Affected by the Loss of a Classmate

By

Chantelle Unice Jonathan

Submitted to the Faculty of Education at the
University of KwaZulu-Natal in partial fulfillment of the requirements for the
Degree of Masters in Education

Supervisor: Professor N de Lange
January 2007

ACKNOWLEDGEMENTS

My sincere and heartfelt thanks and gratitude to the following:

1. God Almighty for the power and strength he gave me to undertake this arduous task and the capacity to persevere.

2. My supervisor, Prof. N. de Lange a woman of great strength and wisdom who went beyond the role of supervisor with her dedication, commitment and counsel during my research. "You're the best cure for anything".

3. My family:
   My husband, Marlon for his support and understanding.
   My daughter, Andrea for her continuous encouragement and faith in me.
   My daughter, Chane for giving up her bedroom so I had the space to work and her constant understanding.
   My daughter, Nicole for the many cups of tea and cheerful spirit.

4. My friend, Devon Govender for all the help with my computer problems and accessing of information.

5. My mom, Diana Verden for all her help at home and her constant support and encouragement.

6. My brothers, Roual and Calvin for my lifts and encouragement.

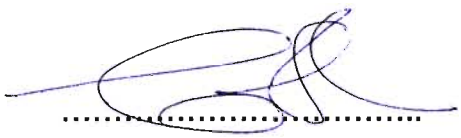
7. My cousin, Denise Verden for all her help with the printing.

8. To my principal and deputy principal for their faith, counsel and friendship.

9. My friends at school for their support and encouragement.

DECLARATION

I, Chantelle Unice Jonathan, declare that this dissertation, 'Affected by the Loss of a Classmate' represents my own work and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references, and that this dissertation has not been previously submitted by me for a degree at another university.



.....

Chantelle U. Jonathan

Durban

January 2007

DEDICATION

I dedicate this work to:-

- **My father who is now missing for 21 years, and to whom I never had the chance to say goodbye.**

- **All learners who sit in class with their hearts filled with grief for the loss of a loved one.**

- **My present family.**

SUMMARY

The HIV and AIDS pandemic that has struck worldwide has impacted not only on those whose lives it has taken but on the loved ones left behind to cope with the trauma, stigma and discrimination of the disease. HIV and AIDS presents a challenge to all, especially early adolescents whose lives, already complicated with their negotiation to adulthood, are also affected and infected by HIV and AIDS. How early adolescents cope with death is influenced by their developmental level as well as by their relationships to the deceased. Schools as secondary institutions of socialisation are charged with not only the academic development of their learners but also their physical, moral and social development as well. Schools are responsible for educating the learner in a caring school environment and educators are tasked with the added responsibility of providing pastoral care for their learners in times of distress. The inclusion of death education and policies to support learners following death becomes a necessity as the incidence of death increases.

Research with regard to this study was conducted as follows:-

- A literature study of available literature was done.
- Qualitative research comprising the use of unstructured interviews was used to obtain data.

Six participants from the class of a primary school who experienced the loss of a classmate participated in the research. Data was obtained during audio-taped interviews which were then transcribed and coded by the researcher to establish themes and categories.

Conclusions were drawn from the data yielded in the research and the literature study and recommendations were made. The aim of these recommendations is to facilitate helping the Department of Education and Culture to empower educators in pastoral care and counseling who in turn will be able to assist learners in need of care.

KEYWORDS

ADOLESCENT

AFFECTED

LOSS

CLASSMATE

HIV and AIDS

APPENDICES

LIST OF TABLES AND DIAGRAMS

CONTENT

CHAPTER ONE
GENERAL ORIENTATION TO THE ENQUIRY

CHAPTER TWO
A THEORETICAL FRAMEWORK FOR UNDERSTANDING HIV AND AIDS, DEATH AND ADOLESCENTS

CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

CHAPTER FOUR
DISCUSSION OF THE FINDINGS

CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

CHAPTER ONE
GENERAL ORIENTATION TO THE ENQUIRY

1.1 INTRODUCTION

HIV and AIDS is a challenge to all South Africans since data reveals that South Africa now faces a severe epidemic (Department of Health, 2004; Morrell, Moletsane, Abdool Karim, Epstein & Unterhalter, 2002; Webb, 1997). In the absence of a cure for HIV and AIDS, the effects of this disease is felt by families, communities, societies, countries and the world at large. Even though HIV and AIDS has in actual fact reached pandemic status, not much data on the effect / impact on the community and more particularly, the learners at school is available (Solomon, 2001; Ebersohn & Eloff, 2002; Devine & Graham, nd). The Constitution guarantees the rights of all against discrimination as well as the right to privacy and non-disclosure but large numbers of learners at schools have HIV and AIDS and are dying from AIDS related diseases (Moletsane, 2003; Malaney, 2000; UNESCO, 2000). The effects of these unexpected childhood deaths are being felt by those close to them in schools.

Education has an important role to play not only in bringing about an awareness of the impact of HIV and AIDS and the consequences, but also in assisting the educator and pupils in coping with the loss of a classmate. Most research carried out around HIV and AIDS have provided information on the prevalence of Aids in countries (Coombe, 2000), as well as the effect on the economy (Fredriksson & Kanabus, 2002), prevention (Sherman & Bassett, 1999), sexual health (Harrison, 2002; Mitchell, Ollis & Watson, 2000) and treatment (Mitchell,

De Lange, Moletsane, Stuart, & Buthelezi, 2005; Coombe, 2000). However, there appears to be little research available on the death of a classmate and the experiences of the remaining early adolescents. This has created a space for this research.

Whilst death is a natural phenomenon and part of the circle of life for both young and old, the discussion thereof however, seems to be a taboo topic (Corr, Nabe & Corr, 2003; Sternberg & Sternberg, 1980), one that is seldom discussed at home or in schools. The HIV and AIDS pandemic has increased awareness of death as well as its impact on family and friends, especially in the school where learners are being educated about the disease. Siamwiza (1999:24) concurs that the teaching-learning process for which the school and educators are largely responsible is affected especially when learners are exposed to the physical and medical decline of educators and classmates due to HIV and AIDS. Since most schools are multicultural, educators also need to familiarize themselves with the ways in which different cultures and communities deal with grief so as not to be disrespectful to the beliefs of others.

Although grief is natural, it is a process that is not completed immediately but takes a long time as people move through the different stages of grief (Smith, 1999). Therapy, counseling and support help people to come to terms with the death. In this regard, educators also provide support and need to consider the age of the child in terms of their response to death and to encourage pupils to talk about what they are experiencing or feeling. Most educators however have not been trained in guidance counseling (Coombe, 2000) and this presents a challenge to educators who are already burdened with

challenging teaching requirements (Bhana, Morrell, Epstein & Moletsane, 2006; Smith, 1999).

I have been teaching at a primary school for the past 17 years and have never before experienced the death of a learner in my class. I did encounter the topic of grief and bereavement whilst furthering my studies in the B Ed Honours Degree in the module, Pastoral Care, but my interest has been mostly stimulated by the learners' reactions to the unexpected death of their classmate. Since the HIV and AIDS pandemic, learners are possibly going to encounter the deaths of family members, friends and classmates more often. Hence given the absence of such discussions in the classroom, it is felt that this study could highlight the need for this topic to be part of the school curriculum and that all educators be given guidance on how to support learners experiencing the loss of someone close.

The purpose of this study is to explore the responses of learners who have lost their classmate through death. Their responses will be explored and recommendations will be made so as to assist educators to provide support in terms of coping with death and grief, as well as to establish a place for these topics in the curriculum under learning areas such as Life Skills and Life Orientation.

1.2 THEORETICAL LOCATION OF STUDY

The study of adolescents is indeed a complex and difficult task, however, their experiences of the loss of a classmate will be

explored from both a Sociopedagogics perspective and Educational Psychological perspective.

Sociopedagogics as an independent, sub-discipline of Pedagogics frames this study because the school as a social institution is charged not only with educating the learner academically but also with guiding the learner in social relationships (Pretorius, 2005). The literature study of Pretorius bears reference to this research since relationships are 'dynamic and complicated' (Pretorius, 2005:4) and are influenced by the self concept, family, community and society at large. Added to the dynamics of Sociopedagogics is the issue of communication which inadvertently influences the very essence of socialization and interpersonal relationships and encompasses the research at hand which is to explore the responses of early adolescents affected by the loss of a classmate.

Educational Psychology deals with the development of the learner and the learning act (Donald, Lazarus & Lolwana, 2002). However interdependence exists between a learner's academic, emotional, physical and social development (Donald, *et. al.*, 2002). An impact in any one area will influence the holistic development of the learner. In light of this view, I have decided to explore how adolescent learners are affected by death using the personal-construct theory of George Kelly (Williams & Burden, 1997) which suggests that learners are actively involved in their own construction of meaning based on previous experience. Social-cognitive learning theories view behaviour as the interaction between the person and the situation and the influence of cognitive factors, and these will be used to explain the adolescent learners' responses to death.

Drawing on literature of HIV and AIDS as well as on literature on death will facilitate the explication of the adolescents' responses.

1.3 STATEMENT OF THE PROBLEM

According to Chong, Hallman and Brady (2005:1) the adolescent population in developing countries make up 30 percent of the population. The very young adolescents, 10-14 years in age, are also being affected by the HIV and AIDS pandemic through the loss of parents, siblings, close relatives, educators and friends or being infected themselves either as babies or through sex (Chong, *et. al.*, 2005:2).

Loss through death affects all, also young children and adolescents, though adults may not realize this because they may express their feelings differently to adults (Smith, 1999). The worldwide pandemic of HIV and AIDS has however focused more attention on death and dying (Walsh & McGoldrick, 1998).

The level of understanding, as well as the age and stage development of the learner will influence their response to death (Smith, 1999). The adolescents of today represent the adults of the future therefore it is important that they make their transition to adulthood successfully. Schools, educators and education play a significant role in the life of children and adolescents. Educators are well-placed to recognize signs of grief and to support them where necessary or enlist the support and help of others where possible.

The following research questions can therefore be formulated:

- What are early adolescents' responses to the death of a classmate?
- Which guidelines in the form of recommendations can be generated to facilitate support for learners in the school setting?

1.4 AIMS OF THE INVESTIGATION

The aim of this study is to explore the early adolescents' responses to the loss of a classmate. Based on the findings of the research, recommendations will be made for all stakeholders to be able to provide support to learners experiencing the loss of a loved one.

1.5 CLARIFICATION OF TERMINOLOGY

1.5.1 ADOLESCENT AND ADOLESCENCE

The adolescent has been described as neither a child nor adult but one moving towards the threshold of adulthood (Mwamwenda, 2004). Corr, *et. al.* (2003) concur when they state that the adolescent is in a transitional phase from being a child and moving towards becoming an adult. The period of adolescence begins at around 11 years and can continue up to 21 years of age. Adolescence therefore has been described in different age groups being: early adolescence, which occurs from 11-14 years, middle adolescence which occurs from 15-17 years and late adolescence which occurs from 18-21 years (Corr, *et. al.,* 2003). These age groups do not imply a rigid

categorization of adolescent development but are mere guidelines since not all young people develop at the same pace. Of particular interest to the period of adolescence are the social, emotional, cognitive, physical, physiological and psychological changes that occur in the adolescent learner. It is during adolescence that the search for identity occurs. There is also the need to separate from the parents and to conform to peers as they establish their own identity and forge new relationships (Balk, 1995). Adolescents are also known to be emotional as they exhibit a range of emotions being joy, fear, worry, anxiety, anger, aggression, guilt, frustration, depression and loneliness. A smooth transition from childhood to adulthood will ensure a well-balanced adult. For the purpose of this research, *adolescents* will refer to early adolescents, 11 to 14 years.

1.5.2 LOSS

The Webster Comprehensive Dictionary (1992) refers to the words 'loss' and 'lose' as parting with, a failure to keep, as well as an act or state of losing. Loss has been associated with the misplacing of material items, job loss, divorce and separation (Walsh & McGoldrick, 1998) but for the purpose of this research, the word loss will be used as a euphemism for death. Death is a human reality based on millennia of evidence that everything living will eventually die. Whilst life and birth are embraced with joy, death, the antithesis of life, evokes grief and bereavement. A loss through death is regarded as a primary loss and the subsequent situations that arise after death such as loss of income or loss of a future with the deceased are viewed as secondary losses. Coping after the

experience of loss can be influenced by factors such as the nature of the relationship, cultural beliefs around death, and the cognitive understanding of the concept of death (Walsh & McGoldrick, 1998). Death inevitably affects those left behind and presents a challenge to them to accept the loss and move on. For the purpose of this research, *loss* will refer to the death of a classmate.

1.5.3 AFFECTED

The affected whilst not infected is nonetheless influenced by the experience of the infected. Affected refers to both emotional and behavioural responses to situations and in the case of this research, the death of a classmate. According to The Webster Comprehensive Dictionary (1992), affected implies being moved emotionally and influenced. A plethora of research exists on the affected by HIV and AIDS (De Lange, Mitchell, Stuart & Buthelezi, 2006; Bhana, *et. al.*, 2006) and death (Dyregrov, 2004; Smith, 1999; Cornish, 1998). For the purpose of the research *affected* will refer to the learners who experienced the death of a classmate.

1.5.4 CLASSMATE

The school as a social institution broadens the interpersonal relationships that early adolescents forge firstly with family and then with significant others as they enter school (Pretorius, 2005). Relationships are formed in a classroom atmosphere hence schools group their learner population in classes

according to age, gender and even learning areas. A classmate therefore represents a learner who will be part of a class in a school for a year, a phase and sometimes even the duration of their stay at a school. For the purpose of this research, *classmate* will refer to the deceased learner of the class to whom the participants in the research were a part of.

1.6 RESEARCH DESIGN AND METHODOLOGY

1.6.1 RESEARCH DESIGN

The purpose of this section is to provide a brief outline of the design and methodology that will be used in the research.

A qualitative, explorative, descriptive and contextual research design will be used (Mouton & Marais, 1990: 45-46) to research the early adolescent learners' responses to losing a classmate, since this approach will allow the researcher to explore their responses and to make meaning thereof. The use of a case study approach is suitable to the research, since it is intended to reveal the actual experiences of the participants and has resonance with the interpretive paradigm (Mouton & Marais, 1990). It is explorative as the researcher will gain an in-depth understanding of their responses of death.

1.6.2 RESEARCH METHODOLOGY

To understand the experiences of the adolescent learners, I will use an unstructured interview. This approach is suitable to obtain an understanding of the learners' responses.

1.6.2.1 THE SAMPLE

Purposive sampling will be used to identify both boys and girls, ranging from 13 through to 15 years who were part of the class who had lost their classmate. The school has a population of 950-1000 learners from mixed racial groups (70% African, 28% Coloured and 2% Indian) who come from areas such as Sydenham, Clare Estate, Kwa Mashu, Ntuzuma, and Chesterville. Most of these learners come from an average to low socio-economic environment. The teaching staff of the school consists of a female principal, a female deputy principal, four heads of department and 18 level one educators.

1.6.2.2 DATA COLLECTION AND ANALYSIS

Data will be collected during the interviews that will be held at the early adolescents' homes or the researcher's home using the phenomenological interview (Kvale, 1996). The researcher will continue interviewing the early adolescents who had lost a classmate until the data is saturated. The interviews will be audio taped and transcribed. Although there is a diversity of ethnicity and language, interviews will be conducted in English, as having taught all the learners, I am aware that all the participants are fluent in English. I will explain to the participants that the aim of the interview is to explore their responses to the loss of a classmate. The same question will be posed to all participants, "Tell me about losing your classmate." Using the open coding procedure, (Tesch, 1990: 154-156) data obtained from the interviews will be analysed and categorized by establishing similarities and differences. The results of the research will be presented under theme

headings that emerge during the interviews. Guba's measures to ensure trustworthiness will be applied (Guba, 1981).

1.6.2.3 ETHICAL CONSIDERATIONS

Any research involving data collection from people requires the researcher to maintain high ethical standards (Williams, Tutty & Grinnell, 1995) but more so when the participants are children and early adolescents who are vulnerable and at risk of exploitation. According to Hakim (2000) informed consent is an important part of the research therefore consent will be obtained not only from the participants but the parents as well. Participants will be informed of their right to withdraw from the research at any time.

1.7 DELIMITATION OF THE STUDY

This study is placed within the perspective of Educational Psychology, focusing on the adolescent development. Specific reference is made to a school, as a social institution where early adolescents had experienced the loss of a classmate. Bearing in mind that the number of deaths has increased due to the HIV and AIDS pandemic, this research will explore the issue of HIV and AIDS and adolescents and death. The understanding of their responses to the loss of their classmate will explain how they were affected by the loss.

1.8 COURSE OF THE STUDY

The next chapters of the study address the following aspects:-

Chapter 2 : A Theoretical Framework for understanding HIV and AIDS, Adolescents and Death

Chapter 3 : Research Design and Methodology

Chapter 4 : Discussion of the findings

Chapter 5 : Conclusion of the study, on the basis of which recommendations are made

1.9 CONCLUSION

In conclusion, this research attempts to explore the responses of early adolescents who have lost a classmate through death. The impact of the HIV and AIDS pandemic that is being experienced worldwide means that children and especially adolescents who are at a very crucial stage of development will be exposed to the increasing incidence of death not only at school but also in their communities. For this reason, special emphasis is placed on HIV and AIDS and the adolescent learner.

