knew how to take and save the photos on the cameras. They then had to *take photographs* depicting their experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms. I prompted them to "Take four (4) photographs showing their experiences of dealing with learners made vulnerable by HIV and AIDS in your classroom". These could include the contexts of their schools and classrooms; how their teaching is affected by HIV and AIDS; how they deal with the issues of HIV and AIDS in their schools; and how they think they can change the situation in their schools. *Ethics* in research is an issue to be carefully considered, even more so when taking photographs (Mitchell, 2011, p. 16). I encouraged them to take photographs in such a way that people would not be recognizable and that the identity of those being photographed was protected.

Once they had done I took the cameras for *printing the photographs*. During our next session, *working with the photographs*, I asked the teachers to choose two photographs that best described their experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms, paste those on A5 paper, and write a caption underneath each of the chosen photographs. The participants then displayed their photographs on the wall for everyone to see. I then asked them to *explain what their photographs* were

about and what they meant. I asked them to “Tell me about your photographs”. I recorded what they said about their photographs. Later at home, I listened to the recordings and transcribed them.

In the next meeting, I continued with the focus group discussions, and started off by reminding them of the topic. I then asked them to again look at their photographs and to share some of the experiences they had of dealing with learners made vulnerable by HIV and AIDS. This discussion led to them thinking about guidelines they could suggest which could assist teachers in dealing with learners made vulnerable by HIV and AIDS.

I recorded the focus group interviews and also jotted down gestures displayed by participants throughout the interviews. I took the recording home and started transcribing. I took the transcripts along to the next meeting to check with the participants if what I had written down was actually what they had said and meant.

3.7 DATA ANALYSIS

The six teachers produced 24 photographs (4 photographs each) and each used 2 to work with and write captions. The teachers were given an opportunity to analyze their own photographs by writing a caption on them. The teachers’ talking about their photographs was a further contribution to analysis. This is the first layer of analysis. Schurink, et al. (2011, p. 411) call the writing of captions a form of coding.

In the focus group interviews the teachers showed their photographs, spoke about their captions, explained more about their experiences and asked questions of each other. The transcriptions of these discussions were carefully read through, and I began with the second layer of analysis, i.e. thematic analysis. I also listened repeatedly to the recordings and read through my field notes. I therefore made myself familiar with the transcript of the explanations of the photographs as well as the focus group interviews (Cope, 2005, p. 178). I started off by making notes of first impressions of the interviews (Greef, 2011, p.359 citing Babbie 2007, p. 310). Open coding refers to analyzing data by giving code names and categorizing it by looking closely at it and through, examining, forming concepts and categories (Schurink et al., 2011, p. 412). I then formed a detailed

preliminary coding (Greef, 2011, p. 360). The coding form I chose was writing abbreviations of key words (Schurink, et al., 2011, p. 411) next to all data that were similar. This involved breaking down each sentence and paragraph and giving it a name (Schurink et al., 2011, p. 411). From there I looked for commonalities in their narratives and then I was able to generate categories and themes.

Finally I gave the summary of the themes and categories to the participants so they could confirm or reject what I had concluded upon. I also discussed the themes with my supervisors who assisted as independent coders and helped me reduce and refine the themes and categories. Once this was done, I recontextualized the findings in literature, showing similarities and differences (Graneheim & Lundman, 2003, p. 108).

3.8 TRUSTWORTHINESS

Curtin and Fossey (2007, p. 89) cite Barbour (1998) as defining trustworthiness in qualitative research as the "extent to which the findings are an authentic reflection of lived experiences of the phenomenon under investigation". In my study therefore, I ensured authenticity of my data by using a visual participatory method to produce data complemented by focus group discussions, to explore the teachers' experiences of dealing with learners made vulnerable due to HIV and AIDS. This enabled a deeper engagement over time where they could reflect on their experiences in their school context, discuss it with other participants, and clarify what they meant or did not mean.

Participants were also given an opportunity to read the transcripts and check if they are accurate. This according to Curtin and Fossey (2007, p. 89) is important, allowing the participants to decide what could stay in the transcripts and what should rather not. Such member checking helped "bolster" credibility in the research in that participants were able to check for inaccuracies and inconsistencies and verify the transcripts (Shenton, 2004, p. 69).

I also asked participating teachers to comment on my findings which I then compared to my interpretations (Daymon & Holloway, 2002, p. 90). Providing such feedback to the participants allowed me an opportunity to observe how they respond to how I interpreted

the data (Daymon & Holloway, 2002, p. 95). They were also afforded an opportunity to correct any information in my interpretation and to challenge certain ideas (Daymon & Holloway, 2002, p. 96). This approach was complemented by drawing on my two supervisors' comments on my analysis and findings to ensure that I have provided a truthful analysis.

Although the findings from my study cannot be generalized, they can be used to understand teachers' experiences in similar contexts (Fouche` & De Vos, 2011, p. 92; Daymon and Holloway, 2002, p. 91). In the study I have given a thick description of the methodology and method so that other researchers can repeat the same research if needed. I also provided a description of the context of my study such that any person who works in the same context as described in the study may transfer the findings of the study to their own situation (Shenton, 2004, p. 70).

I also presented the visual data and textual data as raw data in the thesis. In the findings and discussion I provided the direct quotations of the participants as an audit trail, helping the reader see how I came to the findings.

Collectively these strategies contributed to trustworthiness of the data generated, the analysis, and the presentation of the findings.

3.9 ETHICAL CONSIDERATIONS

Generally it is known that issues of HIV and AIDS are still not openly and freely discussed in some communities. It is regarded as a sensitive subject that requires careful ethical considerations. I obtained ethical clearance from the Ethics Committee at NMMU. I obtained permission from the Department of Basic Education and from the principals of the two schools, and finally I received consent from the teachers to participate.

I ensured that my study was based on "mutual trust", "acceptance" and "cooperation" (Strydom, 2011, p.113) between myself and my participants. Also, considering the fact that I was studying the experiences of human beings, I approached them as participants in my study, and ensured that no harm was done by the study. I ensured that all the data

discussed in our sessions were honestly and accurately reported and that I did not get any data at the expense of my participants (Strydom, 2011, p. 114). I am ethically obliged to protect my participants from both emotional and physical harm during and after the study (Strydom, 2011 p. 115).

I therefore, informed the participants of the possible emotional effects that my study could have on them. I also discussed with them that should they experience emotional trauma as a result of my study I would refer them to my school psychologist who is willing to take them for free short term counseling (2-3 days). If the intervention needed is more than 3 days, our school social worker, working in the area where my participants come from, and who specializes in mental health and HIV and AIDS, would help them at no cost at all. As a member of the TLC, a trained counselor, I also offered to assist those participants who might be traumatized by talking about experiences they have of dealing with learners made vulnerable by HIV and AIDS in their classrooms. I made it clear to them that if any of them wished to withdraw as a result, they may do so and they do not have to give me any reason/s for their decisions (Mansour, 2011, p. 31).

I informed my participants that taking part in my study was absolutely voluntary (Strydom, 2011, p. 116) and as they agreed to take part in it, they needed to give me their written and informed consent. By signing the consent form the participants agreed that they will do all activities for the data generation within the negotiated time schedule. As a researcher I displayed honesty, high levels of competency and skilled behavior and avoided any false data usage in my study, as Strydom (2011, p. 123) suggests.

Because I worked with photographs it was important that I took ethics, morality and legality into consideration. Not only did I consider those but had to consider consent issues, anonymity and confidentiality (Wiles, et al., 2008, pp. 13, 14 & 21). The first thing I did was to explain to the participants the necessity of asking permission from the people they intended photographing and if the person is a minor that they needed to obtain permission from the caregivers (Olivier, et al., 2009, p. 14). They however only took photographs of images which they staged. After the photographs had been taken and we had worked with them, I again asked for permission from the participants to use the

photographs (See appendix D) in my study (Olivier, et al., 2009, p. 14). It was of great importance for me to ensure anonymity and confidentiality of the participants and information disclosed in my study. This includes altering the images to make the people unrecognizable also to make it difficult for the members of the community to identify the participants (Wiles et al., 2008, p. 21). I did not need to alter the photographs, as only photographs in which people were not recognizable were used in my dissertation.

I also took care to store the photographs and transcripts safely to ensure that the raw data was secure.

3.10 CONCLUSION

In this chapter I discussed the research design and methodology of the study, which was chosen in line with my research questions. The nature of the phenomenon under study also informed how I would elicit data from the participants, ensuring that what they offer is authentic and in line with their lived experiences. The use of visual data opened up rich discussions and seemed to help the teachers to dig deep and to respond in thoughtful ways to the prompts I provided. In the next chapter, I show the richness of the results of the engagement with the participating teachers.

CHAPTER 4

RESULTS

TEACHERS' EXPERIENCES OF DEALING WITH LEARNERS MADE VULNERABLE BY HIV AND AIDS IN THEIR CLASSROOMS

4.1 INTRODUCTION

This study sought to explore the experiences of high school teachers dealing with learners made vulnerable by HIV and AIDS in their classrooms. The research questions I sought to address are, "What are high school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms?" and "What guidelines can be generated to assist teachers to deal with learners made vulnerable by HIV and AIDS in their classrooms?"

In the previous chapter I discussed the design and methodology as well as the methods employed to produce data for this qualitative study. This chapter reports on the results obtained from photo-voice and the focus group interviews conducted with six high school teachers from two high schools in the Nelson Mandela Metropolitan area.

4.2 PRESENTATION OF THE RESULTS

4.2.1 Photo-voice data

In this section I present the photographs that the participants took, together with the caption and the transcribed narratives as they explained them. I used the following prompt: "Take four photographs showing your experiences of dealing with learners made vulnerable by HIV and AIDS in your classrooms". The collection consists of 24 photographs but here I present the 12 chosen by teachers themselves as the ones that 'best' show the experiences of the teachers dealing with learners made vulnerable by HIV and AIDS in the classroom. The photographs are complemented by the teachers' explanations of the photographs. The names presented here are not the teachers' real names, but pseudonyms.

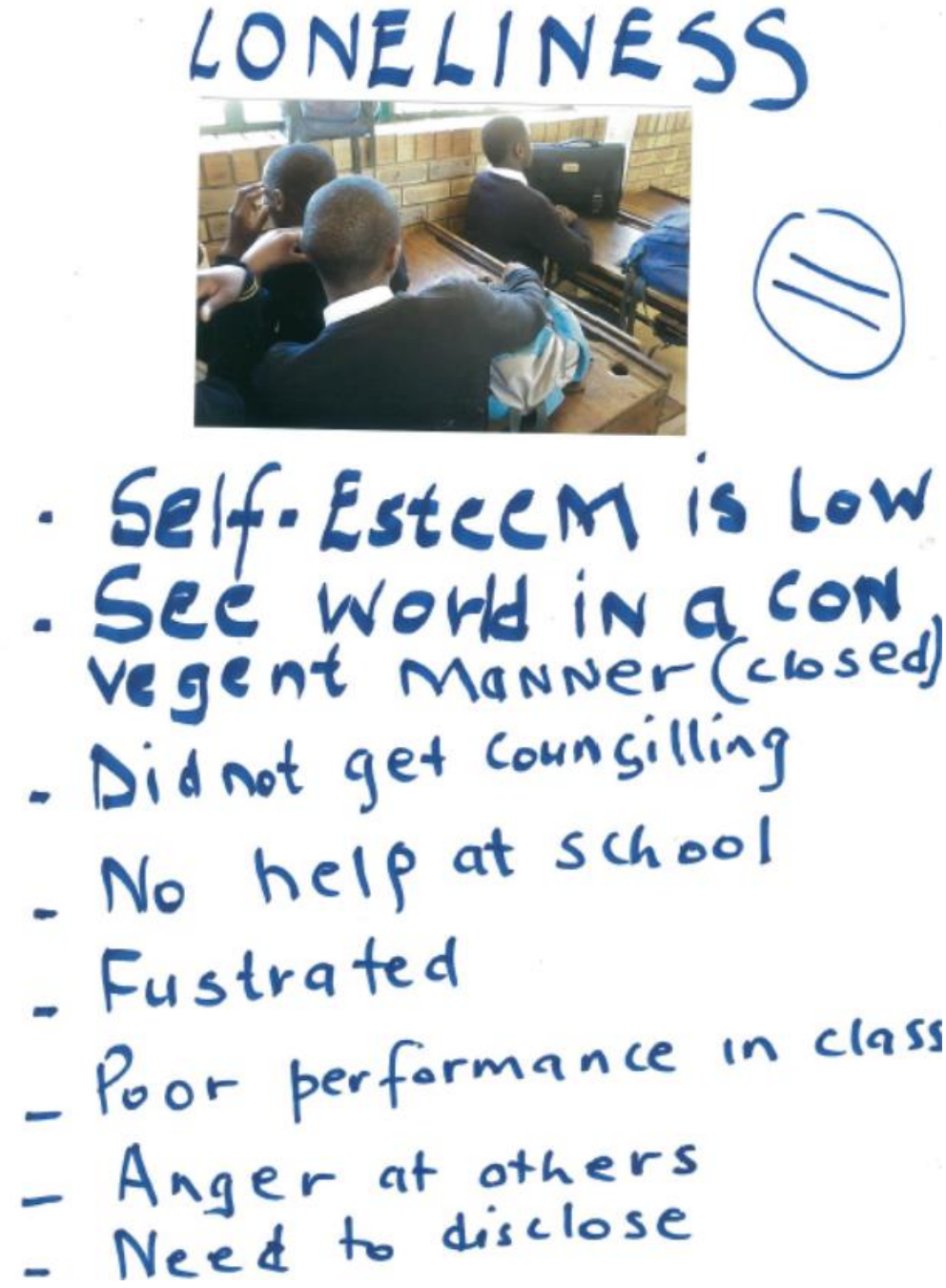


Figure 4.1 Photograph 1, Loneliness

Ladz (Male teacher, 28 years)

> "*My picture is about loneliness. That learner is alone there, if you notice. The others are far away from that learner. He is not with others. Therefore, it leads to a low self-*

esteem, ne? The self-esteem is so low, sees the world in a convergent manner, as a closed world…. Maybe that learner did not get counselling, no help at school and from the teacher's side. Also he is frustrated, that leads to poor performance in class. Also, that can lead to anger at others in class. That learner needs to disclose."

