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DECLARATION:

In accordance with Rule G4.6.3, I hereby declare that this thesis is my own work and that it has not previously been submitted for assessment to any other university or for any other qualification.

SIGNATURE:

DATE:  DECEMBER 2008
I would like to express my sincere appreciation to everybody who has contributed towards the completion of this study:

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ABSTRACT

The HIV and AIDS pandemic in South Africa has increased the number of orphans and vulnerable children in the school system. Given the prominent role that teachers can play in ensuring that these children receive a quality education so as to maximise their life opportunities, it is important for teachers to be empowered and equipped to enable them to deal with issues surrounding orphans and vulnerable children (OVC) at schools.

This study focuses on how teachers are experiencing the impact of HIV and AIDS in schools as a result of having OVC in their classes. The Department of Education has developed training courses to help teachers cope with the impact of HIV and AIDS, but the effectiveness of these programmes has not yet been evaluated. This study aims to establish how teachers who have attended these programmes feel about the assistance rendered to them to deal with OVC related issues. In order to meet this aim, a qualitative enquiry was conducted among a sample of selected teachers from the Eastern Cape.

The findings suggest that, while the training has helped to improve the knowledge and attitudes of the teachers, it has not equipped them with the necessary skills to overcome barriers to implement the training programmes at school level. The findings also suggest that there is a need for ongoing support from the Department of Education and the trainers it contracts to ensure that learning from the training is implemented in the schools.

Based on the research findings, the study concludes with recommendations that will help teachers to better cope with OVC related issues at school.
CHAPTER ONE

1.1 INTRODUCTION AND BACKGROUND TO STUDY

In 2004, nearly 40 million people were estimated to be living with HIV and AIDS globally (Dorrington, Bradshaw, Johnson & Budlender, 2004). Of these, 2.3 million were estimated to be children. The AIDS epidemic has globally claimed more than 3 million lives. South Africa is one of the countries most affected by the pandemic, with the largest number of individuals living with the virus (Adato, Kadiyala, Roopnaraine, Biermayr-Jenzano & Norman, 2005:1). Among its population of almost 45 million, an estimated 5.3 million people have been infected with HIV. Statistics in the Eastern Cape Province indicate a sharp increase in prevalence among females aged 15 to 49 years (Human Sciences Research Council, 2005:44; Department of Education, 2004/5). The number of orphans and vulnerable children (OVC) due to HIV and AIDS is reported to be rising at an alarming rate in South Africa (Adato et al., 2005:1). Hence, South Africa has been declared to be the country hardest hit by the pandemic in Sub-Saharan Africa.

Based on the above statistics and the enormity of this global problem, hundreds of organisations world-wide have introduced programmes to educate the public about HIV and AIDS in order to curb the transmission of the virus and provide care and support to those already infected or affected. In addition, scientists are spending millions of dollars in research on treatment and potential cures. However, due to the multi-faceted nature of the pandemic and the dynamic nature of the virus, it is clear that it will take time, strong partnerships, substantial funds and focused research to control or combat the virus.

HIV and AIDS are complex issues. It is no longer simply a disease, but a pandemic that is seriously jeopardising social and economic development world-wide. All sectors of society are affected by this pandemic; its impact is
not confined to health sectors alone, but is felt much wider (Fredriksson-Bass & Kannabu, 2006:1). Households, workplaces, education and economics have been significantly affected by the pandemic. The high absenteeism, morbidity and mortality rates among workers and educators as a result of HIV and AIDS related issues have reduced access of the services mentioned above and affected the quality thereof (Family Health International, 2002:1). Productivity and, ultimately, the socio-economic development of the country concerned are affected (Carr-Hill, Kataboro & Katahoire, 2000:2).

Coombe (2000:vii) concurs that the pandemic has affected not only individuals and their communities, but the very systems, procedures and structures that glue our civilisation together. All sectors of society have thus been significantly affected by this pandemic, education being no exception. The effects of HIV and AIDS are felt by educators, education managers and learners in the education system. According to research conducted on behalf of the Education Labour Relations Council (Hall, Altman, Nkomo, Peltzer & Zuma, 2005:23), an alarming 12.7% of educators in South Africa are HIV positive. Prevalence is highest in the age group 25 to 34 years. According to other research conducted in KwaZulu-Natal, statistics on fatalities among educators are alarming (Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Cannolly, Jooste & Pillay, 2005:33-36). The educators mortality rate impacts on the supply of and demand for educators (Van Wyk & Lemmer, 2007:303). Educators are demoralised because of the fatalities among their colleagues, relatives and friends (Coombe, 2003:11). This has seen an extra burden imposed on all teaching staff, in the form of an increasing learner-teacher ratio (Theron, 2007:117; Bennell, Hyde & Swainson, 2002: 450). The education sector is facing severe challenges (Carr-Hill, et al., 2000:10; Kelly, 2000) and it is believed that that HIV and AIDS has the potential to affect:

- The supply of and demand for education;
- Availability of resources for education;
- Quality of education;
- Role of education;
• Organisation of schools;
• Planning and management of education system.

The rising prevalence of HIV and AIDS has a serious impact not only on the educators and education managers in the education system, but also on children. Many have lost their parents due to HIV and AIDS, leaving them orphaned and vulnerable. This affects the demand for education of these children, as many of them face multiple challenges that prohibit them from accessing basic needs, such as education (Carr-Hill et al., 2000:10). These children often cannot afford to pay school fees or to purchase school uniforms and may therefore miss out on school enrolment or even abandon their school careers. In short, their normal socialisation may be affected (AVERT, 2007:2; Desmond, Gow, Badcock-Walters, Booysen, Dorrington, Ewing, Giese, Johnson, McKerrow, Motala, Smart & Streak, 2002:1). Research concurs that the loss of parents to AIDS could seriously impact on children’s access to basics necessities such as shelter, food, clothing, health, and education (AVERT, 2007:2).

The high rates of absenteeism, morbidity and mortality amongst educators and learners due to AIDS-related illnesses and the resultant substitution of inexperienced educators have affected the quality of teaching and learning in South Africa (Van Wyk & Lemmer, 2007:303; Badcock-Walter, Gorgens, Heard, Mukwashi, Smart, Tomlinson & Wilson, 2005:10). The HIV and AIDS pandemic impacts not only on the quality of teaching and learning, but also on the quality of planning for and management of orphans and vulnerable children (OVC). The HIV and AIDS pandemic violates the rights of OVC, as many of them experience discrimination, neglect and abuse by their peers and educators at school, in communities, within families and by government (Human Rights Watch, 2005:1).

The Department of Education is under severe strain as the numbers of orphans and vulnerable children are escalating at an alarming rate. Whilst the Department of Education has developed an HIV and AIDS Policy for learners...
and educators, OVC have not been fully accommodated in terms of care and support. In fact, government has largely pushed responsibility for orphan care onto the community. The inability of the education system to accommodate the poor and the large numbers of OVC (Govender, 2004:7; Kelly, 2002:29) may prohibit these children from actualising their potential and becoming fully-fledged and productive members of society. Although various initiatives have been implemented to address HIV and AIDS issues in schools, such as the development of programmes by non-governmental organisations (NGOs) in partnership with the Department of Education, these tend to focus on the prevention of the pandemic through life-skills education and abstinence, rather than social protection, care and support for OVC (Govender, 2004:7).

**1.1.1 Rationale for research**

Hepburn (2002:91) states that HIV and AIDS affect access to quality learning for all children, particularly orphans and children made vulnerable by the pandemic. It is clear that there is a need to ensure that education addresses the needs of these children and to take appropriate measures to protect their right to quality education.

Up to now, most school-based programmes have focused on the prevention of transmission and education about the nature of the virus through incorporating sexuality and HIV and AIDS education and life skills into the school curriculum. However, these programmes have tended not to take into consideration the needs of thousands of children whose education is at risk due to the havoc the HIV and AIDS pandemic has wreaked on their family and home environment.

As Deputy Chief Education Specialist in the Directorate of HIV and AIDS and Social Planning, one of my major tasks is to co-ordinate HIV and AIDS and Life Skills Education Programmes and to see to it that non-governmental organisations (NGOs) contracted by the Provincial Office are implementing the programmes as required. The HIV and AIDS and Life Skills Education
Programmes are funded through a conditional grant and are in line with the National Integrated Plan (NIP) for children infected and affected by HIV and AIDS (Department of Health, 2003/4).

The NGOs that have been awarded the tenders have the responsibility to implement and facilitate the programmes. There are various programmes within the Directorate of HIV and AIDS Life Skills. While these programmes are all aimed at combating the spread of HIV and AIDS, each has a specific purpose. The four programmes involved are:

1. *No Apologies, The Truth About Life, Love and Sex*
2. *Peer Education*
3. *Health Advisory Committee*
4. *Lay Counseling Skills*

*No Apologies* is an abstinence-based prevention programme that focuses on sexuality education and proposes to encourage learners to abstain until marriage (Focus on the Family, 2000:i.6-ii-2). In terms of this programme, values should be instilled in learners from a very young age. Educators are trained by the non-governmental organisation concerned and are in turn supposed to impart the information gained to their learners.

*Peer Education* is another prevention programme, aimed at training one educator and ten learners from Grades 7 to 11 (Rutanang Series, 2002). The purpose of the programme is to develop learners' life skills so that they can model healthy lifestyles and behaviour among their peers and other learners within the school and in the community. *Peer Education* is defined by the service provider as “the process whereby trained supervisors assist a group of suitable young people to educate their peers in a structured manner. They informally role model healthy behaviour, recognise youth in need of support and refer them for assistance as well as advocate for resources and services for themselves and their peers” (Rutanang Series, 2002:37).
A Health Advisory Committee (HAC) Programme is spearheaded by the Planned Parenthood Association of South Africa (PPSA), a non-governmental organisation. HAC comprises various stakeholders that have an interest in the well-being of children. An HAC forms part of government policies aimed at developing communities through school governing bodies (Department of Education, 1999:11-12). The Committee should support the school in various issues, such as the formulation of an HIV and AIDS Policy and looking after the welfare of the school by developing a Health Policy. This Committee must further communicate all health developments to schools and to all stakeholders involved in HIV and AIDS-related issues (PPSA, 2003:1).

The Lay Counseling Skills Programme is implemented by the Directorate of HIV and AIDS and Social Planning. The Programme cares for and supports both learners and educators. Educators are trained in lay counseling skills in order to develop skills and knowledge to identify and support learners who need psychological and counseling services (Wellness Intervention Programme, 2005).

Educators then identify educators within their schools, in order to form a support system. The support system becomes the first line of intervention in terms of giving support and care to learners experiencing social and emotional problems that have been identified by class teachers. The support system sets out to address situations that put learners at risk, such as physical abuse, violence at school and HIV and AIDS. If the problem is beyond the educator’s field of work, the learner gets referred to the relevant support services for further assistance. In principle, this does not happen often: the process becomes delayed due to referral backlogs, or understaffing. The support system also attends to educators that experience emotional problems by giving them the necessary support, utilising lay counseling skills and giving advice, where necessary. However, such educators are usually referred to expert professionals for further assistance.
These four programmes are implemented through training workshops. The logistics in terms of organising venues and inviting educators are co-ordinated by me. At this point, the programmes are presented to Life Orientation educators only, although this may soon change. The programmes’ duration ranges between two to ten days.

Educators are urged to give feedback to other educators in their schools following their attendance of these workshops. During school visits undertaken for the purposes of monitoring and support, I became concerned whether the knowledge and information gained by the Life Orientation educators had been cascaded down fully to other educators. The responses I received to my enquiries in this regard were not satisfactory. I sometimes wonder whether the educators really understand the aim behind these training workshops, namely to equip educators and learners with life skills and to develop and implement skills, and knowledge about HIV and AIDS through the curriculum and other school-based activities, so that they can pass these skills on to the larger school community.

One shortcoming I have identified, which is a common complaint among educators, is that they have not been afforded any opportunity to give input regarding the design, planning and content of the programmes and that only Life Orientation educators are invited to attend the HIV and AIDS training workshops, while the rest of the school establishment is left out. They have to rely on the feedback from their colleagues. The general perception of educators is that their experience and knowledge of learners, acquired over many years in the classroom, has been negated, which they find deeply frustrating. Life Orientation educators, on the other hand, feel that it is a heavy burden on them to represent the school in all HIV and AIDS matters. Some lack the confidence to give feedback to their colleagues, as they feel that it is not in their competence or field of specialisation. They may feel unskilled to perform such a task. They often also do not know how to incorporate these programmes into and across the curriculum. The reality is that the content of these programmes is not adequately addressed in the school curriculum. The
general feeling is that had this been integrated into and across the school curriculum, the educators would have been in a better position to engage with the real issues and problems their learners are grappling with concerning HIV and AIDS. While the educators evidently appreciate and value the programmes, they also feel that the benefits of the programmes could have been maximised through their input and involvement in the design and planning stages thereof.

In conclusion, the concern among the educators is that they have not received adequate guidance regarding the implementation of these HIV and AIDS programmes. Despite their obvious passion for and commitment to their profession, the educators consequently generally display lack of confidence in their ability to implement the training received via these programmes. The educators therefore find it difficult to translate the knowledge gained from the programmes into guidelines and actions that will be of practical benefit and support to learners. Furthermore, they are concerned that little if any attention is paid to reducing the potential impact of OVC on schools. Learners are exposed to prevention programmes only after the damage has been done, that is, after learners have already been infected, affected or orphaned. Also, the stigma associated with the HIV and AIDS pandemic makes it difficult to identify these learners so as to fast-track intervention and positively target vulnerable individuals. These children obviously have the right not to disclose their circumstances or status.

As a Co-coordinator, these concerns indicate to me that educators are generally willing and committed. However the current training programmes do not seem to adequately equip educators to deal with OVC issues as such; they focus more on sexuality, life skills and HIV and AIDS education to prevent the transmission of the virus.

It is my strong belief that educators could and should play a significant role in caring for and supporting OVC in schools and that they should in fact act as the first line of intervention in terms of support. It is therefore crucial that
educators truly understand the devastating impact the HIV and AIDS pandemic has had on OVC in schools and that the training programmes be scrutinised to establish their suitability to address these issues. My motivation stems from the realisation that no matter how many interventions are spearheaded in addressing the HIV and AIDS situation, the issue must be addressed holistically, or else the entire prevention programme will disintegrate. My contribution to resolving this problem therefore takes the form of an investigation into the efficacy of the training received by the educators in equipping them to initiate and sustain school-based interventions in respect of providing care for HIV and AIDS orphans and vulnerable children. The findings from this investigation will serve as the basis for recommendations regarding the future training of educators in this regard.

1.2 PROBLEM STATEMENT

HIV and AIDS have rendered many children vulnerable and orphaned, leaving scores of children under the care of extended families, sometimes with little or no support to ensure their survival. These children are at a risk of dropping out of or never even entering school. According to the AIDS Orphans Report, the loss of a parent to AIDS can have serious consequences for a child’s access to basic necessities (AVERT, 2007:2). Such children in many instances have to assume the role of parents themselves to care for siblings or chronically ill family members.

According to Govender (2004:3), a report by Global Campaign for Education concurs that AIDS is decreasing the opportunity for children to become educated; less education deepens poverty, which in turn increases vulnerability to infection. These children tend to expose themselves to prostitution and are at great risk of abuse. As a result, educators are also faced with the challenge of dealing with children traumatised by such exploitation. In the face of such circumstances, educators tend to become demoralised, perceiving themselves as ill equipped and unable to cope with the demands of educating these children.
The initiatives and training programmes introduced by the Department of Education to equip educators to combat the HIV and AIDS pandemic in schools seem not to have had much success. Kelly (2002:28-29) concurs that the present responses to the HIV and AIDS pandemic in the education sector, especially the schooling system, has been “piecemeal” and ineffective and that there is an urgent need for restructuring. This research, therefore, intends to investigate the effectiveness of the four current training programmes hosted by the Department of Education in the Eastern Cape in equipping educators to deal with OVC related issues, by determining the educators’ perceptions of these programmes and specifically how these programmes have equipped them to deal with the challenges posed by teaching orphans and vulnerable children.

1.3 RESEARCH QUESTION

Based on the above introduction, the rationale for this study and the problem formulation, the following research question has been formulated:

- How can the current HIV and AIDS training and development programmes offered by the Department of Education in the Eastern Cape be adapted to better equip teachers to deal with OVC related issues in schools?

This question can further be broken down into the following sub-questions:

- What are the educators’ understandings of the impact of HIV and AIDS on learners (OVC) in schools?

- What are the educators’ perceptions regarding the current training programmes with regard to their efficacy in equipping them to deal with OVC issues?
- What recommendations, based on the findings of the research, can be made to better equip and support educators to deal with OVC issues in schools?

1.4 PURPOSE OF RESEARCH

The purpose of this research is therefore as follows:

1. To investigate if educators are aware of the issues regarding OVC.

2. To investigate the perceived efficacy of the four current training programmes to equip educators to deal with OVC related issues in schools.

3. To make recommendations based on the findings of the investigation to better support educators in dealing with OVC issues in schools.

1.5 CLARIFICATION OF KEY CONCEPTS

- AIDS

According to the AIDS Legal Network (2003:1), AIDS (Acquired Immune Deficiency Syndrome) is the last and most advanced stage of the HIV disease and is characterised by signs and symptoms of severe immune deficiency, where the body loses the ability to fight against infections because the immune system is weak. The term AIDS applies to the advanced stages of HIV infection, usually determined when the patient has less than 200 CD4 cells per milliliter of blood (Sanders, 2000:5).

- HIV

The Human Immune-Deficiency Virus causes AIDS (AIDS Legal Network, 2003:1). This virus causes the human body’s immune system to be depleted
of the immune cells that give the body the ability to fight illness. This virus only survives and multiplies in body fluids such as semen, vaginal fluids, breast milk, blood and saliva (Department of Education, 1999).

- **Orphans and vulnerable children (OVC)**

Different definitions exist for OVC. The nature of vulnerability is dynamic and changes with time. For the purpose of this study, the South African definition of a vulnerable child will be used. An orphan and a vulnerable child is defined by Smart (2003: viii) as a child below the age of 18 years, who fits into one or more of the following categories:

- is orphaned, neglected, destitute or abandoned
- has a terminally ill parent or guardian
- is born of a teenage or single mother
- has lost one or both parents
- is living with a parent or adult who lacks income-generating opportunities
- is abused or ill treated by a step-parent or relatives
- is HIV positive
- is disabled

- **Caregiver**

In this study, the definition of a caregiver is as per Gerntholtz (2003:13) “any person other than the biological or adoptive parent who actually cares for a child, whether or not that person has parental responsibilities or rights in respect of the child.”