CHAPTER TWO

A THEORETICAL FRAMEWORK FOR UNDERSTANDING HIV AND AIDS, DEATH AND ADOLESCENTS

"*To grieve well is to value what you have lost. When you value even the feeling of loss, you value life itself, and you begin to live again.*" Frank (1991: 4)

2.1 INTRODUCTION

Life and death are two defining and fundamental aspects of reality of human life and it is impossible to learn and focus on one aspect at the expense of the other (Corr, *et. al.*, 2003). During the period of the 1960's and 1970's, death was a taboo subject (Corr, *et. al.*, 2003; Sternberg & Sternberg, 1980) and even today, it is not necessarily discussed as it should be, considering that there has been such an alarming increase in the death rate throughout the world (Theron, 2005; AIDS Foundation South Africa, 2005).

Humanity however, has been exposed to death since time immemorial through natural disasters, war and chronic diseases (UNESCO, 2000). Whilst malaria, tuberculosis and even the devastating plague "Black Death" of the 14th century which had claimed the lives of about 25 million people, a third of the population of Europe, have impacted on the lives of many people (UNESCO, 2000), nothing that has struck mankind thus far has had such a devastating effect as the AIDS pandemic, especially since to date, no known cure has been found (Guest, 2003; UNAIDS/WHO, 2001; Department of Health, 2000; UNESCO, 2000; Government Gazette, 1999).The

effects of this disease will possibly be felt by individuals, families, communities, societies and countries throughout the world for many years to come until a cure is found since the acquisition of this disease ultimately spells death for those who are inflicted and grief and loss for the families of those who have died. One can only wonder how the death of family and friends is going to impact on mankind and more specifically the younger generation who are being orphaned at younger ages (Malaney, 2000) and forced to assume adult roles of responsibility for families, without being given the necessary counseling after loss and grief (Coombe & Kelly, 2000), as well as guidance, to assume the role of breadwinner and head of the family (Malaney, 2000). I will reflect on the prevalence of HIV and AIDS in order to illustrate that the vastness of the epidemic and the subsequent deaths, will affect school going adolescents.

2.2 THEORETICAL FRAMEWORK FOR THE STUDY

The theoretical framework used to underpin the findings of this research is located in Educational Psychology. Human behaviour in itself is a complex phenomenon but the study of adolescents on the threshold between childhood and adulthood presents more of a challenge as they search for identity amidst the physical, social and emotional and development changes that they experience. The study of adolescents and their responses will also be informed by a Sociopedagogics and social constructionist perspective.

The main focus in Sociopedagogics is the social life of the learner in his social situation which bears reference since early

adolescents are identified as social beings. According to Pretorius (2005) the root of social interaction and relationships is the family as the primary institution. Schools represent secondary institutions which are charged not only with educating their learners academically but with continuing the social, moral and physical development of the learners. Pretorius (2005:25) states "the socio-pedagogical essence is especially relevant with regard to the youth who finds himself in a social period of his development". Adolescents enter into relationships with others based on socialisation skills they have acquired at home along with their own personalities. The personality model of Angenent 1985 (Pretorius 2005) distinguishes eight types of personality traits of which extrovert, emotional, introvert and stable form the axes. This highlights the differences that exist amongst learners let alone gender, race, culture and religion which could complicate the forming of relationships and the development of the adolescent. Communication is the tool that humans use not only for education but also to coexist and establish interpersonal relationships and therefore encompasses how early adolescents will respond to the loss of a classmate.

The Social Constructionist perspective bears reference to the study since the premise of this perspective states that meaning made of a situation is influenced by previous experience. Therefore the social interactions of early adolescents are firstly influenced by their primary caregivers being the family, and then by the school, the secondary institution of socialization. This bears reference to the period of adolescence as the child evolves through stages and physical and psychosocial factors influence the development of the adolescent. That early adolescents are aware of death and might have experienced

the death of someone close will influence their response to the death of a classmate. According to Patton (2002), this perspective postulates that human perceptions and responses are shaped by communication constructs as well as cultural influences. Therefore using the social constructionist perspective will help to understand the learners' responses to the death of a classmate. The meaning and responses of learners who experienced the loss of a classmate will be influenced not only by cognitive and emotional factors but by their relationships, experience and understanding of death as a reality of life.

2.3 BRIEF BACKGROUND TO HIV AND AIDS

Although it is believed that the disease of AIDS has been around since the mid seventies to eighties, the first reference to the disease occurred in the early 1980's in Los Angeles in the United States when doctors discovered that patients were dying because their immune systems were not fighting off illnesses (Department of Health, 2001). As this was first diagnosed amongst gay men and drug users, the disease was initially thought to be associated with them and also people with low morals and of a lower social class. In Africa however, reference to a similar disease came via the names of "Juliana" as this name formed the pattern on women's kangas sold by a Ugandan trader and "Slims" due to the weight loss of the infected. This indicated that this disease was also being experienced elsewhere (Van Dyk, 2001b: 60) and both men and women were being affected. The increase in death resulted in research being undertaken and it was Dr. Robert Gallo, a

virologist from America who in 1984, discovered that HIV was the cause of AIDS (Department of Health, 2001).

Since then however, it has become clear that the majority of people, globally, who have been infected by this disease are heterosexuals and that it affects and infects all irrespective of age, gender or culture (Reddy & Louw, 2002). Research has also established that people are first infected with HIV and only when this virus attacks their immune system do they get AIDS and die from opportunistic infections (Department of Health, 2001; HIV Management Solutions, 1997).

Some of the reasons provided for the rapid spread of the HIV virus has been: the movement and migration of people across large distances and countries, socio-economic instability, sexual activity, other STD's, intravenous drug usage and ignorance of the disease (Eaton, Fisher & Aaro, 2003; The Policy Project for Bureau for Africa, 2001; Green, 1994). The bleak reality of this situation however is catastrophic not only for those infected as death is the end result, but also for the many vulnerable babies, young children and adolescents who are left behind to cope with the trauma of growing up without a family unit for support and sometimes even with the disease itself if the children have acquired it at birth or through infection (Moletsane, 2003; Malaney, 2000).

2.4 GLOBAL OVERVIEW OF HIV AND AIDS PREVALENCE IN THE WORLD

The World Health Organisation has been actively involved in investigations into AIDS since the discovery of Robert Gallo

(Department of Health, 2001). The prevalence of HIV infected people (adults and children) in the world as released by the end of 2001 stood at 40 million people. Figures of specific areas with the number of people living with HIV and AIDS infection released in 2001 (UNAIDS/WHO) were: Eastern Europe and Asia, 1 million people; Asia and Pacific, 7,1 million; Middle East and North Africa, 440 000; Latin America and the Caribbean, 1,8 million adults and children; High Income Countries, 1,5 million and Sub-Saharan Africa, 28,1 million. Whilst HIV prevalence in 119 countries in the world has been indicated as being less than 1%, these figures could be deceptive due to early stages of the disease or disguise of actual figures.

Statistics revealed by AVERT.ORG. in 2006 show : Eastern Europe and Central Asia, 1,5 million; Asia, 8,3 million; North America, Western and Central Europe, 2 million; Caribbean, 330 thousand; Latin America, 1,6 million; Oceania, 78 thousand; North Africa and Middle East, 440 thousand and Sub-Saharan, 24,5 million. These figures have been released by two different organizations which have grouped areas differently. This could account for why the statistics differ, but what is consistent is the severity of the pandemic and the increase of the disease in certain areas of the world (AVERT. ORG., 2006). In high-income countries, reasons suggested for the increase in infection have been identified as drug usage and sexually transmitted diseases. Unprotected sex has also been cited as the reason for the high incidence in Sub-Saharan Africa (Van Dyk, 2001b). Since the initiation of programmes encouraging the usage of condoms, there has been some success, but not sufficient in the decrease in prevalence. It is also evident that the use of Anti-Retroviral (ARV) medication has had success in

higher income countries which have been able to provide suitable medical care to its citizens (AVERT. ORG., 2005).

2.5 OVERVIEW OF HIV AND AIDS IN SUB-SAHARAN AFRICA

The reality of the deadly AIDS pandemic is extremely bleak. By the end of 1998, it was estimated that 22,5 million people of the region's population of 600 million people were living with HIV and AIDS and these figures included children (Logie, 1999). Since the outbreak of the HIV and AIDS pandemic in Africa, 15 million people have died (Malaney, 2000). The impact of this disease has been felt by all (Whiteside & Sunter, 2000) irrespective of wealth, class, gender or age. Statistics revealed in the UNAIDS/WHO Report (2001) indicated that 28,1 million Africans live with the virus and 2,3 million died of AIDS in 2001 and these statistics do not indicate the number which are children. Inevitably the effects of the death rate is being felt by all since adults are parents to children who themselves may be infected with the disease.

Ultimately adult deaths are likely to have a serious effect on the school-going children being left behind. What has become obvious from statistics released is that women and young girls tend to show a higher prevalence rate than men (Morrell, *et.al.*, 2002; UNAIDS, 2000). One of the major factors contributing to the increase of HIV infection in Africa has been unprotected sex (Van Dyk, 2001b; The Policy Project for the Bureau for Africa, 2001; Malaney, 2000). The implications for this situation is that many of the children born have now acquired the disease through transmission from the mother, especially in countries where the drug nevirapine is not available to

pregnant women. On the other hand, in countries such as South Africa where nevirapine is available, many mothers rather than facing the reality of their HIV and AIDS status and the stigma attached to the disease refuse the drug thereby condemning their unborn babies to death (Rosenberg, 2006). Countries like Senegal and Uganda have reported success with the rates decreasing because of health education, condoms being available and support from the government (Logie, 1999). Zambia too has had some success with reducing the AIDS prevalence because of quick action through programmes on health care and education about the disease (UNAIDS, 2002; UNESCO, 2000). The program of condom usage which was promoted in Western countries has not met with the same success in African countries (Green, 1994). This has largely been attributed to African culture and belief systems which differ greatly from both Western and Eastern countries (Van Dyk, 2001b).

Although African countries may be different with regards to location, linguistics, religion and even customs, what has been discovered is that all Africans share a basic socio-religious philosophy which is based on anthropocentric ontology (Van Dyk, 2001b). According to the research of Van Dyk (2001b), African culture is governed by three systems, being the macro-cosmos, meso-cosmos and micro-cosmos. Of particular importance to the HIV and AIDS pandemic is the meso-cosmos whereby witchcraft and supernatural influences play a predominant role and to which many Africans have ascribed blame for the virus and death (Van Dyk, 2001b). Emphasis in the micro-cosmos is on sexuality and children where a man's wealth is determined by the number of wives and children he has and the size of his household to work the land (Hickson &

Mokhobo, 1992; Mbiti, 1969). Whilst their beliefs here may be regarded as positive in stemming promiscuity through polygamy, condom usage has not been effective because the role that children play is very important in African culture. In Rwanda, the exchange of fluids during sexual intercourse is seen as a very important part of the relationship (Taylor, 1990) and in East Africa, Zaire and among the Zulus from South Africa, the role of semen is deemed important in aiding fetal development during pregnancy (Schoepf, 1992) as well as containing vitamins beneficial to the women for future fertility and to enhance their personal well-being. With these beliefs, men who adhere strictly to custom are unlikely to use condoms. The implications for women who have partners who have sexual encounters with other women means their chances, as well as that of their offspring, of being exposed to HIV and AIDS is great.

Since African cultures focus on life and procreation, one then wonders how this dilemma of the HIV and AIDS crisis is going to be resolved since it is the very lifestyles and culture that is inevitably going to result in death and decline of nations. Is it possible for African people to change their belief systems and culture, as difficult as it may seem, to reduce the prevalence rate or can traditional healers use their knowledge and wisdom by working with Western culture to educate and promote practices that are safe and responsible without totally disregarding all customs and beliefs of African cultures'. Maybe the hope for a reduction in the HIV and AIDS prevalence rate in the Sub-Sahara lies with the very important role that traditional healers together with the government, medical doctors and educationists will have to play. This however may be true for African countries further north where African cultures and

belief systems dominate but for South Africa where many of the African citizens have become Christians, there is still the tendency to believe that HIV and AIDS is something sent by God as a way of reprimanding the people (Van Dyk, 2001b).

2.6 THE IMPACT OF HIV and AIDS IN SOUTH AFRICA

According to statistics, South Africa is the worst infected and affected country in the Sub-Sahara (UNAIDS, 2005; UNAIDS/ WHO, 2004). Reasons provided for this high incidence has been poverty, unprotected sex, sexual violence against women such as rape, inferior status given to women and social instability. This is evident in a report released by UNAIDS/ WHO (2004) which shows the prevalence of women and girls being infected is increasing. In Sub-Sahara, 76% of young people living with HIV are female. It would appear that the gender inequality is a likely reason for this prevalence rate. Other factors contributing to the increased rate of infection amongst women are the migrant labour systems especially in South Africa where men usually leave home to work in other areas and have sexual relations outside of their marriage. Those women who stay home to look after the family are generally more dependent on men for economic support than compared to women in high-income countries who are active in market trading. Women in South Africa and the Sub-Sahara also tend to hold down menial jobs as compared to men. The incidence of violence against women is a world-wide problem but with reference to South Africa and especially amongst Africans, women are raised to serve and obey, hence domination by men (UNAIDS/WHO, 2004). If the AIDS pandemic

is to be stemmed, it is therefore imperative that the infection rate amongst women and girls be reduced.

Southern Africa has been identified as having the "most severe HIV epidemic in the world" and has been ranked fifth in the prevalence rate in the world (AIDS Foundation South Africa, 2005:1). The impact of this disease has been felt by all as in other parts of the world but infection of people in the age groups, 15-24 seems to be higher (AIDS Foundation South Africa, 2005:2). What has undoubtedly emerged is the number of children who have been orphaned by the disease. The affected in this scenario are the helpless children who are being orphaned and made vulnerable through the death of parents to HIV and AIDS. The number of AIDS orphans in South Africa in 2004 were estimated at 2,2 million (AIDS Foundation South Africa, 2005).

Below is summary of the statistics of the HIV and AIDS pandemic in South Africa as at December 2003:

Table 1: Antenatal Sero-Prevalence Survey (DoH, 2003)

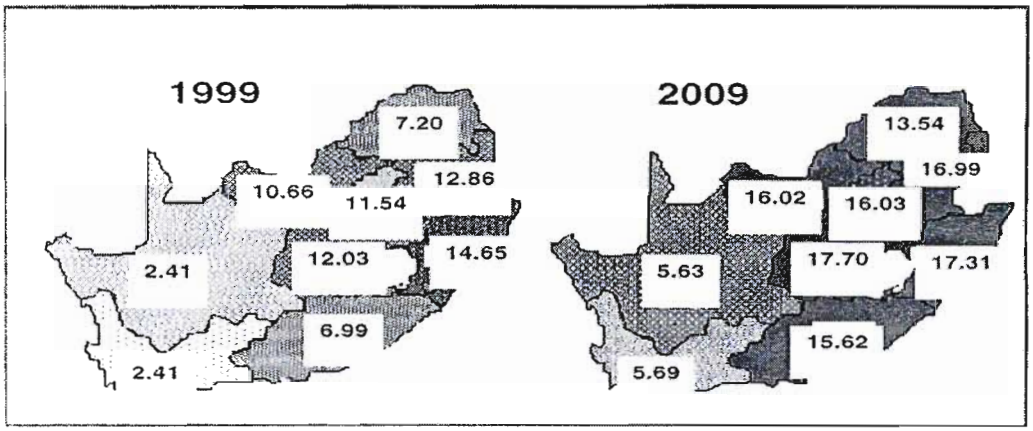
Number of people living with HIV and AIDS:	
Total	5 638 577
Adults	5 542 349
Women	3 100 864
Children under 15yrs	96 228
Estimated number of AIDS deaths in 2003:	
Total (adults & children)	370 000
Estimated number of AIDS orphans 2003:	
Total (under 17 yrs)	1,1million
(Children who have lost their mother or father or both parents to AIDS)	

These statistics of HIV and AIDS, especially the death rates indicate the impact this pandemic is having on societies and communities in South Africa. Therefore the need to provide support for learners left behind to cope with not only the socio-economic burden but emotional trauma is highlighted.

2.6.1 PROJECTED STATISTICS OF PREVALENCE IN THE NINE PROVINCES IN SOUTH AFRICA

Sadly, in South Africa it would appear that the HIV epidemic seems to be spreading faster than anywhere else in the world (Aids Foundation in South Africa, 2005; Morrell, Moletsane, Abdool Karim, Epstein & Unterhalter, 2002). In South Africa, government antenatal clinics have yielded statistics on the HIV prevalence in the country. The HIV and AIDS prevalence in South Africa differs from province to province. The province in South Africa identified as having the highest HIV and AIDS prevalence is KwaZulu-Natal (Stuart, 2006; Mwamwenda, 2004) with a prevalence rate of 37,5% and growing. HIV and AIDS prevalence rates are still on the increase in South Africa which indicates the important roles that education awareness and prevention programmes have to play in the years ahead. A summary of statistics of HIV prevalence in 1999 and projected figures for 2009 reflects this increase.

Diagram 1: Prevalence in 1999 and projected prevalence in 2009 (AIDS Take Care Foundation Trust, 2002)



These statistics of projected prevalence for HIV and AIDS in 1999 for 2009 poses a serious problem for all South Africans. It is clear from research that current statistics with reference to KwaZulu-Natal has by far superceded the projected figures given in 1999 for 2009 because at 2005, the figures of HIV and AIDS infected people in KwaZulu-Natal is estimated at 39,1% (AVERT. ORG., 2005) and that there has been a remarkable increase in prevalence rates.