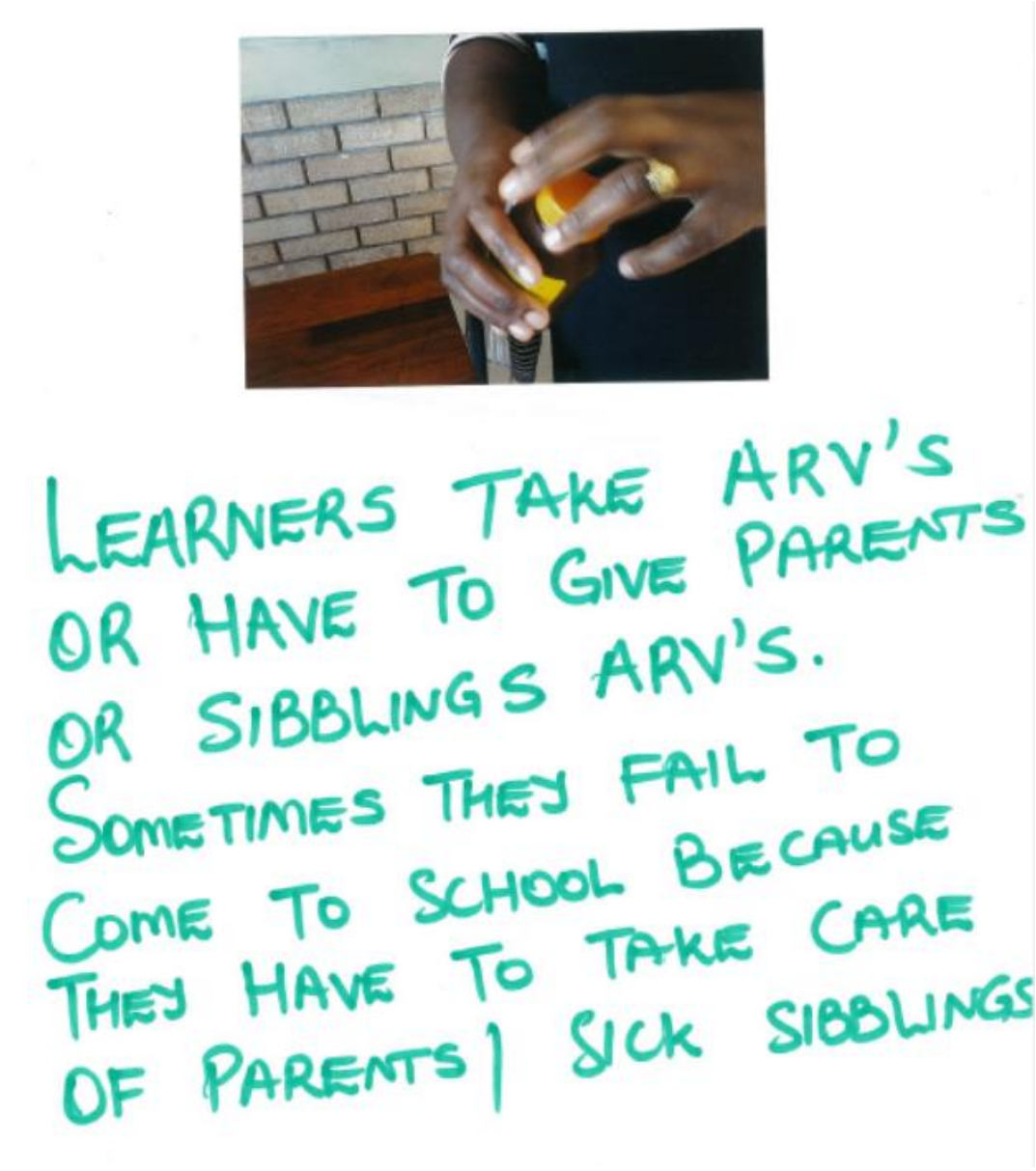


Figure 4.2 Photograph 2, ARVs

Spakes (Female teacher, 23 years)

"*You know this year in January I didn't notice that my child [a child in my class] was sick. She was 14 years old and the mother came to school and told me that her sister's child is sick. The sister is already passed away and the child is HIV positive. I was shocked and she said she came to tell me about the medication she was going to take now. They were changing medication for her*."

LEARNERS ARE FREQUENTLY ABSENT FROM SCHOOL FOR DIFFERENT REASONS. THEY ARE EITHER TAKING CARE OF SICK PARENTS, SIBLINGS OR THEY ARE SICK THEMSELVES.

Figure 4.3 Photograph 3, Learners are frequently absent

Zozo (Female teacher, 46 years)

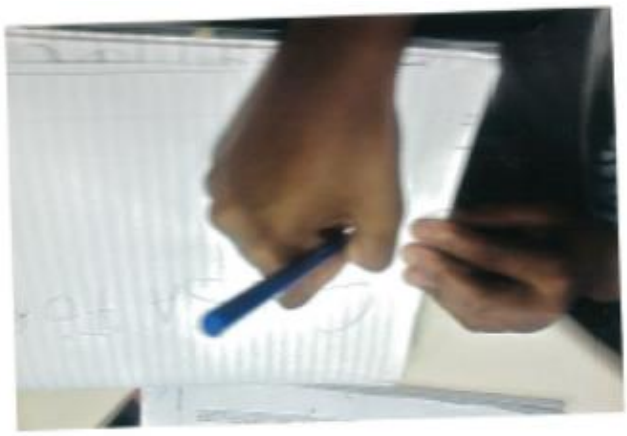
"There are two empty chairs there. Those chairs … are supposed to have learners sitting there but there's a very high rate of absenteeism from school, of which there could be various factors that lead to that. So most learners … they don't attend school on a regular basis. So … that might be other causes to that. So there's a high rate of absenteeism."

ABSENT OR SICK PARENTS RESULT IN LACK OF INCOME OR UNEMPLOYMENT. THIS RAISES LEVELS OF POVERTY. LEARNERS COME TO SCHOOL ON EMPTY STOMACH

Figure 4.4 Photograph 4, Poverty

Shaun (Male teacher, 37 years)

"Also, it [coming to school hungry] has effect in the results. The results are not good because of that. Because when the learners are not performing well it has an effect on their results also as well as their future, because their future depends on those results."

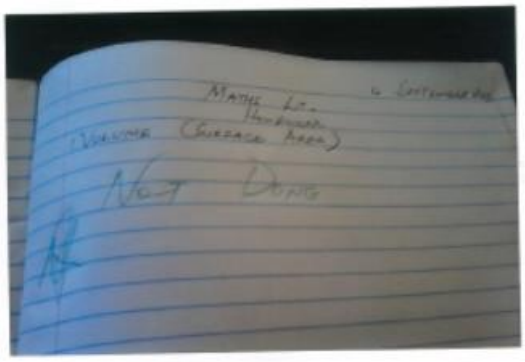


In addition to being overworked, with so many roles and paperwork, still teachers have to fill in forms for grants. Learners stay with guardians because parents have passed away because of AIDS.

Figure 4.5 Photograph 5, Being overworked

Ladz (Male teacher, 28 years)

"*Nowadays teachers play so many roles. The classrooms are full of learners. The timetables are full. There's lots of paper work, administrative, teaching and supporting learners made vulnerable by HIV and AIDS. We hardly have free periods. In spite of all these we have to assist learners and care-givers fill in social grant application forms. If the application forms are successful, learners and care-givers might have income that can help fight poverty. Somewhere, somehow things will be a little bit better in terms of poverty*."



As a result of absent parent/sick parent, learners have so much responsibility, such that they fail to do their School work.

Figure 4.6 Photograph 6, Learners have so much responsibility

Spakes (female teacher, 23 years)

"*To add to what she said, I'm looking at picture number 1 (figure 4.6) where homework is not done. Seeing that these homes are headed by… by children… our children … they have a lot of work to do at home. They do not cope with their school work. They have to do … the parents' jobs… the parents are sick or are not alive anymore. They have to do the work of parents now. They do not have a chance to do their work.*"

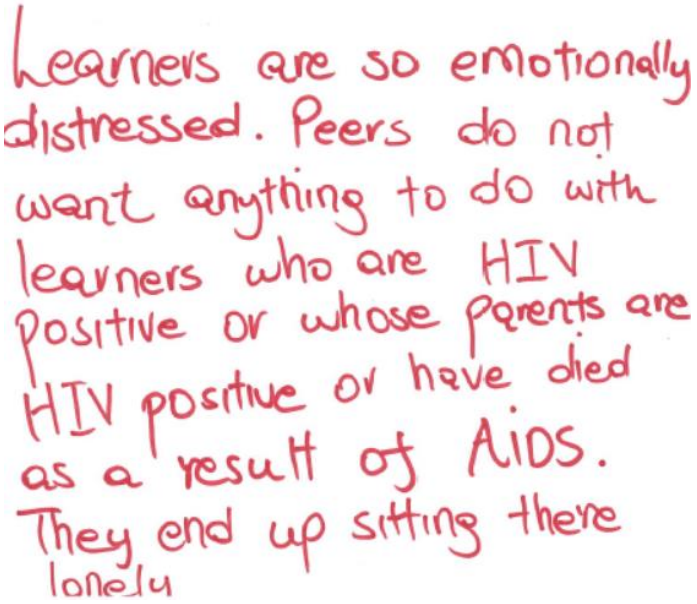


Figure 4.7 Photograph 7, Learners are emotionally distressed

Shaun (Male teacher, 37 years)

"They are called names, like when others discover that they have AIDS others will say they have 'z4', or they've 'stepped on a cable' or they a have a 'community thing' yabahlali', so these learners are scared of that and being labeled."

Both teachers and learners feel trapped in the situation. HIV and AIDS prevents learners from achieving their goals and hinders teachers from doing their job.

Figure 4.8 Photograph 8, Teachers and learners feel trapped

Mandi (Female teacher, 32 years)

"They feel trapped. They don't know what to do. Picture number 4, you know…teachers in these days, what do they call this hospital … I am looking for a word of this hospital that the teachers go to when they are stressed. Yes, most

teachers are in Hunter's Craig because of the problems that they are faced with in our education system."

Learners come to school emotionally distressed, sometimes they are on tears because of sick or dead parents, sometimes they are sick. They are overwhelmed by their situation. Teachers have to offer emotional support.

Figure 4.9 Photograph 9, Emotionally distressed learners and teachers

Zee (Male teacher, 45 years)

"*These learners have many challenges to deal with. Parents are ill or dead due to HIV and AIDS. Others have siblings who are sick… or the learners themselves are sick. They feel helpless and emotional. They come to us teachers for comfort. We have to comfort them. We have to give them hope…* [Shaking his head]*"*

Another teacher interrupted,

Shaun (Male teacher, 37 years)

> "*I also cry… you know … when a learner comes to me crying … I know it is wrong … but … I cannot help myself* [covering eyes with a hand]. *I want to help learners made vulnerable by HIV and AIDS in my classroom but I become so emotional. We are stuck* [shakes his head]… *we want to help but how?"*

Learners do not know how to handle the situation they find themselves in. They are so angry at everyone, parents, themselves & even peers @ school. They cannot take jokes from peers, they display their anger through violence & fighting.

Figure 4.10 Photograph 10, Learners do not know how to handle the situation

Zozo (Female teacher, 46 years)

"*Some kids behave negatively because of the situation back at home. They might be very sensitive sometimes when the other learners make jokes with them. They don't accept them and they don't have a good way of dealing with any situation that brings out anger in them. So that might lead to violence because they've got their problems that they can't deal with of which they display it by being very angry and fighting most of the time, not having positive relationships with other people, not accepting any jokes from the other…people because they don't accept the situation which they are in. They are possibly either affected or infected by the virus.*"

Schools have become hospitals or clinics. Learners are always sick. When they come to school they go and lie in the school's sick room.

Figure 4.11 Photograph 11, Learners lie in the school's sick room

Mandi (Female teacher, 32 years)

"*We have one sick room here at school which is always full of learners but some days are better than others. Sometimes we have four kids that are sick. We don't know whether they are taking their treatment or not but we are not allowed to give them anything. We are just allowed to give them time to rest. So that when they feel that they can go home, they can go. Otherwise we need more sick rooms and we need to make sure that they do take their treatment but we are not sure of that. But they say they do take their treatment but we'll never be sure*"

Teachers feel helpless and tired. They are on the verge of giving up the teaching profession. They are confused as to what their role is. They are drained emotionally and physically.

Figure 4.12 Photograph 12, Teachers feel helpless

Zee (Male teacher, 45 years)

"*Also teachers they, they develop a very low morale and they lose hope as you have seen in one of the other pictures where a teacher shows helplessness. Most teachers do want to help but sometimes they don't know how to help and they want to bring out the best in the kids but sometimes the kids don't understand or the kids do understand but because of various challenges they fail to be the champions they are supposed to be because some have got a great potential but because of the challenges they cannot show that."*

4.2.2 A selection of high school teachers' discussions in the focus group

I conducted three focus group interviews with the six high school teachers. I prompted them to "Tell me about your photographs" and so they elaborated on their experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms. I first offer some of the *stories* told by the teachers and then some of their *comments* on how this work affects them.

The following are some of *poignant stories* the teachers (Zozo, Pam, Mandi, Shaun and Zee) shared in the focus group discussions. I present them using the teachers' direct words:

Linda's story as told by Zozo

I remember one year, I can't quite remember which year, there was a girl … she was in grade 8 and I was the class teacher. This girl was kind of old for the grade but she was a hard working girl, dedicated, brilliant. So one day I called her aside and asked … what happened that made you to be still in grade 8 at this age? Because I can see that she has ability and does not seem like somebody who has failed the previous grades and then she shared her story with me. She lost both parents due to HIV and AIDS and then her family, no one actually wanted to take care of her. She also had a younger sister and then the sister was being taken care of by the aunt and then she, I suppose …she was at the teenager … she was a teenage, they could not understand each other. You know how teenagers sometimes behave and then she ended up on her own. She went to work at a salon

for two years then she came back because she wanted to study. She wanted, she told me, she wanted to be a doctor … and she was affected by HIV and AIDS. With time, she also became infected with HIV, in a relationship with an older man from the up countries. Can't quite remember whether the man was from one of the African countries or something but she told me and then … this girl, apparently the other kids from the class were aware that she was sick. So they would tease, they would gossip, they would say all the bad things and you can imagine this child, there's no one to take care of her at home and then at school there's this gossiping that's going around at school. So I had to educate the other learners about the importance of…caring for each other and not saying negative things about each other and stuff. But she was a very strong girl… so she passed her grade 8, grade 9 and then in grade 9, she became very sick and then, fortunately again I was teaching her. She became very sick to an extent that she could not write the final exam but her CASS (Continuous Assessment) mark was already making it possible for her to pass. So I had to refer her to a local clinic, the Institute for Youth Development South Africa (IYDSA) clinic, because I had someone that I knew at that clinic to please take care and check and write a letter because she couldn't write the exam. Then she passed her grade 9, even though this child had all these problems, she kind of had this very strong character, right? I don't know actually what happened when she was in grade 10, because or late in grade 10, because she seemed to have lost hope in life. She would not use the treatment as expected or as instructed by the clinic and it ended up affecting her CD4 count. She became very ill and she died in grade 10… when she was in grade 10. What I can share is that, all the years which the girl was here, sometimes you would wish you can do something but then there, there are things that you cannot go further with. I remember one holiday I wanted to invite her over to my house but then you think… what if something happens? How is the family going to feel? In grade 9 her class teachers also took over and when she was very ill, one of the teachers, … the class teacher, took the child to the hospital and she stayed with the child in her house trying to take care of her, trying to take care of her … till one day the teacher called me and say, this child is very ill and she quickly went to my house and I could see she was … you know…? So you can imagine how

it affected the other teachers that were teaching the kid and there was also a learner in that class, I remember, whose parent was also concerned about. So it was affecting the parent of that learner, the other kids in the class, us as teachers and there are boundaries that we cannot … you know … go beyond. So sometimes you wish you can do something but you don't know actually how you are going to do this.