1.6 **RESEARCH DESIGN**

A research design is a blueprint or a plan on how the researcher intends conducting the research (Mouton, 2001:55) and should not be confused with the research methodology. The research design chosen for this study will
follow a qualitative approach.

### 1.6.1 Qualitative approach

The study will adopt a qualitative, explorative, descriptive and contextual design. Polit and Hungler (1995:15) explain qualitative research as a systematic and objective approach of gathering and analysing information used to describe experiences and give meaning to these experiences. In this study, I will adopt a phenomenological research approach, with the aim of gaining an insider’s perspective in an attempt to understand the participants’ perceptions of a specific situation and how they interpret their experiences, and to identify common themes from the data collected through the interviews (Leedy & Ormrod, 2001:53).

Leedy and Ormrod (2001:153) state that the final results of the phenomenological study constitute the general description of the study, as seen through the eyes of people who have experienced it first hand. I wish to explore the perceptions and lived experiences of educators regarding the issue under investigation, for which purpose a qualitative study is appropriate.

### 1.6.2 Research methodology

Research methodology focuses on the research process and the kind of tools to be used (Mouton, 2001:36) to gather the knowledge and perceptions of others regarding the research question. This chapter will give a brief outline of the research methodology followed in this study. A more detailed exposition will be provided in Chapter Three.

#### 1.6.2.1 Sampling

The aim of sampling is to identify parameters for gathering data (Silverman, 2000:104) and to select participants who will be knowledgeable about the phenomenon under investigation (Polit & Hungler, 1995:254). For the purpose
of this study, purposive sampling will be used. Purposive sampling refers to
the involvement of people who are directly involved or affected and who are
knowledgeable about the phenomenon to be investigated. In this case, only
Life Orientation educators who have undergone training in the relevant four
programmes will be selected. Lincoln and Guba (1985:205) state that
purposive sampling is done with some purpose in mind, namely to maximise
information and not to facilitate generalisation. In a phenomenological study,
participants must be individuals who have experienced the phenomenon
being explored and can articulate their conscious experiences (Leedy &
Ormrod, 2001:153). Twelve Life Orientation educators from twelve schools,
that is, six secondary schools and six primary schools, who have been trained
in all four programmes, as described in the previous sections, will be
interviewed. All these will be educators residing in Port Elizabeth, Nelson
Mandela Bay, in the Province of the Eastern Cape.

1.6.2.2 Data gathering

According to Johnson and Christensen (2004:164), data-gathering methods
are tools for physically obtaining the data to be analysed in a research study.
As a phenomenological study is aimed at attempting to understand people’s
perceptions, perspectives and understanding of a particular situation (Delport
& Fouché, 2005:264), a qualitative study usually involves more than a single
are four basic data-gathering interviewing methods suitable for data collection
in a qualitative study:

- Observation
- Interviews
- Document analysis
- Audio-visual material

However, for the purpose of this study, unstructured focus group interviews
will be the main method adopted. Struwig and Stead (2001:121) emphasise
that qualitative research concentrates on the ‘depth and richness’ of data collected.

• **Focus group interviews**

The researcher collects important data by exploring and probing the participants’ responses to gather more information about their perceptions and feelings with regard to their experiences of the training programmes. In this study, unstructured focus group interviews will be conducted with educators teaching Life Orientation who have been involved in the HIV and AIDS training programmes of the Department of Education in order to gain their perceptions about the efficacy of the training programmes in equipping them in dealing with OVC related issues.

Unstructured interviews enable the researcher to encourage the participants to open up and express ideas clearly and to be focused on the phenomenon being discussed and at the same time afford the participants and the researcher the opportunity to explore the topic at hand (Greeff, 2005:292). By conducting unstructured interviews, the researcher gets to understand the experience of other people and the meaning they make of that experience (Greeff, 2005:293). The interview process will serve two purposes: (a) The original responses by the participants will provide unaided answers to the questions asked. (b) The researcher will be able to enter into the inner world of the interviewed person in order to gain an understanding of that person’s perspective, thus providing credibility to the interpretation of the research (Gay & Airasian, 2003:219). In this study, the researcher asked open-ended questions, ranging from the simple to the complex, to allow participants to provide personal experiences (Greeff, 2005:292). The researcher also ensured that the questions covered the topic thoroughly and were closely related to the aims of the research.

During the interviewing process, the researcher recorded the interviews by means of audio-tape, while concentrating on the topic and the dynamics of the
interview (Kvale, 1996:160). Permission for conducting the interviews was sought from the Department of Education and the principals of the selected schools.

1.6.2.3 Data analysis

Data analysis is the process of bringing order, structure and meaning to the mass of collected data (De Vos, 2002:339). According to Marshall and Rossman (2006:111), data analysis is the search for general statements about relationships between categories of data. In this study, descriptive analysis will be used as the method of data analysis in order to identify themes and categories in people’s descriptions of their experiences (Leedy & Ormrod, 2001:153). In order to achieve this, Tesch’s methods of analysis will be applied, as described in Creswell (2005:238).

1.6.2.4 Literature control

Creswell (1994:24) states that even though qualitative researchers should enter the field with little or no preconceived ideas about the phenomenon, this does not mean that the findings cannot be compared against existing literature as a means of testing their trustworthiness. The findings of this study will be compared against various sources such as books, journals, conference notes, press releases and speeches relevant to the topic under investigation. This will enable the researcher to gain better insight into and knowledge of the perceptions of other people interested in the research question and also to look at the results of previous research conducted by other scholars (Fraenkel & Wallen, 2000:48).

1.7 MEASURES OF TRUSTWORTHINESS

Various measures of trustworthiness are used to verify researchers’ claims or findings. This study will make use of Lincoln and Guba’s model to ensure trustworthiness (Creswell, 2005:252; Lincoln & Guba, 1985:219). Leedy and
Ormrod (2001:106) and Lincoln and Guba (1985:290) refer to measures of trustworthiness as establishing the ‘truth value’ of the study, its applicability, consistency and neutrality.

- **Truth value**

Truth value refers to the confidence in the truth of the findings; whether they indeed reflect what the participants experienced. According to Lincoln and Guba (1985:290), credibility in qualitative research refers to the degree to which the findings and implications of the methods can be trusted. This will be done through explanations of data collection methods, re-coding of data, and data triangulation.

- **Applicability**

According to Schurink, Schurink and Poggenpoel (1998:331), applicability refers to the extent to which the researcher is able to apply or transfer the findings of the study to other contexts or settings. In this study, the researcher will provide a detailed description of the research methodology in order to promote transferability.

- **Consistency**

The third criterion of trustworthiness refers to the probability that similar results would be produced if the enquiry were to be replicated (Lincoln & Guba, 1985:290). Consistency or dependability ensures the consistency of data. In order to achieve dependability, the researcher provided a detailed description of research strategies followed.

- **Neutrality**

The fourth criterion of trustworthiness refers to the degree to which the findings are a function solely of the informants and conditions of the research
and not of other biases, motivations and perspectives (De Vos, 1998:351). This means that the researcher will remain neutral during data gathering and analysis in order not to influence the results, in an attempt to remove evaluation from some inherent characteristic of the researcher and place it squarely on the data (De Vos, 1998:351).

1.8 ETHICAL CONSIDERATIONS

Ethics form an integral part of the interview process and serve as the basis on which the researcher has to evaluate his or her conduct. A set of moral principles suggested by an individual or group is subsequently widely accepted and offers rules and behavioural expectations regarding the most correct conduct towards experimental subjects and respondents (Strydom, 2002:65). Therefore, ethical considerations are necessary for all researchers undertaking any kind of research in order to respect the rights of people participating in the study. In this study, the educators were informed of the purpose of the study through a letter written by the researcher, prior to conducting the research study. The researcher issued consent forms, informing the participants of the purpose of the investigation, the potential benefits from participation and the possible risk involved in the study, to obtain the participants' signed consent, as well as permission from the Ethics Committee of the NMMU (Mouton, 2001:244). The researcher also explained the data-collection methods and procedures to the participants.

- Permission to conduct research

The researcher wrote to the Department of Education in order to obtain permission to visit the schools, as well as to the principals of the selected schools, to explain to them the purpose of the research (Mouton, 2001:244), and also gained the written consent of principals and participants.
• **Plagiarism**

I drew on other researchers’ studies, but will acknowledge any source that has made a meaningful contribution towards the topic to be investigated. Mouton (2001:241) states that “plagiarism” refers to any source that has been consulted, either directly or indirectly, and that has made a significant contribution to one’s own work, without the necessary acknowledgement.

• **Right to privacy, confidentiality and anonymity**

Confidentiality refers to the agreements between persons that limit others from accessing private information (Strydom, 2002:67). The researcher will reassure the participants that the information gathered from their interviews will be kept confidential. The participants will not be linked to the information reported. Privacy and confidentiality refer to the handling of matters that contain elements of personal privacy in a confidential manner. In an attempt to respect the participants’ privacy, the researcher negotiated suitable visiting times to explain the methods of collecting data, which in terms of this study were interviews. The rights and dignity of participants were respected throughout the study (Mouton, 2001:243).

1.9 **OUTLINE OF RESEARCH REPORT**

The research report will be divided into the following chapters:

**Chapter One: General Introduction and Orientation to Research**

Chapter One contains an introduction and background to the study, the rationale for the study, the problem statement, the purpose of the research, a clarification of key concepts, a brief overview of the research design and methodology, measures to ensure trustworthiness, ethical considerations and an outline of the research report.
Chapter Two: Literature Review

A theoretical framework of the nature and the impact of HIV and AIDS on orphans and vulnerable children in the education sector, its effect on the quality of education and the efficacy of current HIV and AIDS and Life Skills training programmes in addressing these issues will be presented in this chapter.

Chapter Three: Theoretical Discussion of Research Design and Methodology

An exposition of the research design and methodology, focusing on the process of qualitative research, is given in this chapter.

Chapter Four: Discussion of Research Findings and Literature Control

The findings of the research study and a comparison with existing literature are provided in this chapter.

Chapter Five: Limitations, Recommendations and Conclusions

Conclusions and a brief summary of the research findings, the limitations of the study and tentative recommendations resulting from the findings are presented in the final chapter of this study.

1.10 CONCLUSION

Chapter One provided an introduction and a brief background to the area of the study, focusing on the rationale for the study, the problem statement, the purpose, the research design and the research methodology. A clarification of key concepts, the measures to be taken to ensure trustworthiness and ethical considerations were also presented. In the next chapter, a more detailed discussion on the nature and the impact of HIV and AIDS on orphans and
vulnerable children, its effects on the quality of education and the efficacy of HIV and AIDS training in terms of the four current Life-skills training programmes presented by the Department of Education of the Eastern Cape in addressing these issues will be presented.
CHAPTER TWO

IN-DEPTH LITERATURE STUDY CONCERNING CURRENT STATUS OF ORPHANS AND VULNERABLE CHILDREN WITH REGARD TO EDUCATION

2.1 INTRODUCTION

In Chapter One, the introduction and background to the study, the research problem and the purpose of the study were outlined and put into perspective and the research methodology was explained briefly. This chapter explores the impact of the HIV and AIDS pandemic on children rendered vulnerable by HIV and AIDS in South Africa and how their access to and retention in the educational system have been affected. It also explores current measures and programmes to address these problems and ensure that vulnerable children receive a proper education.

2.2 IMPACT OF HIV AND AIDS ON ORPHANS AND VULNERABLE CHILDREN (OVC)

HIV and AIDS is a deadly disease that has a massive impact on all facets of society worldwide (Richter & Rama, 2006:9). Internationally, the HIV and AIDS pandemic has claimed millions of lives in recent decades, and has left many more millions infected and affected (Dorrington et al., 2004; Coombe 2002:vii). The stages of the impact of the HIV pandemic comprise three ‘waves’:

- In the first wave, people are infected with the virus.
- In the second wave, people become ill.
The third wave is composed of the wider and far-reaching effects of people dying of HIV and AIDS (Richter, Manegold & Pather, 2004:6).

These effects impact on the economic, financial and social health of a country, rendering many children and young people vulnerable as a result of being left without adequate parental support. The literature also indicates that many countries, particularly on the African continent, are already affected by the third wave, while others are still in the first and second waves of the pandemic (Richter et al., 2004).

The HIV and AIDS pandemic in South Africa is taking a devastating toll in and on human lives. In the years 1997 to 2002, deaths amongst people 15 years of age and older have increased by 62%, while the fatality rate amongst people aged 25 to 44 years old has doubled (Statistics South Africa, 2005a:6).

2.2.1 Current prevalence of orphans

In 2002, the prevalence of orphans in South Africa was determined through the ASSA 2000 model (see next page) (Doherty & Colvin, 2003:201). According to the model, in July 2002, there were over 885 000 estimated orphans under the age of 18 years in South Africa. Of the overall estimates, 338 932 were claimed to have been orphaned as a result of AIDS. South Africa patently faces the challenge of an increasing number of children being orphaned or abandoned due to this pandemic. The study further indicates that, out of the nine provinces in South Africa, KwaZulu-Natal, Gauteng and the Eastern Cape Province were experiencing the highest antenatal HIV prevalence rates (Doherty & Colvin, 2003:201; Gerntholtz, 2003:11). This means that many babies will be born HIV positive. HIV pandemic has impacted heavily on all societal sectors (health, welfare and education).
TABLE 2.1: Estimated numbers of maternal orphans under 18 years, SA 2002

EC-Eastern Cape; FS-Free State; GP-Gauteng Province; KZN-Kwazulu-Natal; LP-Limpopo; MP-Mpumalanga; NC-Northern Cape; NW-North West; WC-Western Cape; SA-South Africa

<table>
<thead>
<tr>
<th>PROVINCES</th>
<th>EC</th>
<th>FS</th>
<th>GP</th>
<th>KZN</th>
<th>LP</th>
<th>MP</th>
<th>NC</th>
<th>NW</th>
<th>WC</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total orphans</td>
<td>138 409</td>
<td>53 757</td>
<td>144 827</td>
<td>231 672</td>
<td>109 856</td>
<td>76 182</td>
<td>12 502</td>
<td>69 333</td>
<td>49 442</td>
<td>885 980</td>
</tr>
<tr>
<td>Total AIDS orphans</td>
<td>38 322</td>
<td>20 854</td>
<td>58 100</td>
<td>120 167</td>
<td>30 498</td>
<td>36 541</td>
<td>2 672</td>
<td>24 645</td>
<td>7 133</td>
<td>338 932</td>
</tr>
<tr>
<td>New orphans</td>
<td>28 273</td>
<td>12 270</td>
<td>36 228</td>
<td>60 073</td>
<td>21 781</td>
<td>18 365</td>
<td>2 545</td>
<td>15 728</td>
<td>8 843</td>
<td>204 107</td>
</tr>
<tr>
<td>New AIDS orphans</td>
<td>17 507</td>
<td>8 850</td>
<td>25 608</td>
<td>48 510</td>
<td>13 477</td>
<td>14 290</td>
<td>1 299</td>
<td>10 745</td>
<td>3 414</td>
<td>143 700</td>
</tr>
</tbody>
</table>

Source: Data for table adapted from Table 11 in Doherty & Colvin (2003).

A report issued by International HIV/AIDS Alliance (2007:1) concurs that more children have lost their parents to AIDS than to any other cause of death. South Africa is regarded as the hardest hit country in the region in terms of orphans (Adato et al., 2005:1). Statistics bear evidence that there is an escalating number of orphans in South Africa, although figures vary from one region to another and are likely to be inaccurate, as there is very little monitoring of these children, as many do not come to the attention of authorities. The HIV and AIDS pandemic affects OVC on emotional, physical, social, economic and human rights levels and also infringe on children’s basic right to education and a caring family environment.

2.2.2 Emotional impact

Children whose parents are living with HIV experience many negative changes in their lives (AVERT, 2007:2). They start to experience material and physical neglect long before they are orphaned, as their parents become unable to work to earn a living in order to care for and support them. According to Myers, Berliner, Briere, Hendrix, Jenny and Reid (2002:69), this neglect is usually not intentional, but is caused by the situation in which these
parents find themselves. Young children whose parents are infected with HIV also suffer emotionally, because they have to watch their parents succumbing to the disease and eventually experience their deaths, causing further emotional trauma. Ultimately, these children demonstrate adjustment problems, such as depression, withdrawal and despair, and develop low self-esteem (AVERT, 2007:2; Ebersöhn & Eloff, 2002:81; Family Health International, 2002:10; Hepburn, 2002:93; Carr-Hill et al., 2000:39).

Children’s emotional distress and trauma may not be as visible as the effect on their health, education and economic needs, yet it is of fundamental importance (Ebersöhn & Eloff, 2002:78). In a study carried out in Uganda (AVERT, 2007:1), high levels of psychological distress were found among children orphaned and rendered vulnerable by HIV and AIDS. Traumatised children are likely to be prone to feelings of inadequacy and may suffer from post-traumatic stress disorder.

HIV and AIDS are likely to constitute chronic stressors in the lives of many children in South Africa. Living with the stress of being without the familiar care of a mother, children also have to bear material hardship following their parents’ unemployment (Ebersöhn & Eloff, 2002:78). In addition, orphaned children are likely to require even more emotional sustenance from their new primary caregivers (Wild, 2001). Orphans are also more vulnerable to psychological problems in the period immediately following the loss of a parent(s) to HIV and AIDS (Carr-Hill et al., 2000:39). Children are burdened by grief for their lost family members, their lost home and their lost opportunities (Ebersöhn & Eloff, 2002:78). The grieving period of children for their lost parents lasts longer than is customarily assumed (Sengendo & Nambi, 1997). This may have a long-term effect on the children’s behavioural development and active participation in society (Hepburn, 2002:93; Carr-Hill et al., 2000:39).
The HIV and AIDS pandemic exerts heavy psychosocial stressors on children. However, the plight of orphans and vulnerable children may be worsened by the actions of their extended family. Relatives may repossess the property of the children, an act which makes them even more vulnerable (Williamson, 2000). In addition, Dautzenberg, Chiduo, Mwanga, Lwihula and Bwatwa (1992:24) note that families who do offer a home to orphans, may experience that these children display antisocial behaviour, stemming from their underlying feelings of anger and resentment.