Schools are responsible for the education of children, hospitals for the physical and medical well-being but the emotional and psychological development of children, two very important areas, are being neglected (Nelson & While, 2001). All aspects such as education, health and the emotional well-being need to be considered. The Addington Hospital Community Networking Forum in KwaZulu-Natal, for example was established to undertake research in the schools in their service area to determine the needs of children. An informal survey undertaken in August 2005 in one primary school to investigate the wellness of learners at school and to identify areas of need

that could be addressed by the forum, required learners to complete a questionnaire to ascertain areas of need or support. This questionnaire was completed by every child from grade 4 to grade 7. Learners also had to take home a questionnaire for parents to complete regarding how they view their child's behaviour. On completion of the questionnaire, the class educator had to analyze the data obtained to identify areas of need. One of the statements was: I fear..... Out of the 38 learners in my grade 7 class who completed the questionnaire, 21 (4 boys and 17 girls) expressed their fear as being the death of either their family, friends or themselves and their ability to cope in this situation should it happen to them. The completed questionnaires were then returned to the Community Networking Forum and Social Workers and nurses now come to the school regularly to provide support to those learners identified with needs. The findings from this research have as yet not been published but I obtained the data from the completed questionnaire filled out by the learners in my classroom.

It is obvious that since learners at school are being educated about HIV and AIDS, they are aware of the reality of the disease with regards to transmission, symptoms and associated diseases. In fact many of the learners may have already been affected by deaths not only in extended families but also within communities and at schools since many learners stay absent to attend funerals in the week or over the week-end on the farm (Theron, 2005).

2.7 STIGMA AND DISCRIMINATION LINKED TO HIV AND AIDS

The terror associated with HIV and AIDS and the absence of a cure for this disease has meant, for many people infected and affected with the disease, a life characterised by stigma and discrimination (Francis, 2004). This is largely due to the fact that HIV and AIDS is associated with shame and many other stereotypes such as immoral persons, homosexuals and drug users. AVERT. ORG. (2005:1) has viewed stigma as "a tool of social control". For people infected and associated with the infected, this forecasts a life of exclusion. Kelly (2000) states that while there is no evidence of systems or parental objections to the presence in school of infected teachers or learners, children who are victims of AIDS have acknowledged discrimination against them. It is for this reason that many wish not to disclose their status as this could mean exclusion from school and even the community. In African communities especially where cultural beliefs in witchcraft govern their way of life, disclosure of HIV and AIDS status could mean isolation and discrimination (Van Dyk, 2001b). For the adolescent who has lost a loved one to HIV and AIDS non-disclosure for fear of stigma and discrimination could impact on the way they are forced to cope with the death of a loved one. The fears expressed by the learners, highlight the notion that death is a reality which they are aware of and since the learner is affected by loss through death, learners need to be supported in order to minimize the impact on their holistic development (Corr, *et. al.*, 2003) The question arises as what the school and class teacher can do in terms of helping the learners respond appropriately to a death of a classmate and support them?

2.8 THE ADOLESCENT LEARNER

2.8.1 INTRODUCTION

According to Chong, *et.al.* (2005) adolescents, standing at 1,5 billion, make up a large part of the population in developing countries. If statistics revealing the HIV and AIDS prevalence rates amongst children and adolescents are true, one can only wonder what is going to happen to these adolescents, our future adults. An understanding of adolescents, the changes they are experiencing as well as the dilemmas they are facing, are extremely important. Ensuring their optimal and holistic development is ensuring the future for all of mankind and society.

Although the period of adolescence is viewed as an exciting period, it is also a period of conflict for the adolescent who in their search for an identity, socializes less with family and more with peers. Corr, *et.al.* (2003) describe the period of adolescence as one of change, when the child is in their development from childhood towards adulthood. Erikson (Meyer, *et.al.*, 1997) states that this period of development is focused on the search for identity. Santrock (1981) and Corr, *et. al.* (2003) concur and add that this usually occurs in children from about the age of eleven through to twenty-one. During this time, there are marked developments, physically, socially and emotionally (Corr, *et. al.,* 2003; Gouws & Kruger, 1994). With these developments come more responsibility, special privileges and financial independence, especially in western countries when employment is obtained. It is also during this period that adolescents establish their own identity.

Another important development during this period is the search for sexual identity (Blumenfeld, 1995). Since unprotected sex has been identified as one of the major causes for the spread of HIV and AIDS, adolescents indeed are in danger as they are beginning to experience and experiment with their sexuality and their lack of knowledge could place them at risk of acquiring HIV and AIDS. Depending on country, culture or tradition this period could also ascribe status and social recognition to the adolescent (Gouws & Kruger, 1994). Females are known to reach puberty before males and this could also account for the higher prevalence of HIV and AIDS amongst women and girls. Much research has been carried out on adolescent sexuality and statistics reveal that girls are more likely to be sexually active at a younger age than boys especially in countries in the continent of Africa (Allemano, 2003). Girls, during adolescence, are also more at risk of sexual exploitation by males and many adolescents are sexually active but of particular importance is the fact that they expose themselves to high risks by not having protected sex (Mitchell *et. al.*, 2000). Although the period of adolescence is characterized by many changes, for the purpose of this study, not all aspects of development will be focused on but only those pertaining to an understanding of death and death experiences. Since adolescence extends from eleven through to twenty-one, this period can be further explained through its stages.

2.8.2 STAGES IN ADOLESCENCE

Whilst adolescence may be viewed as a period of development, changes that do occur may be further divided into early, middle and late adolescence. These stages are important as they influence how situations are experienced, depending on the cognitive level of the child. According to Smith (1999) the adolescents' experience and understanding of death is influenced by their developmental level, life experiences, individual experiences and patterns of communication and support. The stages of adolescence identified are mere guidelines used to facilitate an understanding of their development and are not hard and fast due to the variation amongst adolescents and factors that influence their development.

2.8.2.1 EARLY ADOLESCENCE

The period of early adolescence in children extends from about age 10 through to 14. During this period, the child tends to identify less with what has been learnt from parents and more with what is being learnt from peers (Corr, *et.al.*, 2003). It is in this time of adolescence that children start to formulate their own ideas and that interpersonal relationships with others are important to them. Conformity to what peers are doing with regards to dress, hairstyles and behaviour is extremely important and sometimes has been viewed as the cause of undesirable behaviour (Gouws & Kruger, 1994).

Piaget refers to this period as the concrete operational stage. Pertinent to this stage is the making of meaning based on what

they can see or visualize in their minds and the performance of logical skills (Mwamwenda, 2004). For this reason, Piaget notes that the adolescent has a clear understanding of life and death (Gerdes, 1988). The child's understanding of death is thus related to their cognitive development and life experiences (Webb, 1993). At this stage, whilst death has become a reality, it has not been personalized in that the adolescent does not think that death can happen to them (Staudacher, 1987) but happens in older and sick people (Schaefer, 1988). This is contradictory to the findings of my class (cf. p 27).

2.8.2.2 MIDDLE ADOLESCENCE

In middle adolescence which occurs from about 14 to 17 years, a more responsible adolescent emerges using values taught in the home by parents. At this point it would appear that the adolescent is more capable of determining the roles and responsibilities they will have to assume in their life (Corr, *et. al.*, 2003; Gerdes, 1988).

Piaget refers to this period as the formal operational stage in child development (Corr, *et. al.*, 2003). By this stage the adolescent is more mature and has acquired an understanding of more abstract concepts. Their understanding of the irreversibility of death as well as of their own mortality will depend again on the cognitive development of the adolescent (Webb, 1993).

2.8.2.3 LATE ADOLESCENCE

Late adolescence is the period of character development when the adolescent (17-21 years) are coming to terms with their sexual identity, grow with maturity and have acquired personal growth to cope with traumatic life experiences.

By this time in adolescence, death is no more an abstract experience but a very concrete one that is experienced with emotional trauma such as crying, sadness, anxiety, depression and even anger since loss through death means no coming back (The Compassionate Friends, 2003; Cowie & Sharp,1998). Agar (1994) states that adolescents who have an experience of death at this stage of understanding may result in them questioning their identity and the meaning of their life. The stage of development of the adolescent will therefore influence their experience of death.

2.8.3 THE ADOLESCENT AND DEATH

The adolescent's exposure to death of a parent, sibling, family member or classmate is a worldwide occurrence (Dyregrov, 2004; Corr, *et. al.*, 2003; Dyregrov, Bie Wikander & Vigerust, 1999) but the HIV and AIDS pandemic has however increased exposure to death as well as the consequences for the young left behind. Since the affected in the HIV and AIDS pandemic are also children and adolescents, the death of siblings, family members and especially parents could have a severe psychological effect on them (Malaney, 2000). Chong, *et. al.* (2005) state that almost half of the new cases of HIV and AIDS

infections are amongst the young people in the age group 15 – 24 and that in the Sub-Saharan area, 6,2 million young people are living with HIV. The sad reality in South Africa is that for many adolescents, death is becoming a part of their life because of the regularity of its occurrence in families, communities and at schools (Theron, 2005). The effect of death on the adolescent is that it raises their awareness of their own mortality and vulnerability in life (Seligman, 2004; Gordon, 1986; Elkind, 1967). Evidence in support of the adolescent being affected by the death of parents, siblings and peers, shows changes in their emotional state, behaviour and achievement at school (Dyregrov, 2004).

How the adolescent is affected through the experience of the death of a parent, sibling, family member or classmate will be explored using the personal-construct theory of George Kelly (Meyer, Moore & Viljoen, 1997). Since adolescence is a period of change and development in the social, emotional, physical and cognitive levels of the child, the personal construct theory has been chosen to explain how the adolescent ascribes meaning to the experience based on their previous experiences. The personal–construct theory is known to have implications for educators and educational psychologists who are involved with the education of children. According to the personal-construct theory of George Kelly, meaning is given to a situation based on previous experience and the meaning that is constructed in that given situation (Boeree, 1997; Williams & Burden, 1997). The cognitive level of the learner will influence how they construct meaning of death. Adolescents will make sense of their experiences based on the information they have already processed concerning death. This could account for

why adolescents have a better understanding of death and its finality (Smith, 1999).

The impact of HIV and AIDS on young people during adolescence has meant decreased access to school for those who have to assume responsibility in the absence of caregivers or helping to assist sickly parents, no time to enjoy friends because of added responsibility and in some cases being forced to leave school and having to work as a breadwinner for the family (Malaney, 2000). In fact where such situations arise, the burden most often tends to fall on girls to drop out of school rather than boys (ABT & Associates, 2002). The burden of having to cope in these situations during adolescence when the person is already trying to cope with the changes they are experiencing may cause the adolescent to feel depressed and hopeless and even be the cause of unsuitable behaviour. This may also be the reason why girls turn to prostitution to help support the family, thereby ultimately perpetuating the spread of the virus (UNAIDS/UNICEF/USAID, 2004).

Whilst adolescents may understand what is happening in terms of death and loss within family units, this does not mean that they are not resentful or angry about the death of parents, family members or friends (UNAIDS/UNICEF/USAID, 2004).

2.8.4 ADOLESCENTS' GRIEF AS AN EMOTIONAL RESPONSE TO DEATH

Grief is a natural reaction that will be experienced by all humans at some stage in their life (Smith, 1999; Margolis, Raether, Kutscher, Powers, Seeland, DeBellis & Cherico,

1981). Grief is the emotional response experienced following a significant loss. Children's responses to a loss, will be explored in this research. The most natural reaction to death is grief. Adults and children experience the same type of emotions at times of loss (Smith, 1999). Research undertaken reveals that grief is not a once-off experience but a process. The grief experienced by children will be influenced by their cognitive level as well as their exposure to adults' responses to death (Walsh & McGoldrick, 1998). It is a reaction that involves feelings and emotions (Corr, et.al., 2003). The meaning that is given to death will be based on the child's age, level of cognitive development, personality and temperament and younger children especially take their cues from the reaction of adults (Corr, et.al., 2003). Grief can be expressed in ways that include emotional, physical and behavioural reactions. The stages of grief that could be experienced may occur in no specific order. Denial and shock, guilt, tears and panic, anger, distress, depression, anxiety and aggression are some of the reactions to death (Smith, 1999; Kubler-Ross, 1983). Since adolescents spend the major part of their time at school, it is important that educators understand what they are experiencing in order to help them through the difficult time and construct appropriate meaning.

2.8.4.1 DENIAL AND SHOCK

The Wikipedia (http://en,wikipwedia.org./wiki/Denial) describes denial as a psychological defense mechanism when a person is faced with a fact that is uncomfortable or painful to accept and rather rejects it instead. Denial and shock are normal reactions especially amongst adolescents since it allows them to deny

what they are experiencing or else it means that they have to face the reality of death and their own mortality.

2.8.4.2 TEARS AND PANIC

Tears and panic is a natural human reaction irrespective of age. The feelings of panic are as a result of the realization that death is irreversible and final (Smith,1999). This type of reaction is spontaneous in middle and late adolescents whilst early adolescents usually react and respond as the adults do in their presence, especially if the child has not reached the cognitive level of understanding the finality of death.

2.8.4.3 GUILT

In the Wikipedia (http://en,wikipwedia.org./wiki/Guilt) guilt is viewed as an emotional response by someone who is of the opinion that they have done something wrong. Guilt is therefore usually experienced when a relationship is questioned or when feelings of not having done or being there for the deceased is experienced. In psychology, guilt has been associated with depression since both emotional responses are mood related and driven by the conscience.

2.8.4.4 DEPRESSION AND DISTRESS

Depression is mood related to circumstances and is normally situational and reactional and associated with grief and loss. Depression and distress tend to be linked through the overwhelming sense of great loss and separation, feelings of loneliness and isolation due the acknowledgement of the death (Smith, 1999).

2.8.4.5 ANGER AND AGGRESSION

Anger and aggression can be directed at the self, dead person or people who are thought to be responsible for the death. Death is not supposed to happen especially if the person is young. The age or relationship with the deceased in terms of level of closeness may cause the bereaved to question the unfairness of the death (Dyregrov, *et.al.*, 1999; Cornish, 1998).

2.8.4.6. ANXIETY

In the Wikipedia (http://en.wikipwedia.org./wiki/Anxiety) anxiety is viewed as complex because it embraces a broad spectrum of negative emotions such as fear, worry and concern. Anxiety after the reality of death, especially if it is HIV and AIDS related, for fear of stigma and discrimination could affect memory, concentration and performance in the learning situation in the classroom. This is largely due to the unhappiness and worry that the adolescent may be feeling about their future (UNAIDS/UNICEF/USAID, 2004).

These stages of grief are guidelines around possible responses following the adolescent's experience of death and may differ depending on the situation of the death and the cultural practices.

2.8.5 ADOLESCENTS' BEHAVIOUR RESPONSES TO DEATH

Response to grief may not always only be emotional, sometimes it could be reflected in behaviour. Behaviour displayed by adolescents acting out on grief are truancy, lying, stealing, irritability, inability to concentrate, daydreaming, mood swings, aggressiveness, being withdrawn and unpredictable (Smith, 1999). Changes in academic performance indicate loss of skills, regression in performance and a reluctance to participate in lessons. Expressions of grief may not always be outward or on the surface especially amongst some adolescence (Agar, 1994) but that does not necessarily mean that if there is no outward expression that grief is not being experienced. Boys are known to find it difficult to show their sympathy or express it verbally and may need some assistance to talk about their feelings after death (The Compassionate Friends, 2003). This could also be due to stigma attached to boys who are supposed to be strong and showing any sign of grief may be viewed as a sign of weakness. Communication is very important in helping the adolescent cope with emotional trauma that is experienced following death and schools could put in place policies and programmes to assist children to proceed with life after their experience of the death of someone they know.

2.9 COPING WITH DEATH AND BEREAVEMENT AT SCHOOLS

The news of the death of a learner is always a shock and sad to both educators and the rest of the learners. Following the death of a learner, an announcement is usually made, first to the class of the deceased learner and then to the rest of the school. At the assembly, a moment of silence may be observed. Where possible, arrangements are made for the educator and learners to attend either the funeral or a memorial service. The questions that arise though are: Are these gestures sufficient for the classmates left behind to deal with the loss and express their grief? What is in place for the classmates who were close to the deceased learner?

2.9.1 PROGRAMMES ELSEWHERE IN THE WORLD

2.9.1.1 NORWAY

Research undertaken by Dyregrov, *et. al.* (1999) following the death of a pupil in Norway reveals a structured approach to coping with the situation at the school. The community priest was called in to address the classmates of the dead boy and engaged in discussion with them. The learners were allowed to attend the funeral, symbolic gestures were carried out such as the raising of the flag at half-mast, flowers were placed at his desk and remembrances hung on a board in the hall.

2.9.1.2 UNITED KINGDOM

In case studies presented by Cornish, (1998) the use of an educational psychologist was enlisted to assist the learners to deal with their grief. Cowie and Sharp (1998) report the adoption of similar procedures in the United Kingdom, following the death of a peer at school. In the case study presented, symbolic gestures were performed, counseling facilities made available and memorial services held. It would appear that the local authorities in those areas have emergency planning arrangements in place in the event of major incidents occurring (Cowie & Sharp, 1998) as well as access to Educational Counseling Services to provide counseling to learners when needed.

2.9.1.3 THE USA

In the report of Seligman (2004), the procedures following the death of a 14 year old student are very similar to those of schools in Norway and The United Kingdom where students were formally notified in an assembly and were supplied paper to allow them to express their feelings towards their deceased classmate and friend.

2.9.2 CURRENT STATUS IN SOUTH AFRICAN SCHOOLS

Transformation in education in South Africa has seen schools assume greater responsibility for their management and governance. Principals, together with the School Governing Body and Management Team have to ensure the smooth

running of the school. This is achieved with the aid of mission statements, vision and policies. These policies are aimed at ensuring that the behaviour, physical safety and management of the school curriculum at the school are maintained. Policies on safety and security, time-keeping, assessment, bullying and truancy to name a few are drawn up to facilitate the smooth functioning of the school.