Phinda's story as told by Spakes

My story is a bit different. My story is from a side of being a new teacher. It was my first year. I had a boy in my class. All of a sudden the boy didn't come to school. His grandmother came to school to report that the boy was in hospital. He took pills, he tried to commit suicide (wiping a tear and clearing her throat). I tried to ask the grandmother what was the problem but the grandmother couldn't speak. She was in a lot of pain and then I said, 'okay, no it's fine, thank you for reporting', but the grandmother said, … the pills were pumped out, he should come to school at least maybe after a week and the boy did come back to school. I tried to talk to him and at first he didn't want to talk but he did start to talk and he said that (tears flowing) he had to go and fetch his father from Jeffery's Bay, who was HIV positive and his mother who was receiving his monthly grant is no longer supporting him because the grant has actually stopped. So the mother is like totally neglecting him now. So … he felt like he was very much overwhelmed by everything and the grandmother was working as a street hawker … selling stuff. So, I asked him, is there anything I could do to help because it was quite overwhelming because it was my first year. I've never heard a story like that. I didn't know what to. I was in tears (still teary, clearing throat). I just opened my lunch because I didn't know what to do (clearing throat, wiping away tears). I told him anytime he needed anything, please just come to me. You know I didn't want to … that was what I could … that was the right thing to say (clearing throat, wiping nose). But I guess, boys are not very much open like girls but as time went on, he started, being untidy in school. I knew there was a problem because of taking care of the father but then the boy ended up leaving the school and being taken outside of the town. So I am not sure if he dropped out or

what's happening but he's living out of town now. That's what the grandmother told me.

Siphokazi's story as told by Mandi

Yes… mine was when we were asked to identify learners for nutrition program, which was sponsored by a community member. We had a limited number. So we had to look for the needy learners. While we were doing that, I met a girl, a grade 10 learner then. It was about 3 years ago, 3 or 4 years ago… When I went to this class I noticed this girl. She had some obvious symptoms, like loss of hair, eyelashes … swollen glands, some mouth sores. So when we were identifying them I asked those who do not carry lunch to school to go out, so that I could talk to them. I started with the other learners and she was the last one that I talked to. So while we were talking I found out that she was not struggling. Then I went on to ask about the symptoms: 'Why are you losing your hair?' 'What happened to your mouth?' and all of that and she said she doesn't know anything. But the … her friends said she could be HIV positive. And I asked her, 'are they correct by saying that?' She said, 'no'. She didn't like it. And now I asked her what she thinks we can do to … make sure like what's the problem. So she said she would love to be tested but she's scared to go to local clinics and I said to her I have my friend who is a nursing sister. I can approach my friend if she doesn't mind (sighs). Then…she agreed. I phoned my friend. I told her we need… I … need her to do the tests to this learner. So… the following day we had to leave before the school was out. We had to 'bunk' classes, myself and the learner without the knowledge of other teachers and the school principal, so that she can go home early. The parents at home shouldn't notice that she went somewhere else, (clearing throat). So I went to Lundini [pseudonym] Township. We met with this friend of mine. She had the kit with her at home. So she did the counseling before she tested her and explained everything, what happens if the dot falls on … this color and so on. She tested … (teary) positive, HIV positive. It was a very sad moment for us, for the three of us. So the following day my friend said she would bring medication for her, like antibiotics and something for the mouth ulcers and sores. Really, the following day I went to fetch the medication. I gave it

to her. It was…. I think it was on Monday when we went to this lady and I brought the medication on Tuesday. She was so withdrawn when we were on our way to Lundini Township. On Friday, when I entered the school gate, there was a learner who was standing in front of the car and I couldn't … I didn't know who this learner was. She was so bubbly and excited, smiling, happy. I parked the car. Here she was. It was the same girl. I don't know what happened but the sores were no longer there. Okay, the hair loss was still there but the self-esteem, I don't know what happened but it was boosted. She was sooooo excited and she told me that she felt, she felt much better. So she went on again and we had to bunk classes again because she had to be taken blood by this friend of mine. So we did that and had to take her back to Masakhane [pseudonym] Township after that. So she was on medication. She was on ARV's. I used to fetch medication for her because she said she doesn't want to use the local clinics. She doesn't want anyone to know from her family. But I guess she told her aunt who stays in Lundini Township. She's also teaching here in Masakhane Township. The aunt approached me and I told her aunt it was like that. Unfortunately, she dropped out in grade 11 if I'm not mistaken because I was not teaching her. She dropped out because she was struggling with her books. I found out later that she passed on. I didn't hear that she was sick. I didn't hear she was about to be buried. I was only told by the aunt but they buried her a long time ago, about a few months ago, so … it was really sad. I don't know what I could have done … because I … I tried to encourage her on using her medication and the importance of medication. But I think because there was no one to support her she defaulted and did all the wrong things which led to her death …

Margaret and Sonwabe's stories as told by Shaun

As much as I do not have a story, the child I've been following … incident that happened in my presence and I would say that there's something going on. I still remember the other child, can't remember her name (confirming with another female teacher from the same school) she loved coming to you. I think she was so much open, to you. She used to have sores on her head, tall and was doing grade 9? She was doing grade 9 repeatedly. She was repeating the grade. I just forget her

surname. At one stage I was her class teacher. She was raped at the same time and she had sores on the head but you could see. I think she liked coming to you Ma'm (confirming with Zozo, the teacher from his school). She was a girl, tall. She was a quiet child and the person who raped her was in jail but whatever, the case what I coming at, is that as much as these children are not open to us but you could see there was something. And I still remember the other one who was talkative and outgoing in grade 8 and she was always itching. I asked, "What are you doing?" She responded, "it's shingles". I asked what those are. She explained what shingles are but you could see these things but you didn't know what to do with these things.

Khayakazi's story as told by Zee

In my story, I had a grade 8 class, if I am allowed to mention the grade (shrugging and looking at me with uncertainty). I was in this grade 8 class. In this class there was this beautiful child amongst others in my class. But as the year went by I discovered that this child misses some days from school, and it was becoming worse. One day I asked other children from my class, those who knew where she stayed, to go and find out what was happening with her. The children I sent went there and came back. Two days after that, I received a letter from the "parents", (raising both middle and the index fingers of both hands, signaling quotation marks) of this learner. In this letter they explained the child's situation and the reasons for her absenteeism. Other things I noticed in this letter is that the girl was raped at a very young age, at seven years, eight, she was very young. She was raped by a person from her neighborhood. She was raped because of many beliefs that people had, that AIDS can be cured if an infected man has sex with young girls who are virgins. That is what happened. This young girl had such a bad luck.

However, the girl continued studying here at school. I also discovered from the letter that her parents passed on so she grew up living with family and relatives, with aunts, and she continued coming to school. In this letter it is mentioned that during those days when she missed school she had to go and fetch her ARV's as she was already at the stage where she had to take them. She did not take these

pills from her local clinic because she feared what people will say. So she was forced to fetch her pills from other clinics in other areas. She continued taking the pills until she was influenced by the church program that was taking place at school ... one organization from a particular church. As she continued with her treatment, she was advised by one of the teachers from that school that she can be healed from AIDS, but ARV's cannot heal instead they give a relief. This woman told her that if she believed earnestly, the Holy Spirit and prayer can heal the disease totally.

The prayer meetings continued here at school, in the morning and in evenings. After this child has joined the organization, she withdrew from taking treatment. She gradually withdrew and finally she stopped taking ARV's and continued praying. She continued praying but as the time went by, during the course of the year, I discovered that she was losing energy. She had to go back to her treatment again. If you have already started with ARV's one cannot miss even one day. That will have negative effects on the ill person. By the time she went back on ARV's her body was already resistant. Things became difficult for her. She finally gave up and stayed home. As a teacher, I did not know what to do in the situation. We worked together as staff and the principal and had to send some of the school work to the girl at home.

In this section I present a selection of *comments* as articulated by each of the high school teachers on what they perceived as effects of their experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms as discussed above. This is what some had to say:

Mandi: *It drains us emotionally. You … you become so tired. You don't know what to do. You are so confused. When you go, when you get home, you don't want to talk, you just want to sleep. And also, we risk about our jobs. Like when I said, I used to bunk classes to go to the clinic with the learner, my job was at stake there because if the principal would find out that I'm out of school before 14h20 then I would be in trouble. So it really drains us.*

Spakes: *It kills us. It stresses us.*

Zee: *And also even if you have periods you know that the class is coming now, and you must attend to that child…and you know that you have to be focused. And you have to be like emotional, understanding because there's that child that is coming and is having a problem.*

Zozo: *I feel helpless, very much helpless. Some days you feel like you're in the wrong profession (laughs nervously). You wish you could be a social worker for that whole day. Attend to those problems because it does take the … probably even longer than a day to deal with that.*

Spakes: *It's heavy. You take it home…to your innocent kids…to your family.*

Ladz: *How has this thing affected me? Instead of doing my work, it affected me emotionally and physically because when I come to the classroom I find children, I pity them instead of doing my job properly, as expected. There are times when I think of my time in college or university. It never crossed my mind that what I was studying is what I am experiencing today. I was of the idea that my job as an educator is to teach children and to guide them. Such situations are beyond my power and it is one of the reasons why sometimes I wish to leave the profession and find greener pastures. Really, there are such times when you feel tired and you are not familiar with such situations.*

4.3 CONCLUSION

This chapter has presented the results of the experiences high school teachers have of dealing with learners made vulnerable by HIV and AIDS in their classrooms and how they think these experiences impact on them as teachers. Some of the experiences have been shared through photographs, stories and verbatim quotations of discussions, giving a glimpse into their dealing with learners made vulnerable by HIV and AIDS.

The next chapter focuses on an analysis of the data which I contextualize within literature.

CHAPTER 5

FINDINGS AND DISCUSSION

TEACHERS DEALING WITH LEARNERS MADE VULNERABLE BY HIV AND AIDS IN THEIR CLASSROOMS

5.1 INTRODUCTION

The previous chapter focused on the presentation of data as generated by the six participating high school teachers. The following analysis is based on the data generated through the use of photovoice and the focus group interviews, to answer the research questions: What are high school teachers experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms? Although in a phenomenological study guidelines are normally generated by the researcher, in this study guidelines were generated by participants themselves. I therefore asked participants what guidelines can be generated to assist teachers deal with learners made vulnerable by HIV and AIDS in their classrooms. They had to look at the photographs they had created in answering the first question and then say what they can do to turn things for better. Presented below are the four themes I work within to present the findings.

5.2 THEMES AND CATEGORIES

Three themes respond to the first research question and one theme responds to the second research question (See Table 5.1). The first theme focuses on having to deal with personal vulnerabilities of learners made vulnerable by HIV and AIDS in high schools. The second theme points to teachers having to address more than educational needs of learners. The third theme touches on how dealing with learners made vulnerable by HIV and AIDS affects the teachers themselves. The fourth theme offers guidelines suggested by the teachers – which could assist them in dealing with learners made vulnerable by HIV and AIDS in their classrooms.

Table 5.1 Themes and categories

Themes	Categories
5.3.1 Dealing with personal vulnerabilities of learners	• Learners rejected by others because of their status and/or that of their parents and siblings • Burdened learners • Absenteeism
5.3.2 Teachers having to address more than educational needs of learners	• Health needs • Material needs • Educational needs • Emotional needs
5.3.3 Dealing with learners made vulnerable by HIV and AIDS affects teachers	• Caring as best as possible • Emotional wellbeing and demotivation • Afraid of doing the wrong thing
5.4 Guidelines	• Train and empower teachers with skills on how to deal with learners made vulnerable by HIV and AIDS • Schools to partner with NGO's and government departments • Debriefing sessions for teachers • Train teachers who are already in the system

5.3 DISCUSSION

The following discussion shows that high school teachers have challenging experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms. Amongst their experiences, high school teachers find themselves having to deal with personal vulnerabilities of learners made vulnerable by HIV and AIDS in their classrooms; having

to address more than just educational needs of these learners; and as a result their experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms deeply affect them.

5.3.1 Theme 1: Dealing with personal vulnerabilities of learners

This theme focuses on personal vulnerabilities of learners due to HIV and AIDS as experienced by the high school teachers. Such vulnerabilities include amongst others dealing with learners who, because of their HIV status and/or of their parents are rejected by other learners at school, are either ill or burdened by having to nurture sick parents and siblings, are often absent from school when troubled by their circumstances.

5.3.1.1 Learners rejected by others because of their status and/or that of their parents or siblings

School, the formal place of learning, should be inclusive and inviting to all learners enabling them to fully participate in the learning endeavor. When learners are rejected by other learners because of HIV and AIDS, they have to deal with feelings of rejection and exclusion, which affects them deeply. An alert teacher who notices this will try to address the issue of rejection in the class.

The data shows that some teachers had noticed this as they took a photograph showing a group of learners sticking together while isolating and rejecting another learner (see figure 4.1). The caption of the photograph suggests that when other learners discover that a learner, the parents or the siblings of that learner are living with HIV they reject that learner and start stigmatizing and discriminating against him or her. Such a negative attitude towards learners made vulnerable by HIV and AIDS leaves them more vulnerable and unable to optimize their potential in class. Commenting on this photograph Ladz says that such rejection of learners made vulnerable by HIV and AIDS "… *leads to a low self-esteem, ne? The self-esteem is so low, sees the world in a convergent manner, as closed world… Also he is frustrated, that leads to poor performance in class*."

Contrary to what children made vulnerable by HIV and AIDS expect from school, they "experienced school as an institution that allows them to be labeled and stigmatized"

(Kendall & O'Gara, 2007, p. 13). This is hurtful and they cannot withstand any of the people that stigmatize and label them.

A narrative written for the photograph of a learner sitting alone, with his head on his hands (figure 4.7) tells just how unhappy and lonely the learner feels when other learners discover that a particular learner is HIV positive or that his parents are HIV positive or have died of AIDS related diseases and stigmatize and discriminate against him. Once learners are stigmatized and socially isolated by their communities and peers they might become "solitary" appear "miserable" and stressed (Foster & Williamson, 2000, p.282) such that they will avoid any contact with anyone.