Concerns about the socio-economic impact of AIDS on children in developing countries have overshadowed the psychosocial impact (Foster, 2002:503). Foster further indicates that the psychosocial needs of children are frequently overlooked due to the difficulties in recognising psychological reactions. As a result, Foster (2002:503) claims that many people lack an understanding of children’s developmental needs and a proper appreciation of children’s psychosocial needs. In addition, Foster (2002:503) states that in Uganda, almost all HIV-positive parents are concerned about their children’s future, but that most focus on issues related to economic factors only; relatively few are concerned about their children’s psychosocial needs.

Carr-Hill et al. (2000:40) link psychosocial problems to economic conditions, claiming that they are inseparable. Both give rise to stigma, discrimination, fear, trauma and low self-esteem, which negatively affect a child’s developmental progress and the acquisition of social skills. The stigma associated with the HIV and AIDS pandemic is very real and is evidenced in the attitudes of community members who often display fear and resentment towards orphans, in the belief that these children may also be HIV positive. Families affected by AIDS are thought to have brought shame to their community and to themselves (Carr-Hill et al., 2000:40). Communities are often likely to discriminate against the orphans and exclude them socially. The inadequate social environment of children orphaned through AIDS is
manifested in their poor state of physical and psychosocial health (Bray, 2003:45).

Caregivers may abuse these children physically and/or emotionally in their new home, exacerbating their emotional distress and contributing to their poor mental and physical health (Williamson, 2000a). Ebersöhn and Eloff (2002:81) identify other social factors that impact negatively on OVC, such as the transfer of a child from one household to another; hardship in case of inadequate support; and finding the funds to cover the cost of parents’ funerals. Although children who are orphaned and rendered vulnerable by HIV and AIDS are likely to experience psychosocial needs, many of these children’s needs are being addressed in the school environment (Hepburn, 2002:93). However, educators and significant others who fail to understand that fluctuations in behaviour are symptomatic of psychological distress, may respond inappropriately to the child by rejecting, punishing or ignoring him or her, thus compounding the problem (Hepburn, 2002:93).

2.2.4 Economic impact

Poverty is identified as the greatest single factor that hinders access to basic needs by OVC (Human Rights Watch, 2005:10). Fredriksson-Bass and Kannabus (2006:3) point out that AIDS strips families of their assets and income-earners and further impoverishes the already poor. AIDS-affected households are not only more likely to be poverty stricken, but also display far-reaching effects on the family structure.

A study conducted by the Oxford University and Cape Town Child Welfare (Culver, 2007:1) found that children orphaned by AIDS had significantly poorer psychological health than other children in the study and suffered levels of post-traumatic stress equivalent to those experiencing sexual abuse. It was also found that they were less likely to display psychological ill-health if they lived in households with access to social security grants, food security and at least one member in employment. Moreover, the study suggested that
efforts to alleviate poverty could moderate the psychological problems manifesting in AIDS orphans, such as depression and delinquency (Cluver, 2007:1). As Richter, Manegold and Pather (2004:8) put it, ‘the HIV and AIDS epidemic affects all children by changing the nature of society in which we all live’. Desmond, Gouw, Badcock-Walters, BooySEN, Dorrington, Ewing, Giese, Johnson, Mckerrow, Motala, Smart and Streak (2002:15) contend that every child in South Africa will inevitably feel the impact of HIV and AIDS, whether first hand or in the changed nature of the society in which they grow.

There is growing evidence that the loss of a parent to AIDS could have serious consequences for a child’s access to basic needs, such as shelter, food, clothing, health care and education. Hence, poverty is seen as the primary barrier to caring for orphans locally and nationally (Hepburn, 2002:89). The impact of the HIV and AIDS pandemic can be devastating on OVC, and particularly on those heading households (Adato et al., 2005:iii). Several studies indicate that these children face major challenges with regard to food and nutrition; health-care and HIV and AIDS (Adato et al., 2005:iii; Crawley, 2002:2; Ebersöhn & Eloff, 2002:78; Mwase, 2000:24). Further studies confirm that orphans and children rendered vulnerable by the HIV and AIDS pandemic are likely to be more food insecure, more malnourished and less healthy. They often depend on social networks for support, with friends and relatives helping out with material resources (Crampin, Floyd, Glynn, Madise, Nyondo, Khondwe, Chance, Kanyongoloka, Ngwira, Zaba & Fine, 2003:7; Ainsworth & Semali, 2000).

Parents are also likely to withdraw such children from school, either to save the cost of school expenses or use the children for domestic or other work to bring in an income (Human Rights Watch, 2005:10). Poverty renders the children more vulnerable to HIV infection, as they may expose themselves to high-risk behaviour, such as prostitution or relationships with adult men, for financial and material support (Fredriksson-Bass & Kannabus, 2006:2; Adato et al., 2005:iii).
2.2.5 Impact on family structure

The traditional structure of households is likely to change in affected communities. Vulnerable children are required to adapt to the demands of non-traditional families, and researchers argue that such a situation deepens poverty (Ebersöhn & Eloff, 2002:78). Caregivers are significantly more likely to report ill health and to describe their health as poor, confirming the heavy burden placed on households that are caring for orphaned children. These carers of AIDS orphans are often older and less likely to be married or cohabiting, more likely to have cared for a sick adult child in the previous year, and more likely to be caring for a larger number of children than the caregivers of non-orphans (Ebersöhn & Eloff, 2002:78). Culver (2007:1) suggests that already fragile households are required to take the strain of the AIDS crisis in South Africa in becoming the caregivers of AIDS and HIV orphans. The caregivers are already under strain, are generally more vulnerable than others in society, and are less likely to be able to access financial aid to tide them over difficult periods.

The HIV and AIDS pandemic has also put pressure on the traditional African child care system (Foster, 2000:55) in which the husbands are separated from their wives and children, because they have to take jobs in gold mines, or where families migrate from one area to another, sometimes leaving their children with relatives, with no contribution to ensure their survival. The significant others (aunts, uncles and grandparents) absorb the burden of caring for and supporting the children left behind by their parents. Many studies indicate that grandparents often take over the full-time care of young children, even though most of them are battling to survive on meagre pension grants, confirming the continuation of a trend in child care first observed a generation ago (Richter & Rama, 2006:26; Foster, 2000:58-59).

Fostering by non-relatives is less common in Southern Africa than in other parts of the Continent. There is little research on the prevalence of, reasons for and hindrances to such fostering (Foster & Williamson, 2000:277). The
HIV and AIDS pandemic also places heavy strain on the extended families caring for these children, since poverty makes extended families less able to cope with the additional burden of caring for additional children, as they are already struggling to meet the needs of their own children (AVERT, 2007:2; Family Health International, 2002:4; Richter & Rama, 2006:26). UNICEF (2006) concurs that initial hopes that extended families would be able to absorb the full social, economic and psychological impacts arising from the AIDS pandemic are likely to be unrealistic. As Nolen (2007:34) remarks, “… in the age of AIDS, the net of family and community that once caught and cared for children such as these has frayed and worn and finally unravelled altogether.”

### 2.2.6 Impact of HIV and AIDS on OVC schooling

AIDS is decreasing opportunities for children to become educated (Govender, 2004:3; Hepburn, 2002:91). Various authors, cited by Hepburn (2002:91), contend that delays in enrolling children in school or the drop-out from school by children in AIDS-affected households are due to the fact that these children are expected to assume adult responsibilities such as caring for sick family members and the siblings left behind. Hepburn (2002:91) further indicates that HIV and AIDS affect the access and quality of learning for all children, particularly for orphans and vulnerable children.

Pharaoh and Weiss (2005:107) state that research conducted in KwaZulu-Natal has established that children affected by HIV and AIDS are generally extremely anxious about their parents’ illness and, as a result, battle to concentrate at school. Compared to other children, OVC are often claimed to be more likely to do poorly in school, missing out on valuable life skills and practical knowledge and experiencing poor educational and vocational opportunities (International HIV/AIDS Alliance, 2007:2; Family Health International, 2002:1; Carr-Hill et al., 2000). Surveys in high-prevalence areas in numerous countries have established that orphans are less likely to attend school than non-orphans; more likely to fall behind; less likely to be at the...
appropriate grade given their age; and more likely to have their schooling interrupted (Human Rights Watch, 2005:11; Booysen & Arntz, 2002:175-6).

There is growing evidence that the death of especially a mother, has a causal effect on school enrolment, over and above the effects of poverty (Desmond et al., 2002:15). A survey of 11 000 households in KwaZulu-Natal suggests that the death of a child’s mother deprives that child not only of emotional support, but also of an “education champion”, that is, someone who will defend the interests of that child within the household and ensure a fair distribution of whatever resources are available to her or him (Desmond et al., 2002:15).

Orphans and vulnerable children are also more likely to be discriminated against and stigmatised by the members of the community. That could deny them an essential opportunity to advance in life, particularly in accessing education. Convincing evidence indicates that an alarming number of children who are orphaned and rendered vulnerable by the pandemic, abandon school due to the stigma and scorn they experience there because they hail from AIDS-affected households (Foster & Williamson, 2000:281). Hepburn (2002:89), concurs that community members often discriminate against children with an HIV positive status by denying them social, emotional, economic and educational support. The Human Rights Watch (2005:1) explains that ridicule by peers due to the stigma associated with HIV and AIDS makes it difficult for children to communicate with their educators about illness and death in the family.

In addition, a report based on detailed interviews with children affected by HIV and AIDS and their caregivers in three Sub-Saharan African countries, namely Kenya, South Africa and Uganda, has confirmed that neglect and abuse within families, in communities and by schools and government hinder AIDS-affected children from enrolling in school (Human Rights Watch, 2005:1; Desmond et al., 2002:15). HIV and AIDS are more likely to impact on people’s educational decision-making, not only through the consequences for
individuals and households’ economic resources, but also by impacting on the more subjective sphere of decision-making, that is, values, attitudes and beliefs (De Lannoy, 2007:1). Infected people may argue that they are not going to live long, therefore they do not see the need to invest in future benefits; to them, investing in the future may seem like a wasteful exercise. Such thinking is also cited by Barnett and Whiteside (2002:223): “The shorter the time frame that people have, the less willing they are to risk their limited assets which must be used for short-term survival”.

However, other research has shown that AIDS-affected people are more likely to maintain a strong commitment to education in the face of, and perhaps because of, the HIV and AIDS pandemic (De Lannoy, 2007:5). A study carried out by Van Blerk and Ansell (2005) on children affected by HIV and AIDS in Malawi and Lesotho, has established that guardians in both countries try everything in their power to maintain the education of the children under their care. Booysen, Bachman, Matebesi, & Meyer (2002) also argue that one of the most important reasons why people sell their assets is that they want to pay for their children’s school fees. Hence, many families hesitate to scratch school fees off the expense list (Steinberg, Johnson, Schierhout, Ndengwa, Hall, Russell & Morgan, 2002). Education may not have lost its value in the eyes of affected and infected young people. Research shows that many orphaned and vulnerable children are reported to go to great lengths in order to remain in school (De Lannoy, 2007:5). Giese, Meintjies, Croke and Chamberlain (2003:22) explain that, “Many of these children continue to make an enormous effort to get the best education available to them, working in exchange for school fees or walking for hours each day to get to and from school.” The researchers argue that for these children, education represents the possibility of escape from their current situation (Giese et al., 2003:22). Young people are more likely to make positive choices around education, narrating powerful coping mechanisms and convictions to keep them faithful to their chosen path of enduring their current situation and of adapting a long-term orientation towards a better future (De Lannoy, 2007:16).
2.3 OVERVIEW OF MEASURES TO PROTECT RIGHTS AND NEEDS OF OVC

All children have a broad spectrum of needs that should be met, whether physical, material, psychosocial, intellectual and educational. The Convention on the Rights of the Child (CRC) (1989) guarantees the rights of children on many levels:

- Protection of children from all forms of maltreatment perpetrated by parents and others responsible for their care; protection from neglect and all forms of exploitation, sexual and abuse, including prostitution and pornography.

- Provision of food, health care, education, social security;

- Participation in all matters concerning them with regard to planning programmes with and for the youth (Convention on the Rights of the Child, 1989:73).

However, these rights may remain unmet, as children affected by HIV and AIDS are particularly vulnerable in all these areas. Their constitutional right to access basic needs, is often violated. Various preventative efforts to combat the effects of the HIV pandemic on children have been implemented in South Africa in the past two decades (Visser, 2005:204).

2.3.1 Education as a protective measure

According to the Human Rights Watch (2005:18), education in the context of HIV and AIDS is recognised as a safeguard against abuse for AIDS affected children; as a way of mitigating the impact of HIV and AIDS on families and communities; and even as a “social vaccine” against HIV infection (Kelly, 2002). A former Minister of Education, Kader Asmal, even referred to education as the only anti-HIV vaccine (Govender, 2004:3). Kelly (2000:i)
sees schools as the first line of intervention that can play a vital role in the fight against HIV and AIDS: “When society encounters a problem affecting the young, it turns to its schools and asks what they are doing about it”. Kelly (2000:2) further states that, “the school as a society’s most formal teaching and learning institution should play a very active role in the communication of messages about HIV and AIDS.” Wijngaarden, Mallik and Shaeffer (2004:2) confirm that in the absence of a cure and a vaccine, education is recommended as the most effective tool to fight the HIV and AIDS pandemic.

Primary education is seen as a basic need and right of every child (Hepburn, 2002:90). A well-crafted primary education provides orphans and vulnerable children with the adult supervision and attention, emotional support, nutritional, health care and life skills training they need to protect and support themselves (Hepburn, 2002:90). In addition, Coombe and Kelly (2001) observe that primary education has the ability to play a role in fighting the spread of HIV by enhancing students’ potential to make shrewd use of information and plan for their future, while promoting favourable socio-cultural changes, such as gender equity. According to studies undertaken by UNAIDS in 17 countries receiving at least a primary school education could halve the risk of young people contracting HIV, even if they have never been exposed to specific AIDS-related education programmes (Govender, 2004:3).

Various researchers have strongly recommended school-based HIV prevention education as a major strategy for increasing adolescents’ HIV-related knowledge and prevention behaviours (Peltzer, 2003:350). The World Health Organisation (1997) and Peltzer (2003:350) describe life skills as the ability to adopt adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life. Life skills training in the context of the HIV and AIDS pandemic aims at developing knowledge, effective communication and responsible decision-making among the youth that will protect them and others from HIV infection and optimise their health.
There is growing evidence from various studies that preventative life skills programmes have a positive impact on the lives of children and adolescents (Visser, 2005:205). It has also been discovered in evaluations performed in Southern Africa that life skills and HIV and AIDS education programmes for learners contribute to increased levels of knowledge regarding HIV and AIDS, greater assertiveness, more positive attitudes towards people with HIV, and some indication of delayed sexual activity (Visser, 2005:205).

As part of a strategy to fight the pandemic, four programmes, ranging from care and support to prevention and advocacy campaigns, were developed and implemented within schools in the Eastern Cape and also in other provinces in order to address the needs of learners and educators infected and affected by HIV and AIDS. These programmes are: Focus on the Family; Lay Counselling; Peer Education; and Health Advisory Committee, as explained in detail in Chapter One.

The Department of Education and the Department of Health and Welfare have played a key role in the fight against HIV and AIDS by forging a partnership to implement a life skills and HIV and AIDS education programme as a preventative strategy, in order to combat the spread of the pandemic among learners (Department of Health and Department of Education, 1997/8). In terms of the National Life Skills Programme designed by the aforementioned departments, two educators per school in each province have been trained to be master trainers in order to implement the Programme in schools as part of the school curriculum (Visser, 2005:205; Peltzer, 2003:350). According to the above departments, about 10 000 teachers were trained in South Africa to present the Life Skills Programme (Department of Health and Department of Education, 1997/8).

Despite efforts by the Department of Education, results indicate that the aforementioned programme was not implemented as planned, due to organisational problems in schools; the lack of commitment on the part of teachers and principals; a non-trusting relationship between teachers and
learners; a lack of resources; and conflicting goals in the educational system (Visser, 2005:203). The results also indicate that, although some valuable lessons about the content and the implementation of HIV and AIDS preventative interventions were taught, the Programme did not succeed in changing high-risk behaviour patterns among school-going young people (Visser, 2005:203).

2.3.2 Responses at community level

NGOs have played a significant role within the communities in providing assistance to children and families. The emergence of community-based care initiatives is regarded as one of the most outstanding features of responses to the AIDS pandemic (Richter & Rama, 2006:25). These initiatives are likely to play a major role in alleviating the impacts of the pandemic, more particularly on children. Examples include faith-based organisations (FBOs), non-governmental organisation (NGOs), and community-based organisations (CBOs). Although their effectiveness seems to relate more to health benefits than education, their role is widely recognised. There is substantial evidence for this, as researchers indicate that over recent decades Africa has recognised the increasing vulnerability of children and has reacted with ingenuity by providing support, ranging from home-based care, food and educational support to health care assistance (Richter & Rama, 2006:25).

Voluntary community-based initiatives, established by local groups, exist in all affected countries to assist vulnerable children and families. Various community-based initiatives developed by local groups exist in all countries affected by the pandemic to assist orphans and vulnerable children. A wide range of initiatives are mentioned by Richter and Rama (2006:25) and Richter, Manegold and Pather (2004:16), including communal land and crop production; grain loan schemes; organised individual or group income-generating activities (IGA), which often involve small traders selling home-based food or vegetables; communal labour to repair houses and schools; home-based care for people and their families; labour-sharing to relieve
caregivers and to enable children to attend school; community schools; orphan registration and home visiting programmes to provide relief, food, clothing and school fees; social groups for vulnerable children; psychosocial activities to address the distress of affected children; and a variety of other efforts that give support to those worst affected by the pandemic.

Faith-based Organisations (FBOs) also run numerous initiatives to reach out to many orphans and vulnerable children (Foster, 2002). The programmes rendered, cover spiritual, material, educational and psychosocial support. Religious bodies are regarded as an integral part of the community infrastructure and more likely to provide a coherent social network within which projects can be initiated and sustained (Richter et al., 2004:22-23). The Department of Education (2007/8) took the initiative of training religious bodies in life skills and lay counselling. Training has accordingly been presented in the Province of the Eastern Cape to enable ministers of religion to assist schools in addressing major social issues that affect schooling. The concept of introducing religious leaders to schools is basically a good one, but the fact remains that these religious leaders come from various denominations and that the HIV and AIDS pandemic is a taboo subject in some churches. Moreover, religious leaders have busy schedules and many church duties. Considering the above issues, this raises concern whether the programme will meet the objectives it was planned for. In preparing schools to be the centre of the community, ministers of religions will be dispatched in order to act as mediators between the schools and the communities, in order to address the social ills in the latter. Each minister of religion has to adopt four schools in a mentoring capacity, to offer services such as counselling; spiritual healing; acting as peacemakers during disasters and xenophobic attacks; comforting and reconciliation; to officiate at advocacy events such as candlelight memorial services to remember those who have passed on because of HIV and AIDS and to give hope to those that are affected and infected (OVC in particular) by the pandemic; to observe and promote Abstinence Day and World AIDS Day; to hold prayer meetings; and also to be
involved in advocacy and activism around the challenges faced by schools (Department of Education, 2007/8).