The question arises whether schools have policies or programmes in place to deal with death? The tenets of Inclusive Education (Department of Education, 2001) advocate more than just the inclusion and support of learners with special physical and academic needs', it also encompasses the emotional well-being of all learners. Most schools, however are comprised of educators who have had no or very little guidance training at teacher training institutions and do not feel equipped to support and counsel learners. The provision of pastoral care constitutes an important part of education and yet there are not enough trained educators to respond to the emotional needs of learners. Whilst psychological services are available at district offices, the red tape involved in following procedures means that a waiting period for those in need of support and counseling might occur. Who then supports the learners in the moment of need? It is without a doubt that learners at some stage in their schooling life may need counseling and support, who then is going to provide it?

2.10 CONCLUSION

In this chapter I argued that the effect of the pandemic, HIV and AIDS is being felt worldwide. The subsequent stigma, discrimination and death that follows HIV and AIDS has impacted on all people, especially early adolescents who are affected through the death of loved ones and sometimes infected as well. Schools and education have an important role to play in the area of Life Skills and Life Orientation to provide support to learners in need following an experience of death.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In this chapter, I will provide a detailed account of the research design and methodology used in my research project. My research focuses on how adolescent learners experienced and responded to the loss of a classmate. This chapter provides the problem statement, aims of the research, the research approach, the design, explanation of the process of selection of the participants involved in the research, the research site, the process of data collection and the analysis method, ethical considerations that had to be taken into account and the limitations to the study.

3.2 PROBLEM STATEMENT

Whilst death has always been a reality of life, the incidence of death in present times, since the emergence of the HIV and AIDS pandemic, has meant that many people are at a great risk of dying younger than before. The stark reality of this situation is the affected, young adolescents who are losing parents, siblings, close relatives and friends to death at a greater rate than ever before. Childhood and growing up is supposed to be a period in a child's life characterized by fun, laughter and security to explore and develop in a safe environment. Many early adolescents however are being robbed of this experience due to unexpected death. Since adolescents are still school-going and spend the greater part of their day at school, the

effects of these deaths, in this instance a class mate, is more than likely to impact on their emotional well-being and academic performance in the classroom. Schools, education and educators play a vital role in the holistic development of adolescents therefore it is important that they be aware of the emotional health of the learners. This brings me to the primary question: What are early adolescents' responses to the death of a classmate? The secondary research question: Which guidelines in the form of recommendations can be generated to facilitate support for learners in the school setting?

3.3 AIMS OF THE RESEARCH

The primary objective of this research is to explore and describe the responses of early adolescents who had experienced the loss of a classmate. The secondary objective is to generate guidelines that will facilitate support for learners in the school setting.

3.4 RESEARCH DESIGN

A qualitative, interpretive and contextual research design (De Vos, Strydom, Fouche & Delport, 2002) was used to explore the experiences and responses of learners affected by the loss of a classmate.

I adopted a qualitative research approach which, just like quantitative research, is concerned with producing findings however, in qualitative research the focus is not on large

numbers but rather small samples chosen purposively to yield data rich in meaning in a natural environment (McRoy, 1995). The purpose of this research was to investigate and construct meaning of the responses and experiences of the learners who had experienced the loss of a classmate. Fouche (2002) concurs that the qualitative approach focuses on the meaning that is constructed from real life situations and daily life. Denzin and Lincoln (2000) state that qualitative research allows the researcher to obtain meaning from the participants' account of a phenomenon, being narrative orientated and therefore accommodates unstructured interviewing to gain in-depth knowledge, therefore allowing the study to be moulded by the responses of the participants. In qualitative research, a well-grounded literature review of the research topic, allows the researcher to explore the study against related literature (Fouche & Delport, 2002), as well as to recontextualise the findings.

The study is located within the interpretive paradigm, the essence being to understand behaviour and feelings of a phenomenon based on their outward actions and responses (Collins, du Plooy, Grobbelaar, Puttergill, Terre Blanche, Van Eeden & Wigston, 2000). This paradigm focuses on the actual meaning attributed to a reality experience and concurs with the aim of the research which is to explore adolescents' experience of loss first hand. Cohen, Manion & Morrison (2001) concur that the main aim in the context of the interpretive paradigm is to gain an understanding of the personal experiences of the participants. Concurrent with the interpretive paradigm is the in-depth analysis of data yielded from interviews and conversations which provide insight into human experiences and responses (Cohen *et. al.*, 2001). Therefore the use of this

paradigm allowed me to engage with the participants and subjectively gain an understanding of their experience. The incidence of increased death is likely to impact on school-going children and this research allows the researcher to gain a deeper understanding of their experiences and responses, in the context of the classroom and school.

3.5 RESEARCH SITE

3.5.1 LEARNER COMPOSITION OF THE SCHOOL

The learners attended a primary school situated in Sydenham, a historically Coloured area in Durban. The school has a population of approximately 950-1000 learners from mixed racial groups (70% African, 28% Coloured and 2% Indian) who come from areas such as Sydenham, Clare Estate, Kwa Mashu, Ntuzuma and Chesterville. The majority of the more affluent parents in this area send their children to ex-Model C schools, therefore the children presently attending this school are largely from the townships, town and surrounding informal settlements. Only a small percentage of learners live in the area. Most of the learners use transport such as taxis and buses to travel to school. The sizes of the classes are fairly big, ranging from 38-44 learners per educator.

3.5.2 SOCIO-ECONOMIC STATUS OF THE LEARNERS

The socio-economic status of the learners ranges from wealthy and above average to poor. The learners at the school come from complete families, living with both a mother and father,

some come from single-parent families, living with either a mother or a father and some live with guardians who are relatives. A few of the learners at the school live in children's homes or are supported by welfare societies in the area. The children's home where the deceased classmate lived had been in existence since about 1970. It catered for girls. I spent many a Sunday as a young girl visiting with my aunt, and playing with the girls as they also attended the same school as I did. Since its inception, the building structure was extended over the years to accommodate more girls, but in 2005 the home disbanded and the girls were either relocated to other children's homes in the area or reunited with their families if possible.

3.5.3 PURPOSIVE SAMPLING

My reason for choosing the school was influenced by the fact that the grade seven learners had experienced the loss of a classmate and I am a teacher at the school. I purposively chose participants who had been in the class, and who would also be able to express themselves. Since the loss, to the time of the start of the research, the learners had moved on to different high schools and were no longer in the same school. The interviews therefore had to be conducted at venues and times most appropriate for them. For this reason, interviews were mostly conducted at the home of the researcher and on one occasion, at the home of a participant.

3.6 RESEARCH SAMPLE

I used learners from a grade 7 class to constitute my sample. My choice of these specific grade 7 learners was not random but was purposive, since they had actually experienced the loss of a classmate in their grade 7 year and would therefore be information rich participants.

According to Lincoln and Guba (1985) purposive sampling does not limit the sample size but can increase as the research progresses until the data is saturated. I used 6 learners from the grade 7 class of 2004 to constitute my sample, since these learners were accessible to me at the time, but I continued to interview until the data was saturated. The learner's ages ranged from 13 to 15 with an average age of 14 years.

Table2: Participants

	BOYS	GIRLS	TOTAL
COLOURED	2	1	3
AFRICAN	0	3	3
TOTAL	2	4	6

My sample constituted both male and female learners, Coloured and Black learners. Since the school is located in an ex-Coloured area, not many Indian and no White children attend the school. There were 4 females and 2 males in the sample. An interesting factor about these learners and their age groups is that they are of an age to have a clear understanding of life and death and its irreversibility as well as

their own mortality and therefore ought to have some thoughts about death.

3.7 DATA COLLECTION

The aim of the study was to explore the personal experiences and responses of the participants who had experienced the loss of a classmate. In qualitative research, "interviewing is a predominant method of information collection" (Greef, 2002:292). Data was obtained during individual interviews held at the homes of the participants and the interviewer, using the phenomenological interview (Kvale, 1996). According to Cresswell (1998), the phenomenological interview provides a description of the experiences a phenomenon, incident or subject has for different people which ties in with the research of how learners experience and respond to the loss of their classmate. The phenomenological interview in the study of human behaviour aims to explore an experience from the perspective of the participant, making the researcher a subjective participator rather than an impartial observer, hence leaning to qualitative research and interpretation. According to Kvale (1996), qualitative interviews allow the researcher to understand the emotional context of the participants by sharing their frame of reference and later reflecting on their responses. Greef (2002:292) concurs that interviewing is a method of allowing the participants' stories to be told, a 'microcosm of their consciousness'. Although not all the participants' mother tongue was English, the same question, "Tell me about the loss of your classmate" was posed to them in English. Knowing the participants and their command of the English language, I did not foresee them having any difficulty in being able to express

themselves in English. The earliest convenience for the interviews to be conducted was during the June vacation. Arrangements were made to pick up the participants in town and bring them to my home to conduct the interview. This location was preferred by most of the participants. On arrival at my home, participants were made comfortable and a general conversation of enquiry as to their current schools and scholastic performance ensued prior to the interview. Participants were informed of their right to withdraw at any stage during the interview. The interviews lasted approximately one hour per participant. Permission was requested from the participants to have the interviews audio-taped as this would allow me the opportunity to do an in-depth analysis (Greef, 2002). Field notes were made just after the interviews were concluded and were also used to facilitate interpretation and analysis. The interview that was conducted at the home of one of the participant's, was recorded on a cellular phone recording application with the permission of the participant.

3.8 DATA ANALYSIS

During the data analysis process, the audio-taped interviews were transcribed. Each audio-taped interview was played over and over again to ensure that the exact words used by the participants were transcribed. This exercise proved to be time consuming and tiring. These interviews were hand written and labelled. Using the descriptive analysis technique (Tesch in Cresswell, 1994), the data collected was analysed. The interviews were analysed by means of thematic analysis which involved the reading and re-reading of the interviews in order to generate units of meaning. Each line of the interviews was

read and units of meaning established were written in the right hand margin. This method, also known as open coding, helped to establish the themes and categories that emerged from the interviews. This method proved efficient in helping to organize the data obtained from the interviews. Once all the interviews had been analysed, all the similar units of meaning had to be grouped together. These were then placed into categories with sub-categories. Four themes were emerged from the data analysis.

3.9 TRUSTWORTHINESS

Guba's model was applied to ensure trustworthiness because it "has been used by educators and nurses for a number of years" (Krefting, 1991:215). Guba's model (Lincoln & Guba, 1985) makes reference to four constructs that need to be applied to ensure the trustworthiness of the research especially when using the qualitative approach.

The first issue of trustworthiness is credibility, synonymous with truth value which infers that the participants and context of the investigation are correctly identified and adequately stated. A research or understanding of a human experience is considered credible when the findings are recognizable by all involved in the research, as well as others with a similar experience. To ensure credibility, the participants had to be learners of the class who had lost a classmate. Participants were also given time to re-acquaint with the researcher and time to reflect on their experience before the interview since it had been a two year time lapse since the loss of their classmate and interaction with the researcher. As the interview

was unstructured, a single introductory question was used to commence the interview. The same question was used for all the other interviews. Thereafter probing questions were based on the responses of the participants. The interviews were audio-taped and participant's who wanted to hear how they sounded and to check on what they had said, were given the opportunity to listen to the interview. The audio-taped interviews were then meticulously transcribed so as to ensure accuracy of the data.

The issue of transferability in qualitative research is not that relevant (Sandelowski, 1986) since the nature of qualitative research does not lend itself to generalizations. However, transferability in Guba's model refers to when the research can be applied to other situations of a similar nature, by other researchers. Whilst I interviewed six participants, each experienced a different relationship with their classmate providing information rich data. Hence multiple informants strengthened the usefulness of the research for other settings. Consequently, following the initial interview, I reflected on the previous interviews to establish interpretations and these findings were correlated with the research done in the literature review of the study to establish transferability.

Dependability makes reference to the consistency of the data that emerges during data collection method. I ensured dependability of the study, through the coding system of the data. The audio-taped interviews were first listened to a number of times before being transcribed. Transcription was done accurately and checked against the audio-tapes. Once the interviews were all transcribed, each line of all the interviews were analysed to establish units of meaning. The units of

meaning were then organized into themes firstly and then further into categories. An independent coder coded the raw data and a consensus discussion was held.

Confirmability highlights an important issue of the data obtained from the investigations being open to confirmation. Whilst learners were informed of confidentiality of the interviews and parents and participants signed documents of consent, the audio-taped interviews and data obtained in the research can be confirmed. All proof including letters of permission, audio-tapes, documented interviews, and coding of the interviews are available if needed for inspection and verification. The direct quotations from the participants, used as a chain of evidence for the findings, ensure the conformability of the data (De Vos, Strydom, Fouche & Delport, 2005).

3.10 ETHICAL CONSIDERATIONS

Since the experiences and responses of human beings, i.e. early adolescents was the focus of the research, ethical issues had to be considered as data should not be collected at the expense of the participants (Williams, Tutty & Grinnell, 1995). Permission was sought from the Department of Education (Annexure A). Permission from the school principal was requested and granted (Annexure B and D). Informed consent was obtained from the participants as well as their parents (Annexure C) because of their age group and confidentiality was consistently ensured. Ethical clearance was also sought from the University of KwaZulu-Natal (Annexure E). The ethical clearance had a stipulation that the researcher had to have a

plan of action for counseling or therapy available should any discomfort be experienced by any of the participants. Fortunately such a situation did not arise.

3.11 LIMITATIONS OF THE STUDY

The case study was limited to a single class at a school where learners had experienced the loss of their classmate. The findings of this research may therefore be illuminative but cannot be generalized to all learners. Access to these learners was difficult since they had moved on from primary school to high school. The wide distribution presented many difficulties in terms of time and effort for the researcher trying to locate them in their new schools. Not all the learners could be located as some had moved to other provinces. The time lapse also meant that the learners had to reflect on what they had felt and experienced at that time. As the learners were older, their maturity proved to be an advantage as they were able to reflect on their experiences and respond both eloquently and with insight into their experience of the death of their classmate. Interviews had to be conducted at the convenience of the learners in terms of time and place placing a lot of stress on the researcher.

3.12 CONCLUSION

In this chapter, I have outlined the main aspects of the research design and research methodology used in my study. I have also explained the ethical issues that had to be

considered and the limitations experienced. In the following chapter, data obtained from the interviews will be analysed.

CHAPTER FOUR
DISCUSSION OF THE FINDINGS

4.1 INTRODUCTION

In this chapter, the data which was collected from the interviews will be analysed and findings will be interpreted and discussed. Four central themes emerged from the interviews with the participants who had experienced the loss of a classmate.

4.2 FINDINGS

TABLE 3: Affected by the loss of a classmate

THEME 1: REFLECTING ON WHO HAD DIED
• Her personality • Positive value judgments about her • Her illness
THEME 2: CONSTITUTING RELATIONSHIPS OF THE CLASS WITH HER
• Reflecting on relationships • Support offered • Empathy revealed • Gendered differences to news of death
THEME 3: REALITY OF DEATH
• Grappling with the idea of death • Fear • Symbolism of her presence • Finding closure
THEME 4: THE ROLE OF HIV AND AIDS IN HER DEATH
• Speculation • Anxiety : scared and worried about getting AIDS • Knowledge • Disclosure or Non-disclosure

The results will be discussed using Table 3 as reference. From the interviews, the direct quotations to be used will first be listed and then discussed in the themes below. The direct quotations are presented in italics.

4.3 DISCUSSION

4.3.1 THEME 1: REFLECTING ON WHO HAD DIED

In this theme, reflecting on who had died, three categories, her personality, positive value judgments and her illness emerged.

4.3.1.1 HER PERSONALITY

In the first category, *her personality*, two sub-categories were identified being an introvert nature and pleasant to be with, which reflect the type of person their classmate was.

In this sub-category, *introvert nature*, responses expressed in the following quotations indicate that their classmate was reserved and belonged to no particular peer group:

She was very quiet never spoke much in class.
...she should just listen...did not tell us anything about her past.
...never used to share what she was feeling or experiencing.
...never told anyone about her life.
...must be because she was shy.

Socialisation, relationships and interaction are clearly an important development which changes during the

developmental stage of adolescence of the human life cycle (Gouws & Kruger, 1994). According to Gouws and Kruger (1994), adolescent peer groups reflect cliques, gangs and crowds. It is apparent however that the deceased classmate's nature leant her socialization towards none of the above groups as *she was very quiet, never spoke much in class.* She appeared to be a loner and was also perceived as one by her fellow classmates. Gouws and Kruger (1994) state that adolescents who lack social competence are identified as being shy, nervous and lacking in confidence. One participant reflected that *she would just listen* and *never used to share what she was feeling.* In support of the above responses, Cowie and Sharp (1998) state that well established family relationships promote confidence in the self and the ability to relate to others. Since the deceased classmate had lived in a children's home, she had been denied the privilege of growing up in a family unit where social interaction is learnt and which influences social interaction in the wider communities. The participants acknowledge that the reserved nature of their classmate *must be because she was shy.* In spite of being reserved the participants observed their classmate as a pleasant person.

In this sub-category, *pleasant to be with,* responses of the participants revealed that although their classmate was reserved she was admired and respected. This was expressed in the following quotations:

She was so innocent and good.
She'll always be smiling.... really was a sweet, nice girl, very quiet but nice.

She would make eye contact and smile.
...she'd be like 'hi I'm doing well' in that soft spoken voice.
She was so thoughtful, so friendly, so kind and yet she lived in a home.
She came to me and said 'well done'.
She was one of a kind, even then she was hiding that she was sick.

During adolescence, acceptance by one's peers is desirable and expected. The personality characteristics of the deceased classmate as perceived by the participants, *she was so innocent and good* and *she'll always be smiling.... really was a sweet, nice girl very quiet but nice and she would make eye contact and smile* reflects her to have been likeable and good-natured. Mwamwenda (2004) notes that many African children tend to be shy, withdrawn and less open to dialogue than children with a Western education. The participants noted that *she was so thoughtful, so friendly, so kind and yet she lived in a home*. Acceptance by the peer group usually depends on character traits such as friendliness, self-confidence, a sense of humour, empathy, thoughtfulness and tolerance (Gouws & Kruger 1994). From the above quotations about the deceased classmate's personality it would appear that whilst she appeared not to be part of any particular group or clique, she was not ignored by them as they have noted *she was one of a kind, even then she was hiding that she was sick* which reflects a positiveness about her personality.