Commenting on the photograph he took, Shaun said, *"They are called names such as 'Z4', 'they've stepped on a cable', 'they have a community thing'.* When learners made vulnerable by HIV hear those comments they feel bad and prefer to be alone. The tendency is that they avoid the company of others and sit alone most of the time. This does not help the learners at all, as they become more stressed and emotional, affecting their wellbeing. They avoid anyone who wants to come closer to them. They prefer to be on their own. Teachers hear them being called names and being stigmatized not knowing how to help the individual, but they do address the issue with the class: "*So I had to educate the other learners about the importance of … caring for each other and not saying negative things about each other".*

Teachers themselves contribute to stigmatization, often not openly but in subtle ways, as shown in the following quotation, "… *we were asked to identify learners for nutrition program, which was sponsored by a community member. We had a limited number. So we had to look for the needy learners."* It is necessary to assist learners, but calling them out of class puts them in the spotlight, and increases them being 'othered'.

Robson and Sylvester (2007, p.259) concur that "[s]tigma and discrimination in schools contravenes the underlying principles of inclusive education both in school and in education." Some learners might decide to leave school as a result of stigmatization and social isolation (Foster & Williamson, 2000, p.282). Rejection and isolation do not help

learners made vulnerable by HIV and AIDS at all instead it makes their situation worse and that can increase “stress and trauma of parental death or sickness” (Foster & Williamson, 2000, p.282). In spite of Inclusive Education White Paper 6 (DoE, 2001) requiring all learners to be included stigmatization in schools is still difficult to address. Stigmatization is an epidemic in and of itself, as stigmatization causes people living with HIV to isolate themselves leaving them without access to care and support.

5.3.1.2 Burdened learners

Within the context of HIV and AIDS, many learners’ lives and responsibilities have changed from being children and doing things children do, to being caregivers to their ill parents and siblings. Their lives have changed from being cared for, to being the caregiver, often with very little support from others. In such a situation where they are affected these school going learners’ load and responsibilities are increased, leaving them physically and emotionally burdened.

The teachers raised the issue of the burden of care through their photographs. One photograph shows a hand holding a bottle of tablets (see figure 4.2). The caption suggests that some learners, or their parents or siblings, are on ARVs. This means that they have to fetch the tablets from the clinic for themselves or for their ill family members and ensure that the persons they are caring for take their tablets. Living with HIV and AIDS is therefore also an emotional burden which these learners have to deal with, often without the necessary support. This is evident from what Spakes says, “…*learners have to take care of their sick parents/siblings*.” She also referred to upsetting news teachers get and with which they have to deal, such as “*… the mother came to school and told me that her sister’s child is sick. The sister is already passed away and the child is HIV positive. I was shocked*…” Spakes indicated that she never suspected that the learner was HIV positive until her aunt came to inform her that the learner had to change from one HIV treatment to another.

Teachers are upset when they find out about the HIV status of their learners or of the learners’ parents, or when they discover that learners are on ARV’s. They hear such stories almost on daily basis. Some of the learners are orphaned by AIDS, and if the

learner is fortunate enough a family member or a Good Samaritan will take care of them. Unfortunately very few of them are fortunate enough to have someone to care for them, and they have to care for themselves and if they are the oldest child, they have to take care of the siblings too - cooking, doing laundry, cleaning and even providing for the family. The boy as the man is also expected to go out and make money and provide for the family. Considering the low levels of education he has it might be difficult for him to find a job that will assist him into helping his family, hence a boy might end up getting involved in criminal activities like house breaking, robbery and/ selling of drugs to make quick money to make the ends meet.

When the learner is in the class, and shows signs of emotional distress, the teacher often tries to intervene and assist. This too, then becomes an emotional burden for the teacher. Attesting to this category, Foster and Williamson (2000, p. 280) concur that "increased workload of children affected by HIV/AIDS starts when parents become sick and increase when children become orphaned."

Spakes' photograph (figure 4.6) displays how learners' school work is affected by HIV and AIDS (figure 4.6). Spakes makes the following comment, "*Our children… have a lot of work to do at home. They do not cope with their school work…"*

When parents become sick or die due to HIV and AIDS, learners assume the role of parents. They head up the family. They perform duties that are traditionally meant for parents or adult persons. They have to play the role of a parent by taking care of the siblings, doing some household chores and even generating income to provide basic needs for themselves and siblings. Confirming this are Foster and Williamson (2000, p. 280) saying, "…there is an increased domestic workload to children made vulnerable by HIV and AIDS as adolescents may go and find work whilst they are still schooling." This all happens at the expense of their education.

5.3.1.3 Absenteeism

As with any illness it is advisable to stay home till you are healthy and able to participate in your school activities again. When a learner has contracted the HI virus and AIDS sets

in, the progression of the syndrome is unpredictable, often leaving the learner vulnerable to infections. As such the learner might be frequently absent from school. Other learners, not infected but affected, might be absent because they have to take care of their sick parents. What this implies is that these learners miss out on a lot of school work and also that they have too little time to do their homework. This is clear from Zozo who participated in the focus group interviews and who had the following to say about learners' absenteeism:

> "*HIV and AIDS rob children of their parents and guardians. They are actually left there to take care of themselves. In the process they have to take over the role of parents. There is basically no one to motivate them to go to school or because of many chores they have, they skip days and not go to school."*

Referring to the photograph with empty chairs (see figure 4.3) Zozo made the following comment:

> "…*there are two empty chairs there. Those chairs are supposed to have learners sitting there but there's a very high rate of absenteeism from school, of which there could be various reasons, factors that lead to that. So, most learners don't attend school on regular basis*."

The reasons for the high rate of absenteeism range from taking care of sick parents or siblings or taking care of themselves. Minaar and Bodkin (2006, p. 168) say that "[g]enerally the child becomes the bread winner. This child may have to leave school and start to work in order to provide for younger siblings." This explains some of the reasons why children who come from poor background or families affected by HIV and AIDS might as a result of poverty fail or drop out of school.

5.3.2 Theme 2: Having to address more than educational needs of learners

This theme focuses on how teachers have to address more than what they have bargained for, that is, educational needs. They also need to address material needs,

health needs and emotional needs, where learners come to school distraught by their circumstances.

5.3.2.1 Health needs

School is not only a place where learners can get educated, it is also a place where they need to be supported and developed in totality. That also includes supporting the health needs learners have.

Learners coming to school sick obviously draw the teachers' attention. The photograph of a bed in the sick room at school (figure 4.11) indicates that when children come to school and they are feeling ill and have to lie in the sick room, requiring teachers to keep an eye on them when there. As a result, in addition to their teaching role, teachers have a duty of offering care to learners made vulnerable by HIV and AIDS. Mandi said that when learners come to school sick they are challenged as teachers as they are not medical practitioners and so they cannot give the learners any medication. The only thing teachers can do is to send sick learners to the sickroom where they can rest and regain energy and strength to go home again after school. Teachers do not know how to support learners with such illnesses but can only afford them some time to rest. On the other hand, learners display enthusiasm to come to school probably because it is the only place where they hope to get help. School seems to be their only hope and teachers their lifeline.

The physical or health needs of learners are evident especially in learners that live with the HI virus. The following are excerpts from the discussion by the teachers show that the learners have symptoms of the virus:

Shaun: "*She used to have sores on the head…I still remember another child who was talkative and outgoing, in grade 8, always itching. I asked what was wrong. She told me it was shingles."*

Ladz: *"…all of a sudden the girl was not in the class and err…, I think it was before June or before the closing. She came back and she had an MDR (Multi Drug Resistance)."*

Zozo: *"…she also became infected with HIV… she was so sick"*

Mandi: *"I noticed this girl; she had some obvious symptoms, like loss of hair, eyelashes, swollen glands, and some mouth sores…"*

It is apparent from the above quotes that learners come to school with symptoms or very ill, clearly wanting to be at school. When Mandi noticed the symptoms on the young girl, she has this to say: "*I phoned my friend who is a nurse. I told her I wanted her to do test the learners for HI virus. The following day the learner and I left school early to meet with my friend so that she could do the tests. She did counseling first and explained the whole process to the learner. The test results were positive."*

This means that teachers have to deal with these learners in their classrooms, not knowing what to do to and how to support them (Kelly, 2002, p. 2)).

5.3.2.2 Material needs

Learners made vulnerable by HIV and AIDS display material needs, showing the intersectionality of poverty and HIV and AIDS.

Poverty is defined as the state of being poor or destitute (Livingstone, 2008, p. 508). Poverty can be attributed to many things, for example, unemployment and the inability to generate income. This results in people becoming poor and living below the poverty line, unable to afford the basic needs such as shelter, food, clothing, health and education. When the family's income dries up due to ill health due to HIV and AIDS, the whole family suffers.

The photograph of an empty lunch box (figure 4.4) and the caption written by Shaun points to how absent or sick parents lose their employment resulting in poverty. Shaun explained that the effects of poverty affect the immediate school success of the child, but also the future, in that "…*poverty has effect on the results also as well as their future*." Spakes refers to the immediacy of poverty, and hunger in particular, when she indicated that she " *opened my [her] lunch because I [she] didn't know what to do."*

Minaar and Bodkin (2006, p. 168) confirm this by saying that "… a malnourished child is unable to perform at school; this may result in low self-esteem and high drop-out rates." "Many orphans in child-headed households live below the breadline. These orphans do not have any food security and do not eat for days" (Minaar & Bodkin, 2006, p. 168). HIV and AIDS clearly leaves many learners with sick parents who are too weak and fragile to work and generate income or with no parents at all. Sudden loss of income results in poverty and children suffer a lot. They might not have proper clothes to wear, a place to live, food to eat, and money for their health and educational needs.

In an attempt to try and curb poverty learners find ways - some of which are destructive or are even illegal – to generate income. Girls for example, in the story shared by Zozo drop out of school to find jobs as "…*she went to work at a salon for two years then she came back because she wanted to study."* Others might sell their bodies to older men to get money for food and clothes, as Zozo related in her story *"She was affected by HIV and AIDS. With time she also became infected with HIV when she got into a relationship with an older man from the up countries."* Because there are no parents to guide them on relationships or to protect them, these children who are made vulnerable by HIV and AIDS become victims of sexual exploitation and cannot negotiate safe sex, and become infected.

The teachers shared their understanding of the learners but also showed how they try their best to support learners in need. Some even dig deep into their pockets just to make sure that the learners' material needs are met. The following are some of the things teachers do to ensure that they cater in the needs of learners:

Zozo: "*I remember one holiday, I wanted to invite her over to my house but then you think will this be okay?" "…the class teacher… (clearing throat) took the child in her house trying to take care of her…"* This suggests that teachers do go out of their way to help their learners, but are unsure whether they are doing the right thing. Sometimes teachers offer material support and buy groceries for learners made vulnerable by HIV and AIDS in their classrooms. Zozo had this to say, *"…she had to go and stay on her own and you*

can imagine she was sick. She had no income, so teachers sometimes collected money and made groceries for her to try and help out."

If teachers want to teach and ensure that learners learn they need to try and cater for their needs first. Mandi commented that *"I gave him money to call a social worker that I knew."* She continues and says, *"When you have to spend money that you don't have, you see it drains us but you have to give them transport money. They can't walk long distances because they are weak."* Even though teachers do not have spare money they do make the effort to help the learners financially wherever they can.

De Witt and Lessing (2005, p. 13) say that children made vulnerable by HIV and AIDS are most of the time exposed to psychological stressors like poverty. Poverty stresses learners and prevents them from focusing on their education. Although education is said to be free for all, some learners may not have optimal access to the available education. In addition to that Kelly (2003, p. 56) says that "[e]ven though it [the school] may charge no fee and in that sense it's free, schooling remains inaccessible to many children from poor families or those affected by HIV and AIDS cannot afford to go...". They do not have anyone to help them with school work. This means that although the learners made vulnerable by HIV and AIDS may attend school it will always be difficult for them to optimize the available education with no support at home.

When a parent or both parents become sick or die it has a negative impact on the income of those who are left behind. The income in families of children made vulnerable by HIV and AIDS is far less than the income generated by families where both parents are well and alive (Foster & Williamson, 2000, p. 279). Children whose parents are either ill or dead due to HIV and AIDS may lose income that the parents generated when they were healthy and alive. As a result of that the children become poverty stricken and their material needs are not met.

5.3.2.3 Educational needs

All children have dreams and aspirations. When children come to school they have come to a realization that their dreams can only be achieved through schooling. According to

the *"*Constitution of the Republic of South Africa*"* (1996, p. 14) all children deserve a free and fair opportunity to education.

Learners made vulnerable by HIV and AIDS also have a right to be educated and have a bright future. They also aspire to be greater people in life. Zozo in her story about Linda says *"[s]he went to work at a salon for two years then she came back because she wanted to be a doctor."* This underscores the child's commitment in wanting to complete schooling and continue studying further to make her dream come true. Education is the best way of fighting poverty and also minimizes the rate at which HIV is spread. Failure to afford them equal and fair opportunity to education may result in them dropping out of school, dating older men and engaging in unprotected sex and become infected like the girl in the story, *"… she was affected by the HIV and AIDS, with time, she also became infected with HIV in a relationship with an older man from the up countries…"*

Ladz also highlighted educational needs in his story about the young girl who suffered from MDR, *"[s]he was struggling with her school work but you could see that even her colleagues (peers) in class they were like supporting her with assignments, with everything but unfortunately she couldn't make it to pass grade 8. And then she was forced to repeat it again this year."* The fact that learners fail grades does not necessarily mean that they have to give up, they can do a grade for the second time if needs be.

The photograph which shows a door with a sturdy padlock (figure 4.8) indicates, according to Mandi, that both teachers and learners find themselves trapped in the context of HIV and AIDS. Learners made vulnerable by HIV and AIDS have dreams and aspirations but being infected or affected prevents them from achieving their dreams. The death of a parent often compels the elder child to leave school and give up on their dreams. Leaving school, according to Beyers and Hay (2011, p. 103) places children at further risk, as "[g]irls who attend school for a longer period tend to abstain from sex until later," which means that those who leave school early might be more at risk in several ways. In an attempt to generate income to survive girls might engage in transactional sex (Leclerc-Madlala, 2008, p. 18) which might lead to them being infected by the virus. It becomes a cycle they cannot break out of and in which they stay trapped.

Teachers on the other hand wish they can help support learners made vulnerable by HIV and AIDS in their classrooms but as Zozo put it, they too, feel trapped as *"…they don't know what to do."* They feel they cannot do their job of educating the learners as expected because of the needs of these learners which they cannot meet. They love their job but feel that in the era of HIV and AIDS it is almost impossible to teach and learn effectively. They feel trapped between their profession and the need to support learners made vulnerable and the policies that they operate within.