Another example of a community-based response is the Memory Box Programme, an initiative of the Sinomlando Project, an outreach programme of the School of Theology at the University of Natal (now University of KwaZulu-Natal) in Pietermaritzburg. These Memory Boxes are designed to assist families affected by HIV and AIDS in Africa in coping with the disease, death and grief, and to help parents plan the future of their children. They enable children to build identity and strengthen emotional capacity, to understand the past and to be less afraid of the future. The families collect their own photographs and souvenirs, in order to draw up a family tree and write about their family life, which generally serves to make the family grow closer (Richter et al., 2004:36).

The Siyawela OVC Project of Hope Worldwide is another comprehensive project (Richter et al., 2004:41) aimed at increasing the capacity of communities to care for OVC and strengthening referral systems to enable a continuum of care through a network of support groups and linkages with the Perinatal HIV Research Unit at the Chris Hani-Baragwanath Hospital and the surrounding midwifery clinics with mother-to-child-transmission interventions (Richter et al., 2004:41). In the implementation of this project, the following services are highlighted: strengthening staff management and technical capacity; participatory research, such as community mapping; consensus workshops; disseminating findings; strengthening community networks, including OVC committees; developing a partnership/referral database; increased care and support for vulnerable children, such as increased capacity of caregivers in child development and the care of children living with HIV, together with a referral and support system; psychosocial support for women and children affected by HIV, including referral systems, support groups, bereavement counselling, and support for disclosure and future planning for children.
However, there is general concern among researchers regarding the effectiveness of the programmes rendered by the majority of agencies and international donors in response to the plight of children and families in communities affected by HIV and AIDS, particularly that little attention has been paid to the massive scale of the problem (Richter et al., 2004:6). Studies claim that the programmes have reached only a small fraction of the most vulnerable children in the countries hardest hit by AIDS (Williamson, 2000:3). In addition, researchers also claim that although programmes designed to assist children, families and communities have multiplied throughout the regions, very few of them have been systematically monitored and evaluated, while none has been subjected to rigorous empirical assessment (Richter et al., 2004:6).

Grainger, Webb and Elliott (2001:112) remark that: “The general picture is one of a pocket of local knowledge and experience, but a continued collective ignorance of what the real impact of AIDS is on children and families, and what the responses should be in any given context.” The main criticisms with regard to current programming efforts include an inconsistent approach or target group, and that they are too limited and small in scale (Hunter, 2000). Richter and Rama (2006:33) remark that, “Until now, most interventions to support children have been piecemeal and have not marked the size and expected duration of the problems experienced by children living in communities affected by HIV and AIDS.”

### 2.3.3 Multi-sectoral and global approaches

Several researchers recommend multi-sectoral approaches, including sectors beyond health and education, and greater collaboration between NGOs (both local and national) and government and donors, as general programming principles (Richter et al., 2004:61; Pridmore and Yates, 2000:viii). Pridmore and Yates (2000: viii) indicate that South Africa and Mozambique have national AIDS strategies and plans that recognise the need for a comprehensive multi-sectoral response. A move towards a stronger focus on
the provision of anti-retroviral drugs and the promotion of human rights, to counteract stigma and discrimination, and also better coordinated education, health and social support programmes, using formal education and mass media programming, has become evident in South Africa, although still too limited and on too small a scale.

South Africa has much to learn from other African countries with high HIV and AIDS prevalence, such as Uganda and Malawi. These countries are more advanced with regard to community-based programmes, despite the limited resources they possess. An example of such a programme is the Community-Based Options for Protection Empowerment (COPE), which has been developed in Malawi (Richter et al., 2004:60). The objective of the programme is to develop an intervention strategy that could be used by external agencies to mobilise sustainable, effective community action to mitigate the impact of HIV and AIDS on children and families. The programme comprises a variety of activities developed to benefit HIV and AIDS-affected children and families. Activities include orphan identification, community fundraising, home-based care programmes, youth clubs, recreational activities, child care and the training of teachers to respond to the needs of vulnerable children. Tanzania is another country established to have best practices with regard to programmes focusing on families and communities (Richter et al., 2004:60).

The following points were highlighted as indicators of success for programmes addressing the needs of OVC (Richter et al., 2004:61):

- Emphasis on programmes that develop skills in OVC, rather than allowing them to depend on charity;

- Preference for absorbing OVC into extended family and foster family settings;

- Systematic registration, needs assessment and monitoring of orphans and other vulnerable children;
• Creation of day-care centres to provide protection, stimulation, nutrition and education for vulnerable children;

• Emphasis on income generation and self-reliance;

• Interest-free access to loan and credit programmes;

• Creation of communal gardens to support vulnerable families;

• Fund raising at community level;

• Participation of women, children and youth in decision making and committee affairs;

• Promotion of counselling to ease problems between guardians and children;

• Involvement of traditional leaders and use of traditional councils;

• Support for and recognition of community volunteers.

• Volunteer provision of vocational training (Richter et al., 2004:61).

In an attempt to address the issues affecting OVC living in a world with HIV and AIDS, a framework was drawn up by various stakeholders for the protection, care and support of these children (Govender, 2004:1; Piot & Bellamy, 2004:4). This framework was based on collective experiences over many years. Richter and Rama (2006:10), Richter et al. (2004:10) based the framework on the premise that families and communities are the foundation of an effective scaled-up response. The researchers also contend that children should not be left out from discussions, as they are seen as a powerful tool in bringing about change. Becoming partners in the fight against HIV and AIDS
could enhance their confidence and self-esteem. The framework further recommends that interventions should benefit all vulnerable children and the communities in which they live. The key strategies considered necessary to assist vulnerable children are:

- Strengthening the capacity of families in order to protect and care for orphans and vulnerable children by means of sustaining the lives of parents and providing economic, psychosocial and other support;

- Mobilising and supporting community-based responses;

- Ensuring orphans and vulnerable children access to essential services, including education, health care, birth registration and other services;

- Ensuring that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities;

- Raising awareness through advocacy and social mobilisation at all levels in order to create a supportive environment for children and families affected by HIV and AIDS (Richter & Rama, 2006:10; Richter et al., 2004:15; Family Health International, 2002:5).

In June 2001, in an attempt to tackle the challenges OVC face, the United Nations General Assembly (Special Assembly) convened a Special Session (UNGASS, 2001) on HIV and AIDS, at which the UN drafted and signed a Declaration of Commitment towards achieving a set of time-bound goals and targets to measure progress, ensure accountability and also intensify international action to fight the pandemic and mobilise the necessary resources (Richter & Rama, 2006:10; Richter et al., 2004:15; Family Health International, 2002).
The 2001 UNGASS Declaration of Commitment reflects global consensus regarding a comprehensive framework to achieve the Millennium Development Goals (MDG) of halting and reversing the scourge of the AIDS pandemic by 2015. Eight goals were developed, all of which have a direct impact on the lives of children. The focus is in particular on OVC. As part of the commitment and accountability, specific goals were formalised (Piot & Bellamy, 2004:12; Richter et al., 2004:15; Family Health International, 2002:5).

The international undertakings made to children orphaned and rendered vulnerable by HIV and AIDS, were as follows:

- By 2003, develop and by 2005, implement to build and strengthen governmental, family and community capacities, to provide a supportive environment for orphans and children rendered vulnerable by HIV and AIDS, including providing appropriate counselling and psychosocial support; ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children; and protecting orphaned and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.

- Ensuring non-discrimination.

- Mobilising resources and building international cooperation.

Despite all the efforts initiated by various organisations, both local and international, and the undertakings made to provide a supportive environment for orphans and children rendered vulnerable by HIV and AIDS, little impact has been felt in addressing the social ills facing these children (OVC). Moreover, little has been done to address the massive scale of the problem. This has also been observed by Richter and Rama (2006:23), who state that government response with regard to children affected by HIV and AIDS has
been very slow and ineffective. Even the programmes developed by agencies have claimed to have reached only a small fraction of the most vulnerable children affected by AIDS. The evaluation of these programmes also raises concern, as they are inconsistent and very few of them can claim to be systematically monitored. In addition, the crises of children living in communities affected by HIV and AIDS are largely invisible to governments, because children are dispersed in families and communities where their hardships and the hardships of those who care for them, are mainly hidden from sight (Richter & Rama, 2006:23). However, South Africa is reported to be amongst a few countries to have developed statutory social support schemes that serve as vital safety nets for children, including those affected by HIV and AIDS.

Richter and Rama (2006:24) indicate that South Africa, along with Malawi, Namibia, Zambia and Zimbabwe, have carried out national situational analyses, established policies for orphans and vulnerable children and introduced coordination mechanisms and legislation to protect and support orphans and vulnerable children, thereby contributing indirectly to reducing the stigma and discrimination and promoting such children’s well-being. Despite these efforts, the abovementioned authors claim that there is little evidence to substantiate that most countries with significant pandemics are addressing the impact of HIV and AIDS on children.

Researchers indicate that there is a lack of coordination between donors (international and bilateral agencies) and governments, local organisations and civil society (UNAIDS, 2005). The resultant disjointed and uncoordinated efforts and differences with regard to goals, philosophies, work programmes and interaction strategies, as well as favouritism in respect of implementing agencies, detract from the support children and families so desperately require (Richter & Rama, 2006:24). Researchers further claim that the prevailing fragmentation could further damage children’s sense of identity when decisions about funding and collaboration are based on institutional factors rather than the reality on the ground.
2.4 RESILIENCE OF OVC

Despite the adverse conditions to which these children are exposed, they often develop remarkable resilience, somehow miraculously managing the challenges they experience (De Lannoy, 2007). The school enrolment of these children is reported to be decreasing, due to the various factors that affect them emotionally, psychosocially and economically because of the HIV and AIDS. Although HIV and AIDS decrease the chance that OVC will conclude their school careers, these children still display a strong commitment to education. Philippe (2005:8-9) defines resilience as “the ability to bounce or spring back into shape, position, etc.”, suggesting that the relevant person may lose some of his or her power and capability, yet recover and return to prior levels of adaptation. The Department of Education plays a vital role in building resilience in these children. Many HIV and AIDS and Life Skills education programmes have been developed to address the challenges these children face, so that they can develop the strength to fight the impact of the pandemic.

In terms of the resilience theory, children should have access to resources to cope effectively in order to change what they can, or make the best choices regarding those things they cannot change (Ebersöhn & Eloff, 2002:80). Rather than focusing on the hardships these children face, the emphasis should be on developing the many assets and skills that they do possess. In AIDS-affected areas, orphans and children rendered vulnerable are experiencing great hardship, often performing adult chores long before they themselves become adults. It has been established that OVC often have the courage to care for their sick parents and for their siblings, despite the limited resources they have. Resilient individuals seem not only to cope well with unusual strains and stressors, but actually experience such challenges as learning and development opportunities (Ebersöhn & Eloff, 2002).
In spite of the potentially negative impact of the pandemic on OVC, various studies indicate that many children affected and infected by the HIV and AIDS pandemic succeed in escaping the effects of the pandemic through various coping mechanisms (De Lannoy, 2007; Ebersöhn & Eloff, 2002:81). Coombe (2000:1) has established that in the South African context, the traditional indigenous coping system will probably differ from the much-published American framework of coping that cannot be separated from its particular context. As one of the coping mechanisms, some children grow vegetables for sustenance or work as peer group trainers and earn a stipend; or volunteer in health centres or in non-governmental organisations as home-based carers in order not to lose touch with responsibilities and societal norms and values.

Resilient individuals and communities are found to be more inclined to regard problems as opportunities for growth. Real perceived social support has been established to have a significant impact on young people’s psychological adaptation process (De Lannoy, 2007:7). “If AIDS orphans are given enough food, enabled to go to school, and offered a social grants, depression and behavioural problems are reduced” (Culver, 2007:1).

Despite the psychological impact of orphanhood and its implication for individual children and society, studies show that they respond to traumatic situations in different ways (Bray, 2003:46). While some children are likely to experience severe impairment in their overall development, others are likely to be more resilient and adapt quickly to the situation (Hinton, 2000:209). Despite all the potential challenges experienced by OVC, International HIV/AIDS Alliance (2007:2) states that many children and young people are very resilient, showing great coping mechanisms even in the most extreme circumstances. For example, some orphans and vulnerable children live in child-headed households, or with extended families in poor conditions or under the supervision of grandparents, but still survive these adverse conditions. In addition, children derive some psycho-social benefit from their increased domestic responsibility; they derive a sense of satisfaction and self-
esteem for their contribution towards their domestic environment (Barker & Hinton, 2001:187).

Young people are also found to be more likely to maintain their strength while living in the context of HIV and AIDS and to remain focused on their desired sense of identity. In a study carried out by Brandt (2005:7-8) on children between the ages of 11 and 16 years, it was established that living with an HIV positive mother resulted in a shift in her children’s core assumptions about life, fear and death and a sense of stigma and isolation. Thus, in essence, for some children to be associated with HIV and AIDS ceased to be a taboo or a shame, instead, it has become a source of strength and resilience.

In an attempt to build resilience, support and caring for orphaned and vulnerable children, a School Nutrition Programme is being implemented in primary schools (from Grade R-4) and farm schools (from Grade R-7). In the Port Elizabeth District, 150 schools are participating in the Programme. The Directorate: HIV and AIDS and Social Planning recognises the critical importance of including crisis interventions for the care and support of orphans and vulnerable children (OVC) as part of its mandate to implement integrated HIV and AIDS and Life Skills Programmes for Eastern Cape schools and communities. The Programme is currently being implemented in the East London, Idutywa, Lady Frere and Lusikisiki Districts (Department of Education, 2007/8). Based on the success of the initiative and the escalating number of OVC, as provided through EMIS data in the districts, the Directorate has extended the Programme to four other Districts, of which the Department of Education, Port Elizabeth District is one. The Programme has only recently been launched; altogether 100 schools have been selected from these four districts. In Port Elizabeth itself, the OVC Programme will be piloted in 20 schools (Department of Education, 2008).

According to the Directorate: HIV and AIDS and Social Planning, the OVC Programme is essentially offered through the involvement of caregivers,
cluster managers and the Health Advisory Committee (HAC), supporting the needs of OVC in schools. In principle, the Programme seeks to address the challenges that learners falling in this category are facing, particularly those challenges that make it difficult for them to progress in school (Department of Education, 2007/8). Responsible community members will be employed by these schools as caregivers in order to offer support and care to these children, for example, by identifying OVC who do not have documents like birth certificates or identity documents or access to antiretrovirals, and then making the necessary arrangements. In other words, the caregiver will act as the liaison officer between the school and the relevant departments (Social Development, Health, Home Affairs, etc.) and other agencies; and as a link between the school and the families of these learners. After identifying orphaned and vulnerable learners, the caregiver will contact the family in order to obtain the learner’s biological history before categorising the learner according to his or her needs. Amongst other duties, the caregiver has to initiate a referral system between the school and the relevant departments, as mentioned in the text. The caregiver will be attached to the individual schools. There are 23 districts (circuits) within the Eastern Cape Department of Education. These districts are divided into clusters (A – C). Port Elizabeth falls under Cluster C. The cluster managers’ task will be to oversee and support the work performed by caregivers and HAC in the districts (Department of Education, 2008/9). The caregivers and cluster managers will be earning a stipend salary. Unfortunately, this programme has not yet been implemented.

2.5 CONCLUSION

This chapter explored the current status of orphans and vulnerable children with regard to education. It explained the impact of the HIV and AIDS pandemic on children rendered vulnerable by HIV and AIDS in South Africa, and how their access to and retention in the educational system is affected. It also explored what is currently being done to address these problems and to ensure that vulnerable children have access to quality education. The next chapter will present an exposition of the research design and methodology,
focusing on the process of qualitative research, in an attempt to motivate the chosen research design and the method that will best address the problem statement.
CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The main aim of this study is to determine the perceptions of educators with regard to the efficacy of the current HIV and AIDS training programmes in addressing the incidence of orphans and vulnerable children. The objective of the study is therefore to explore and describe the educators’ perceptions regarding these programmes. Creswell (2005:9) indicates that research involves recognising the key aim of a study and narrowing it down to a specific research problem. The purpose of this research study has been developed from the research problem and aims:

1. To investigate if educators are aware of the issues regarding OVC.

2. To investigate the perceived efficacy of the four current training programmes to equip educators to deal with OVC related issues in schools.

3. To make recommendations based on the findings of the investigation to better support educators in dealing with OVC issues at schools.

In this chapter, the research methodology followed in this study was detailed, including the population from which the sample was drawn; how the sample was selected; and the relevance of the selection for this study. The data collection methods employed, were also detailed in this chapter. The general approach to the research, which is qualitative, and the characteristics thereof was explained. In order to achieve the aims of this research, an exploratory descriptive qualitative research design was used.
3.2 RESEARCH DESIGN

Creswell (1998:8) explains that once the researcher has developed an understanding of the rationale behind the choice of engaging in qualitative or quantitative research, she/he designs the study. Research design is a systematic plan of how the researcher intends conducting the study (Mouton, 2001:55). Various researchers, such as Denzin and Lincoln (2002:22) and Woods and Catanzaro (1988:117), define a research design as a set of guidelines and instructions to be followed in addressing research problems. According to Terreblanche and Durrheim (1999:29), the research design serves as a bridge between the research question and the implementation of the research. Therefore, when the researcher decides on the research design, she/he takes note of the purpose of the study, the nature of the research questions and the availability of resources. The nature of the question of this study is characterised by exploration and description of how educators perceive the efficacy of the current HIV and AIDS training programmes in dealing with OVC issues in schools.

3.2.1 Qualitative approach

Creswell (1998:51) explains qualitative research as an inquiry process of understanding, based on distinct methodological traditions of inquiry that explore a social or human problem. Crabtree and Muller (1999:13-15) and Creswell (2005:1-2) further elaborate that qualitative research is based on building a complex, holistic picture, formed with words, reporting the detailed views of informants and conducted in a natural setting. Burns and Grové (1997:27) explain qualitative research as an interactive, systematic and subjective approach, applied to describe and give meaning to life experiences.