4.3.1.2 POSITIVE VALUE JUDGEMENTS ABOUT HER

In the second category, *positive value judgments* two sub-categories were identified, being the impact of her personality on her classmates as well as a fighting spirit.

In the first sub-category, *the impact of her personality on her classmates,* the participants reflect on how they admired and felt about her because of her pleasant nature. This was expressed in the following quotations:

...was a talented girl and everyone spoke highly of her.
...never used to worry or fight with anyone.
She never harmed anyone in class so nobody could have hated her.
..she doesn't want you to feel bad for her.
If you feel bad you'll lose concentration with your work and your personal life and she didn't want that.
...she's like the best cure for anything.

Comments by the participants reveal that their classmate *was a talented girl and* they *spoke highly of her* in that she *never used to worry or fight with anyone* and *she never harmed anyone in class so nobody could have hated her.* The above concur with Gouws and Kruger (1994) who say that personality traits and emotional skills are likely to influence acceptance by peers especially amongst girls. According to Sternberg (1993) socialisation during early adolescence play a major role in determining popularity and acceptance. Whilst sports ability is usually the main determinant for boys, socialization skills for girls will influence acceptance. From the above quotations, it appears that the participants observed their classmate as being

talented. The female participants noted she was sensitive to the needs of others as *she doesn't want you to feel bad for her* because *if you feel bad you'll lose concentration with your work and your personal life and she didn't want that.* Their respect and admiration of the character she possessed is revealed in *she's like the best cure for anything*.

In the second sub-category, *her fighting spirit*, the participants noted that although she was sick and lived in a children's home, she didn't look for sympathy from others but showed a determination. This was revealed in the following quotations:

...was an innocent child and didn't deserve to suffer like that.
She was the type of person who didn't want you to see that she was sick or feeling sad.
She lived in a home, she was so quiet she didn't feel like there is anything short in her life.
She didn't seek attention, she was so brave.
She used to be sick but always came back to school.

The contextual issues that affect early adolescents present a challenge (Donald, *et.al.*, 2002) not only to development and learning but to social relationships as well. The participants observed that in spite of the disadvantage of living in a children's home as well as being sick, their classmate displayed resilience in her nature by not seeking pity or sympathy. Issues such as uncertainty of the illness, family atmosphere, social integration, health care resources and defensive and courageous coping, identified in research (Haase, 2004) with adolescents who are chronically ill, reveal a resilience which enhances the quality of life. The individual

resilience of their classmate is reflected in that *she was the type of person who didn't want you to see that she was sick or feeling sad* in spite of her fate. *She lived in a home, she was so quiet she didn't feel like there is anything short in her life* shows her confidence not to play the role of a victim. Masten (2001) reinforces the point that children who are disadvantaged and live under disadvantaged conditions show great resilience. *She didn't seek attention, she was so brave, she used to be sick but always came back to school* despite the trauma of living with deteriorating health as observed by the participants.

4.3.1.3 HER ILLNESS

In the third category, *her illness*, three sub-categories, namely ravaging her body, hospitalization and her age emerged.

In the sub-category, *ravaging her body*, they reflect on how the illness ravaged her body. This is revealed in the following quotations:

...had a stroke that affected her bad, she couldn't even walk properly.
...legs were always sore and painful... used to walk slowly.
...started to get worse, couldn't even do PE, used to sit and watch us.
...she was even thinner and weaker.
She used to be tired all the time and sleep in class and stay out of school a lot.

According to Haase (2004) the participants' observations of their classmate's physical deterioration in health, such as *had*

a stroke that affected her bad and *she couldn't even walk properly* and *legs were always sore and painful,* concur that the physical deterioration of her health sometimes restricted her movement and attendance at school. Kastenbaum (2000) concurs that the comments such as *started to get worse, couldn't even do PE, used to sit and watch us,* indicate a lack of energy to participate in normal school activities as well as that a distorted body image through loss of weight, *she was even thinner and weaker,* concur with some of the models that have been identified in the dying process.

In the sub-category, *hospitalization* clearly becomes an issue for the participants, as is revealed in the following quotations:

...went to see her twice...and she never spoke once.
When you looked at her it looked like someone else.
You couldn't even recognize her the way she had changed.
...was scary to see her with those pipes in her nose and on the drip.
She never knew we were there.
...used to lie on her side and stare.
...couldn't do anything for herself, she couldn't even smile or speak.
...she didn't have any hope.

The participants revealed their concern for their classmate as they *went to see her twice...and she never spoke once.* Corr, *et. al.* (2003) state that during chronic illnesses, early adolescents are concerned about physical appearances as participants noted the effect that the illness had on her body, for example *when you looked at her it looked like someone else*

and *you couldn't even recognize her the way she had changed.* The hospitalization of their classmate and her suffering clearly impacted on them as revealed in that it was *scary to see her with all those pipes and on the drip.* Corr, *et.al.* (2003) further mention that dying trajectories in the case of degenerative diseases are observed by periods of health followed by pain, suffering and loss of physical control. The participants' observed *she never knew we were there, used to lay on her side and stare, couldn't do anything for herself, she couldn't even smile or speak.* Whilst grief is largely attributed once death has occurred, clearly the condition of their classmate evoked anticipatory grief in the participants (Mwamwenda, 2004). For the early adolescent evolving from childhood into adulthood, clearly the focus is on living and the years ahead and not on suffering and death.

In the sub-category, *her age,* linked to the devastation of her illness, is expressed in the following quotations:

She was so young when she died.
Her life had just hardly begun.
...didn't live her life at all, she never even lived half a life.
She had so much to live for.
She was so young I think 12 or 13 and children deserve a life.
...was too young to die because children are supposed to live and old people die.
...never even got to finish primary school that is so sad and unfair, truly unfair.
...it ended so quickly.

That the early adolescent is aware of death and its finality has been confirmed in previous research (Corr, *et.al.,* 2003; Bowie,

2000) does not dismiss their viewpoint of death in early adolescence as unfair. This is revealed in the following quotations, *she was so young when she died, her life had just hardly begun* and *didn't live her life at all, she never even lived half a life.* Smith (1999:46) concurs and mentions the frustration when a young life does not reach its full potential. At a time in their lives when early adolescents are striving to find identity and achieve autonomy the reality of death of another adolescent destroys their perception of their own immortality (Cornish, 1998) as the participants noted, *her life had just hardly begun.* Williams and Ross (1983) concur with the participants' responses that *children are supposed to live and old people die* as people generally, in modern times and due to medical technology and health care, live long lives and die when they are old. The unfairness of her dying at such a young age can be summed up by the following responses: *Never even got to finish primary school, that is so sad and unfair, truly unfair* and *it ended so quickly.* Stroebe and Stroebe (1987) concur that when a young person dies it is unexpected, unlike for an older person.

4.3.2 THEME 2: CONSTITUTING RELATIONSHIPS OF THE CLASS WITH HER

In the theme, *constituting relationships of the class with her,* four categories, viz. an improvement in the relationship, support offered, empathy shown and gendered reaction to the news of death were identified which reflect the way in which the participants' responded to their classmate before and after disclosure of her being ill and to the news of her death.

4.3.2.1 AN IMPROVEMENT IN THE RELATIONSHIP

In the category, *an improvement in the relationship*, two sub-categories were identified being their relationship prior to the illness and their relationship during the illness.

In the sub-category, *prior to illness*, the participants reveal that their relationship with their classmate was not always caring and inclusive. This is revealed in the following quotations:

We were selfish with our friendship.
She wasn't really my very close friend but we spoke occasionally.
...didn't include her all the time only when she started getting sick we got worried.

A sense of belonging is integral to the human existence, which the participants were aware of (Pretorius, 2005) however, they noted that *we were selfish with our friendship.* Weiten (1992) concurs that as humans there exists the need to feel accepted, loved and shown affection to but the participants indicated that their initial relationship with their classmate did not contribute in this regard as she *wasn't really my close friend* and we *spoke occasionally*. Interaction with peer groups and the emotional need of belonging has been identified as important for the psychosocial development during adolescence (Van Dyk, 2001a; Cowie & Sharp, 1998) but the participants *didn't include her all the time* but *only when she started getting sick*. This concurs with Gouws and Kruger (1994) that early adolescents can display empathy and their moral development and personal value systems can impinge on their conscience as *we got worried*. According to Donald, *et.al*. (2002) early

adolescents are influenced by their social context which is continually developing as the participants reveal that their attitude towards their classmate changed.

In the sub-category, *during illness*, the participants reveal through the quotations below their capacity to engage positively in the lives of others by creating a caring ethos.

...that was when we started getting closer to her.
...never really cared but I did start caring when she started to get sick.
...used to ask her how she was doing.
We used to stay in class with her when she told us about her life.
I had a relationship with her and her death was a great sadness.

The responses such as *that was when we started getting closer to her* and *never really cared but I did start caring when she started to get sick*, concur with Pretorius (2005), that characteristics displayed by early adolescents in group bonding indicate support and acceptance. This is further revealed in the responses of I *used to ask her how she was doing* and *we used to stay in class with her when she told us about her life.* Interpersonal relationships encourage communication of feelings as the participants indicate that they learnt about the personal life of their classmate when they spent time with her. Pretorius (2005) concurs that sharing will only occur within a relationship of trust. According to Webb (1993), the nature of a relationship will determine the impact of the death as revealed in *I had a relationship with her and her death was a great*

sadness. Their relationship with their classmate grew out of their support for her.

4.3.2.2 SUPPORT OFFERED

In the category, *support offered,* two sub-categories emerged as participants responded as to how they offered support to their classmate at school and when in hospital.

In the sub-category, *at school*, quotations clearly indicate the mixed reactions to their classmate, as not all the early adolescents were supportive of their sick classmate.

Some children were cruel because they didn't understand...
Not all the children in my class realized how sick she was.
...used to tease her and call her names when she couldn't walk fast in the line.
The boys used to say 'hurry up' but they didn't know how she was coping.
...girls used to stay in class with her to keep her company.
...pray for her in the morning.

The relationships among early adolescents is indeed intense and complicated, as is revealed by the comments such as *some children were cruel because they didn't understand, not all the children in my class realized how sick she was and used to tease her and call her names when she couldn't walk fast in the line.* Dyregrov, *et.al.* (1999) concur that peers can be insensitive and display inappropriate behaviour as observed by the participants. Whilst schools have been charged with the academic development of its community, a sense of belonging,

support and caring needs to be inculcated to promote human relationships amongst the members of this community. Osterman (2000) states that acceptance and interaction differ amongst individuals and more specifically between genders as a female participant noted that *boys used to say hurry up but they didn't know how she was coping.* According to Mwamwenda (2004) women, in the case of this study, girls' moral development will be entrenched in feelings of compassion as the female participants reported that when their classmate *had the stroke and couldn't walk to the playground, girls used to stay in class with her to keep her company.* Support is not only limited to time spent with a person but visible also in kind acts or gestures.

In the sub-category *when in hospital*, the following quotations reveal the efforts made by the class to extend their well wishes and support of their sick class mate.

..made class cards and sent them to hospital.
...used to pray for her in the mornings.

The school represents the second 'family' since learners spend the major part of their day there. This 'family' also supported their classmate ill in hospital. They reported that they *made class cards and sent them to hospital.* According to Gouws and Kruger (1994), school as a community and institution is also instrumental in building the moral fibre of its members. The participants revealed that while their classmate was ill in hospital they u*sed to pray for her in the mornings.* The support displayed towards their classmate is indicative of not only their

moral development but also of feelings of empathy for their classmate.

4.3.2.3 EMPATHY REVEALED

In the category *empathy shown*, clearly the participants were affected by the illness of their classmate as is reflected in the quotations:

I just couldn't help feeling sorry for her.
I felt sorry for her and I was very sad.
...when she saw her she just cried.
... it was very sad the way she suffered until she died.

The responses of the participants such as, *I just couldn't help feeling sorry for her* and *I felt sorry for her and I was very sad* concur with Gouws and Kruger (1994) that early adolescents are capable of showing empathy as they move away from the focus on the self to focus on others. The level of cognitive development which supports moral development allows them to identify what others are feeling and feel for them. This is revealed in, w*hen she saw her she just cried, just think it was very sad the way she suffered until she died.* Although research has revealed that early adolescents grieve just like adults (Smith, 1999) the death of a classmate may evoke different reactions in individuals.

4.3.2.4 GENDERED DIFFERENCES TO NEWS OF DEATH

In this category, clearly the participants were affected by the death of their classmate, and will be discussed from the responses of the boys and girls as two separate categories.

In the sub-category, *responses of boys*, the following quotations reflect the perceived responses from the boys in the class:

...weren't close friends with her but we all felt sad.
...felt guilty that I never spoke to her that often or asked her how she was feeling.
...didn't see any of the other boys crying but didn't mean we didn't care.
...boys were sad too.

Given the importance of peer relationships during adolescence (Pretorius, 2005) the death of a classmate is especially salient since the male participants expressed that they *weren't close friends with her but we all felt sad.* Mwamwenda (2004) states that gender differences specifically related to societal norms such as a display of emotion might be regarded as effeminate which could account for the response, d*idn't see any of the other boys crying but didn't mean we didn't care.* Mwamwenda (2004) also notes that in some cultures the sign of a man crying is acknowledged as weakness but the participants stated that b*oys were sad too.* Stuart-Hamilton (1994) however, suggests that the emphasis on gender equality in society today might reflect a change in expected gendered behaviour. Bearing in mind that early adolescents are individuals at

different levels of maturity and understanding, no hard and fast rule can be applied to the responses to death of boys and girls.

In the sub-category, responses of girls, the following reflect the perceived response from the girls in the class:

We heard the news in class and a lot of us cried.
...girls were more emotional than boys.
...remember how the girls started crying.
...I cried a lot when I got home.

The participants noted the emotional responses of the girls as *we heard the news in class and a lot of us cried* and *girls were more emotional than boys*. This observation concurs with the statement of Mwamwenda (2004) and reinforces that girls tend to be more emotional, as I *remember how the girls started crying*. For early adolescents death is no secret, however the impact of death as a reality of life is only felt following an experience of death.

4.3.3 THEME 3: REALITY OF DEATH

In the theme, *reality of death*, four categories emerged, viz. grappling with the idea of death, fear, symbolism of her presence and finding closure. This theme highlights the impact that the death of their classmate had on the participants.

4.3.3.1 GRAPPLING WITH THE IDEA OF DEATH

In the first category, *grappling with the idea of death*, two sub-categories emerged which reflect on the individual responses, her death was sad and unfair and class responses, it's like you're here today and gone tomorrow.

In the first sub-category, *individual responses, her death was sad and unfair,* the following quotations highlight how the participants experienced the death of their classmate.

Death is a very bad thing, I was depressed.
...was devastated, never lost a classmate before.
I was very cross, I was mostly angry with myself, I lost a good friend.
I was confused because I felt sad and angry.
...was guilty because I know I could have been more friendly.
I felt like I should have contributed to her life when she was alive.
...always used to say she's getting better, she's getting better.
Although I was shocked, I knew she was going to die.

The participants' reaction to the death of their classmate is revealed in *death is a very bad thing* and *I was depressed* and *was devastated, never lost a classmate before*. Although research confirms that early adolescents throughout the world experience the death of a classmate (Dyregrov, *et.al.* 1999), one participant felt devastated as this was her first experience. *I was very cross, I was mostly angry with myself, I lost a good friend*, *I was confused because I felt sad and angry* and *was*

guilty because I know I could have been more friendly, highlight their emotional reaction following the death of their classmate. Death is universal and so are the responses, but the nature of the relationship with the deceased will influence the response to death. The emotions of shock, anger, confusion and guilt as expressed by the participants might not necessarily have occurred in particular order but have however been identified in research on death (Smith, 1999). The response *I felt like I should have contributed to her life when she was alive* indicates the guilt a participant felt for not being more supportive of their classmate. However, another participant reflecting on the illness of their classmate, stated that she *always used to say she's getting better, she's getting better.* The shock of death, whether sudden or a prolonged illness, does not diminish the hopefulness that things might change (Walsh & McGoldrick, 1998). Yet another participant realized the inevitable: *although I was shocked, I knew she was going to die.* Whilst the responses to death may differ amongst early adolescents, the impact of loss is felt by all, and generates some reflection on living and dying.

In the second sub-category, *class response, it's like you're here today and gone tomorrow*, the following quotations highlight the perceived response of the class to the death of their classmate.

...were quiet and shocked with the news...
The whole class was affected...
...children were very sad and emotional and were crying...
We used to talk about her and the relationships and the memories for a long time outside on the playground...

Never imagined that she could die...

The participants responded to the news of the death of their classmate in that they *were quiet and shocked with the news, the whole class was affected* and *children were very sad and emotional and were crying.* Mwamwenda (2004) concurs that although death is universal and inevitable it nonetheless affects more than the dying person, it affects all those close left behind. As the following quotation indicates, the participants said that they thought about their classmate after her death and even spoke about her in groups. *We used to talk about her and the relationships and the memories for a long time outside on the playground.* Smith (1999) and Dyregrov, *et. al.* (1999) concur that reflecting on memories and the loss is important during the grieving process as it allows for feelings to be expressed. Furthermore Smith (1999) and Pennels and Smith (1995) highlight the importance of peer support especially since early adolescents expect and relate better to their peers than adults. By speaking about her they possibly helped each other come to terms with her death. However, the participants revealed that even though their classmate was ill for a long time, they *never imagined that she could die,* reinforces yet again the reality that for early adolescents, death is not readily thought about or associated with others in their age group.