Beyers and Hay (2011, p. 102) confirm that, "education is a powerful tool in transforming poverty and gender inequality." It is therefore evident that children who miss out on education or who drop out of school could be victims of poverty and gender discrimination. The dropping out of education is exacerbated if "The household becomes a child-headed household. The fact that the eldest child has to drop-out of school means that this child does not receive education and this perpetuates the cycle of poverty" (Minaar & Bodkin, 2006, p. 168) and increases the vulnerability of the children.

5.3.2.4 Emotional needs

Learners made vulnerable by HIV and AIDS experience stress and trauma due to their circumstances, such as being infected, nurturing sick parents and/ siblings, losing family members to death, stigmatization and discrimination, and lacking resources. These are common experiences of learners made vulnerable by HIV and AIDS which leave them emotionally distraught. When they come to school, learners made vulnerable by HIV and AIDS do not only expect teachers to teach but to offer them emotional support as well.

The photograph which shows a learner crying and a hand on the shoulder trying to comfort the learner (figure 4.9) means that the teacher is comforting the learner that comes to school burdened by the many responsibilities and challenges. According to the caption written by Zee, learners come to school leaving behind a sick parent or come to school mourning the death of a parent. Sometimes they cry because they have discovered that they themselves are HIV positive. The overwhelming situation requires the teacher to offer emotional support to such emotionally distraught learners. Sometimes the children do not know how to deal with the troubling circumstances and

are angry at the world. This too requires a response from the teachers who mostly do not know how to deal with the children's anger.

In addition to that some learners are emotionally burdened because they themselves are infected with the virus and have no one to turn to or do not know how to tell their parents of their HIV status. They then might turn to the teacher, as Mandi shared in the focus group interview:

> *"…a grade 11 learner came to me. A boy… (Sighs, tears flow). He wanted to see me. Then we met during break time. He was crying and he told me that last year, around about December (2012) he was gang raped. Then he felt sick this year (2013) and when he went to the clinic, he was tested and it was found out that he was HIV positive."*

According to Mandi, this boy never shared this with his parents or anyone close to him. She was the first one to hear about the rape and the status of the boy. Teachers hear such stories and witness the learners' pain. In this situation the child himself is emotionally distraught because of the rape which he kept hidden for almost a year, and then added to this burden, is the fact that he is HIV positive. The trauma the boy experiences could cause depression and so he requires help.

Teachers deal with learners made vulnerable by HIV and AIDS in their classrooms by default. Should a teacher fail in their duty to offer emotional support to learners made vulnerable by HIV and AIDS, long lasting damage may occur in the learner. For example, Spakes shared her story of her experience of the boy and his grandmother in that *"…all of a sudden the boy didn't come to school and… (Clears throat) grandmother came to school to report that the boy was in hospital, he took pills, tried to commit suicide."* According to Spakes, this boy was overwhelmed by the situation at home. He had to take care of his HIV positive father and he could not bear it. Spakes's story is one of many stories teachers have and in many instances it is not attempted suicide but the child succeeds in taking his or her life. Moletsane, De Lange, Mitchell, Stuart, Buthelezi, and

Taylor (2007, p. 25) concur that living with HIV and AIDS could become unbearable without the necessary support.

Another story shared by Zozo shows the emotional and psychological abuse children made vulnerable by HIV and AIDS are exposed to when:

> *"… the other kids from class were aware that she was sick, so they would tease, they would gossip, they would say all the bad things..."*

The young girl's parents had died due to AIDS-related illnesses and she herself later became infected. These are overwhelming situations and having other children making fun of her at school exacerbated her emotional trauma.

Confirming the discussions above that learners come to school and require emotional support from their teachers, is Bennel (2005, p.482) who refers to the consequences of the emotional stress and trauma, i.e. "*crying in class*" which if not attended, may ''*limit the concentration of the learners in class*". In addition, Foster and Williamson (2000, p.282) acknowledge that in most cases children made vulnerable by HIV and AIDS become scared when their parents are sick fearing that they might lose their parents. So when they come to school they need a teacher to support them and to assure them that all will be well. They need someone to give them hope in their seemingly hopeless situations.

Concurring with other writers above and speaking of some of the challenges that children made vulnerable by HIV and AIDS experience, Minaar and Bodkin (2006, p.167) say the children may experience psychological and emotional reactions to the illness and death of their parents and they feel hopeless and are angry when their parents become sick. They blame everyone for the situation they find themselves in. They blame parents, themselves, peers and teachers. They cannot accept the situation and do not understand why it has to be them that are either affected or infected by the virus. As a result they might have behavioral problems, become aggressive and violent (Bennel, 2005, p.482) and redirect their anger to peers at school. These emotional challenges have to be responded to, and it is the teacher who is expected to do so.

5.3.3 Theme 3: Dealing with learners made vulnerable by HIV and AIDS affects teachers

Dealing with learners made vulnerable affects teachers and pose a threat in the profession in many ways. The role that some teachers play seems to voluntarily extend into offering support in various areas. This affects the emotional well-being of the teachers and leaves them emotionally distressed. This role they play could also result in teachers who try their best in an attempt to help learners, do things which might not be in the best interest of the child.

5.3.3.1 Caring as best as possible

In an attempt to assist the children who come from affected families, teachers use their teaching time and private time to ensure that most needs of the vulnerable children are taken care of as best possible.

The photograph which shows a teacher helping a learner fill in the grant application form from the South African Social Services Agency (SASSA) (figure 4.5) points to a caring teacher. Ladz, in the caption, says that although teachers are overworked they still make time to help by filling in these forms. He also explains that "*[w]e hardly have free periods…we have to assist learners and care-givers…If the applications are successful, learners and care-givers might have income that can help fight poverty*."

Teachers acknowledge that more is required of them in the context of HIV and AIDS. They do however point out that they do not always know how to do what is required of them. This is confirmed in that "*[n]ot all teachers are able to provide pastoral care,*" and "*[w]e have not been trained to confront this but we do our best.*" This lack of training makes teachers afraid of offering pastoral care to learners made vulnerable by HIV and AIDS. This is also confirmed by the teachers in Bhana, et al., 's study (2006). Speaking of formal education Kelly (2000, p. 9) says it should "…ensure that every school member is adequately equipped with relevant life skills and that adequate learning takes place..." Considering what the teachers said and did in an attempt to help learners made vulnerable by HIV and AIDS in their classrooms, it seems that teachers take up their pastoral role as best they can drawing on their common sense.

According to the DoE (2000b, pp. 13 - 14) seven traditional roles of educators are outlined (see 2.5.1) but it is offering pastoral care that is of importance here. Although these are the roles expected from teachers, the pastoral role has become particularly important in the context of HIV and AIDS, with HEAIDS (2010a, p. 42) stipulating what this means in terms of the professional role of teachers in the context of HIV and AIDS. It is said that it is necessary for teachers to give consideration to the context in which they teach, be preventative agents, support and care not only for learners but for their colleagues as well, and show sensitivity towards other teachers and learners.

5.3.3.2 Emotional wellbeing of teachers

Teachers spend most of their time at school with learners and become close to these learners. School often becomes the second home to learners and they regard some teachers as their parents. When the learners get sick or their parents get ill or pass away teachers are affected emotionally.

Teachers in service of the department of education vary in terms of their experience as there are teachers who have taught for decades and teachers who have only taught for a brief period of time. When new teachers join the profession they are confronted with dealing with learners made vulnerable by HIV and AIDS. Being new to the profession could make some feel uneasy about dealing with learners made vulnerable by HIV and AIDS in their classrooms. Pam recalled this experience in her first year of teaching, and says the following, "…*it was quite overwhelming because it was my first year. I've never heard a story like that. I didn't know what to say. I was in tears*". Pam added that

> *"[m]any a times you feel like that. You feel like, why do I have to hear these things? And I don't know what to do because these problems are so big that we don't know. We really don't know what to do because really, we are not trained to deal with these. It also affects the teachers because their morale is so low to such an extent that the rate of absenteeism becomes high because teachers take stress leaves and even in class, you don't perform the way you are supposed to. As a result, the school results now become poor. It affects the results negatively*."

Seeing learners made vulnerable by HIV and AIDS suffer and being unable to support them because of no training or of inadequate training affects how teachers work and feel about their job.

Referring to a learner that has passed away due to HIV and AIDS Zozo had this to say about the emotional wellbeing of teachers in the context of HIV and AIDS,

> *"[s]o you can imagine how it affected teachers that were teaching the kid and there was also a learner in that class…I remember whose parent also was concerned about, so it was affecting the parent of that learner, other kids in class, us as teachers*…"

What this means is that when learners made vulnerable by HIV and AIDS die it affects everybody, families, community members, teachers and peers. Shaun comments on how they as teachers are affected by the learners who come to them crying, when he says, "*I also cry…you know …when a learner comes to me crying…I know it is wrong*…" Dealing with learners who are emotionally distraught affects teachers deeply. It is interesting to note that he indicated that *"it is wrong"* to show emotion, highlighting the level of work still needed with both male and female teachers in dealing with their own vulnerabilities and with vulnerable children.

The photograph of a teacher looking down, shoulders hanging and hands loosely at the side (figure 4.12), epitomizes the draining effect of all the challenges teachers face on a daily basis when dealing with learners made vulnerable by HIV and AIDS. Zee says they "*develop a very low morale and they lose hope.*" If teachers who are supposed to give hope to the learners do not have any, how are they going to instill that hope in learners?

In addition to the quotations of how dealing with learners made vulnerable by HIV and AIDS impacts on them emotionally, I offer Shaun, Pam and Zozo voices on this matter:

Spakes: *I feel helpless, very much helpless. Some days you feel like you're in the wrong profession … I really feel like quitting the profession because these problems are so big.*

Shaun: *When I think back to the time I was still in college or university, I never imagined that what I was studying there is what I see here today. I thought my duty was to teach children, yes and to guide them. Such things like these are beyond my power. That is one of the reasons why sometimes I feel like leaving the profession to seek greener pastures. There are times when you feel you are really tired by these situations.*

Zozo: *Yes, I think it's really draining us emotionally. While sitting on the rock outside, one teacher asks me, 'How would you feel in your class, while you still busy teaching, a learner approaches you and say, 'Sir these ARV's make me nauseous'? I mean you see all of that? How do you look at the child? You didn't even know anything. You were just teaching your learners and this one wants to go out. You can't show the child you are shocked.*

Situations such as the ones the teachers deal with make them feel like leaving the profession. They are surprised by what they have to deal with as they were not aware of these when they were in training colleges and university. They are overwhelmed by the situations they are faced with.

Van Wyk and Lemmer, (2007, p. 303) confirm the hopelessness and helplessness experienced by teachers in that "[t]he morale of educators is also likely to fall as they deal with illness and mortality of colleagues, relatives and friends." In another study conducted by Kendall and O'Gara (2007, p. 12) teachers said, "We have no training and these classes are full of children." The same sentiment that it is all just too much to handle, is shared by the participants in my study. Having to deal with learners made vulnerable by HIV and AIDS in their classrooms everyday has left them drained emotionally and physically tired. Watching the learners come to school with all the challenges and then not being able to do enough can result in teacher attrition. They already have too much to do and the devastation they experience leaves them without hope.

Van Wyk and Lemmer, (2007, p. 303) further explain that the stress and emotions teachers experience when dealing with learners made vulnerable by HIV and AIDS

negatively affects the preparation of lesson plans, marking of homework and tasks, and how they interact with learners. “In the pandemic context educators work under additional stress and this affects the quality of education they deliver” (Wood, 2013, p.124). As she puts it, dealing with learners made vulnerable by HIV and AIDS stresses teachers and they are frequently on sick leave. Some issues come up unexpectedly leaving teachers not knowing how to respond as they are shocked, but they hide how they feel so as to protect the feelings of the learners. This in itself is traumatizing for the teachers.

5.3.3.3 Afraid of doing the wrong thing

Although teachers want to support and help learners made vulnerable by HIV and AIDS there are limitations as to what they can and are allowed to do. There are laws that govern what they can and cannot do. They are teachers in the first place and are supposed to do their teaching job. The reality is that teachers cannot do their job and ignore the needs of the learners in the context of HIV and AIDS.

According to these teachers, although they want to help and support learners sometimes they just ignore the learners in need and pretend not to notice in fear of doing something wrong while trying to help, as according to Zozo, “… *sometimes* (clearing throat) *even though that there is a problem, you distance yourself from it. You know that distancing yourself is not right, still you do that seeing that there is a problem, but that is wrong.*”

Some of these learners have lost a parent or both parents to HIV and AIDS. School seems to be their life line and teachers their only hope to support them with their needs. Teachers like Zozo wish they “*can do something but do not really know how,” “sometimes you would wish you can do something but there are things that you cannot go further with”*, to support these learners that are made vulnerable by HIV and AIDS in their classrooms. Zozo says that there is the option of taking them to your home, *“but then you think what if something happens?”* If they die in the teacher’s care the families might cause problems or accuse them of wrong conduct.

Commenting on the issue of poverty and the needs of learners made vulnerable by HIV and AIDS, Zozo adds that *“… the other teachers of course, would have to help with*

groceries ... so sometimes teachers collected money and made groceries for her." It seems that offering material support such as food and money is less of a problem than offering emotional support.

5.3.3.3.1 Breach of confidentiality

HIV and AIDS is still a sensitive issue and no one can compel a learner to disclose his or her status. There has to be trust and a readiness before they disclose their status to anyone. Zee was concerned about a learner's absence from school and continued to ask for information about why the learner was absent so often. He says, "*I did try to find out because the learner was always absent in class when she was doing grade 10. Most of the time, she was absent. I asked about her. They [other learners] would say she was sick*." He never considered the fact that the learner did not want him to know.

The importance of confidentiality needs to be considered. Teachers sometimes disregarded confidentiality because Zee says, "I *would like to say that she never came to me and revealed her status. I got it from … like other colleagues.*" That is unethical and could jeopardize a relationship of trust. Medical practitioners, for example, are sworn into keeping all information disclosed by patients as a secret and should not reveal that without the patient's consent even after the death of the patient (Boyd, 1992, p.173).

5.3.3.3.2 Diagnosing without testing

The fact is that talking about HIV and AIDS is still a taboo for some people and in some areas. Teachers sometimes find themselves in a situation where they speculate about the health of learners. One cannot just look at a learner and make a diagnosis. A person can only be diagnosed with HIV and AIDS after his/her blood samples for HIV antibodies have been taken for testing in a laboratory (Chin, 1990, p.533). The participants shared the following stories showing some erring when dealing with learners made vulnerable by HIV and AIDS.