Qualitative research also provides a means of understanding the ways in which people interpret any event. Stringer (2004:26) argues that interpretation
and understanding are key features of everyday social life, indicating how a set of events is perceived and interpreted. Struwig and Stead (2001:13) elaborate that qualitative research enables researchers to understand the issues being investigated from the perspective of the research participants, meaning that the researcher attempts to see these issues through the eyes of the participants. The focus of qualitative research is on participants’ perceptions and experiences and the way they make sense of their lives (Creswell, 2003:133, 199). Hence, qualitative research is described as an attempt to examine the experiences, feelings and perceptions of the participants. Therefore, I chose this as the most appropriate approach to explore the perceptions and lived experiences of educators regarding the efficacy of the four current HIV and AIDS training programmes rendered at schools.

Qualitative research is often labelled as phenomenological, that is, going to the phenomenon itself; hermeneutical (interpreting the experiences of participants); and naturalistic (giving a true reflection of the participant’s natural situation) (Creswell, 1994:4). A phenomenological study attempts to understand people’s perceptions, perspectives and understanding of a particular situation (Fouché, 2002:273). Leedy and Ormrod (2001:153) indicate that the final results of a phenomenological study are a general description of the phenomenon as seen through the eyes of the people who have experienced it at first hand. Creswell (2003:51) and Fouché (2002:273) explain that a phenomenological study describes the meaning that lived experiences of a phenomenon have for several individuals. This study explored the lived experiences of educators trained in these programmes.

3.2.2 Explorative nature of qualitative research

The researcher chose a qualitative approach, the study is exploratory in nature. Researchers employ a qualitative design in areas where little is known about the phenomenon under investigation and when they wish to identify or discover important categories of meaning (Marshall & Rossman, 2006:34;
Creswell, 2003:200). Exploratory design is used to generate hypotheses for further research. Exploration is required by the researcher in order to become familiar with the experiences of the participants (Creswell, 1994:103). Since no qualitative evaluation of the training programmes has been conducted from the point of view of the participants, the aim of the explorative design in this study was to explore the feelings of the educators regarding the efficacy of current HIV and AIDS training programmes and also to gain better insight into their experience of the programmes.

3.2.3 Descriptive nature of qualitative research

The aim of a descriptive design is to observe, describe and document the phenomenon of interest (Marshall & Rossman, 2006:34). The researcher describes the phenomenon as it occurs in natural settings. According to the literature, descriptive research is the description of phenomena found in a real-life situation (Burns & Grové, 1997:24). The purpose of this research was to discover new meanings, describe what exists and report data in the participants’ own words or features, rather than in numbers (Neuman, 2003:31). Through a descriptive design, I attempted to describe the lived experiences of educators with regard to the efficacy of current HIV and AIDS training programmes in equipping them to deal with OVC in schools. Qualitative researchers are very interested in understanding the issues being researched from the perspective of the research participants (Struwig & Stead, 2001:13). Understanding participants’ experiences enabled me to describe new data that was used to make recommendations on how educators can deal with OVC issues at school.

3.2.4 Contextual nature of qualitative research

Marshall and Rossman (2006:2-3); Creswell (2003:181) explain that contextual design is employed when the phenomenon is studied in terms of its immediate context. The immediate context refers to the environment in which the participant’s interaction takes place. Therefore, the school context of the
educators played a vital role in gaining knowledge about their feelings in relation to the efficacy of the aforementioned programmes. As a District official who has ongoing contact with teachers and schools, I am knowledgeable about the context in which the participating teachers work and should use this knowledge to help me interpret their perceptions.

3.3 RESEARCH METHODOLOGY

Research methodology explains the process and procedures to be undertaken when conducting research. Leedy and Ormrod (2001) state the nature of data and the research problem dictates the research methodology. Qualitative methods were employed for this study. Leedy and Ormrod (2001) further identify qualitative research methodologies as dealing with data that is principally verbal and state that the methods are aimed at describing (making sense of) and interpreting or constructing this interaction in terms of the meanings that the subject attaches to them. A research design places researchers in the empirical world and connects them to specific sites, persons, groups, institutions and bodies of relevant interpretive materials, including documents and archives (Denzin & Lincoln, 2000:22).

3.3.1 Selecting participants and sites

Sampling is the process of selecting a subset of a population in order to obtain information regarding a phenomenon from the entire population (Woods & Catanzaro, 1988:87). In qualitative research, the researcher selects people that can best assist her in understanding the central phenomenon (Creswell, 2003:194). In this regard, purposive sampling processes took place in order to select the relevant participants for this study.

Purposive sampling refers to the involvement of people who are directly involved in or affected by, and are knowledgeable about the phenomenon to be investigated. A selection of people or sites who can best help us understand our phenomenon is done (Creswell, 2003:193). As explained by
Strydom and De Vos (1998:198), purposive sampling is based on the judgement of the researcher who selects subjects who are most characteristic of the population or most likely to be exposed to the phenomenon under investigation. Field and Morse (1998:44) contend that the selected participants will facilitate the development of emerging theory and have specific knowledge that will support the developing theory, thus enhancing the researcher’s understanding of the phenomenon.

For the purpose of this study, participants were primary and high school educators selected from various Port Elizabeth schools who teach Life Orientation and who have been trained on the current HIV and AIDS training programmes, namely Health Advisory Committee; Peer Education; Lay Counselling; and No Apologies. As Creswell (2003:194) explains, the standard used in choosing the individuals and sites is whether they are “information rich”. While the researcher generally goes to the site, in this study, participants were called to a neutral venue, a hall at the Department of Education in the Port Elizabeth District Office. This enabled me to collect more in-depth information about the phenomenon without being disturbed.

As the Coordinator for HIV and AIDS and Life Skills Education and School Nutrition programmes in the Department of Education in the Port Elizabeth District, I was able to identify and select participants relevant for the study from the lists of attendants of the current and previous workshops. Some participants were telephoned to set an appointment to discuss the purpose of the study, while others were approached personally in workshop sessions. Participants were informed of the objectives of the research, that is, to investigate the perceived efficacy of the current training programmes to deal with OVC related issues at schools and to make recommendations based on the findings of the investigations to better support them in dealing with these children. They were also assured of full confidentiality and anonymity in the study.

The purposive selection of the participants was based on the following criteria:
• Ability to communicate in both English and IsiXhosa.

• All identified to be representatives of the population, that is, to be Life Orientation educators from both primary and high (Port Elizabeth) schools who were trained in the current HIV and AIDS programmes being investigated as mentioned in the study in order to be able to provide relevant information about the phenomenon.

I purposefully selected twelve schools situated in disadvantaged areas, where there is a greater likelihood that educators will have to deal with OVC issues. In order to prevent disappointment, I decided to invite more schools so as to compensate for those educators, who due to unforeseen circumstances might not turn up. Participants of not twelve, but fourteen schools showed up. The following tables provide a concise biographic breakdown of the participating educators.

**TABLE 3.3.1.2: Session1**

<table>
<thead>
<tr>
<th>EDUCATORS</th>
<th>GENDER</th>
<th>PRIMARY/HIGH</th>
<th>EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Female</td>
<td>Primary School</td>
<td>15 years</td>
</tr>
<tr>
<td>B</td>
<td>Female</td>
<td>High School</td>
<td>22 years</td>
</tr>
<tr>
<td>C</td>
<td>Female</td>
<td>High School</td>
<td>15 years</td>
</tr>
<tr>
<td>D</td>
<td>Female</td>
<td>Primary School</td>
<td>15 years</td>
</tr>
<tr>
<td>E</td>
<td>Female</td>
<td>Primary School</td>
<td>25 years</td>
</tr>
<tr>
<td>F</td>
<td>Female</td>
<td>Primary School</td>
<td>22 years</td>
</tr>
<tr>
<td>G</td>
<td>Female</td>
<td>Primary School</td>
<td>18 years</td>
</tr>
</tbody>
</table>
TABLE 3.3.1.3: Session 2

<table>
<thead>
<tr>
<th>EDUCATORS</th>
<th>GENDER</th>
<th>PRIMARY/HIGH</th>
<th>EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Female</td>
<td>Primary School</td>
<td>18 years</td>
</tr>
<tr>
<td>B</td>
<td>Female</td>
<td>Primary School</td>
<td>15 years</td>
</tr>
<tr>
<td>C</td>
<td>Female</td>
<td>Special School</td>
<td>15 years</td>
</tr>
<tr>
<td>D</td>
<td>Female</td>
<td>High School</td>
<td>22 years</td>
</tr>
<tr>
<td>E</td>
<td>Female</td>
<td>High School</td>
<td>23 years</td>
</tr>
<tr>
<td>F</td>
<td>Female</td>
<td>Primary School</td>
<td>21 years</td>
</tr>
<tr>
<td>G</td>
<td>Female</td>
<td>High School</td>
<td>19 years</td>
</tr>
</tbody>
</table>

3.3.2 Data collection methods

Burns and Grové (2001:794) refer to data collection as the precise, systematic gathering of information relevant to the research purpose or the specific objectives of the study. In qualitative research, the researchers allow participants to share their views relatively unconstrained by the researchers’ perspectives (Creswell, 2003:197). For this purpose, qualitative focus group interviews were conducted, as these are considered the most suitable primary data collection methods for this study, as they enable the researcher to collect shared understanding from several individuals. Document study is another method of collecting data that could assist the researcher in gathering relevant information related to the current training programmes. In the case of this study, all four training modules to develop educators in HIV and AIDS issues, as supplied by the non-governmental organisations, were analysed in order to investigate their efficacy in equipping educators to deal with OVC issues in schools.

3.3.2.1 Focus group interviews

According to Robson (2002:283), a focus group is a method of data collection that allows people's views and feelings to emerge, but which affords the interviewer some control. A focus group is sometimes referred to as a group
interview on a specific topic, which is where the ‘focus’ comes from (Robson, 2002:284). In this study, the group discussions were facilitated by means of open-ended questions related to the research objectives, in order to allow the participants to answer from their point of view. In qualitative research, open-ended questions are employed to enable participants to best voice their experiences unconstrained by the perspective of the researcher or past findings (Creswell, 2003:204). Through focus group interviewing, educators were allowed to voice their experiences about how they perceive these training programmes. Through open-ended questions, the researcher was able to go into more depth or clear up any understandings that are likely to arise, and also attempt to elicit qualitative data in order to prohibit participants not to give ‘yes’ or ‘no’ answers. Creswell (2003:206) describes the process of focus group interview as collecting data through interviewing a group of people, typically four to six. However in other studies, researchers gather several people, usually no more than ten or twelve, to discuss a particular issue for one to two hours (Leedy and Ormrod, 2001:147). In this study, fourteen instead of twelve Life Orientation educators from various schools participated in two separate focus group interviews so that the researcher could gather extensive information about the topic.

The researcher has decided on this type of data collection method for the following reasons:

- Participants are likely to provide useful information that is relevant to the topic under investigation, and the method could enhance cooperation amongst the participants.

- People feel more comfortable talking in a group than alone.

- Because of the busy schedules and limited time of the researcher and the educators, focus group interviews are very convenient, as they allow several participants to be interviewed simultaneously.
• Focus group interviews are also seen as advantageous for this study because interaction between participants will likely yield better, richer information.

• Focus group interviews are regarded as an efficient way of generating substantial amounts of data (Robson, 2002:283-284; Leedy and Ormrod, 2001:153).

• According to researchers, questions in a focus group setting are deceptively simple. The trick is to promote the participants’ expression of their views through the creation of a supportive environment. Unlike in one-on-one interviews, the expression of interests may be impoverished as the participants have not reflected on the topic and may feel unprepared to respond (Robson, 2002:283-284).

• The method is regarded as socially orientated; participants are studied in an atmosphere more natural than artificial and tend to be more relaxed than during one-on-one interviews.

• The format allows the facilitator the flexibility to explore unanticipated issues that may arise during the discussions (Marshall & Rossman, 2006:114).

3.3.2.2 Advantages of focus groups

Focus groups are regarded as very flexible methods of data collection because they encourage cooperation and rapport (Robson, 2002:275). They allow participants to build on each other’s responses, generating new spontaneous ideas, getting a variety of perspectives and thus enhancing confidence in whatever patterns that emerge (Patton, 2000). Focus groups are advantageous in the sense that they allow for the observation of direct interaction between participants on a topic within a limited period of time.
Such interaction between participants enhance data quality (Makalima, 2003:55).

More advantages of this method have been cited by Robson (2002:284), such as that group dynamics in a focus group assist in focusing on the most important topics and that it is thus fairly easy to assess the extent to which there is a consistent and shared view. Participants are empowered and able to make comments in their own words, stimulated by the thoughts and comments of others in the group. Contributions are encouraged from people who are reluctant to be interviewed on their own.

### 3.3.2.3 Disadvantages of focus groups

Although focus groups are likely to be more enjoyable for participants, they have their limitations like all forms of data collection. Patton (2002) and Robson (2002:284) cite the following disadvantages of focus groups:

- Confidentiality cannot be assured in focus groups; this can be a problem between participants when interacting in a group situation.

- The live and immediate nature of the interaction may lead a researcher or decision-maker to place greater faith in the findings than is actually warranted.

- The available response time for any particular individual is restrained in order to hear from other participants.

- The number of questions that can be asked, is greatly restricted in group settings.

- The management and facilitation of a focus group interview require considerable expertise, to prevent the domination of the group by one or two people.
Participants’ names and where do they come from were not mentioned in the study. Through repeatedly refocusing and summarising the actual question, the researcher ensured that the focus remained on the facts needed rather than on previous participants’ comments, thereby minimising the narrative anecdotes of participants. Subjectivity was minimised through the presence of a co-moderator. I used gestures and body language to show the participants that I was there with them, and that I was interested in what they had to say, thereby encouraging them to open up verbally.

3.3.2.4 Homogeneity of groups

Homogeneous groups were chosen for the study, as they are likely to share a common background or experience of the topic to be investigated, to promote a free exchange of ideas and experiences (De Vos, 1998:305). According to Morgan and Scannell (1998:58), when participants perceive each other as fundamentally similar, they spend less time explaining themselves to each other and more time discussing the issue at hand. Life Orientation educators who have been trained through HIV and AIDS programmes under investigation participated in the study. The selection of homogeneity within focus group develops a sense of safety in expressing concerns. Marshall and Rossman (2006:114) refer to a focus group as a group of people who are unfamiliar with one another and who have been selected because they share certain characteristics relevant to the research questions. I decided to select educators from various schools who did not know each other but who shared the characteristics of being educators at Port Elizabeth schools and having had some exposure to the phenomenon under investigation, namely training in helping them deal with OVC issues at school. I decided to select participants who did not know each other, because if the participants were too familiar with each other, issues unrelated to the topic under investigation might intrude.
3.3.2.5 Choice of a venue

There are many factors that a researcher needs to take into consideration when deciding on a venue for interviews, to ensure the smooth running of the process. As Schurink, Schurink and Poggenpoel (1998:318), indicate factors related to location may affect the dynamics of focus group interaction and discussion. Because of that, I carefully selected the location for the focus group interviews. Schurink, Schurink and Poggenpoel (1998:318), state that the location should be:

- easy to find
- accessible
- safe
- adequately equipped
- acoustically sound

The location chosen, was the hall at the offices of the Department of Education in the Port Elizabeth District, which was known to the participants and accessible in the sense that they had previously frequently visited it for workshops and other work-related matters. The venue was the main hall, well equipped and furnished, well lit and far removed from any potential disturbance from other offices.

3.3.2.6 Moderator and co-moderator

In choosing a moderator, various factors need to be taken into consideration to ensure the accuracy and quality of data. A moderator should possess certain characteristics. Wood (2000:24) advocates that a moderator should be a good listener and able to tune in to people's thoughts and feelings; be able to express feelings; be spontaneous; have a good sense of humour; be empathetic; understand people; recognise his or her own shortcomings; be able to express his or her thoughts clearly; and be flexible.
As the main researcher in this study (moderator) I am a qualified instructor and a remedial specialist and have extensive experience in working with groups (educators) in my field of work. I am currently a Deputy Chief Education Specialist coordinating HIV and AIDS and Life Skills Education and School Nutrition Programmes in Port Elizabeth schools. Through my experience, I have acquired many skills in dealing with group dynamics.

Various studies recommend the use of a second researcher when dealing with focus groups. In this study, I made use of a second researcher, who acted as co-moderator, in order to counteract some problems that I may experience in terms of data collection. The person running a focus group is usually referred to as the moderator or facilitator. In this study, I was the moderator and worked together with the co-moderator (second researcher) to assist in the smooth running of the groups.

The moderator’s task is to generate interest in and discussion about a particular topic, whereas the co-moderator’s task is to assist the researcher and make sure that no-one dominates the discussions and that the participants remain focused on the topic. It is advantageous to have a co-moderator, in the sense that it provides coverage of both the substantive area of interest and focus group experience. In addition, although the moderator in this study used an audio-tape in gathering data, the second researcher (co-moderator) assisted in taking notes, in the event that the recording equipment fails, on who is speaking, noting non-verbal interaction; and give feedback on the researcher’s performance (Creswell, 2003:190; Robson, 2002:288; Leedy and Ormrod, 2001:154).

**Phenomenological interviews**

I conducted in-depth, unstructured, phenomenological individual interviews. Kvale (1996:36) describes an interview as a conversation where two or more people talk about a specific topic or theme of mutual interest. Unstructured interviews are used in explorative research, with the aim of recognising
specific variables in a specific area. Unstructured interviews encourage spontaneity and interaction between the researcher and the participant (Welman & Kruger, 1999:196).

Open-ended questions encourage participants to answer in depth to express their experiences and to give a full description of the world without any limitations. Open-ended questions also allow the researcher to probe for more information in order to gain insight into the phenomenon (Denzin & Lincoln, 2003:74). Due to the phenomenological nature of this study, only two open-ended questions were posed to participants, in order to lead them as little as possible.

QUESTION 1: How do you understand the impact of HIV and AIDS on your learners?

QUESTION 2: Do you feel you have been equipped through the programmes to deal with issues related to OVC?

The interviews were audio-taped and transcribed verbatim.

3.4 DATA ANALYSIS AND PROCEDURES

Marshall and Rossman (2006:50) and De Vos et al. (2002:339) describe data analysis as the process of bringing order and structure to the mass of collected data through interpretation. They further indicate that during this process, researchers are searching for general statements about relationships among categories of data. The process of data analysis in qualitative research is described as eclectic, meaning that there is no ‘right way’ of analysing data; it is a systematic process that can be managed in various ways (Creswell, 1994:152). There are no set standard procedures for data analysis; the processes differ from study to study.
In this study, descriptive analysis was employed in order to identify themes and categories in people’s descriptions of their experiences about the current training programmes (Leedy & Ormrod, 2001:153). This implies that the researcher formed categories of information and attach codes to these categories. In order to achieve this, Tesch’s methods of analysis was applied as the basis for conducting the analysis, as described in Creswell (2005:238). Tesch, in De Vos (1998), suggests eight steps to consider in analysing qualitative data. These steps are summarised as follows:

- The researcher listens carefully to all the recordings and reads through all the transcriptions in an attempt to obtain a holistic view of the data, whilst writing down some ideas as they come to mind.