4.3.3.2 FEAR

In the second category, *fear,* two sub categories *this could happen to any one of us* and *what would happen to me if somebody close to me would die,* highlight that early

adolescents not only know about death and its finality, but also reflect on the possibility of their own experience should death happen to and around them.

In the first sub category, *this could happen to any one of us,* the following quotations reveal the participants' personal anxieties regarding death.

Any one of us could die...
...mustn't take life for granted...
...need to take care of ourselves...
When a person dies you start thinking of everything that has happened in your life.
My real father died, it was very sad.
I'm scared of death...

The responses such as *any one of us could die* and *mustn't take life for granted* concur with Smith (1999) and Cornish (1998) that the mortality of early adolescents is challenged when they are faced with death, especially the death of a classmate close to their own age. The cognitive level of understanding the abstract also reinforces early adolescents' knowledge of the finality of death, and that they *need to take care of ourselves,* to possibly prevent or avoid death. This response indicates that early adolescents acknowledge that they need to take charge of their life and health at an early age as they are not impervious to death. A participant also noted that *when a person dies you start thinking of everything that has happened in your life.* Another participant reflected on his experience of death, *my real father died, it was very sad.* According to Smith (1999), dealing with death could likely cause unresolved past experiences of death and trauma to

resurface. Death, irrespective of age, is not easy to accept or cope with as one participant mentioned *I'm scared of death.* The participants' fear of death is limited not only to themselves but also to people close to them.

In the second sub category, *what would happen to me if somebody close to me would die,* it is evident from the following quotations that early adolescents fear not only their own death but also that of friends and family.

...was scared because her brother was sick and what if her brother was like that...

The fear of the death of significant others is revealed by another participant who *was scared because her brother was sick and what if her brother was like that.* For the early adolescent, this stage of life is characterised by much change and development, without having to fear the death of a loved one (Smith, 1999).

4.3.3.3 SYMBOLISM OF HER PRESENCE

In the third category, *symbolism of her presence,* the following quotations reveal that early adolescents are aware of symbolism in death experiences.

Early in the day her desk fell down and all her belongings fell down on the floor.
...it was though her spirit was in the class.
...took us to the room where she slept.

...felt sad when I saw her empty bed.
...never forgot the day when we got our computer reports, there was one for her too.

A comment made by a participant that *early in the day her desk fell down and all her belongings fell down on the floor* and *it was though her spirit was in the class* reveals the early adolescent's cognitive ability to relate the incident as symbolic of her presence in the classroom. The participant disclosed that this took place on the day of the news of her death. Research undertaken by Mitchell, *et. al.* (2005) supports the idea that photographs can also symbolize what HIV and AIDS and death mean to learners. Other symbolic references to their classmate include *the room where she slept* and *her empty bed* which were symbolic of her once being present but there no longer. The participants also reflected on how they *never forgot the day when we got our computer reports, there was one for her too,* which symbolised her as still being part of their class. These symbolic references allowed the participants to reflect on their classmate, and even consider life after death.

4.3.3.4 FINDING CLOSURE

In the fourth category finding closure, two sub categories being the school carried on with work like nothing had happened and the memorial service at the children's home, emerged which indicate how the participants coped with the death of their classmate.

In the first sub-category, *the school carried on with work like nothing had happened,* the following quotations reveal the

participants perceptions of what the school did, what the school did not do and what the school should have done.

Regarding what the school did, the following quotations from the participants reveal what happened following the news of her death.

...had a moment of silence and prayer in the class.
...kept a moment of silence but what is that....could have done more.

Following the news of the death of their classmate, the participants *had a moment of silence and prayer in the class.* This response indicated that the participants acknowledged the effort made to reflect on the passing of their classmate. Brown (1999) mentions the importance of reflective silence which recognizes an acceptance and reflection for the affected as well as a sign of respect for the deceased. Smith (1999) states that the nature of the relationship to the deceased does not matter at the time of death as early adolescents are likely to experience community grief. However, the response, *but what is that....could have done more* indicates that whilst they acknowledge the effort made to remember their dead classmate, they were not satisfied and felt that more could have been done to show caring for not only the classmate but for the others left behind to cope with the loss.

What the school did not do, is revealed in the following quotations:

...went on with work, didn't think it was right.

...was very cold, no one came to talk to our class about what we were feeling.
...didn't do anything as a class or school at first.
...don't remember them announcing her death in assembly.
As a school we should have done something.
We just never did enough as a school.

Linked to their understanding of death and the appropriate behaviour that is expected, the participants felt discontented with what had happened following the news of the death of their classmate which is explained in the following: *went on with work, didn't think it was right* and *was very cold, no one came to talk to our class about what we were feeling.* According to Cowie and Pecherek (1994), the school as a community is tasked with promoting empathetic understanding amongst its learners to facilitate a climate of caring, but the participants felt that they *didn't do anything as a class or school at first* and *don't remember them announcing her death in assembly.* The need to acknowledge the death of a classmate is important for the school as a community, as is expressed by the participants in that *as a school we should have done something* and *we just never did enough as a school.* Dyregrov, *et. al.* (1999), suggest that schools should have in place a response plan to minimize the effect of traumatic news and create opportunities and a safe atmosphere for their learners to express how they felt about their classmate who had died.

Regarding what the school should have done, the participants suggested the following:

In assembly we could have sung songs...
...could have done a chart with photos at school.
...could have written messages and put it in the passage.
...could even have had a lesson on death.
...should have sat down and spoke about it.
...should have done something at school, maybe our own memorial service.
When she died, she was a part of the school so she should remain a part of the school.

That the participants would have liked to have honoured and remembered their classmate and even suggested ways to do so is revealed in the following quotations, *in assembly we could have sung songs* and *could have done a chart with photos at school* and *could have written messages and put it in the passage.* The research of Dyregrov, *et.al.* (1999) highlights the importance of support activities to bring closure for the classmates left behind. Furthermore, the participants suggested that they *could even have had a lesson on death* and *should have sat down and spoke about it* and *should have done something at school, maybe our own memorial service.* The above responses are in accordance with the findings of Bowie (2000) whose research revealed that death education should be included in the curriculum as many learners have experienced a death or talked about death at some point in their lives. Cowie and Sharp (1998) acknowledge needs that children have and mention comfort and listening, as two of them. However, many educators do not feel equipped to handle such a sensitive issue due to a lack of training which could account for the

response, *we just never did enough as a school.* Cornish (1998) too, is of the opinion that the teachers' level of confidence determines whether they are able to support early adolescents following the news of death. It is the participants' perception that *when she died she was a part of the school so she should remain a part of the school,* therefore justifying why the response of the school to their deceased classmate seemed insufficient. These participants showed the need to embrace the death of their classmate and Cowie and Sharp (1998) concur that educators underestimate the ability that children have to create a caring ethos through values of caring and empathy.

In the second sub-category, *the memorial service at the children's home,* the following quotations, *I don't want to be there, I wanted to stay at home* and *the memorial service at the home was really emotional and it was like saying farewell* reveal the ambivalent feelings the participants had and their emerging experience after the service.

I didn't want to go but then I did...
I didn't want to believe that she was dead.
I wanted it to be like if she was still alive.
...and say no, she's just gone somewhere, she'll be back...
Nurses from the hospital and ladies from the homes spoke about her at the memorial service.
...showed us where she slept... had pictures on the wall, it was really nice.
...children in the homes would have felt the loss more personally than us in class.

...nice singing at the homes and giving them the poem we wrote.

The response, *I didn't want to go but then I did,* reveals the ambivalent feelings that a participant had regarding attending the memorial service that was held at the children's home where their classmate had lived. Not wanting to attend was not based on selfish reasons but rather on *I didn't want to believe that she was dead* and *I wanted it to be like if she was still alive and say no she's just gone somewhere, she'll be back.* Parkes (1986) concurs that when a person is bereaved there is a tendency to observe the loss as temporary with the expectation that the deceased will return, as revealed by the participant. In this regard Cornish (1998) referred to a case study where a school acknowledged a pupil who had died and reflected positively on personality and memories of the pupil. The participants revealed that this was done for their classmate but only at the memorial service at the home, by people who knew her, *nurses from the hospital and ladies from the homes spoke about her at the memorial service, showed us where she slept, had pictures on the wall, it was really nice.* It is clear from the response *nice singing at the homes and giving them the poem we wrote* that their contribution during the memorial service allowed the classmates an opportunity to express their feelings about their classmate, and to get some closure.

The participants expressed their feelings after having attended the memorial service which allowed them in some way to come to terms with their classmate's death.

...couldn't go to the funeral, think she was buried in....
When I go to the memorial service it's like, okay, you're acknowledging the fact that she's dead.
The service was really nice...it eased the pain that you're feeling.
It is important to let the sadness out.
I have to accept the fact that I couldn't do anything to really save her.
If it was her time to go it was her time to go.
It was like saying farewell.

Dyregrov, *et.al.* (1999) state that it is important that classmates of the deceased be involved in the funeral to acknowledge the death and find closure. A participant however stated that she *couldn't go to the funeral, think she was buried in....* In view of this statement, the participants revealed acknowledgement of the death only *when I go to the memorial service it's like, okay, you're acknowledging the fact that she's dead*. Acceptance of the reality of loss through death is important (Smith, 1999) as only then can the grief be dealt with. This is revealed by the participants in that *it is important to let the sadness out.* The grief process also enables those left behind to accept they could not have prevented the death (Cornish, 1998) as a participant mentioned after attending the service that *I have to accept the fact that I couldn't do anything to really save her.* Although it is natural for early adolescents to assume blame and guilt following death because they didn't prevent the death, a participant maturely responded with *if it was her time to go, it was her time to go.* The participants reported their experience of the memorial service as *it was like saying farewell.*

4.3.4 THEME 4: THE ROLE OF HIV AND AIDS IN HER DEATH

In this theme, *the role of HIV and AIDS in her death,* four categories were identified which reveal that the participants are aware of the prevalence of HIV and AIDS in their environment and more specifically were speculating about the role of HIV and AIDS in the death of their classmate. The four categories are speculation, people passing rumours that she had AIDS; anxiety, scared and worried of getting AIDS; knowledge, couldn't get AIDS by just being her friend and disclosure or non-disclosure.

4.2.4.1 SPECULATION: PEOPLE PASSING RUMOURS THAT SHE HAD AIDS

In the first category, *speculation: people passing rumours that she had AIDS,* the following quotations indicate that during the illness of their classmate and even after her death, the participants were curious as to what was wrong with their classmate.

...used to wonder what was wrong with her.
...rumour started in our class, I think one of her close friends. A lot of children in our class heard it.
When she was absent, we asked the children from the homes and they told us she had AIDS.
...were shocked and confused as we couldn't see anything.
...didn't expect to hear that she had AIDS because you don't think it will happen to anyone that you know.

Concerning speculation around their classmate's illness, responses such as *used to wonder what was wrong with her* and *rumour started in our class* and *lot of children in our class heard it,* indicate that the participants were aware of discussions around the illness of their classmate. Their curiosity of her continual absence compelled them to enquire, e.g. *when she was absent, asked the children from the homes and they told us she had AIDS.* Their reaction to the news they received, *were shocked and confused, as we couldn't see anything.* The participants reveal an awareness of HIV and AIDS, however they comment that they *didn't expect to hear that she had AIDS because you don't think it will happen to anyone that you know.* According to Smith (1999) and Pennells and Smith (1995) early adolescents should be given some information soon after a death has occurred to avoid situations that could cause misinformation. However, in view of human rights and confidentiality which surrounds HIV and AIDS infected and affected, a situation of this nature binds both the school and educator to confidentiality (Government Gazette, 1999). Whilst the physical well-being of their classmate indicated that all was not well, the participants however noted that they observed no symptoms to indicate that their classmate had AIDS or could even imagine that anyone they knew could have AIDS which concurs with previous research (De Lange, Greyling & Leslie, 2005). Since the participants revealed an awareness of HIV and AIDS and the implications that accompany this epidemic (Theron, 2005) this could account for reactions of anxiety and fear for their own lives.

4.3.4.2 ANXIETY: SCARED AND WORRIED ABOUT GETTING AIDS

In the second category, *anxiety, scared and worried ABOUT getting AIDS,* the responses of the participants indicate that early adolescents are aware of the deadly impact of acquiring HIV themselves, as well as for others, in the quotations below.

Having AIDS is a serious disease.
...felt guilty because I thought if she came back to class she would give me something or she could give us something and then maybe we could get AIDS.
...I don't want to stand by her...
...or be touched by her.
Some people wouldn't want to do anything with her.
People don't want to be close to people who have AIDS because it's deadly and there is no cure.

The responses of the participants such as *having AIDS is a serious disease* and *maybe we could get AIDS* indicate that early adolescents are aware of the seriousness of the disease as well their fear of being infected. Their fear of infection accounts for the responses *I don't want to stand by her* and *be touched by her*. The stigma related to HIV and AIDS and more specifically inadequate knowledge of the disease and its transmission accounts for the negative perception around the disease (Theron, 2005) as well as discriminatory behaviour towards their classmate. According to Coombe (2000), the stigma and fear associated with HIV and AIDS causes social isolation. The responses such as *some people wouldn't want to do anything with her and people don't want to be close to people who have AIDS because it's deadly and there is no*

cure, highlight the stereotyped behaviour practices of people towards those who are HIV and AIDS infected. Stigma is a destructive tool of socialisation (Siamwiza, 1999) but schools as communities that encourage socialisation and a sense of belonging (Osterman, 2000) have an important role to play, not only in providing factual knowledge about HIV and AIDS (Government Gazette, 1999) but also to inculcate a compassionate and caring attitude towards the infected and affected learners (Theron, 2005).

4.3.4.3 KNOWLEDGE: COULDN'T GET AIDS BY JUST BEING HER FRIEND

In the third category, *knowledge, couldn't get AIDS by just being her friend,* the following quotations indicate that early adolescents once educated about HIV and AIDS are capable of understanding the implications of the disease for both the infected and affected.

...first thing that goes through your mind when you hear a person has AIDS is who was she sleeping with.
I wonder what she was doing...
...didn't know anything about her past life...
...maybe if she had been raped I didn't judge her...
The first thing you think of is through sex but the children told us she got it from her mother...
...was amazed at first...then felt scared and angry because it was unfair for her to have gotten AIDS...
...wasn't her fault she got AIDS from her mother...
...learnt about AIDS..... wasn't worried that I could get AIDS from her...

AIDS is a deadly disease but only when you see how it affects a person do you realize how bad it is...

The responses of the participants such as the *first thing that goes through your mind when you hear a person has AIDS is who was she sleeping with* and *I wonder what she was doing,* reinforces the perceptions observed in previous research that HIV and AIDS infection is associated with sexual activities (Peltzer & Seoka, 2004). Further responses such as *I didn't know anything about her past life* and *maybe if she had been raped didn't judge her,* indicate not only a compassionate approach to their classmate but also knowledge that HIV and AIDS can be transmitted through gender violence on women and rape (Jewkes, Levin, Mbananga & Bradshaw, 2002). However, *the children told us that she got it from her mother* and *...then felt sacred and angry* and *unfair for her to have gotten AIDS,* reveal their understanding that HIV and AIDS is also transmitted from mother to child. The unfairness of these situations as expressed by the participants concurs with the article of Rosenberg (2006) in The New York Times. This article reveals that due to stigma and discrimination, pregnant mothers rather than admitting to being HIV positive, refuse the nevirapine drug resulting in them condemning their unborn babies to death. Malaney (2000) states that the incubation period of this disease is seven to ten years which indicates that babies infected at birth should only develop full blown AIDS by the end of primary school, permitted they live healthy lives. Research also indicates that many pregnant women aren't aware of their status due to healthcare facilities being unavailable (UNAIDS/WHO, 2004) and nevirapine not being offered (Rosenberg, 2006).

The participants also reveal that *I learnt about AIDS..... wasn't worried that I could get AIDS from her* which reinforces research which shows that education has a very important role to play in not only educating young people about HIV and AIDS, but also to promote caring and support for the infected and bereaved through loss (UNESCO, 2000). The mass media coverage through initiatives such as Soul City and Love Life have also been instrumental in disseminating information on HIV and AIDS in the attempt to educate young people on the seriousness of the epidemic and its consequences. The response that *AIDS is a deadly disease but only when you see how it affects a person do you realize how bad it is,* supports the understanding of the seriousness of the disease (UNESCO, 2000) and deepens their understanding of the implications for the infected whose revealed status could be more dangerous than the disease itself.

4.3.4.4 DISCLOSURE AND NON-DISCLOSURE

In the fourth category, *disclosure and non-disclosure*, the responses of the participants will be discussed in two sub-categories being the implication of disclosure and the implication of non-disclosure of HIV and AIDS status.

In the first sub-category, the implications of non-disclosure, the following quotations reveal the participants' viewpoints.

Maybe she just wanted to keep it confidential.
...close friends had no right to go and tell anyone else.
Someone should have told us if she had AIDS because what if she got hurt and we went to help her.

...we must use gloves or something.
We could have helped her go through it.
...sad because we could have been of more help or even kinder towards her.
...wish we could have said aloud that we knew she had AIDS and it didn't matter, that she is a person after all who deserves all the love and support she could get.