Zee*: It was not like revealed to me what was the problem but as a teacher I could see that she was sick and I could speculate it was HIV and AIDS.*

This is dangerous, illegal and it stereotypes people. Nobody can without testing tell that they are HIV positive or have AIDS.

Mandi: *She had some obvious symptoms ... then I went to ask her about the symptoms. I said I have a friend who is a nursing sister, I can approach my friend. The following day we had to leave before the school was out, we had to 'bunk' classes, myself and the learner and without the knowledge of other teachers and the school principal … the parents at home should not notice that she went somewhere … so the following day my friend said she would bring medication for her.*

From what Mandi said it is seems that she suspected that the learner was ill and suggested voluntary counseling and testing. She however took the learner for testing without the consent of the parents. She then fetched medication without prescription of the medical practitioner and gave it to the learner also without the knowledge of parents. Furthermore, Mandi took the minor out of school without asking permission from both the school head and the parents. This example shows that the teacher cared, but that she operated outside the framework of existing policies, putting her career at risk.

5.3.3.3.3 Influence of beliefs and religion

Every teacher has his or her own beliefs and values which influence how they see the world and their work. Ladz, in his story, represents many teachers who draw on their personal beliefs to make value judgments in advising on issues pertaining to HIV and AIDS. A teacher, by virtue of being a teacher, is positioned as more powerful than the learner who might feel pressured to accept the teacher's advice. Teachers do this with no intention to cause harm but rather to help. When they give advice based on their own beliefs, they might forget the potential consequences.

Ladz: *While this child continued with her treatment one teacher from my school advised her that she can be cured from HIV but not by ARVs as we know that ARVs do not cure but give just give relief. This woman told the child if she earnestly believed, the Holy Spirit and prayer can help cure her of the disease.*

Commenting on the influence of religion and beliefs Zou, et al., (2009, p.2) confirm that religion and beliefs contribute to attitudes that prevent people living with HIV and AIDS from taking treatment. They posit that people who believe and love God believe through prayer one can be healed from any illness and that there is no need for drugs or treatment to heal the sick. This is confirmed by Parsons, Cruise, Davenport and Jonas (2006).

5.3.4 Theme 4: Guidelines to assist high school teachers dealing with learners made vulnerable by HIV and AIDS

After the teachers identified and discussed their experiences of dealing with learners in their classrooms, they had to generate possible guidelines that could help teachers faced with the same challenges of dealing with learners made vulnerable by HIV and AIDS.

5.3.4.1 Training all pre-service teachers with skills and information on how to deal with learners made vulnerable by HIV and AIDS

From what the teachers mentioned in the themes it is clear that they felt they lacked skills and information on how to deal with learners made vulnerable by HIV and AIDS. It is therefore required that all teachers – not just Life Orientation teachers - be engaged in learning how to deal with the challenges learners made vulnerable by HIV and AIDS face. This is what Spakes had to say:

> "*I think all teachers, during their training, before entering into the teaching profession; they need to be trained and empowered with skills on how to deal with learners made vulnerable by HIV and AIDS. For those teachers who are already in the teaching profession for some time, there should be an in-service training. The training should not be for certain teachers or teachers teaching a particular learning area or female teachers but it should be for all teachers. The training will enable all teachers to deal with learners made vulnerable by HIV and AIDS at school."*

Katjavivi and Otaala (2003, p.7) concurs that higher education institutions need to incorporate material of HIV and AIDS in their various programs to ensure that when student teachers graduate they know how to respond to challenges of HIV and AIDS as

professionals, community members and on a personal basis. This means that pre-service teachers should be equipped with HIV and AIDS content, with pedagogies to teach about HIV and AIDS, and also with some practical advice on how to support learners in the age of HIV and AIDS (HEAIDS, 2010a).

5.3.4.2 Training teachers who are already in the education system

There are teachers in the Department of Basic Education who have been in the education system for a long time even before the era of HIV and AIDS. These teachers are guided by the seven roles of educators prescribed by the department of education. Although they understand their roles as teachers, they experience some difficulties in fulfilling their roles in the context of HIV and AIDS. Even those teachers who have just joined the education system find it difficult to function in the era of the epidemic because they lack expertise on the subject. This is what Spakes said:

> *"For those teachers who are already in the teaching profession for some time, there should be an in-service training. The training should not be for certain teachers or teachers teaching a particular learning area or female teachers but it should be for all teachers. The training will enable all teachers to deal with learners made vulnerable by HIV and AIDS at school. Also, teachers need to develop themselves by registering with institutions which can empower them with necessary skills."*

This guideline is of critical importance as addressing the epidemic is everyone's concern, not only the concern of the Life Orientation teachers. These teachers clearly understand the breadth and the depth of the epidemic and argue for professional development which equips all teachers, in line with the recommendations of HEAIDS (2010a).

5.3.4.3 Strengthening the resource base

It has become clear that teachers use teaching time to help learners make contact with the department of home affairs, the Department of Social Development, and the Department of Health. They also indicated that they try to offer counseling, do the work of social workers, and assist with health issues.

They also suggested that:

> "*We also need school nurses…psychologists and social workers. If we can bring these services to schools, this can make our job as teachers manageable."*

The teachers thought that schools should form partnerships with NGO's so that they can draw on services they offer in order to strengthen the resource base. Foster and Williamson (2000, p. 277) also agree that NGOs can help families with skills and empowerment on how to help other members made vulnerable by HIV and AIDS. If and when this happens, families can be self-supportive and community members can start helping one another and teachers can start playing their role with less time spent doing what families and NGOs can do.

5.3.4.4 Debriefing sessions for teachers

The themes also showed that teachers are burdened emotionally by having to address the challenges of dealing with learners made vulnerable by HIV and AIDS. This was shown to affect them personally, their teaching, but also their family life.

In order to process the experiences it is necessary to share it with others who understand the situation. The teachers suggested that before going home they could organize a group of other teachers working in the same conditions to share the day's experiences and to 'off load'. During these sessions they can share but may also learn to understand what goes on in the lives of learners made vulnerable by HIV and AIDS. Spakes had this to say:

> *"We go home tired…emotionally drained. We take the stress out on our kids at home. Something must be done here at school level. May be before you go home, you speak to someone or a colleague about your day and what happened. This may help with the stress of dealing with challenges these learners have."*

Kimita, Baranska and Niemiec (2002, p. 279) agree that understanding and knowledge of psychosocial needs of learners made vulnerable by HIV and AIDS can restore self-

efficacy and self-esteem of people affected. This will also help the teachers in caring for themselves, and ensuring self-care (Rager, 2005, p. 23).

5.3.4.5 Wellness services

Clearly the well-being of teachers are at stake when overwhelmed by dealing with the effects of the epidemic daily. While the teachers suggested that they meet and share in a debriefing session, they flagged the need for readily accessible wellness support. The Department of Basic Education does offer wellness services to teachers, but this service is not easily accessible when needed. It is a long process and wait for a teacher to get the necessary help. Teachers have to make appointments and have to wait too long to get the help. It is therefore important that teachers form a local wellness committee where immediate help can be offered and can be easily accessible, closer to where teachers work.

Ladz agrees that:

> *"Teachers end up in Hunter's Craig hospital because of depression. If there can be help at the reach of teachers, they will not need to go there…this (depression) can be prevented*."

Commenting on wellness programs, Worley, Nomatshila, Porter, Makwedini, Macharia and Hoos (2009, p. 372) say that wellness programs help foster support and care and they are an extension of care from clinics and communities. Worley, et al. (2009, p.380) agree that opening these services at local municipalities will ensure that people access care and support easily and sustainability can be ensured.

5.4 CONCLUSION

I presented and discussed the findings in this chapter. The two research questions: what are high school teachers experiences of dealing with learners made vulnerable by HIV and AIDS in their classrooms and, what guidelines can be generated to help teachers deal with learners made vulnerable by HIV and AIDS in their classrooms were answered

through the themes, supported by direct quotations from participants and recontextualised in literature.

In the next chapter I draw conclusions from these findings and wrap up the study.

CHAPTER 6

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter draws the study to a close by offering a summary of the findings in response to the two research questions, i.e. what are the experiences of high school teachers dealing with learners made vulnerable by HIV and AIDS in their classrooms and, what guidelines can be generated to assist teachers in dealing with learners made vulnerable by HIV and AIDS? The data from the qualitative and interpretive study, using a phenomenological research strategy, and generating data through use of photovoice and focus group interviews, was rich and interesting, and enabled the construction of four themes. I used the roles of educators (DoE,200a) and the professional practice in the age of AIDS model (HEAIDS, 2010b) as theoretical lens to frame the study.

The purpose of this chapter therefore is to summarize the findings; draw conclusions from the findings; mention what the limitations of the study are; and offer recommendations for further research.

6.2 SUMMARY OF THE FINDINGS

The data was generated with six high school teachers, three males and three females, from two neighboring high schools in a Nelson Mandela Bay township. Teachers who participated in the study shared their experiences of dealing with learners made vulnerable by HIV and AIDS at their various schools and also offered guidelines they thought would help them deal with learners made vulnerable due to HIV and AIDS.

6.2.1 Dealing with personal vulnerabilities of learners

The study shows that teachers find themselves dealing with personal vulnerabilities of learners on daily basis at school. Such vulnerabilities include learners made vulnerable by HIV and AIDS being rejected by their peers at school; being burdened by caring for infected parents and siblings; and being absent from school. Being aware of these

vulnerabilities requires the teachers to support the learners as best as possible and also to address discrimination and stigmatization in the classroom. Teachers take up their pastoral role, drawing on whatever knowledge, skills, and resources they have. This however is not easy as they feel that they do not have the appropriate knowledge and skills.

6.2.2 Having to address more than educational needs of learners made vulnerable by HIV and AIDS

Teachers' experiences include addressing more than just the educational needs of the learners made vulnerable by HIV and AIDS, trying to ensure the holistic development of the child. In a context where HIV and AIDS is rife, learners made vulnerable by HIV and AIDS have particular emotional, health and material needs. Teachers' experiences are such that they try to meet and address all these needs of learners made vulnerable by HIV and AIDS. This expectation becomes a challenge to them as they feel ill equipped, under-resourced and vulnerable themselves.

6.2.3 Dealing with learners made vulnerable by HIV and AIDS affects teachers

Teachers are aware of the roles expected of them by the department of basic education. In the context of HIV and AIDS their professional role takes on a different nature, as they need to be aware and sensitive of all around them both in the immediate school environment and the community, they have to play a preventative and supportive role both towards learners and colleagues; and they have to include all learners in education activities in a fair and non-discriminatory manner. It is this obligation that makes teachers, despite their lack of expertise, continue dealing with learners made vulnerable by HIV and AIDS. In their commitment to meet these expectations teachers become emotionally drained and demotivated affecting their wellbeing. It appears that they 'diagnose' learners without knowing their status, that they unknowingly breach confidentiality, and that they influence learners through own religion and beliefs not to take treatment and so may do harm instead of good. They feel overloaded and without necessary support mechanisms to draw on and often consider leaving the teaching profession. This clearly does not reflect a healthy situation for the teachers.

6.2.4 Guidelines to assist high school teachers dealing with learners made vulnerable by HIV and AIDS

The fourth and the last theme responded to the second question which inquired what guidelines can be generated to assist high school teachers dealing with learners made vulnerable by HIV and AIDS. The teachers understood that they cannot run away from their pastoral roles and that they cannot chase away learners because of their HIV status or that of their parents. It therefore became important for them to come up with guidelines that will help them and other teachers who work in the context of HIV and AIDS to deal with learners made vulnerable by HIV and AIDS. The guidelines reflect the teachers' thoughtfulness in offering practical guidelines.

Teachers agreed that they do not have adequate training for dealing with learners made vulnerable by HIV and AIDS, and suggested that higher education institutions needed to integrate issues of HIV and AIDS in all undergraduate teacher education programs; that in-service teacher professional development for all teachers be instituted; that existing resources need to be strengthened; that teachers could set up their own debriefing opportunities after school; that the wellness services offered by the DBE be localized to ease access.

6.3 CONCLUSIONS

HIV and AIDS is a reality in the Eastern Cape and the teachers at the two high schools have to deal with learners made vulnerable by HIV and AIDS. Education White Paper 6 (DoE, 2001) requires learners infected by HIV and affected by HIV and AIDS be included and supported in school. The seven roles of teachers (DoE, 2000) and the professional practice in the age of AIDS (HEAIDS, 2010) requires of teachers to fulfill an important role in the context of the epidemic. These teachers however feel ill equipped and unsupported to deal with the learners and do so by default. While the try as best they can, the range of issues they have to deal with is challenging, and they address educational needs but also material, health and emotional needs of the learners. This however leaves them overwhelmed and overburdened, opening up the possibilities of erring and harming.

They however are clear on what should be done to ease their burden of dealing with learners made vulnerable by HIV and AIDS. They point to what they themselves can do, to what the DBE can do, and what the higher education institutions can do.

6.4 LIMITATIONS OF THE STUDY

This small qualitative study only focused on teachers from two high schools in a township in the Nelson Mandela Metropolitan area in the Eastern Cape. The sample size was small as I worked with only six teachers teaching grade 8 at their schools. While the findings are rich and interesting, they cannot be generalized, yet they do offer valuable insights and guidelines.

6.5 RECOMMENDATIONS FOR FURTHER RESEARCH

Against the background of this exploration future research in the following areas is suggested:

- Exploring the effect of having support teachers, educational psychologists and social workers working alongside teachers at school in addressing the vulnerabilities of learners.
- Exploring how to enable (through professional development) all teachers to use pastoral care skills necessary for providing pastoral care to learners.
- Exploring how teachers can create an inviting environment for all learners to find it easy to share their vulnerabilities with them in order to address them.
- Exploring, using a participatory approach, how male teachers perceive their own accessibility/approachability to learners with vulnerabilities.

6.6 CONCLUSION

This chapter draws the study to a close. In identifying a gap in literature, how secondary school teachers in a school in a township in the Eastern Cape deal with learners made vulnerable due to HIV and AIDS, the study has contributed to understanding the role (and dilemma) of teachers, who try their best, but who are not necessarily professionally equipped to do so. The study therefore points to the importance of all secondary school

teachers also being equipped with necessary pastoral care skills by the DBE, enabling them to fulfill an important role in their schools and communities. The study also highlights the role of higher education institutions in ensuring that all students are empowered with the necessary skills to address the vulnerabilities of children affected and/ infected by HIV and AIDS. HIV and AIDS is clearly not a private issue, but of public concern, a concern which needs to be enthusiastically and vigorously taken up by all teachers.

REFERENCE LIST

Adger, N.W. (2006). Global Environment Change. *School of Environmental Sciences*, Norwhich 16, 268-281.