- The researcher selects certain raw data in an attempt to identify the underlying meanings in the information, and jots down thoughts in page margins.

- After all the focus group interviews have been submitted to the above process, the researcher lists all topics and similar themes by clustering them together and then arranges them into columns.

- The researcher then goes back to the data as a way of organising the information by abbreviating the themes into codes. These codes are then written next to the appropriate segments in the text in an attempt to identify new themes.

- The researcher selects descriptive wording for the themes and turns this into categories.

- The sixth step is to abbreviate each category, after which the codes are placed in alphabetical order.
• Data related to one category is assembled and the preliminary analysis is performed.

• Should it be necessary, the data may be re-coded.

In order to ensure the reliability of the data analysis process, the involvement of an independent qualitative researcher was necessary, in order to determine whether the same themes and categories are identified (Creswell, 1994:168). My research supervisor and an independent coder also analysed the interviews.

3.5 LITERATURE CONTROL

Qualitative researchers are concerned whether the findings of a study support or transform existing ideas, which will indicate whether differences, similarities or gaps have emerged from the research study (Creswell, 2005:80). A literature study is performed in qualitative research to justify the research study. It also plays a minor role in providing direction for the research question (Creswell, 2005:46). Relevant literature is discussed, providing a constructive backdrop for the research problem. In this study, a literature control was conducted in an effort to compare and support the research findings.

For the purpose of validating themes, it is deemed necessary to conduct literature control in order to verify and compare the results obtained. When the literature verifies the findings, the reliability of the research is enhanced (Woods & Catanzaro, 1988:136).

3.6 DATA VERIFICATION

Various measures of trustworthiness can be used to verify validity. Guba’s model of trustworthiness, which is commonly applied in qualitative studies, was applied in this study in order to address any bias and subjectivity on the part of the researcher (Krefting, 1991:214-222). Guba’s model of
trustworthiness is based on four aspects, namely truth-value; applicability; consistency; and neutrality.

- **Truth value**

Truth value refers to the confidence in the truth of the findings; to whether they indeed reflect what the participants experienced. According to Lincoln and Guba (1985:290), credibility in qualitative research refers to the degree to which the findings and implication to the methods can be trusted. This was done by the use of explanation of data methods, re-coding of data and data triangulation. During the interviews, the researcher summarised or paraphrased the information received from the participants in order to ensure what was heard was correct (De Vos, 2005:346). The independent recorder was requested to perform the coding by determining whether the same themes and categories have been identified (Creswell, 1998:168).

- **Applicability**

According to De Vos (1998:330), applicability refers to the extent to which the researcher is able to apply or transfer the findings of the study to other settings or settings. In this study, the researcher provided a detailed description of the research methodology in order to promote transferability. According to Guba (1985), transferability is the criterion which is presented when applicability is assessed. According to Krefting (1991), as long as the researcher presents sufficient descriptive data to allow comparison, the problem of applicability has been adequately addressed. In this study, the findings were applicable to the Life Orientation educators who have been trained through the four current HIV and AIDS programmes.
• **Consistency**

The third criterion of trustworthiness refers to the probability that similar results would be produced if the enquiry were to be replicated (Lincoln & Guba, 1985:290).

Consistency or dependability ensures the consistency of data. In order to achieve dependability, the researcher included a detailed description of the research strategies and the code-recode procedures.

• **Neutrality**

The fourth criterion of trustworthiness in Guba’s model refers to the degree to which the findings are a function solely of the informants and conditions of the research and not of other biases, motivations and perspectives (De Vos, 2005:347). This means that the researcher must remain neutral during data collection and analysis in order not to influence the results, and in order to remove evaluation from some inherent characteristics of the researcher and place it squarely on the data (De Vos, 2005:347). In this study, an attempt was made to attain neutrality by involving a co-moderator to serve as an observer throughout the interviewing process.

### 3.7 ETHICAL CONSIDERATIONS

Research ethics is crucial in any research study and should be considered by all researchers when undertaking research of any kind, particularly to prevent the abuse of people’s rights, as was so prevalent in the past (Bless, Higson-Smith & Kagee, 2000:139). According to Mouton (2001:239), ethical issues arise from our interaction with other people, other beings and the environment, especially at the point where there is potential or conflict of interests. Strydom (2002:63) defines ethics as a set of moral principles that are suggested by an individual or group, are subsequently widely accepted, and offer rules and behavioural expectations about the most correct conduct
towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students. This study adhered to the following ethical measures: informed consent; recording; and anonymity and confidentiality (Bless et al., 2000:142-143; Strydom, 2002:65-67).

Informed consent was obtained from all the participants in the study. Various studies describe informed consent as the consent received from the participants after the researcher has carefully and truthfully informed the subjects about the purpose and the importance of the research (Henning, 2004:53; Denzin & Lincoln, 1994:374). The participants were invited telephonically, while others were approached during training workshops. Participants were informed about the background of the study and their involvement. A brief explanation was given of the procedures of the interviewing process and the presence of the co-moderator (who in this study serves as the second researcher) and her task. The use of an audio-tape recorder, as well as anonymity and confidentiality issues, was discussed with the participants in order to ease their tensions so that they felt comfortable during the interview sessions and could opt out at any moment, and also for the researcher to make use of other devices if the participants felt uncomfortable with the tape recording. A letter was written to the District Director of the Department of Education requesting permission to conduct interviews within the premises. Informed consent forms and the letter from the District Director were subsequently served before the Ethics Committee of the Nelson Mandela Metropolitan University.

3.8 CONCLUSION

In Chapter Three, a theoretical discussion of the qualitative research design and its approaches and the objectives of the study were outlined. The research methodology described in the chapter indicates how the selection of participants, the sites as well as sampling took place. The data-gathering methods to be employed in the research (focus group interviews) was also reflected in this chapter. The data analysis and procedures were also
explained and discussed. Finally, the strategies to be taken to ensure trustworthiness as well as ethical considerations were highlighted. In the next chapter, the findings of the research study and a comparison with the existing literature will be provided.
CHAPTER FOUR

DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter will present the findings of the two unstructured focus group interviews conducted with Life Orientation (LO) educators at selected primary and high schools in Port Elizabeth. An explorative, descriptive and contextual qualitative investigation was undertaken to ascertain the perceptions of the educators with regard to the efficacy of the current HIV and AIDS programmes in equipping them to address issues related to orphans and vulnerable children (OVC).

Ethical measures discussed in Chapter Three were adhered to throughout the interview sessions and various data verification procedures were implemented. During the data analysis, the eight steps of data analysis suggested by Tesch were used (De Vos, 1998:343-344) to identify the emerging themes. Two themes were identified, and each theme was differentiated by means of various categories and subcategories, as narrated and presented in this chapter. Each theme will be discussed independently.

In this chapter, the findings will be further discussed in a narrative, descriptive format that will be supported by appropriate verbatim quotations from the transcribed interviews. Subsequent to this, the findings will be further compared to and supported by the relevant literature. Table 4.1 below presents a summary of the main research findings into themes, categories and sub-categories.
## TABLE 4.1: Themes, Categories and Sub-categories

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Sub-category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. OVC related issues impact severely on teaching and teachers</td>
<td>1.1 Learning is negatively impacted by HIV and AIDS</td>
<td>• Learners are infected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learners are affected</td>
</tr>
<tr>
<td></td>
<td>1.2 Teachers are impacted by HIV and AIDS</td>
<td>• Teachers find it difficult to openly and constructively address HIV related issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teachers are both infected/affected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teachers’ roles have changed</td>
</tr>
<tr>
<td>2. Existing Department of Education training courses are not sufficient to equip teachers to deal with OVC related issues</td>
<td>2.1 Some training courses do improve knowledge and attitudes</td>
<td>• Health Advisory Committee training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Peer education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Counselling</td>
</tr>
<tr>
<td></td>
<td>2.2 Teachers find it difficult to implement learning from courses</td>
<td>• Some teachers are not interested in learning how to address HIV/OVC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Life Orientation teachers are overloaded</td>
</tr>
<tr>
<td></td>
<td>2.3 Ongoing support is lacking</td>
<td>• No support from Department of Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• School leadership need to be part of training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ongoing support from trainers needed</td>
</tr>
</tbody>
</table>
4.2 DISCUSSION OF EMERGENT THEMES

4.2.1 THEME 1: OVC related issues impact severely on teaching and teachers

In both focus group interviews, the participants indicated that OVC related issues had placed great demands on them, affecting both teaching and the teachers themselves. This was ascribed to several factors, including the fact that learners and teachers were infected or severely affected by HIV and AIDS; the resultant absenteeism of both learners and teachers; a high drop-out rate among learners, mainly due to their family circumstances; and the stigma such learners experience at school. These and other related factors resulted in a high rate of failure in schools, as well as the heavy burden of responsibility on the teachers, outside of their usual scope of teaching, to address OVC needs.

One teacher stated:

“HIV and AIDS has truly affected our schools, it has a negative impact, and its presence is felt by all, by children in the classroom … learner performance drops, children’s health deteriorates … the teacher is left to cope with things that they have no training for … this makes it very difficult for all of us.”

4.2.1.1 Learning is negatively impacted by HIV and AIDS

In order for the learner to perform optimally in his or her academic work, basic needs, such as love, security and food, need to be met. If these needs are met, learning can proceed, but if these needs are not met, the learner will struggle to concentrate and function well in school, which will lead to poor academic performance. The majority of educators interviewed, stated categorically that the impact of HIV and AIDS had manifested in poor academic performance among the learners, due to their being infected by HIV and AIDS and TB; and stigmatisation, discrimination and labeling by both
teachers and peers. This in turn had led to a high incidence of absenteeism and an increase in the school drop-out rate.

“… learners we have referred, are reported to have suffered from TB as well as being HIV positive.”

“I want to emphasise that I agree with Teachers D and B: HIV and AIDS have a very negative impact, and you can feel its presence. In most times, you feel its presence when you see high rate of absenteeism and drop in school performance.”

It is evident from the above quotations that HIV and AIDS have impacted negatively on learning. The contention that learning has been negatively impacted by HIV and AIDS is supported by Hayden (2006), who found that affected children who attended school, displayed high rates of absenteeism because of sickness at home or because they themselves were sick. She further argues that, even when they do attend classes, these children have difficulties in concentrating due to the distress they experience because of their alienation from their peers. Participant teachers in this study also complained that attending to OVC issues was affecting tuition in the classroom:

“At times, the process takes almost a day’s tuition, and this affects you as an educator.”

- **Learners are infected**

Many of the teachers interviewed, revealed that they had a high number of infected children in their classes. However, these learners tended to fear disclosing their status, because they did not want to be stigmatised or labelled by their peers or by teachers. Stigmatisation is rife in the schools, as one teacher pointed out:
“Some learners are aware of HIV and AIDS symptoms and are likely to stigmatise or label one another.”

Statistics reveal that there is a high incidence of HIV infection among young people (Human Sciences Research Council, 2005:142; UNESCO, 2005). However, research has also shown that the silence around HIV infection increases the stigma (Gilborn, Nyonyintono, Kabumbuli & Jagwe-Wadda, 2001). It is obviously difficult for teachers to offer help when they do not officially know that a specific learner is HIV positive.

“HIV and AIDS is a human rights issue, it comes with rules and regulations. Learners get infected and they keep quiet about it – you cannot force the child to disclose … and it is not easy for them to do so even if you are aware that the child is positive.”

Another participant educator indicated that infected learners were often sick and that most of them came from disadvantaged areas, where health care was hard to access.

“Uh … I think I am not supposed to mention this, but nevertheless … most of them are coming from disadvantaged areas … are from child-headed families, not performing well academically.”

According to the participant teachers, the infected children often arrived at school hungry and were malnourished. Some teachers said that they tried to provide food for such children, but that it was hard to sustain this on a regular basis without funding. One teacher expressed her feelings around the impact of HIV and AIDS on these learners as follows:

“Learners are both affected and infected in one or the other, insomuch our school, last year we buried three learners at the same time, because of the opportunistic diseases.”
The death of a learner impacts on the entire school, but particularly on his/her teacher and the remaining children in the class. It causes emotional trauma and makes it harder for teaching and learning to take place (Theron, 2007:178; Hall, Altman, Nkomo, Peltzer & Zuma, 2005:23; Coombe, 2003:11).

- **Learners are affected**

However, the biggest impact identified by the participant educators was having orphans and vulnerable children in the classroom. Most of the educators thought that practically all of the children they taught were potentially vulnerable, due to their social circumstances. Most of the educators mentioned that many learners were victims of abuse, often as early as Grade 2 level.

“We as educators try to stay alert to see that no child is victimised, but you will discover that learners are sexually abused from Grade 2…”

This is supported by Loening-Voysey (2002:105), who points out the increased risk to OVC of abuse and exploitation, both domestically and for trade purposes.

When asked about the impact of HIV and AIDS on learning, many teachers responded by referring to social issues.

“AIDS has caused many orphans and child-headed homes, and there is no control in these households. As a result, children do not come to school. It has such impact!!”

The teachers reported that learners from child-headed households were not performing well academically. Due to the fact that there was no parental supervision, absenteeism and failure were rife. The number of child-headed households in South Africa has increased dramatically over recent years (Statistics South Africa, 2005b). It appears that the impact is now being felt in
our schools. According to the participant teachers, the impact of HIV and AIDS on learning was aggravated by the fact that learners had taken over the role of adults, acting as parents to their siblings. In addition, they were often also required to render support and care for their sick parents and families. This contention is supported by Loening-Voysey (2002:105), who argues that these children are often denied their childhood as they are required to take on the responsibilities of the infected adult in the household.

Affected children suffer from the same stigmatisation as infected children (Hayes, 2001), placing them at risk of psychosocial distress, as a result of exclusion and alienation. This was borne out by the participant teachers, who indicated that OVC experienced severe humiliation from their peers, were likely to be isolated during play, and to be subjected to verbal taunts and insults by other children. One participant educator commented as follows:

“As a teacher, you also observe that other learners are likely to isolate the affected child. Even through play, they are likely to humiliate one another, saying all negative things, labeling the child.”

In terms of the National Education Policy Act on HIV and AIDS, discrimination towards learners and educators with AIDS is prohibited (Department of Education, 1999:11), but this does not seem to stop the problem from occurring.

4.2.1.2 Teachers are impacted by HIV and AIDS

It was evident from the responses of the participant teachers that not only learners and learning had been impacted by the pandemic, but also the teachers themselves, on both personal and professional levels. The educators reported that it was difficult to address HIV related issues, due to their own negative perceptions of and/or the reluctance of parents to disclose or cooperate. Teachers were also believed to be HIV positive themselves and/or severely affected, and this impacted on their ability to teach. Finally, the
participant teachers also indicated that the role of teachers had changed because of the input of HIV and AIDS, placing them under extra pressure and stress.

“The fact that HIV and AIDS affect our learners, in return [sic] it affects me as an educator.”

“HIV enormously affects education … it’s the centre. If there are no children, no education will take place and there will be no need for educators.”

- Teachers find it difficult to openly and constructively address HIV related issues

One of the problems facing teachers in addressing OVC issues, according to the respondents, was that of the non-acceptance of HIV and AIDS by the general school community. Many of the participating teachers alluded to the issue of the stigmatisation and discrimination against OVC in schools and the fact that they suffered from a general lack of support and caring.

“Children disappear from schools and sometimes you don’t hear about them … they become embarrassed and die a lonely death or resort to doing things they never thought of … we tend to reject them due to HIV and AIDS.”

According to Perry (2006:2), a teacher’s attitude can greatly influence the acceptance, rejection or stigmatisation of an orphan in a classroom. One Life Orientation educator commented as follows about the negative attitude displayed by educators towards HIV positive people:

“I have a learner who is HIV positive. However, the attitude I get from my colleagues is that the year was too long for them to see this learner pass on to the new class, for they regard it as a burden and an added responsibility to assist these learners.”
One educator described the mindset of teachers as far as HIV was concerned, as demonstrated when she commented to her colleagues that she was suffering from influenza:

“I told my colleague that I felt so sick, I wondered if I should go for HIV testing. She advised me never to say that again at school. I told her “You are educated, why should I hide the fact that I want to go for HIV testing?” … but so deep the issue of stigma in our school.”

There were many references to the problem of stigmatisation among the participant teachers:

“A person cannot get sick for an extended period of time, you will hear them passing remarks like, “Did you see how thin she or he is”? You know … making insinuations and not giving the support they deserve.”

Such attitudes are apparently common among teachers in South Africa (Wood, 2009). If teachers are unwilling to discuss HIV related issues or shy away from the challenges they present for teaching, things are not likely to improve. However, despite the negative attitude displayed by some teachers, the participant Life Orientation teachers felt that they needed to give learners the support they deserved, despite the additional work this would cause them (the teacher):

“These are the people we need to embrace and support as much as we can … we are like a family … works together.”

According to Cohen (2002), the silence of teachers on the HIV and AIDS pandemic can be seen as a refusal by teachers to acknowledge the existence of HIV and AIDS in their midst, given that the pandemic is associated with sex, promiscuity, lack of education and poverty.
Parents also tend to fear disclosure, and teachers therefore find it hard to work cooperatively with parents/guardians to solve the problems facing their children. This is especially a problem for teachers who work in communities where parents themselves experience many problems, for example, mental challenges or disease.

“HIV and AIDS is very prevalent in our school and it affects educators, because the parents of these learners are sick or have many other social problems and cannot even look after themselves.”

The participant teachers complained that they found it difficult to cooperate with parents and other sister departments when it came to taking action to help learners:

“For example, I have three learners in my class who are beyond the level of being admitted in a mainstream school, but because of non-cooperation from parents and Department of Education, you become stuck as the educator, even if you want to offer your services.”

According to several of the respondents, it was difficult to implement OVC programmes successfully, due to the lack of cooperation from parents. Teachers complained that parents did not take part in the Health Advisory Committee or attend other initiatives.

“Parents are never available, so we run the HAC ourselves.”