Responses by the participants such as *maybe she just wanted to keep it confidential* and *close friends had no right to go and tell anyone else,* concur with the policy of the government (Government Gazette, 1999) regarding the right to confidentiality of status. However, the participants also felt that *someone should have told us if she had AIDS because what if she got hurt and we went to help her* and *we must use gloves or something,* highlight the implications of exposure to the virus in the event of a physical injury by an infected person thereby presenting the risk of transmission. The Government Gazette (1999) however advises that according to universal precautions all persons should be treated as potentially infected in schools and institutions, therefore the respective managements of these institutions should educate their learners on the infection-control procedures in place. The participants' responses of needing to know is based not only on a need for self protection but also that *we could have helped her go through It* and *could have been of more help or even kinder towards her* which reinforces research that adolescent peer groups have an important role to play in providing support and acceptance (De Lange, *et.al.*, 2005). Peltzer and Seoka (2004) concur that knowledge of HIV and AIDS promotes a greater acceptance of those identified with AIDS and non-disclosure deprives the infected of emotional support that could

be available. The response, *wish we could have said aloud that we knew she had AIDS and it didn't matter, that she is a person after all who deserves all the love and support she could get* reinforces the viewpoint that for those who have been informed through education and campaigns a positive attitude of acceptance, support, compassion and solidarity is possible (AVERT. ORG., 2005; Theron, 2005). However, this response cannot be generalized to all as a lack of knowledge has been identified as the reason for discrimination against the infected, consequently being the reason why the infected choose not to disclose their status.

In the second sub-category, *implications of disclosure* the participants reveal what they believe could happen if the HIV and AIDS status is revealed. This is expressed in the following quotations.

She wouldn't have wanted to be discriminated against...
There is discrimination against people with AIDS.
...also the stigma...
A lot of people are scared and don't want to be around people with AIDS I think that's stupid.
...wish that people could change their attitudes towards other people who have AIDS.

The responses of the participants such as *she wouldn't have wanted to be discriminated against* and *also the stigma* indicate that the participants are aware of the challenges disclosure could spell for an infected person. In extreme cases, disclosure could result in rejection in communities and even death as revealed in research (Skinner, 2002; Lie & Biswalo, 1994). Rejection, indicated by *a lot of people are scared and don't*

want to be around people with AIDS, highlight how attitudes manifest behavioural responses of prejudice and discrimination (Francis, 2004; Siamwiza, 1999). The response, *I wish that people could change their attitudes towards other people who have AIDS,* indicates the participants wish for greater understanding and acceptance therefore removing the burden of non-disclosure.

CONCLUSION

The researcher's conclusion is that early adolescents in their transition from childhood to adulthood experience a myriad of pressures in life amidst their biological and emotional changes and peer support is important. Both empathy and sympathy are important and desirable personality traits as it promotes positive, prosocial behaviour.

CHAPTER 5
CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter, final conclusions will be offered. This will be followed by recommendations and final remarks.

5.2 CONCLUSIONS

Conclusions will be drawn from the four themes discussed: reflecting on who had died, relationship of the class with her, the reality of death and the role of HIV and AIDS in her death.

With regard to *reflecting on who had died*, it can be concluded from the participants that relationships during early adolescence are important, but that inclusion in a group or clique depends on observable characteristics such as talent or personality. Insensitivity is shown towards peers who are shy and quiet or who don't fit the physical attributes of the group. Early adolescents who are quiet or shy are at risk of being overlooked or excluded to the detriment of their development. They are however capable of recognizing positive qualities in each other which reflects their level of cognitive development. Early adolescents also reflect their affective development through expressions of caring and sympathy towards to the situation of their peers. They are able to be sensitive to illness and the effect that it can have on the body and are traumatized by this emotionally. They however don't associate death with young people as their focus is on life and living and the future and they perceive the suffering of young people to be unfair.

With regard to *constituting relationships of the class with her*, it can be concluded that adolescents can be selfish and insensitive to others who don't fit in with their group on the one hand, but can be made aware of their selfish behaviour and then respond positively. On the other hand they can be empathetic to the situation of their classmate and demonstrate their maturity with their efforts to embrace a classmate during her illness. An interesting, but not unexpected difference between genders appears in adolescent behaviour, as the female participants are more caring and emotionally in tune in comparison to the males. The boys were more reserved in displaying their emotions even though they felt for their classmate.

With regard to *the reality of death*, it can be concluded that early adolescents are deeply affected by the death of a classmate since they are of the opinion that death is more readily associated with older people. Their emotional responses indicate that they are affected by death similarly to adults. That the death of someone close to their own age reminds them of their own mortality as well as of the mortality of people who are close to them, possibly threatens their security, making them feel vulnerable. Early adolescents are affected by the ways news of death is disclosed and dealt with, and need to express their concerns and fears in order to be comforted and heard. Interesting too, they have a strong sense about what should be done to acknowledge someone who has died and what their school should do in this regard.

With regard to *the role of HIV and AIDS in her death,* it can be concluded that early adolescents are by no means strangers to the pandemic HIV and AIDS, which has struck worldwide. They appear to be educated about the disease, however are still fearful for their own lives. They don't expect peers in their age group to be infected and whilst caring, are however fearful for their own safety. They are mature in their understanding of the implications that disclosure or non-disclosure of status could have for the infected and affected and of the stigma and discrimination that is attached to the disease.

5.3 RECOMMENDATIONS

Recommendations are derived from the theoretical findings and from the conclusions of each theme in the study.

The recommendations for the theme, *reflecting on who had died* are directed at educators in the classroom. Educators are an important resource for assessing the needs of the learners and then providing the necessary support whether be it personally or by simply making a referral to someone with expertise. Educators need to create a warm, caring and safe environment for all learners therefore the researcher recommends that educators should use the Life Orientation lesson to teach on relationships with the focus being acceptance of difference and diversity and the need for belonging. A variety of group activities using a problem solving approach can be used. Examples of activities that could be used to make early adolescents aware of what excluded learners experience and how they feel are:

1) Brainstorming of case studies reflecting exclusion in relationships.
2) Learners sharing a personal experience of exclusion.
3) Pairing learners and then rotating the pairing regularly so that they can get to know one another personally.

Learners could be asked to come up with suggestions to promote an attitude of acceptance of difference for their class so as to ensure all learners within the class experience a sense of belonging.

The recommendations for the theme, *the relationship of the class with her* are directed at the school and educators. The recommendations for this theme are also based on relationships and the need to promote the social and emotional competence of learners to reduce the presence of antisocial behaviour. Social justice and human rights are highly regarded in our country so much so that we celebrate this with a public holiday. Whilst much focus has been placed on race issues, the human right to belong socially has been neglected. Educators need to use this day of celebration when planning programmes to highlight the impact of social exclusion and the effect that it has on others. Promoting unity and friendship amongst learners to inculcate a sense of belonging can be achieved through pantomimes, charts and participatory methods such as photo-narrative where learners take photographs showing their understanding of social exclusion. Principals can also challenge classes, grades and even phases to come up with initiatives that promote social inclusion amongst all learners thereby ensuring their participation in the endeavor to create a sense of unity at their schools.

More specifically, the inclusion of death education in the learning area of Life Orientation is proposed. School policies and practices differ from school to school therefore some educators might be required to teach Life Orientation while others might not. Irrespective of whether educators teach Life Orientation or not, all educators should be au fait with handling death at school as educators interact with learners in the teaching and learning that take place. Since death is a natural part of life and due to the crisis of HIV and AIDS, early adolescents can expect to have to deal with death as well as possibly becoming an AIDS orphan or even losing a classmate to HIV and AIDS. Topics to be included in these lessons could include:

1) Questions learners may have around death and dying.
2) Types of death common in the community and how communities respond.
3) Cultural rituals and beliefs regarding death and burial.
4) Grief as a process and both emotional and behavioural responses expected.
5) Voluntary sharing of personal experiences of death.

All learners having experienced death and grief need information, support and reassurance to cope with their loss.

The recommendations for the theme, *the reality of death*, are directed at both the Department of Education and schools and educators.

For the Department of Education, the researcher recommends that since no funds are available to employ a guidance counselor for every school, an educator at each school be chosen to provide pastoral care at the school. This educator

should be given the necessary in-service training and support to perform this duty at school. These educators will ensure that following the death of a learner at school or any other crisis situation, the policy of the school is implemented to provide support to the learners and educators in distress.

For the school and educators, the researcher recommends that schools in collaboration with all stakeholders draw up a policy that will detail procedures to follow and the people in charge who will provide the necessary support following a situation of the death of a learner. The circumstances surrounding the death such as an accident, suicide, violence or even HIV and AIDS must also be considered when drawing up the policy. As most schools are not provided with guidance counselors, an educator or educators from the staff most suitable for providing pastoral care must be identified to provide counseling for learners in distress. Whilst the ideal would be to equip all educators since inclusive education is the practice of all schools, the reality of life is that not all educators are the same hence the recommendation to identify educators with the skill, care and empathy to provide such support to learners in distress.

The recommendations for the theme, *the role of HIV and AIDS in her death*, are directed at the school and educators. The researcher recommends that since some educators have already been involved in in-service training with the Department for the teaching of HIV and AIDS that all schools formulate a policy for HIV and AIDS for their school and ensure that trained educators cascade the information from the Department to the other educators who did not attend the in-

service training courses. In theory, the cascading method presents an ideal solution for imparting information cheaply and quickly but the reality of the situation is that in practice it does not happen or work when done. Nothing beats obtaining information and training first hand. Whilst knowledge of the transference of the disease, symptoms associated with and health care are important, so too is the emotional care for HIV and AIDS infected people. When teaching about this topic more emphasis should be placed on the impact of stigma and discrimination experienced by the infected and affected. Since South Africa has been ranked amongst the top prevalence rates in the world, it is important that early adolescents, as our future adults, be taught the importance of embracing HIV and AIDS infected people. Educators need to gear lessons and activities towards support and acceptance of HIV and AIDS infected people not only verbally but in practice as well. Participatory methods are recommended as learners should be involved in construction of meaning through participation and not merely passive recipients of information. Both individual and group activities that include photo narratives and photo voice techniques are suggested as this involves not only active participation in the activity but a chance for early adolescents to voice their perceptions of HIV and AIDS in their life and communities and actively work towards combating the stigma and discrimination attached to HIV and AIDS.

5.4 RECOMMENDATIONS FOR FURTHER STUDY

The research for this study was limited to a single school and a class of early adolescents. It would be beneficial if further research of this topic is conducted nationally covering more

age groups and in different geographical areas to find out how learners are affected by death.

Care constitutes an important part of schooling therefore research on how schools respond to death of learners, learners' personal experiences of death of a family member and counseling of learners in distress is also recommended.

5.5 FINAL CONCLUSION

This study could prove useful to all stakeholders in education but more specifically to schools and educators who are involved daily in the lives of school going children as they need to be aware of the emotional state of learners if they are to be successful in their academic development. In conclusion, educators need to develop learners holistically and schools need to help learners to cope with death in a healthy way as a reality of life.

REFERENCES

ABT & Associates (2001). *The impact of HIV/AIDS on the education sector in South Africa*. Johannesburg: Mimeo.

Agar, E. (1994). *Bereavement counseling workshop.* In Bronwyn Meyers Childhood Psychology notes.

AIDS Foundation South Africa (2005). HIV/AIDS in South Africa. Trends and Challenges. [Online] Available: http://www.aids.org.za/hiv.htm 2005/07/07.

AIDS Take Care Foundation Trust (2002). AIDS Guide SA Edition.

Allemano, A. (2003*). HIV/AIDS: A Threat to Educational Quality in Sub-Saharan Africa.* Institute for Educational Planning. Paris: Working Draft Document.

AVERT. ORG. (2005). HIV and AIDS: Stigma and Discrimination. [Online] Available: http://www.avert.org/aidsstigma.htm 2005/09/17

AVERT. ORG. (2006). World HIV and AIDS Statistics. [Online] Available: http://www.avert.org/worldstats.htm 2006/10/22

Balk, D. E. (1995). *Adolescent development: Early through late adolescence*. Pacific Grove: CA:Brooks/Cole.

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

Blumenfeld, W.J. (2005). Adolescence, Sexual Orientation & Identity: An Overview. [Online] Available: http://www.outproud.org/article_sexual_identity.html 2005/09/17

Boeree, C.G. (1997). George Kelly. [Online] Available: http://www.ship.edu/~cgboeree/kelly.html 2005/08/28

Bowie, L. (2000). Is there place for death education in the primary curriculum? *Pastoral Care*, 18(1):22-26.

Brown, E. (1999). *Loss Change and Grief: An Educational Perspective*. London: David Fulton Publishers.

Chong, E., Hallman, K. & Brady, M. (2005). Generating the evidence base for HIV/AIDS policies and programs for very young adolescents. Guidance document and toolkit. Draft Document 8 August.

Cohen, L., Manion, L. & Morrison, R. (2001). *Research Methods in Education*. (5th Edition) London: Routledge.

Collins, K.J., du Plooy, G.M., Grobbelaar, M.M., Puttergill, C.H., Terre Blanche, M.J., Van Eeden, R. & Wigston, D.J. (2000). *Research in the social sciences*. Pretoria: University of South Africa.

Conger, J.J. & Peterson, A.C. (1984). *Adolescence and Youth: Psychological developments in a changing world*. (3rd Edition) New York: Harper & Row.

Coombe, C. (2000). Keeping the Education System Healthy: Managing the Impact of HIV/AIDS on Education in South Africa. *Current Issues in Comparative Education in South Africa*, 3(1): Dec.

Coombe, C. & Kelly, M.J. (2000). *Education as a vehicle for combating HIV/AIDS.* Uganda: UNESCO.

Cornish, U. (1998). Death of a pupil in school. In Sutcliffe, P., Tufnell, G. and Cornish, U. (Eds.) *Working with the Dying and Bereaved.* London. Macmillan Press.

Corr, C.A., Nabe, C.M. & Corr, D.M. (2003). *Death and Dying, Life and Living*. United States of America: Thompson Learning Incorporated.

Cowie, H. & Pecherek, A. (1994*). Counselling: Approaches and issues in Education*. London: David Fulton.

Cowie, H. & Sharp, S. (1998). *Counselling and supporting children in distress. Children and Grief*. London: Sage.

Cresswell, J.W. (1994). *Research Design: Qualitative and Quantitative Approaches*. California: Sage.

Cresswell, J.W. (1998). *Qualitative inquiry and research design: choosing among five traditions*. Thousand Oaks: Sage.

De Lange, N., Greyling, L. & Leslie, G. (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., Mitchell, C., Moletsane, L., Stuart, J. & Buthelezi, T. (2006). Seeing with the body: educators' representations of HIV and AIDS. *Journal of Education*, 38:45-66.

Denzin, K.M. & Lincoln, Y.S. (2000). *Handbook of qualitative research* (2nd Edition) Thousand Oaks, CA: Sage.

Department of Education (2001) White Paper 6: Building an Inclusive Education and Training System. Pretoria: Government Printers.

Department of Health (2000) HIV/AIDS & STD Strategic Plan for South Africa 2000-2005. Pretoria: Department of Health.

Department of Health (2001) Ten Days HIV/AIDS Counsellor Training Course. Pretoria: Department of Health.

Department of Health (2003). Antenatal Sero-Prevalence Survey. Pretoria: Department of Health.

Department of Health (2004). Help guide policy on HIV/AIDS and children. [Online] Available: http://www.hivan.org.za/arttemp.asp?id=758&netid=29&search=hivaids.school 2005/08/22

Devine,S. & Graham, D. (nd). *Parental HIV Positive Status as a Variable Associated with Orphan's Outcome in Chiang Mai Thailand*. Australia: James Cook University.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. (2002). *Research at grass roots.* (2nd Edition) Pretoria: Van Schaik Publishers.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. (2005). *Research at grass roots.* (3rd Edition) Pretoria: Van Schaik Publishers.

Donald, D., Lazarus, S. & Lolwana, P. (2002). *Educational Psychology in Social Context*. Cape Town: Oxford University Press.

Dyregrov, A. (2004). Loss, Separation and Bereavement. Educational consequences of loss and trauma. *Educational and Child Psychology*, 21(3):77-84.

Dyregrov, A., Bie Wikander, A.M. & Vigerust, S. (1999). Sudden Death of a Classmate and Friend. *School Psychology International*, 20(2):191-208.

Eaton, L., Fisher, A.J. & Aaro, L.E. (2003). Unsafe sexual behaviour in Southern Africa youth. *Social Science & Medicine*, 56(1):149-165.

Ebersöhn, L. & Eloff, I. (2002). The black, white and grey of rainbow children coping with HIV/AIDS. *Perspectives in Education*, 20(2):77-86.

Elkind, D. (1967). Egocentrism in adolescence. *Child Development*, 38:1025-1034.

Fouche, C.B. (2002). Research strategies. In De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. (Eds.) *Research at grass roots.* (2nd Edition) Pretoria: Van Schaik Publishers.

Fouche, C.B. & Delport, C.S.L. (2002). The place of theory and the literature review in qualitative approach to research. In De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. (Eds.) *Research at grass roots.* (2nd Edition) Pretoria: Van Schaik Publishers.

Francis, D. (2004). HIVISM: A Pervasive System of Oppression. *Social Work*, 40(1):61-71.

Frank, A.W. (1991). *At the will of the body: Reflections on illness*. Boston: Houghton Mifflin.

Fredriksson, J. & Kanabus, A. (2002). The impact of HIV and AIDS on Africa. [Online] Available: http://www.avert.org/aidsimpact.htm. 2005/07/07.

Gerdes, L.C. (1988). *The Developing Adult.* (2nd Edition) Durban: Butterworth Publishers.

Gordon, A.K. (1986). The tattered cloak of immortality. In C.A. Corr & J.N. McNeil (Eds.). *Adolescence and Death*. (pp.16-31). New York: Springer.

Gouws, E. & Kruger, N. (1994). *The Adolescent. An Educational Perspective*. Durban: Butterworth Publishers.

Government Gazette, (1999). National Policy on HIV/AIDS, for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions of the Department of Education. Pretoria: Department of Education.

Greef, M. (2002). Information collection: interviewing. In De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. (Eds.) *Research at grass roots.* (2nd Edition) Pretoria: Van Schaik Publishers.