Akwara, P.A.., Noubary, B., Ken, L.A.., Johnson, K.., Yates, R., Winfrey, W., Chandan, U.J., Mulenga, D., Kolker, J., & Luo, C. (2010). Who is the vulnerable child? Using survey data to identify children at risk in the era of HIV and AIDS*. AIDS Care*, 22(9), 1066-1085.

Andrews, G.,Skinner, D., & Zuma, K. (2006*).* Epidemiology of health and vulnerability among children orphaned and made vulnerable by HIV/AIDS in sub-Saharan Africa 1 paper presented at the OVC roundtable at the 7th AIDS Conference, Cape Town, April, 2005. *AIDS Care: Psychological and socio-medical aspects of HIV/AIDS*, 18(3), 269-276.

Babbie, E., & Mouton, J. (2001). *The practice of social research, South African edition, Cape Town: Oxford University Press.*

Barnes, J. (2003). Phenomenological Intentionality meets an Ego-less State. Indo-Pacific Journal of Phenomenology, volume 3, edition1, 1-17.

Basit, T.N. (2010). *Conducting research in educational context.* London: Continuum International Publishing Group.

Baxen, J., Wood, L., & Austin, P. (2011). Reconsidering & Repositioning HIV and AIDS within Teacher Education. *Africa Insight*, 40(4),1-10.

Bennel, P. (2005). The impact of the AIDS epidemic on the schooling of orphans and other directly affected children in the sub Saharan Africa. *Journal of Development Studies*, 41(3), 467-488.

Bevir, M. (2002). *Interpretive theory*. Berkley University of California, Roads, R.A.W, Theory and methods in Political Science.

Beyers, C., & Hay. J. (2011). Supporting HIV-Positive learners in inclusive classes in South Africa, Is it the responsibility of teachers*? Journal of Social Sciences*, 26(2), 99-104.

Bhana, D. (2007). The price of the innocence: teachers, gender, childhood, sexuality, HIV and AIDS in early schooling*. International Journal of Inclusive Education*, 11(4), 431-444.

Bhana, D., Morrel, R., Epstein, D., & Moletsane, R. (2006). The hidden work of caring: Teachers and maturing AIDS epidemic in diverse secondary schools in Durban*. Journal of Education*, 38, 5-23.

Boyd, K.M. (1992). HIV infection and AIDS: the ethics of medical confidentiality. *Journal of medical ethics*, 18, 173-179.

Chikoko, V., & Khanare, F. (2012*).* School Management Team's Conceptualisation of school Assets in addressing the needs of Children orphaned and made vulnerable by HIV and AIDS: evidence from South Africa. Kamla-Raj, *J Soc.Sci.* 32(1), 23-36.

"Constitution of the Republic of South Africa." (No.108 of 1996).

Coombe, C. (2002). Keeping the education system Healthy: Managing the impact of HIV and AIDS on education in South Africa*. Current Issues in Comparative Education,* 3(1), 14-27.

Coombe, C. & Kelly, J. (2001). Education as a vehicle for combating HIV and AIDS. *Prospects*, 31(3), 435-445.

Cope, J. (2005). Researching Entrepreneurship through Phenomenological Issues. *International Small Business Journal*, 23(2), 163-189.

Curtin, M. & Fossey, E. (2007). Appraising the trustworthiness of qualitative studies; Guidelines for Occupational therapists*. Australian Occupational Therapy Journal*, 54, 88-94.

Daymon, C., & Holloway, I. (2002). *Qualitative Research Methods in Public Relations & Marketing Communications.* 11 New Fetter Lane, London, EC4P 4EE. Routledge.

De Lange, N. (2014). The HIV and AIDS Academic Curriculum in higher Education. Unisa Press ISSN. *South African Journal of Higher Education (SAJHE)*, 28(2), 368-385.

De Lange, N., & Greyling, L.J. & Lesslie,. (2005). What do we know about the perceptions educators have of HIV/AIDS and its impact on the holistic development of adolescent learners? *International Journal of Adolescence and Youth*, 12, 29-48.

De Lange, N., Mitchel, C & Stuart, J. (2007). *Putting people in the picture. Visual methodologies for social change*. Rotterdam, Netherlands: Sense Publishers.

De Lange, N & Mitchel, C. (2014). Community Health Workers as cultural producers in addressing gender-based violence in rural South Africa. *Global Public Health*. In Press.

Delport, C.S.L., Fouche', C.B., & Schurink, W. (2011). Theory and literature in qualitative research. In A.S. De Vos., H Strydom. C.B. Fouche' & C.S.L. Delport (Eds.). *Research at grassroots* (pp.297-306). Pretoria: JL Van Schaik.

Delport, R., Strydom, H., Theron, L., & Geyer, S. (2011). Voices of HIV-affected educators: how they are psychosocially affected and how REDs enabled their resilience, *AIDS care: Psychological & Socio-medical Aspects of HIV & AIDS*, 23(1), 121-126.

Denzin, N.K., & Lincoln, Y. (2003). *Collecting and interpreting materials*. India Pvt. Ltd. New Delhi. SAGE Publications

Denzin, N.K., Yvonna, S & Lincoln, Y. (2011). *The SAGE Handbook of Qualitative Research.* India Pvt. Ltd. New Delhi. SAGE Publications.

Department of Basic Education. (2010) *Draft Integrated Strategy on HIV and AIDS 2012-2016.* Pretoria, Government Printer.

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

Department of Education. (1999). *National Policy on HIV and AIDS for learners and educators in public schools and students and Educators in Further Education and Training institutions.* 410 (20372). Pretoria: Government Printer.

Department of Education. (2000a). Implementation plan for Tirisano, Pretoria: Government Printer.

Deparment of Education. (2000b). *National Policy Act, 1996 Norms and standards for Educators*, Government Gazette notice 82 of 2000.. Pretoria: Government PrinterSouth Africa. 415(20844).

De Vos, A.S., & Fouche', C.B (1998). General introduction to research design, data collection methods and data analysis. In H. Strydom, C.B, Fouche', M, Poggenpoel & E. & W. Schurink (Eds.), *Research at grassroots* (pp.76-94). Pretoria: JL Van Schaik.

De Witt, MW., & Lessing, A.C. (2005). Educator's views on the needs and support of HIV/AIDS orphans in their psychosocial development. *Journal of child and Adolescent Mental Health*, 7(1), 13-22.

Duffy, L. (2005).Suffering, shame and silence: The stigma of HIV/AIDS. *IANAC,* 16(1), 13-20.

Eastern Cape Government & Eastern Cape AIDS Council (2006). *National Intervention Plan.* Department of Education

Ferreira, R., & Ebersohn, L. (2011). Formative evaluation of the STAR intervention: improving teachers' ability to provide support for vulnerable individuals in the school community, *African Journal of AIDS Research*, 10(1), 63-72.

Foster, G. (1998). Psychological and Socio-medical Aspects of AIDS and HIV: Today's children-challenges to child health promotion in countries with severe AIDS epidemics, *AIDS care*, 17-23.

Foster, G. & Williamson, J. (2000). *A review of current literature on the impact of HIV/AIDS on children in Sub-Saharan Africa.* Lippincott Williams & Wilkins.

Fouche', C.B., & Delport, C.S.L. (2011). Introducing the research process. In A.S De Vos. H. Strydom. C.B. Fouche' & C.S.L. Delport (Eds.), *Research at grassroots*. (pp.61-76). Pretoria: JL Van Schaik.

Fouche', C.B. & Schurink, W. (2011). Qualitative research design. In A.S. De Vos, H. Strydom, C.B. Fouche, & C.S. L. Delport (Eds.).*Research at grassroots,* (pp.307-327). Pretoria: JL Van Schaik.

Fouche, C.B. & De Vos, A.S. (2011). Formal formulations. In A.S. De Vos. H. Strydom, C.B. Fouche' & C.S.L Delport (Eds.), *Research at grassroots*. (pp.89-100). Pretoria: JL Van Schaik.

Gachuhi, D. (1999). The impact of HIV/AIDS on Education systems in the Eastern and Southern Regions and the response of education system to HIV/AIDS: Life Skills programmes. UNICEF ESARO Consultant.

Graneheim, U.H., & Lundman, B. (2003). *Qualitative analysis in nursing research: concepts, procedures and measures to achieve trustworthiness*. Department of Nursing,Umea University, Umea 90187, Sweden.

Greef, M. (2011). Information collection: Interviewing. In A.S De Vos. H. Strydom. C.B Fouche' & C.S.L. Delport. *Research at grassroots*. (pp.341-375). Pretoria: JL Van Schaik.

Greeff, M., Phetlu, R., Makoae, L.N., Dlamini, P.S., Holzemer, W.L., Naidoo, J.R., Kohi, T.W., Uys, L.R., & Chirwa, M.L. (2008) Disclosure of HIV status: experiences and perceptions of persons living with HIV/AIDS and nurses involved in their care in Africa. *Qualitative heath research,* 18(3), 311-324.

Griessel-Roux, E., Ebersohn, L., Smit, B., & Eloff, I. (2005). HIV/AIDS programmes: what do learners want? *South African Journal of Education*, 25(4), 253-257.

Hall, E., Altman, M., Nkomo, N., Peltzer, K., & Zuma, K. (2005). *Potential Attrition in Education, The impact of job satisfaction, morale, workload and HIV and AIDS*. Cape Town. Human Science Research Council Press.

HEAIDS. (2010a). *HIV and AIDS in the Teacher Education- Evaluation Report of a pilot project in South African Higher Institutions.* Pretoria: Higher Education HIV and AIDS Programme. South Africa.

HEAIDS. (2010b).*Curriculum in-the-making-Being a teacher in the context of HIV and AIDS pandemic -Teacher Education Pilot Project.* Pretoria: Higher Education HIV and AIDS Programme.

Helleve, A., Flisher, A.J., Onya, H., Mukoma, W., & Inge-Klepp, K. (2011): Can any teacher teach sexuality and HIV/AIDS? Perspectives of South African Life Orientation teachers, sex Education: *Sexuality, Society and Learning*, 11(1), 13-26.

Hoadley, U. (2007). Boundaries of care: the role of the school in supporting vulnerable children in the context of HIV and AIDS*. African Journal of AIDS Research*, 6(3), 251-259.

Jonhson, L.F. (2012). Access to antiretroviral treatment in South Africa, 2004-2011. Southern African Journal Of HIV Medicine, 13(1),1-19

Katjavivi, P.H & Otaala, B. (2003). *African Higher Education Institutions Responding to the HIV/AIDS Pandemic.* Paper presented at the AAU Conference of Rectors, Vice chancellors and Presidents of African Universities (COREVIP), Mauritius.

Kelly, M.J. (2000). The Encounter Between HIV/AIDS and Education. Lusaka. UNESCO.

Kelly, M.J. (2002). Standing Education on its Head: Aspects of Schooling in a world with HIV and AIDS. *Current Issues in Comparative Education*. Columbia University: 3(1), 28-38.

Kelly, M.J. (2003). The potential contribution of schooling to rolling back HIV and AIDS.

Kendall, N. & O'Gara, C. (2007). Vulnerable Children, communities and schools: Lessons from three HIV and AIDS affected area*. African Journal of comparative and International Education*, 37(1), 5-21.

Kimita, G., Baranska, M.,& Niemiec, T. (2002). Psychosocial Intervention in the process of empowering families with children living with HIV/AIDS…a descriptive study. *AIDS CARE*, 14(2), 279-284.

Kirby, D.B., Laris, B.A., Lori, A., & Rolleri, L.A. (2007). Sex and HIV Education programs: their impact on sexual behaviors of young people throughout the world. Department of research, *Journal of Adolescent*, 40(3), 206-217.

Koening, SP., Leandre,F., & Farmer , P. (2004). Scaling up HIV treatment programmes in resource-limited settings*:* the rural Haiti experience. Lippincott William & Wilkins. *AIDS* 18(3), S21-S28.

Leclerc-Madlala, S (2008). Age-disparate and intergenerational sex in Southern Africa.: the dynamics of hypervulnerability. *AIDS*, 22(4), 17-25.

Leedy, P.D., & Ormrod, J.E.(2005). *The practical research: planning and design*. Upper Saddle River, Pearson Education.

Lindseth, A., & Norberg, A. (2004). A phenomenological hermeneutical method for researching lived experiences, Nordic College of Caring Sciences, *Scand J caring. Sci.* 18, 145-153.

Livingstone, C. (2008). *Oxford Mini Dictionary & Thesaurus, Second Edition*. New York: *Oxford University Press.*

Mahagan, AP., Sayles, J.N., Patel, V.A., Sawires, S.R., Ortiz, D.J., Szekeres, G., & Coates, T.J. (2008). Stigma in the HIV/AIDS epidemic: a review of the literature and recommendations for the way forward. Wolters Kluwer Health/ Lippincott Williams & Wilkins. *AIDS,* 22(2), S67-S79.

Mansour M. (2011). Methodological and ethical challenges in investigating the safety of medication administration*. Nurse Researcher*, 18, 28-32.

Minaar, A & Bodkin, C. (2006). *The pocket guide for HIV and AIDS nursing care.* Juta and Company.

Mitchel, C. (2011). *Doing Visual Research*, Los Angeles, California: SAGE Publications Ltd.

Moletsane, R., De Lange, N., Mitchell, C., Stuart, J., Buthelezi, T., & Taylor, M. (2007). Photo Voice as an Analytical and Activist Tool in the Fight against HIV and AIDS Stigma in a Rural KwaZulu-Natal School*. South African Journal of Child and Adolescent Mental Health,* 19(1):19-28*.*

Monasch, R., & Boerma,J.T. (2004). Orphanhood & Childcare patterns in sub-Saharan Africa: an analysis of national surveys from 40 countries, 18(2), *AIDS Official Journal of the International AIDS Society*, s55-s65.

Mukoma, W. (2001). Rethinking school-based HIV/AIDS interventions in South Africa. *Southern African Mental Health Journal of child and adolescents*, 13(1), 55-66.

Olivier, T., Wood, L., & De Lange, N. (2009). *Picturing Hope in the face of poverty, as seen through the eyes of teachers*. Cape Town: Juta & Co Ltd.

Parsons, S., Cruise, P.L., Daven Port, W.M., & Jonas, V.(2006). Religious Beliefs, practices and Treatment Adherence Among Individuals with HIV in the Southern United States*. AIDS care and STDs*, Mary Ann Liebert, Inc., 20(2)

Rager, K.B. (2005). Self-care & Qualitative Researcher: when collecting data can break your heart. *Educational Research,* 34, 23-27.

Richter, L., Manegold, J., & Patcher, R.(2004). *Family and community interventions for children affected by AIDS*. Cape Town, *HSRC Publishers*.