The participant teachers highlighted the need for coordination and cooperation from parents, the Department of Education and other governmental departments in order to address the numerous social ills encountered:

“I am coming from a very disadvantaged area where alcohol and drugs are badly abused and where half of the class needs the support and assistance of
a multi-disciplinary team. How can one be able to implement that in a class that has over 50 children? But at the end of the day, you try to do something, even although you have the fear of going beyond the limits.”

Other studies have also highlighted the need for a coordinated response to the challenges facing educating OVC (Buthelezi in Wood, 2008:112-113; Richter & Rama, 2006:11), but the fact remains that there are many barriers to better cooperation between parents and teachers, mainly due to the numerous social problems that beset our communities (Boler & Carroll, 2003).

- **Teachers are infected/affected**

According to the participants, many teachers were themselves infected with the virus and/or were severely affected due to the illness of their family members.

“HIV and AIDS has a negative impact in the education sector … teachers themselves are sick … being absent … it impacts on learners who are left with no supervision.”

A national survey has indicated that the HIV prevalence rate among South African teachers is 12.7% (Education Labour Relations Council, 2005; Hall, Altman, Nkomo, Peltzer & Zuma, 2005:23), a figure that may be on the low side, given the fact that most educators are unwilling to go for testing (Wood, 2009). Many teachers are affected by the illness and/or the death of loved ones, leaving them with major emotional and financial problems (Theron, 2007:177; Hall *et al.*, 2005:23). This affects their ability to function on both personal and professional levels (Theron, 2005:57). Personal issues impact on their ability to respond to the needs of the learners (Theron, 2007:180). In addition, they now carry the added stress of having to address the social and physical needs of their learners.
• Teachers’ roles have changed

Most of the participant teachers echoed the sentiment that they had had to widen the scope of their roles as educators and accept multiple new roles in addition to their normal teaching, due to the severe impact of HIV and AIDS on learners:

“I was trained to be an educator, but now the profession that I am in, is now changing every day. I am also a social worker, as we have to assist them … we also refer these learners to the clinics, in which we find ourselves being nurses.”

“Our role should be changed and refer to us as social workers, because we are doing their task anyway.”

The adoption of the role of mentors, counselors and welfare workers is not easy for educators, as reported in previous studies (Theron, 2007:177; Bhana, Morrell, Epstein & Moletsane, 2006:7-8; Coombe, 2003:17; Crewe, 2000:17).

In addition to taking on the role of social workers, the participant teachers expressed the view that they also had had to assume a parental role. Their learners were living under tremendous stress, which affected them as teachers, because they also felt the pain experienced by these children. In the absence of a school nutrition programme at one school, teachers decided to cook for the OVC, although this endeavour failed.

“That is why as teachers we are also affected, because we are also parents.”

In the absence of a healthy parent, a teacher has to bridge the gap. This was evidenced in the focus group interviews, where participant teachers explained how they had to focus on the physical wellbeing of their learners:
“A child will complain of a headache, and you will find out that she had nothing to eat, except the supply from the school feeding scheme, meaning that we are parents to these learners because of the fact that these learners are orphans and vulnerable children.”

The participants further indicated that these children were often looked after by people who did not love them or had little interest in their wellbeing. As a result, the learners would drop out of school, or were forced to leave. Many of the so-called guardians abused the children’s grants, using the funds for other purposes (Loening-Voysey, 2002:105).

“Families/Relatives are being compensated, but … to be greedy instead of looking after the wellbeing of these children.”

The participant teachers disclosed that they had to take on the responsibility for helping these children to access grants and material support:

“If the child has no Birth Certificate, you as the educator have to assist the child to go through the process.”

Research supports the perception of these educators that they also carry a parental responsibility over and above their normal teaching duties (UNAIDS, 2005:269).

“Children want to be loved … if they do not get that from their family, that leaves us with the responsibility of being parents to them.”

This sense of responsibility adds to the stress in the life of teachers, since it is unlikely that they will be able to meet all the needs of these children, particularly in the absence of cooperation from other helping agencies (Wood, 2009).
The participating teachers complained about the lack of support from and cooperation by the Department of Education and other stakeholders. One teacher remarked:

“I have three learners … who are beyond the level of being admitted in a mainstream school … but because of non-cooperation from parents and DoE, you become stuck as educators, even if you want to offer your services.”

The educators recounted the many problems that they had encountered in trying to cooperate with the Department of Education in addressing the needs of vulnerable children. They claimed that the Department had specialists to address social issues, but that their services were never made available to the schools.

“Yes, the DoE has specialists, but they claimed that they are understaffed to cater for our needs ....”.

Teachers are left to cope with the consequences of situations, such as the following described by one participant teacher:

“In my class of 32 learners, there are only 3 learners who are living with both parents; most of the 28 learners live with their grandparents or relatives, and they do not even know the whereabouts of their parents.”

It was evident that teachers were in need of help in dealing with the repercussions of the social problems displayed by the learners in the classroom:

“We really need more expertise and social workers to deal with this problem. Even those learners we think that, the things are normal with them, they also have problems that are beyond their control.”
“The Department should … allocate one social worker per school that would alleviate the feeling we are subjected to of seemingly to be beggars whenever we take our case to the social workers.”

The participant teachers complained about the poor service rendered by Social Development when referring learners, compared to the services rendered by the Police:

“The Police are even better, as they will investigate the case further and are relatively quicker in assisting us than the Social Development.”

The teachers believed that if the Department of Education would establish proper channels of communication with Social Development and make arrangement to have these services available to them, the negative attitude displayed by teachers would change.

“If these resources could be made available … the teachers are willing to make a positive impact, as they are the centre of all this … and are able assist first hand.”

Other studies have also revealed that teachers are struggling to fulfill all the roles that they now perceive are theirs (Coombe, 2003:12). The fact that cooperation with other agencies is extremely difficult has become a source of stress in itself (Wood, 2009).

4.2.2 THEME 2: Existing Department of Education training courses are not sufficient to equip teachers to deal with OVC related issues

Although all the participant teachers had been trained by the Department of Education through various HIV related courses, all were adamant that the training had not equipped them to implement effectively what they had learnt. Although their knowledge and attitudes had improved as a result of the
training, they experienced difficulties in actually getting things done to address the OVC issues in their schools. This was perceived to be mainly due to a lack of support from other teachers, the school leadership and the Department of Education.

4.2.2.1 Some training courses do improve knowledge and attitudes

The participant teachers admitted that the training courses had equipped them with knowledge and positive attitudes with regard to dealing with OVC related issues.

“The Department of Education’s workshops have helped a lot in changing our attitude.”

It was thought that the Department of Education workshops had also helped to make the teachers more passionate and caring about these issues.

“I do not mind and do not care what they [negative colleagues] say, because I am not just there to earn the salary, but to serve the learners as well, as the teacher it is not a good thing to bring your problems or baggages to school.”

However, the teachers who were the most vocal about their ability to help OVC, were also those who had attended a two-year programme at the local university, designed to help teachers deal with HIV and AIDS in education. Others had attended Life Orientation training, also a two-year qualification. They repeatedly cited this fact and that the training had really helped them, rather than the Department of Education training:

“... insofar as the training is concerned, I am a trained LO teacher and I can say I am qualified because I trained at NMMU.”

Another teacher also claimed to be fully equipped, stating that they were working as a team at his school, utilising the lay counseling skills obtained
during the university course, with the help of two other qualified teachers who had also obtained the HIV and AIDS qualification:

“I am the LO teacher in my school, and I can say I’m fully equipped … I have counseling skills… I applied them … in my school, we work as a team. Right now, there are two qualified teachers who have studied at NMMU and we have established a committee.”

Life Orientation educators also claimed not to be fully knowledgeable about HIV and AIDS issues due to insufficient training rendered by the Department of Education: “…we only gained some knowledge through attending workshops, which is sometimes a day or three days, this is not long enough.”

However, teachers made reference to some Department of Education workshops, and how these had helped them.

- **Health Advisory Committee (HAC) training**

Another educator, also a qualified Life Orientation educator at the NMMU, mentioned the usefulness of Health Advisory Committee (HAC) training for her. In her school, a fully-fledged committee had been established and teachers were cooperative when feedback was given:

“…when I came back from training, I made sure that I implemented the resolution immediately; we do have a school nurse, we work together with KwaZakhele Clinic … a social worker … policemen … whenever we have cases, we referred them. HAC is functional in my school … they then come back and implement the resolution taken.”

However, this was the only teacher who mentioned any success resulting from HAC training. The fact that she was able to implement what she had learnt, may be a tribute to her in-depth training as a Life Orientation teacher, since it taught her how to work with others to take action.
• **Peer Education**

One teacher observed that the Peer Education Programme had improved the attitude and knowledge of the learners:

“*Learners are assisting one another in solving their problems under my supervision.*”

This teacher stated that she had instilled trust in her learners. “*Most learners come to me for help whenever they have problems, because they know they can trust me, and I know how to deal with their problems, making them to talk freely.*”

Again, this was the only positive comment made by the teachers about the Peer Education Programme.

• **Counselling**

The teachers felt that the counselling course had rendered them more approachable and more sympathetic towards the learners, but they still felt that they did not have enough skills to do much more than simply listen to the learners. Their fellow teachers tended to refer all problem cases to them as Life Orientation teachers, but the participant teachers did not always feel equipped to offer the necessary help:

“*Being the LO teacher, makes people think you are trained in all aspects, whereas we are like any other teacher, trained to teach learners.*”

Some participant teachers were not confident enough to counsel, which hampered them from implementing their learning:
“I would like to help, but because of the circumstances under which we are working, there is a fear that you might overstepping your position and yet ee!...as a result of that you become reserved and you do not want to go beyond limits.”

It is apparent that the teachers could benefit from empowerment in this area. As one participant teacher commented:

“Lay counseling, I don’t know whether it is still an ongoing programme. It really needs to be re-launched – it is not effective in my school.”

No references were made as to the effectiveness of the sexuality education programme that all of the participating educators had attended.

4.2.2.2 Teachers find it difficult to implement learning from courses

Although the training did have a positive side, the overwhelming opinion was that it had not helped with the implementation of what they had learnt. The opinions of the Life Orientation educators interviewed was that short-term courses, ranging from two to five days, were not long enough to effect positive behavioural change and that follow-up and on-going help would be needed for this to happen.

Other teachers are not interested in learning how to address HIV/OVC

One of the greatest problems not addressed by the training was the implementation of what had been learnt. Most of the participant teachers thought that this was made difficult by the attitudes of their colleagues. When the Life Orientation teachers tried to involve their colleagues in their initiatives to address OVC issues, the response was often as follows:

“Oh, it is this thing again. Oh, it is the LO teacher and her AIDS.”
The above quotation is indicative of how other teachers view the issues of OVC and HIV and AIDS related issues. According to the participant Life Orientation teachers, their colleagues were bored with and negative about OVC and HIV and AIDS matters. The participating teachers indicated that their colleagues moreover thought that they did not need to get involved with OVC issues, since it was the domain of the Life Orientation teacher:

“The issue of HIV and AIDS and OVC is the responsibility of LO educator, it becomes your … your sole responsibility …”.

Not only was there a reluctance to become involved in educating and helping learners regarding OVC related issues, but there was also a reluctance among non-Life Orientation teachers to address HIV on a personal level:

“For instance, there is an HIV and AIDS programme … but when you speak about testing, they do not want hear about that, as if you are going to see their result.”

The issue of jealousy from colleagues towards Life Orientation teachers was raised as a barrier to implementation. One teacher who had attended the NMMU course, said:

“Whenver you come up with an idea, there will be looks and gossip: “Who do you think you are? – you are so good, then you can do it yourself!”

Some respondents expressed the need for the training of all educators because of the lack of knowledge around the disease they had observed:

“If teachers can be trained, there would be no myth about HIV and AIDS because even amongst educated people … they are not knowledgeable about HIV and AIDS.”
The above training needs are supported by literature (Kelly, 2005:12; Bennell, Hyde & Swainson, 2002:101). It is argued that educators who are affected by the pandemic can cope better with the impact thereof if they are well informed (Theron, 2007:181).

Due to the lack of involvement of non-Life Orientation educators in issues around HIV and AIDS, the Life Orientation teachers have become overloaded.

- **Life Orientation teachers are overloaded**

Most of the Life Orientation teachers in the focus groups commented that they were overloaded and overburdened by having to cope with the challenges of addressing OVC related matters:

“I suggest not only LO educators should be sent to these workshops, because we have huge challenges in our schools.”

“I think workload is an issue. In my case, I am the LO educator, an HOD of two subjects, LO and arts and culture, and also thirteen classes to teach, and on top of this, I have the responsibility of referring these children.”

The fact that the Department of Education mainly targets Life Orientation teachers for HIV and AIDS training has apparently reinforced the idea among non-Life Orientation teachers that addressing the challenges surrounding HIV and AIDS in the classroom is the sole domain of Life Orientation teachers:

“I am also a teacher like them; I am also not fully equipped for them to pass on a learner to me.”

The fact that other teachers had not received training in HIV and AIDS issues resulted in them “being left behind” and they consequently developed a negative attitude towards HIV and AIDS and OVC related matters. The
teachers were of the opinion that such training would help minimise the negative attitude displayed by other teachers:

“The reality is that all teachers need to be trained so that the prevalent negative attitude could be minimised.”

The respondents also highlighted the need for all teachers to work together in addressing OVC issues:

“Maybe we could help each other in understanding the problem and assisting the learner to get more professional help.”

The Department of Education (2003:25) has stated that it is the responsibility of all teachers to address OVC issues, calling for a “coherent response” to HIV and AIDS in schools (Department of Education, 2005:5). Therefore, it is puzzling as to why only Life Orientation teachers have been targeted for HIV and AIDS related courses. It seems unlikely that positive and sustained action to help OVC will be taken unless all teachers become involved (Wood, 2009).

All Life Orientation educators expressed the opinion that they were overloaded and that their workload should be reduced to enable them to implement their vision to help learners:

“I want to agree with Teacher A that the workload of LO educators should be minimised, because they are overloaded. I fully support her, because we have dreams about these learners, but they are unable to fulfill them due to this heavy load.”

Some of the teachers also expressed the need for more practical training, such as First Aid training, since the HIV policy stated that all schools should have a First Aid kit. Others felt that Life Orientation teachers should be compensated for their extra work in helping and guiding OVC:
“The dedication we have is also waning, as we do not get any form of monetary redress from the Director of Education – if the Department of Education could appreciate our dedication and provide the necessary support, that could solve our problems.”

Not only did the Life Orientation teachers in this study feel overwhelmed by their heavy workload, they also complained of a lack of ongoing support to help them implement their learning.

4.2.2.3 Ongoing support is lacking

The need for school-based nursing services, as well as services from the Social Welfare and Health Departments to help them address the social ills facing OVC, was raised by the participating educators:

“If the Department could bring back the services of school nurses, we could really solve the social ills.”

Teachers acknowledged the initiative taken by Department of Education to embark on programmes focusing on HIV and OVC related matters, but complained that these programmes were not supported in terms of follow up and monitoring to also assist with the problems that teachers encountered during the implementation stage:

“Programmes have played a vital part, but they need a follow up, as Teacher C has stated.”

The participant teachers felt that they had received little support from the Department of Education, school leadership and the organisations that facilitated their training.
• No support from Department of Education

Although the participant teachers admitted that training had helped them become aware of what skills they needed to address OVC issues, the respondent teachers highlighted the need for more in-service training with regard to the implementation of their learning. One Life Orientation teacher regarded it as her role to, “Observe the learner holistically, taking into consideration all three dimensions, which is physical, emotional and spiritual.”

However, the teachers experienced difficulty in implementing programmes to fulfill this role, in the face of the absence of support by the Department of Education and other helping sources. Literature supports the need to offer comprehensive care and support to OVC (Wood, 2009).

One teacher shared a specific experience: the Department of Education actually sent someone to her school to conduct training. This person did so, without involving any of the teachers who would be expected to support the learners on an on-going basis. Also, in some cases, the teachers who attended the training failed to share the knowledge they had gained, even with teachers who were interested:

“The only programme I had a problem with is Peer Education, because I was not really involved. The Department of Education sent someone to do it, and the person did not involve me, apart from asking for a class to train the learners … certificates were issued to the learners without my involvement. What I didn’t like, was that I didn’t get the feedback from the trainer. Learners didn’t do anything after the training, and nobody monitored that programme. Then I was left not knowing what to do, I believe that it could have been a good programme, but the implementation was mh! … mh! …”.

This teacher was of the opinion that the programme would be better if: “… relaunched in a different way to be more helpful.” She further expressed the need for the training of all teachers in HIV and AIDS programmes in order to
minimise the negative attitude of teachers. “I say that … big high school … still experiencing some problems with attitude of teachers, if more teachers are being trained on new legislations and things like that. . . .”

The above challenges experienced by the teachers with regard to the Department of Education programmes are confirmed by Loening-Voysey (2002:108), who highlights the tendency of the state department in devolving its responsibility, while simultaneously reducing the budget and yet expecting flagship programmes to run smoothly.

The participant teachers repeatedly highlighted the need for the Department of Education to provide on-going training as they claimed to be ill equipped, despite having attended numerous training workshops:

“If the Department of Education can keep on providing training in order to equip us, because still I do not feel equipped enough, although I have undergone a lot of training.”

Current literature supports the need for ongoing support and training to cope with HIV challenges (Theron, 2007:183; Kelly, 2005:12; Bennell et al., 2002:101).

- **School leadership need to be part of training**

Another problem identified in the implementation of programmes to address HIV issues and particularly OVC needs was the lack of support by principals and school leadership in general. Since OVC issues are of a holistic nature, they need to be tackled in a holistic manner and have to be part of a whole school improvement programme (Wood, 2009). This would be possible only if principals and school management bought into the programmes and were trained in running such initiatives (Wood & Webb, 2008). However, according to this and other studies, most do not have the necessary knowledge, skills or experience to do so (Wood & Webb, 2008).
The following quotation from one of the teachers would suggest that principals were in dire need of training with regard to providing support for OVC:

“We have been advised by our principal to push them [OVC] at least to the next level, so that they can be able to take care of themselves.” According to this teacher, this strategy does not always become a reality: “… sometimes, it is impossible, because some become drop-outs.”

Life Orientation educators complained that the Department of Education did not follow up after training workshops had been conducted, and many teachers had experienced problems from both the principal and their colleagues during the implementation of their learning. One Life Orientation educator shared her frustration about this matter as follows:

“That is not happening, it is not happening at all, you are just trained and when you go back to your school, you experience problems. Even if you want to give feedback, your teacher colleagues as well as the principal do not show interest, and yet they refer this challenge to you to attend. The Department of Education too, does not show up to support you.”