Green, E.C. (1994). *AIDS and STD's in Africa. Bridging the Gap between Traditional Healing and Modern Medicine.* Pietermaritzburg: University of Natal Press.

Guba, E.G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Resources Information Centre Annual Review Paper*, 29:75-91.

Guest, E. (2003). *Children of AIDS. Africa's orphan crisis.* Pietermaritzburg: University of Natal Press.

Haase, J.E. (2004). The Adolescent Resilience Model as a Guide to Interventions. *Journal of Pediatric Oncology Nursing*, 21(5): 289-299.

Hakim, C. (2000). *Research design: successful designs for social and economic research.* London: Routledge.

Harrison, A. (2002). The social dynamics of adolescent risk for HIV: using research findings to design a school-based intervention. *Agenda*, 53:43-52.

Hickson, J. & Mokhobo, D. (1992). Combatting AIDS in Africa: Cultural barriers to effective prevention and treatment. *Journal of Multicultural Counselling and Development*, 20(1):11-22.

HIV Management Solutions (1997). Nu Metro Theatres Education and Communication Programme. Johannesburg: Wits Health Consortium.

Jewkes, R., Levin, J., Mbananga, N. & Bradshaw D. (2002). Rape of Girls in South Africa. *The Lancet*, 359(26):319-320.

Kastenbaum, R. (2000). *The Psychology of Death.* (3rd Edition). USA. Springer Publishing Company Inc.

Kelly, M.J. (2000). *The Encounter between HIV/AIDS and Education*: Lusaka. University of Zambia.

Krefting, L. (1991). Rigor in Qualitative Research: The Assessment of Trustworthiness. *The American Journal of Occupational Therapy*, 48(3):214-222.

Kubler-Ross, E. (1983). *On Children and Death.* New York: Macmillan.

Kvale, S. (1996). *Interviews: An Introduction to qualitative research interviewing*. London: Sage.

Lie, G.T. & Biswalo, P.M. (1994). Perceptions of the appropriate HIV/AIDS counselor in Arusha and Kilimanjaro regions of Tanzania: Implications for hospital counseling. *AIDS Care, 6(2), 139-151.*

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic Inquiry*. Beverly Hills: Sage.

Logie, D. (1999). Aids cuts life expectancy in sub-Saharan Africa by a quarter. [Online] Available: http://bmj.bmjjournals.com/cgi/content/full/319/7213/806 2005/07/07.

Malaney, P. (2000). *The Impact of HIV/AIDS on the Education Sector in Southern Africa*. CAER11 Discussion Paper No.81. Harvard: President and Fellows of Harvard College.

Margolis, O.S., Raether, H.C., Kutscher, A.H., Powers, J.B., Seeland, I.B., DeBellis, R. & Cherico, D.J. (1981). *Acute Grief: Counselling the Bereaved.* New York: Columbia University Press.

Masten, A.S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56:227-238.

Mbiti, J.S. (1969). *African religions and philosophy*. London: Heinemann.

McRoy, R.G. (1995). Qualitative research. In Edwards, R.L. & Hopps, J.G. (Eds.) *Encyclopedia of social work*. (19th Edition) Washington, DC: National Association of Social Workers.

Meyer, W.F., Moore, C. & Viljoen, H.G. (1997). *Personology: From Individual to Ecosystem*. Johannesburg: Heinemann.

Mitchell, A., Ollis, D. & Watson, J. (2000). Talking Sexual Health: A National Application of the Health Promoting School

Framework for HIV/AIDS Education in Secondary Schools. *Journal of School Health,* 70(6):262-264.

Mitchell, C., De Lange, N., Moletsane, R., Stuart, J. & Buthelezi, T. (2005). Giving a face to HIV and AIDS: on the uses of photo-voice by teachers and community health care workers working with youth in rural South Africa. *Qualitative Research in Psychology,* 2: 257-270.

Moletsane, R. (2003). Another lost generation? The impact of HIV/AIDS on schooling in South Africa. *The International Journal of School Disaffection*, 1:7-13.

Morrell, R., Moletsane, R., Abdool Karim. Q, Epstein, D. & Unterhalter, E. (2002). The school setting: opportunities for integrating gender equality and HIV risk reduction intervention. *Agenda*, 53:11-21

Mouton, J. & Marais, H.C. (1990). *Basic concepts in the methodology of social sciences.* Human Research Council: Pretoria.

Mwamwenda, T.S. (2004). *Educational Psychology: An African Perspective* (3rd Edition). South Africa: Heinemann Publishers.

Nelson, E. & While, D. (2001). Pastoral care for children of cancer patients. *Pastoral Care*, 19(3):2-9.

Osterman, K.F. (2000). Students' Need for Belonging in the School Community. *Review of Educational Research*, 70(3):323-367.

Parkes, C.M. (1986). *Bereavement Studies of Grief in Adult Life*. Harmondsworth: Penguin.

Patton, M.Q. (2002). *Qualitative research and evaluation methods*. (3rd Edition) Thousand Oaks, CA: Sage Publications.

Peltzer, K., & Seoka, P. (2004). Evaluation of HIV/AIDS prevention intervention messages on a rural sample of South African youth's knowledge, attitudes, beliefs and behaviours over a period of 15 months. *Journal of Child and Adolescent Mental Health* 16(2):93-102.

Pennells, M. & Smith, M.C. (1995). *The forgotten mourners: guidelines for working with bereaved childre*n. London: Kingsley.

Pretorius, J.W.M. (2005). *Sociopedagogics 2000*. Pretoria: J.L. Van Schaik Publishers.

Reddy, V. & Louw, R. (2002). Black and gay: perceptions and interventions around HIV in Durban. *Agenda* 53:89-95.

Rosenberg, T. (2006). When a Pill is Not Enough. New York Times. [Online] Available: http://www.nytimes.com/2006/08/06/magazine/06aids.html?_r=1&oref=slogin 2006/08/08.

Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science*, 8:27-37.

Santrock, J.W. (1981). *Adolescence: An Introduction*. United States of America: Brown Company Publishers.

Schaefeer, D, & Lyons, C. (1988). *How do we tell the children? Helping children understand and cope when someone dies.* New York: Newmarket Press.

Schoepf, B.G. (1992). Aids, sex and condoms: African healers and the reinvention of tradition in Zaire. *Medical Anthropology,* 14:225-242.

Seidman, I. (1998). *Interviewing as qualitative research.* (2nd Edition) New York: Teachers College Press.

Seligman, K. (2004). Bay Area: Kids need help expressing their grief when friends die. *San Francisco Chronicle.* [Online] Available: http://www.sfgate.com/cgibin/article.cgi?f=/c/a/2004/05/02.

Sherman, J.B. & Bassett, M.T. (1999). Adolescents and AIDS Prevention: A School-based Approach in Zimbabwe. *Applied Psychology: An International Review,* 48(2):109-124.

Siamwiza, R. (1999). A Situation Analysis of Policy and Teaching HIV/AIDS Prevention in Educational Institutions in Zambia. A Report for UNESCO/UNAIDS Project on Integrating HIV/AIDS Prevention in School Curricula. Lusaka: UNESCO.

Skinner, D. (2002). Stigma and the ABCO: A consideration in South Africa. Paper read at The Psychology Congress, University Western Cape.

Smith, S. C. (1999). *The Forgotten Mourners*. United Kingdom: Jessica Kingsley Publishers.

Solomon, A. (2001). *The Noonday Demon*. New York: Scribner.

Staudacher, C. (1987). *Beyond Grief: A Guide for Recovering from the Death of a Loved One*. U.S.A.: New Harbinger Publications.

Sternberg, F. & Sternberg, B. (1980). *If I Die When I Do. Exploring Death With Young People*. New Jersey: Prentice-Hall.

Sternberg L. (1993). *Adolescence*. (3rd Edition) New York: McGraw-Hill, Inc.

Stroebe, W. & Stroebe, M. (1987). *Bereavement and Health.* New York: Cambridge University Press.

Stuart, J. (2006). 'From our frames': exploring with teachers the pedagogic possibilities of a visual arts-based approach to HIV and AIDS. *Journal of Education*, 38:67-88.

Stuart-Hamilton, I. (1994). *The Psychology of ageing: An introduction.* (2nd Edition) London: Jessica Kingsley.

Taylor, C.C. (1990). Condoms and cosmology: The 'fractal' person and sexual risk in Rwanda. *Social Science and Medicine*, 31(9):1023-1028.

Tesch, R. (1990). *Qualitative research: analysis types and software tools*. Bristol: Falmer Press.

The Compassionate Friends (2003). When a child in your school is bereaved. [Online] Available: http://www.tcf.org.uk/leaflets/leschools.html 2005/07/07.

The Policy Project for Bureau for Africa (2001). HIV/AIDS in Southern Africa: Background, Projections, Impacts and Interventions. [Online] Available: http://www.policyproject.com. 2004/05/02.

Theron, L.C. (2005). Educator perception of educators' and learners' HIV status with a view to wellness promotion. *South African Journal of Education*, 25(1):56-60.

UNAIDS (2000). Report on the global HIV/AIDS epidemic. Geneva. UNAIDS.

UNAIDS (2002). A conceptual framework and basis for action: HIV/AIDS stigma and discrimination. Geneva: UNAIDS, UNICEF, UNFPA, UNDCP, ILO, UNESCO, WHO, WORLD BANK.

UNAIDS (2005). Report on the global AIDS epidemic. Geneva. UNAIDS.

UNAIDS/UNICEF/USAID (2004). Children on the Brink 2004. A Joint Report of New Orphan Estimates and a Framework for Action. [Online] Available: http://www.unaids.org. 2005/07/07.

UNAIDS/WHO (2001). A Global Overview on the HIV/AIDS Epidemic. [Online] Available: http://www.unaids.org/epidemic_update_/report_dec01/index.html 2005/07/07.

UNESCO (2000). *The Encounter between HIV/AIDS and Education*. Harare, Zimbabwe: UNESCO.

Van Dyk, A. (2001a). *HIV/AIDS care and Counselling: A multidisciplinary approach.* (2nd Edition). Pinelands: Maskew Miller Longman.

Van Dyk, A. (2001b). Traditional African Beliefs and Customs: Implications for AIDS education and prevention in Africa, *South African Journal of Psychology*, 21(2):60-66.

Walsh, F. & McGoldrick, M. (1998). A Family Systems Perspective on Loss, Recovery and Resilience. In Sutcliffe, P., Tufnell, G. and Cornish, U. (Eds.) *Working with the Dying and Bereaved*. London. Macmillan Press.

Webb, N.B. (1993). *Helping bereaved children*. New York: Guildford Press.

Webb, D. (1997). *HIV and AIDS in Africa*. London: Pluto Press.

Webster Comprehensive Dictionary (International Edition), (1992). Chicago: J.G. Ferguson Publishing Company.

Weiten, W. (1992). *Psychology: Themes and Variations.* Pacific Grove, California: Brooks/Cole Publishing Company.

Whiteside, A. & Sunter, C. (2000). *AIDS: The Challenge for South Africa. Cape Town*: Human & Rousseau and Tafelberg.

Wikipedia [Online] Available: http://en.wikipedia.org/wikihtml 2006/04/25

Williams, G. & Ross, J. (1983). *When People Die*. Scotland: Macdonald Publishers.

Williams, M. & Burden, R.L. (1997). *Psychology for Language Teachers: A Social Constructivist Approach.* Camton: Cambridge University Press.

Williams, M., Tutty, L.M. & Grinnell, R.M. (1995). *Research in social work: an introduction*. Itasca: Peacock.

ANNEXURE A: LETTER TO DISTRICT MANAGER: UMLAZI

54 Harris Crescent
Sherwood
Durban
4091
10 December 2005

Mr Zungu
The District Manager
Umlazi District
Durban Central Circuit
6 Acton Road
Umbilo
4001

Sir

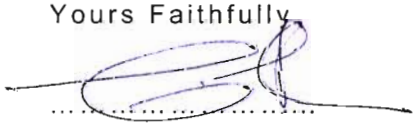
REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am currently conducting a research project aimed at how learners are affected by the death of a classmate. The research is towards an M.ED. Degree and is currently being carried out under the supervision of Prof. N. de Lange from the University of KwaZulu-Natal, Natal Edgewood campus.

For the purpose of this research, I will need to interview learners and this will be dealt with in the strictest of confidence.

I expect your kind permission to conduct the above-mentioned research. Information gathered in this research will offer invaluable assistance to all stakeholders with an interest in education in South Africa and in particular to the Life Skills and Life Orientation learning areas.

Yours Faithfully



C.U. Jonathan

ANNEXURE B: LETTER TO THE PRINCIPAL

54 Harris Crescent
Sherwood
Durban
4091
10 December 2005

The Principal
P.O.Box 19029
Dormerton
4015

Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am currently conducting a research project aimed at how learners are affected by the death of a classmate. The research is towards an M.ED. Degree and is currently being carried out under the supervision of Prof. N. de Lange from the University of KwaZulu-Natal, Natal Edgewood campus.

For the purpose of this research, I will need to interview learners and this will be dealt with in the strictest of confidence.

I expect your kind permission to conduct the above-mentioned research. Information gathered in this research will offer invaluable assistance to all stakeholders with an interest in education in South Africa and in particular to the Life Skills and Life Orientation learning areas.

Yours Faithfully,

C.U. Jonathan

ANNEXURE C: LETTER TO THE PARENTS

UNIVERSITY OF
KWAZULU-NATAL

LETTER TO PARENT / GUARDIAN

Dear Parent / Guardian

My name is Chantelle Jonathan. I am presently completing my Master's Degree in Education at the University of KwaZulu-Natal. My supervisor is Prof Naydene De Lange. One of the criteria for completing my degree is to conduct a research study.

My research study is on how learners are affected by the death of a classmate. This study involves me to interview your child since they were part of a class who lost a classmate. Participation in this research is voluntary and participants are free to withdraw at any time. All information provided will be kept in strict confidence . I think exploring this topic will help them to come to terms and understand better the concept of death but should they experience any stress, therapeutic activities will be facilitated by me, the educator.

If you consent please sign this form.

Thank you for your co-operation.

RESEARCHER
CHANTELLE JONATHAN
SCHOOL: 031 2073406 HOME : 031 2088952 CELL : 0827710376

I, _____ parent / guardian of _____

_____ give consent to allow him / her to

participate in the research.

_____ _____

Parent / guardian Date

ANNEXURE D: PERMISSION FROM PRINCIPAL TO CONDUCT THE RESEARCH

P.O. Box 19029
Dormerton
4015
28th February 2006

For Attention: Mrs C. Jonathan
54 Harris Crescent
Sherwood
4091

Re: Permission to conduct research

Dear Mrs Jonathan

It is commendable that you are furthering your studies to the benefit of education.

We therefore have no problem in your conducting the research mentioned, at the school.

We wish you well in your studies.

Yours faithfully

Mrs J. Adams

ANNEXURE E: ETHICAL CLEARANCE FROM THE UNIVERSITY OF KZN

UNIVERSITY OF
KWAZULU-NATAL

RESEARCH OFFICE (GOVAN MBEKI CENTRE)
WESTVILLE CAMPUS
TELEPHONE NO.: 031 – 2603587
EMAIL: ximbap@ukzn.ac.za

1 DECEMBER 2005

MRS. CU JONATHAN (202520234)
EDUCATION

Dear Mrs. Jonathan

ETHICAL CLEARANCE: "AFFECTED BY THE LOSS OF A CLASSMATE: A CASE STUDY"

I wish to confirm that ethical clearance has been granted for the above project subject to:

1. Informed consent form for Learners being submitted in line with standard ethics guidelines (see attached
2. Contact details of Researcher and Supervisor being included on all Informed consent documents

This approval is granted provisionally and the final clearance for this project will be given once the conditions have been met. Your Provisional Ethical Clearance Number is HSS/05228

Kindly forward your response to the undersigned as soon as possible

Yours faithfully

Ximba
.....
MS. PHUMELELE XIMBA
RESEARCH OFFICE

PS: The following general condition is applicable to all projects that have been granted ethical clearance:

THE RELEVANT AUTHORITIES SHOULD BE CONTACTED IN ORDER TO OBTAIN THE NECESSARY APPROVAL SHOULD THE RESEARCH INVOLVE UTILIZATION OF SPACE AND/OR FACILITIES AT OTHER INSTITUTIONS/ORGANISATIONS. WHERE QUESTIONNAIRES ARE USED IN THE PROJECT, THE RESEARCHER SHOULD ENSURE THAT THE QUESTIONNAIRE INCLUDES A SECTION AT THE END WHICH SHOULD BE COMPLETED BY THE PARTICIPANT (PRIOR TO THE COMPLETION OF THE QUESTIONNAIRE) INDICATING THAT HE/SHE WAS INFORMED OF THE NATURE AND PURPOSE OF THE PROJECT AND THAT THE INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL.

cc. Faculty Research Office (Derek Buchler)
cc. Supervisor (Prof. N de Lange)

ANNEXURE F: EXTRACT FROM AN INTERVIEW

Interviewer: Tell me about losing your classmate?

Interviewee: It was very sad, it should never have happened to her. She was a very quiet person and never told anybody about her life. She kept to herself and didn't seem to have many friends at first.

Interviewer: What do you mean 'never told anyone about her life?'

Interviewee: Well, we used to all talk about our lives at home like our parents and what happens with us but with 'Mary', she should just listen to us. She was very secretive and did not tell us anything about her past. She used to just listen to us talking about our problems but she never used to share what she was feeling or experiencing.

Interviewer: Did you ever become friends?

Interviewee: Well, at first I never really cared but I did start caring when she started getting sick all the time. I used to ask her how she was doing and her legs were always sore and painful. She used to walk slowly. She used to look so sick and thin. I just couldn't help feeling sorry for her. That was when we started getting closer to her.