Robson, S & Sylvester, K.(2007). Orphanhood and vulnerable children in Zambia: The impact of the HIV/AIDS epidemic on basic education for children at risk, *Educational Research*, Rotledge Taylor & Francis Group, 49(3), 259-272.

Rose, G. (2007). *Visual* methodologies- *An introduction to the interpretation of visual material*, London: SAGE.

Sadala, M.L.A,. & Adorno, R.C.F. (2002). Phenomenology as a method to investigate the experience lived: a perspective from Hussserl and Merleau Ponty's thought. *Journal of advanced nursing.* Blackwell Science Ltd. 37(3),282-294.

Salend, S.J., & Duhaney, L.M.G. (1999). The Impact of Inclusion on the students With or Without disabilities and their Educators. *Remedial and special education*.Hammill Institute on Disabilities & SAGE Publishers, 20(2), 114-126

Sandberg, J. (2005). Organizational Research Methods, University of Queensland, SAGE Publications, 8(1), 41-68.

Schmitt, P.A., & Reinhold, W. (2014). Lebende Srachen Oxford dictionary. De Gruyler Publishers, volume 59.

Shenton, A.K . (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for information journal*. IOS Press. 22(2), 63-75.

Shisana, O., Rehle, T., Simbayi, L.C., Zuma, T., Jooste, S., Zungu, N., Labadarios, D. (2014). *South African National HIV prevalence, incidence and behaviour survey*. Cape Town, Human Science Research Council Press, 2012.

Schurink, W.(1998).Designing qualitative research. In H. Strydom, C.B Fouche', M. Poggenpoel & E.& W. Schurink (Eds.).*Research at grassroots*. (pp.252-264). Pretoria: JL Van Schaik.

Schurink, W., Fouche', C.B., & De Vos, A.S.(2011) Qualitative data analysis and interpretation. In A.S De Vos. H. Strydom. C.B Fouche' & C.S.L Delport (Eds.), *Research at grassroots.* (pp.397-423). Pretoria: JL Van Schaik.

Sinclair, M. (2002). *Planning Education in and after Emergencies.* United Nations Educational, Scientific and Cultural Organization*.* Paris

Skinner, D., Tsheko, N., Mtero-Manyati, S., Segwabe, M., Chitabatamoto,P.,Mfecane, S.,Chandiwana, B., Nkomo,N.,Tlou,S & Chitiyo',G.(2006). Towards a Definition of orphaned and vulnerable children. *Springer Science & Business Media, Inc.* 10(6), 616-626.

Soanes, C., & Hawker, S. (2006). *Compact English Dictionary for students*. Oxford University Press.

South African National AIDS Council.(2014). Progress report on the National Strategic Plan for HIV, TB, and STIs (2012-2016)*. P*retoria: *South African National AIDS Council*; November 2014.

Strydom, H. (2011). Ethical aspects of research in the social sciences and human service professions. In A.S De Vos. H. Strydom. C.B Fouche' & C.S.L Delport (Eds.), *Research at grassroots*. (pp.113-130). Pretoria: JL Van Schaik.

Strydom, H. (2011). Sampling in the quantitative paradigm. In A,S. De Vos. H.Strydom. C.B Fouche'., & C.S.L. Delport (Eds.), *Research at grassroots*. (pp.222-235). Pretoria: JL Van Schaik.

Strydom,H & Delport C.S.L (2011). Sampling and pilot study in qualitative research. In A.S Devos. H, Strydom. C.B Fouche' & C.S.L Delport (Eds.), *Research at grassroots*. (pp.390-396). Pretoria: JL Van Schaik.

Theron, L.C., Geyer, S., Strydom, H., & Delport, C.S.L. (2008). *The roots of REds: A rationale for the support of educators affected by the HIV and AIDS pandemic*, 13(4).

Theron, L.C. (2010). Resilient in pandemic. In Geyer, S., Strydom, H., & C.S.L (Eds.), Resilient Educators (REds), *A support program for educators affected by the HIV and AIDS and pandemic.* (pp.127-137). North-West University: Reds.

Theron, L.C., Geyer, S., Strydom, H., & Delport, C.S.L. (2010). *Resilient Educators (REds), A support program for educators affected by the HIV and AIDS pandemic.* North-West University: Reds.

Turment, T. (2003). Gender and HIV/AIDS. *International Journal of Gynecology and Obstetrics*, 82, 411-418.

UNAIDS AIDS *epidemic update* (2009).World Health Organization.

UNAIDS *Inter-Agency Task Team* (IATT) on Education. (2009)

UNAIDS *REPORT ON THE GLOBAL EPIDEMIC*. (2012). Joint United Nations Programme on HIV/AIDS (UNAIDS).WHO Library Cataloguing in-Publication Data.

UNAIDS *REPORT ON THE GLOBAL AIDS EPIDEMIC*. (2013). WHO Library Cataloguing-in Publication Data.

Van Wyk, N., & Lemmer, E. (2007). Redefining home-school-community partnership in South Africa in the context of HIV and AIDS pandemic. *South African Journal of Education,* 27(2), 301-316.

Visser, M.J., Johan, B., Schoeman, J., & Perold, J.(2004). Evaluation of HIV/AIDS Prevention in South African Schools*. Journal of Health Psychology*, 9(2), 263-280. University of Pretoria.

Wang, C. (2006). Youth participation in photovoice as a strategy for community practice. *Journal of community practice*, 14(1-2), 147-161.

Webb, P., & Wood, L.(2008). HIV-AIDS-related (mis)perceptions and (non)responses of school principals in the Eastern Cape, South Africa, *African Journal of AIDS Research*, 7(1), 111-121.

Wiles, R., Prosse, J., Bagnoli, A., Clark, A., Davies, R., Holland, S., & Renold, E. (2008). *Visual Ethics: Ethical Issues in Visual Research,* University of Southampton, ESRC National Center for research Methods.

Wood, L. (2013). *Dealing with HIV in the classroom*. Cape Town. Juta.

Wood, L., & Goba, L. (2011). Care and support of orphaned and vulnerable children at school: helping teachers to respond. *South African Journal of Education*, 31, 275-290.

Worley, S., Didiza, Z.,Nomatshila, S., Porter, S., Makwedini, N., Macheria,D., & Hoos, D. (2009) Wellness programmes for persons living with HIV/AIDS: Experiences from Eastern Cape Province, South Africa, Global Public Health: *An International Journal for research, Policy and Practice*, 4(4), 367-385.

Young, L., & Ansell, N. (2003). Fluid Households, Complex families: The impacts of children's migration as a response to HIV/AIDS in Southern Africa*, The professional Geographer,* 55(4), 464-476

Zou, J.,Yamanaka, Y., Jonh, M.,Watt, M., Osterman, J., & Thielman, N. (2009). Religion and HIV in Tanzania: influence of religious beliefs on HIV Stigma, disclosure and treatment attitudes, *BMC Public Health*, 9(1), 1-12.

APPENDIX A: ETHICAL CLEARANCE (NMMU)

Nelson Mandela Metropolitan University
for tomorrow

FACULTY OF EDUCATION
Tel . +27 (0)41 504 2125
Fax. +27 (0)41 504 9383

5 March 2013
Ms SR Tame-Gwaxula / Prof N de Lange
Education Faculty
NMMU

Dear Ms Tame-Gwaxula / Prof de Lange

HIGH SCHOOL TEACHERS' EXPERIENCES OF DEALING WITH LEARNERS MADE VULNERABLE BY HIV AND AIDS

Your above-entitled application for ethics approval was approved by the Faculty Research, Technology and Innovation Committee of Education (ERTIC) meeting on 4 March 2013.

We take pleasure in informing you that the application was approved by the Committee.

The ethics clearance reference number is **H13-EDU-ERE-006**.

We wish you well with the project. Please inform your co-investigators of the outcome, and convey our best wishes.

Yours sincerely

Ms J Elliott-Gentry
Secretary: ERTIC

APPENDIX B: PERMISSION FROM THE DOE

Province of the
EASTERN CAPE
EDUCATION

Port Elizabeth District
Ethel Valentine Building • Sutton Road • Sidwell • Port Elizabeth • Eastern Cape
Private Bag X3931 • North End • Port Elizabeth • 6056 • REPUBLIC OF SOUTH AFRICA
Tel: +27 (0)41-4034400 • Fax: +27 (0)41-4510193 • Website: www.ecdoe.gov.za

Enquiries: Dr Nyathi Ntsiko Email: nyathi.ntsiko@edu.ecprov.gov.za

Ms S. Tame-Gwaxula
Researcher
c/o Prof N. de Lange / Dr M. Khau
Business School
Nelson Mandela Metropolitan University
E-mail: naydene.delange@nmmu.ac.za // mathabo.khau@nmmu.ac.za

Dear Ms Tame-Gwaxula

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL SCHOOLS: PORT ELIZABETH

I refer to your letter dated 10 January 2013 and received on 16 April 2013.

Permission is hereby granted for you to conduct your research on the following conditions:

1. Your research must be conducted on a voluntary basis.
2. All ethical issues relating to research must be honoured.
3. Your research is subject to the internal rules of the school, including its curricular programme and its code of conduct and must not interfere in the day-to-day routine of the school.

Kindly present a copy of this letter to the principal as proof of permission.

I wish you good luck in your research.

Yours faithfully

DR NYATHI NTSIKO
DISTRICT DIRECTOR: PORT ELIZABETH
/ab

17 April 2013

building blocks for growth

Ilizwe eliqaqambileyo!

APPENDIX C: CONSENT FROM THE SCHOOL PRINCIPALS

• PO Box 77000 • Nelson Mandela Metropolitan University
• Port Elizabeth • 6031 • South Africa • www.nmmu.ac.za

Nelson Mandela Metropolitan University
for tomorrow

High school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS

School Principal Consent Form

I give consent for you to approach teachers who teach grade 8 learners to participate in the study on high school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS.

I have read the Project Information Statement explaining the purpose of the research project and understand that:

- The role of the school is voluntary.
- I may decide to withdraw the school's participation at any time without penalty.
- 3 female and 3 male teachers teaching grade 8 learners will be invited to participate and that permission will be sought from them.
- Only teachers who consent will participate in the project.
- All information obtained will be treated in strictest confidence.
- The teachers' names will not be used and individual teachers will not be identifiable in any written reports about the study.
- The school will not be identifiable in any written reports about the study.
- Participants may withdraw from the study at any time without penalty.
- A report of the findings will be made available to the school.
- I may seek further information on the project from Sindiswa Ruby Tame-Gwaxula on cell number: 0743567668 or email at: s207051059@nmmu.ac.za.

E.N. NGQANGASHE
Principal

Signature

E.N.N.
09/09/2013
Date

NCEDO S.S. SCHOOL
P.O.BOX 35
Nu10 MOTHERWELL 6213
GET
09 SEP 2013
PRINCIPAL

Please return to: 67 Kerk Straat
Heuwelkruin
Despatch
6220

• PO Box 77000 • Nelson Mandela Metropolitan University
• Port Elizabeth • 6031 • South Africa • www.nmmu.ac.za

Nelson Mandela Metropolitan University
for tomorrow

High school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS

School Principal Consent Form

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I have read the Project Information Statement explaining the purpose of the research project and understand that:

- The role of the school is voluntary.
- I may decide to withdraw the school's participation at any time without penalty.
- 3 female and 3 male teachers teaching grade 8 learners will be invited to participate and that permission will be sought from them.
- Only teachers who consent will participate in the project.
- All information obtained will be treated in strictest confidence.
- The teachers' names will not be used and individual teachers will not be identifiable in any written reports about the study.
- The school will not be identifiable in any written reports about the study.
- Participants may withdraw from the study at any time without penalty.
- A report of the findings will be made available to the school.
- I may seek further information on the project from Sindiswa Ruby Tame-Gwaxula on cell number: 0743567668 or email at: s207051059@nmmu.ac.za.

Mr Mkhumkan
Principal

Signature

10/09/2013
Date

Please return to: 67 Kerk Straat
Heuwelkruin
Despatch
6220

APPENDIX D: CONSENT FROM SCHOOL PARTICIPANTS

Nelson Mandela Metropolitan University

for tomorrow

• PO Box 77000 • Nelson Mandela Metropolitan University
• Port Elizabeth • 6031 • South Africa • www.nmmu.ac.za

High school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS

Participants' Consent Form

I give consent for you to work with me as a participant in high school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS.

I have read the Project Information Statement explaining the purpose of the research project and understand that:

- My role as a participant is voluntary.
- I may decide to withdraw my participation at any time without penalty.
- Only grade 8 teachers both males and females are be invited to participate and that permission will be sought from them.
- Only teachers who consent will participate in the project.
- All information obtained will be treated in strictest confidence.
- The teachers/participants' names will not be used and individual teachers will not be identifiable in any written reports about the study.
- A report of the findings will be made available to the participants.
- I may seek further information on the project from Sindiswa Ruby Tame-Gwaxula on 0743567668 or email at: s207051059@nmmu.ac.za.

N.C. KEYE
Teacher/Participant

Signature

10/09/2013
Date

Please return to: 67 Ker Straat
Heuwelkruin
Despatch
6220

APPENDIX E: DATA GENERATION TOOLS

Photo-voice Prompt

High school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS

Photo-voice prompt for digital album

- Using the digital camera provided take 8 photographs that depict your experiences of dealing with learners made vulnerable by HIV and AIDS. There should be 4 photographs of challenges and 4 photographs of solutions.
- Once the photographs have been developed, choose 4 photographs that best depict your experiences of dealing with learners made vulnerable by HIV and AIDS. There should be 2 photographs of challenges and 2 of solutions.
- For each photograph, write an explanation of why you chose it and what it means to you regarding your experiences of dealing with learners made vulnerable by HIV and AIDS.

Focus group discussion guide

High school teachers' experiences of dealing with learners made vulnerable by HIV and AIDS

Resources

Dictaphone, 6 Digital cameras batteries, pens, paper, tables and chairs, flip-charts, marking pens, paper glue (extra batteries and stationery)

Preparation

Ensure that the Dictaphone recorder is working and that there will be little or no disturbance during the discussions so that the recordings will be clear. Ask for permission from the participants to record all the discussion sessions and be prepared to take notes if permission is not granted. The chairs should be arranged around the table to allow for group discussion. Ensure that digital cameras are working properly and the batteries are charged.

Session 1Photovoice

Lead the discussion on the photo-narratives that the participants have produced. Participants should share their photo and the stories they have produced. They should discuss why they took the particular photographs and what they mean to them in terms of challenges and solutions to their experiences of dealing with learners made vulnerable by HIV and AIDS.

Discussion points:

- What do the pictures say about your experiences of dealing with learners made vulnerable by HIV and AIDS?
- Are there any support mechanisms in your schools which you can draw on?
- How do your experiences impact on teaching and learning?
- What needs to be done to improve your experiences?