A supportive school management would also be able to deal with the lack of resources experienced at schools, help with the implementation of programmes, and also organise the workloads of the Life Orientation teachers to give them some time to implement what they have learnt:

“It would be better if school management would provide us with the necessary resources to make our workload easier. Although we would want to assist these children, the fact is, we do not have resources.”

Another Life Orientation teacher raised the issue of the lack of support from school principals, indicating that “… the Department of Education has recently
offered the principals to attend or do a certificate in HIV and AIDS, but unfortunately principals never attended.”

The participant Life Orientation teachers highlighted the need for the principals to be trained in OVC and HIV and AIDS programmes so that they could become involved and give proper support to their Life Orientation teachers and develop awareness of the programmes being offered at the various schools. In this way, the principals would allow the Life Orientation educators to implement what they have learnt from the workshop. One Life Orientation teacher stated:

“Principals should give educators who have attended workshops such as these the opportunity to give feedback or share information with others … give educators a slot to cascade the information to parents … because HIV and AIDS affect educators, learners, as well as the communities.”

The participant teachers were of the opinion that, as long as the Department of Education did not engage principals in training workshops around HIV, the negative attitude amongst educators would persist. Teachers also complained that they were not being consulted when learning areas were allocated to them:

“I think the Department of Education must see to it that principals do attend these workshops … in my school, you do not choose for yourself the learning area you are comfortable with: you are given any learning area to teach. So we do not have a choice, but to take whatever package is given to you, even whether it is not your favorite learning areas.”

This comment would appear to suggest that some of the Life Orientation teachers did not want to teach Life Orientation and perhaps felt that they would prefer to teach in another area so that they would not have to deal with complex OVC issues. However, due to the lack of understanding by principals, “At the end of the day you cannot complain and say you cannot
cope … you have no option but to swallow the pain and go ahead with the tuition.”

Life Orientation educators complained that they were so overburdened and overloaded with OVC issues, that they were unable to attend to their normal teaching, “In most cases, then one has attend to these matters after school … in order to abide to the same quota system that binds everybody.”

This type of problem is something that can only really be dealt with at school level, under the leadership of the principal.

Teachers were of the view that if principals could be involved and be trained in programmes, there would be follow up and monitoring, and that the workload of Life Orientation educators would be reduced. In short, they needed support and encouragement:

“I appeal that, monitoring and support should start with the principals, even the parents, through SGBs.

• Ongoing support from trainers needed

One Life Orientation teacher explained that they had followed all the guidelines that had been given by the trainers as to how to establish a HAC, but that, due to the unavailability of other stakeholders and the lack of skills of members, HAC has failed in her school:

“We did invite people to join us, even a retired nurse that stays nearby our school, but she has never been present in meetings. Secondly, HAC does not operate effectively, because people who are elected in the Committee do not have skills.”

This example implies that trainers need to provide mentoring to the teachers, rather than simply telling them how to do it and expecting that implementation
will proceed smoothly. The Life Orientation educators suggested that there should be a provision written into the contracts of the training providers contracted by the Department of Education stipulating that there should be follow-up sessions to ensure quality control of the training.

As one teacher complained:

“There is no monitoring at all, you will notice that when the facilitator has to submit claims in Bisho and she wants his or her report to be up to date, she will pressurise you in an awkward time, asking you to give feedback about the effectiveness of the workshops you have attended in writing. In all the DoE programmes I have attended, there was no follow-up afterwards. You don’t even know whom to contact when you are stuck.”

The teachers were positive about the potential benefit of follow-up sessions:

“At least one follow-up session could help us in order to clarify certain issues related to the programmes.”

Another teacher also alluded to the need for follow-up sessions by the trainers:

“To add to what my colleagues have said, there is no follow up at all after we have been trained, and no support is given to them by facilitator. For example, from all the programmes I have attended, only one that needed me to report back, as to how many learners did I implement the programme to, and I never heard anything after that. I was waiting for a feedback from the facilitators, but in vain, so follow up does not take place at all.”

All Life Orientation educators interviewed, expressed acknowledgment of the importance of follow-up after workshops rendered by Department of Education:
“This could have helped us, as to how we can improve in addressing the challenges these children face.”

4.3 CONCLUSION

This chapter presented a discussion of the findings of the study by means of participants’ quotations and comparisons with relevant literature. In the next and final chapter, the conclusions and limitations of the study will be discussed and recommendations will be suggested for the training of teachers to deal with OVC related issues.
CHAPTER FIVE

LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

In the previous chapter, the findings of the focus group analysis were presented and discussed. In this chapter, the conclusions derived from these findings will be presented, along with the perceived limitations of the study and recommendations for teacher training with regard to equipping teachers to deal with OVC related issues. Recommendations for further research will also be presented.

5.2 CONCLUSIONS

The main aims of this research were threefold:

1. To investigate if educators are aware of the issues regarding OVC.

2. To investigate the perceived efficacy of the four current HIV and AIDS training programmes to equip educators to deal with OVC related issues in schools.

3. To make some recommendations based on the findings of the investigation to better support educators in dealing with OVC issues at schools.

To attain this end, a qualitative design was utilised. A qualitative approach was used to gain an understanding of the perceptions of teachers who had attended HIV and AIDS training offered by facilitators contracted by the
Department of Education in the Eastern Cape. Their perceptions around the efficacy of this training in equipping them to deal with OVC issues in their schools were explored and from the findings, certain conclusions have been made. These conclusions will now be presented, following a summary of the findings discussed in Chapter Four.

5.2.1 THEME 1: OVC related issues impact severely on teaching and teachers

In terms of the first aim of the research, namely to investigate the perceived efficacy of the four current HIV and AIDS training programmes presented by the Department of Education to equip educators to deal with OVC related issues at schools, it was found that the themes derived from the data give credence to the available literature, that portrays OVC related issues as impacting severely on teaching and teachers, as both teachers and learners are infected and affected by the HIV and AIDS pandemic.

The findings also support the fact that the stigma attached to the HIV and AIDS pandemic was a cause for misery and stress to both teachers and learners. It contributes to the high level of learner absenteeism, dropout and failure linked to OVC. The teachers also experienced work overload and related stress, as a result of the added responsibilities of trying to meet the physical and emotional needs of children affected by HIV and AIDS.

5.2.1.1 Learning is negatively impacted by HIV and AIDS

The findings provide strong support to the available literature that argues that children whose basic needs are not being met, will struggle to perform well in school or to stay in the system. The infection of the learners with HIV and AIDS and TB, the ongoing stigmatization and the resultant discrimination by both the teachers and their fellow learners were cited as the main causes of learner absenteeism and the high drop-out rate.
The high rate of absenteeism was attributed not only to the ill-health of the learners themselves, but also to the fact that they had to care for infected family members. This caused the learners stress, misery and a sense of isolation from their peers. To compound the matter, the Life Orientation teachers also complained that, in the quest to help meet the basic needs of learners, less attention could be paid to normal teaching and learning duties.

5.2.1.2 Teachers are impacted by HIV and AIDS

The findings support existing literature, which demonstrates that teachers themselves are not immune to the HIV and AIDS pandemic, being affected on both personal and professional levels.

The findings indicate that teachers were finding it difficult to openly and constructively address HIV related issues. This can in part be attributed to the continuing non-acceptance of the HIV and AIDS pandemic by the community, coupled with the attached stigma and discrimination towards HIV and AIDS sufferers. Some teachers also contributed to this problem, since they displayed negative attitudes towards the pandemic and were resistant to addressing it in their teaching. As some studies have shown, a positive attitude by teachers can go a long way towards changing a community’s perceptions of HIV and AIDS. However, the findings reveal some concerns about the teachers’ behavior, thought to stem in large part from a lack of knowledge among some teachers.

The findings also reveal that many teachers were infected or affected by the pandemic, causing emotional and financial problems that resulted in teacher absenteeism and a poorer quality of teaching and learning.

The teachers are in agreement that, due to the severe impact of HIV and AIDS at schools, their roles have changed. Their pastoral role had increased, with them assuming multiple roles: social worker, nurse, counsellor and parent. This has posed some challenges for the teachers, as in most cases
they are not supported by the Departments of Health, Social Welfare and Education. This added pressure, resulting in stress in the teachers and a lack of attention to the core business of teaching and learning.

From the above findings, it may be concluded that:

- OVC related issues are making it very difficult for teachers to teach and for learners to learn effectively

- Teachers are experiencing many problems, because they have increased responsibilities stemming from OVC related issues, resulting in a negative impact on the quality of teaching and learning

- Teachers are infected/affected personally and professionally because of the discrimination and negativity surrounding the issue of HIV and AIDS

5.2.2 THEME 2: Existing Department of Education training courses are not sufficient to equip teachers to deal with OVC related issues

With reference to the training provided to the LO teachers by the Department of Education through various HIV related courses, the LO educators acknowledged the limitation of this training in fully equipping them to deal with OVC related issues.

They revealed that, although their knowledge and attitude have improved because of the training offered, much still needs to be done in terms of support and guidance from both the Department of Education and school management.
5.2.2.1 Some training courses do improve knowledge and attitudes

The teachers felt that the training had contributed to an improvement in their attitudes and knowledge with regard to addressing OVC related issues. The workshops run by the Department of Education were recommended as assisting in helping the teachers to become passionate about addressing OVC related issues.

Most of the teachers who had undergone the training managed to set up Health Advisory Committees and Peer Education Programmes, stating that they had benefited from the counseling course, in that they could now listen to learner problems and were perceived as being more approachable. However, many teachers who felt that they had been able to implement some of the learning successfully, had also completed a two-year programme at the Nelson Mandela Metropolitan University, obtaining an Advanced Certificate in Education in either Life Orientation or HIV and AIDS in Education, and in fact attributed their increased skills and confidence to this, rather than to the Department of Education training.

5.2.2.2 Teachers find it difficult to implement learning from courses

The participating teachers conceded that they were struggling to implement what they had learnt on the courses. The reasons given for this were the perceived negative school environment and the course structure and content.

One of the main problems cited, was that the teachers who had not undergone the training were negative and resisted cooperation with the Life Orientation teachers when they tried to implement programmes in the schools. This resulted in a work overload for Life Orientation teachers, increasing feelings of stress.
5.2.2.3 Ongoing support is lacking

The teachers felt that the Department of Education was not doing enough to assist them in addressing HIV and AIDS issues. They also felt that the Department of Education expected them to render the services without providing them with the necessary resources.

These findings support existing literature, that confirms the non-involvement of most school principals in OVC related issues. The teachers thus felt that they received little support from school management in their attempts to provide support to OVC and ensure that teaching and learning take place.

The non-availability of the trainers contracted by the Department of Education to present the courses was raised as a contentious point; no on-going support, consultation or mentoring had been offered.

From the above findings, it may be concluded that:

- While training helps in improving knowledge and attitudes, it does not equip the teachers with the necessary skills to overcome barriers to implementation at school level.

- On-going support needs to be provided by the Department of Education, school management and contracted trainers to ensure that Life Orientation teachers are given assistance to implement the outcomes of their training.

5.3 LIMITATIONS OF STUDY

Although every care was taken to safeguard the validity of the study through the measures to ensure trustworthiness, certain limitations pertaining to the research process and methodology were noted:
• Since the study was qualitative in nature, the findings cannot be generalised to all teachers.

• Only Eastern Cape teachers were sampled, all from the Nelson Mandela Bay vicinity, and therefore the findings cannot be generalised to all provinces.

• Many teachers had been trained by the Nelson Mandela Metropolitan University, so the impact of this training cannot be separated from the impact of the training offered by the Department of Education.

• Conducting the interviewees in IsiXhosa elicited much more meaningful responses; however, the translation into English could not adequately capture some of deep, inner meanings and feelings expressed by the teachers.

• All the participants were aware of my position as the District Co-coordinator of HIV and AIDS training programmes, so this might have negatively impacted on their willingness to criticise the programmes. Although I feel that I managed to dispel this attitude, I cannot be certain that all responses were completely truthful.

Most of these limitations imply that teachers could have presented a more favourable evaluation of the impact of the training; therefore, it may be concluded that, if anything, the actual situation is worse than revealed by the findings.

5.4 RECOMMENDATIONS

The second main aim of this study was to make recommendations for the future training of teachers to cope with OVC related issues at school. The following recommendations can be made, based on the findings of the study:
5.4.1 Recommendations for pre-service training

Based on the fact that teaching is severely impacted by OVC related issues, it is recommended that:

- All initial teacher training programmes contain theory that will help future teachers understand and know how to respond to OVC related issues in schools.

- All initial teacher training programmes contain opportunities for practical experience to help future teachers learn how to implement theory to cope with OVC related issues in schools.

5.4.2 Recommendations for in-service training

Based on the perceived needs revealed by the participant teachers in coping with OVC related issues, it is recommended that:

- Training courses be of longer duration and offer opportunity for implementation to take place with the necessary support.

- School leadership be trained to support the implementation of programmes to address OVC related issues and involve the SGB and wider community.

- All teachers, not only LO teachers, receive some training to help them understand the impact of HIV and AIDS on their personal/professional lives and how they can help to address OVC related issues.

- Service providers, contracted by the Department of Education to provide training, be monitored and evaluated to ensure the quality of their programmes and that they be able to provide on-going support and monitor implementation.
The Department of Education evaluate the training programmes and investigate how it can offer on-going support to schools to deal with OVC related issues.

5.4.3 Recommendations for future research

In order to build on the findings of this study, it is recommended that:

- The population of the study be widened to include other areas from the province, e.g. more rural areas, in order to gain a clearer picture of the perceptions of teachers with regard to OVC related issues and training.

- Studies be done in the vernacular and be written or published in the vernacular language so as to reach all the intended people and communities.

5.5 CONCLUSION

This chapter summarised the conclusions reached by the researcher concerning the study.

The limitations of the research were highlighted and recommendations were made for the pre-service and in-service training of teachers, as well as for future research. The research has attempted to highlight the need of teachers for training to equip them to deal with OVC issues. If the teachers are not equipped to address OVC related issues, education in this country will come under severe threat.
BIBLIOGRAPHY


APPENDIX A

ETHICS APPROVAL FROM NMMU
Ref: [H08-EDU-ASE-003/Approval]

Contact person: Carol Poisat

03 March 2008

Ms L Goba
Education Faculty
NMMU

Dear Ms Goba

CHALLENGES FACED BY EDUCATORS WITH REGARD TO HIV AND AIDS RELATED ORPHANS AND VULNERABLE CHILDREN

Your above-entitled application for ethics approval served at the February 2008 meeting of the Faculty Research, Technology and Innovation Committee (Education).

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

The ethics clearance reference number is H08-EDU-ASE-003.

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

Yours sincerely

Prof M M Botha
Chairperson: ERTIC
APPENDIX B

PERMISSION FROM THE DEPARTMENT OF EDUCATION
SUBJECT: REQUEST FOR VENUE TO CONDUCT FOCUS GROUP INTERVIEWS

In response to the letter dated 4-12-2007, I wish to inform you that the interviews will be conducted during school holidays or on a week end, hence I requested to utilize one of the halls which are quiet, accessible and in addition teachers are familiar with the District Office.

Your response will be highly appreciated.

Yours in Education.

MS. L. GOBA

Request Approved as indicated in the letter for conducting the research.
Good luck with your studies.

JLM
03/01/2008.
APPENDIX C

CONSENT FORM
Dear Sir/Madam

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

I wish to conduct a research project entitled, “Addressing challenges faced by educators with regard to HIV and AIDS, orphans and vulnerable children (OVC) in selected Primary and High schools in your district, as a requirement for the Masters in Education treatise.

The objective of the study is to investigate the perceived efficacy of the current training programmes to equip educators to deal with OVC related issues at schools and to make recommendations based on the findings of the investigation to better support educators in dealing with OVC issues at schools.

You are kindly requested to participate in this research study. You will be supplied with the information that will assist you to understand the study. Your rights and risks involved will be explained, and you are free to ask questions.

You will be requested to give your written informed consent to participate by signing and dating a consent form. If anything in the consent form is not clear to you, you are free to ask for an explanation.

Anonymity will be ensured through omission of names and places in the study. Only the researcher and the independent coder will have access to the information obtained from tapes.

MS. L. GOBA
MASTERS DEGREE STUDENT – NMMU
0825729443

CONSENT FORM

I…………………………………….(name of the patient) hereby give consent to be interviewed for the purpose of this study.

Signed on this…………………………day of………………………….2008

at…………………………. Signed…………………………………………
APPENDIX D

SAMPLE OF FOCUS GROUP TRANSCRIPTS
FOCUS GROUP INTERVIEW: FIRST SESSION

Researcher: Firstly, thank you all for accepting my invitation and coming. I just want to find out from you if I should conduct my interviews in English or Xhosa. Secondly, would you please put all your cell phones off? As I have called and asked you to be part of this interview.

I just want to repeat myself in front of everybody that the objective of this study is to investigate the perceived efficacy of the current training programmes to equip educators to deal with OVC that is, Orphans and Vulnerable Children related issues at schools and to make recommendations based on the findings of the investigation to better support educators in dealing with these children.

In other words I would like to know how these programs of HIV and AIDS that is Focus in the family; Lay Counseling; Peer Education and HAC (Health Advisory Committee) address the challenges faced by OVCs. It is better to correct the programs so that we can make recommendations of what needs to be done to meet those needs. You are also free to voice your opinions even when I ask questions. Further I need to explain to you that your anonymity will be reserved at all times and the information you supply will only be used for the purpose of improving the training intervention for teachers. There are no known risks for your involvement but you may benefit from future inputs of the training programs. Your anonymity will be ensured through omissions of names and places in the study, only the researcher and the independent coder will have access to information obtained from tapes. You are free to opt out if you so wish. We will quote ourselves as teacher A/B; from Primary/High School and I am LO educator. If you agree to participate I am now going to ask the co-moderator to hand out the consent forms.
Participants

I’m teacher A from primary school
I’m teacher B from high school
I’m teacher C from high school, grade 8-12
I’m teacher D from primary school, grade 1-9
I’m teacher E from primary school, grade R-7
I’m teacher F from primary school, grade 1-8
I’m teacher G from primary school, grade R-7

Thank you.

Researcher: I’m the researcher from NMMU, I’m doing the study.
Co-moderator: I am from the Department of Education (DoE). I’m the research coordinator in the DoE. I’m going to hand out the consent forms I need you to write your names and sign, if you have any questions you may ask.

Researcher: Now we about to start: How do you understand the impact of HIV and AIDS in your learners? You are free to interpret this question in your own words, and there is no wrong and correct answer. Feel free ladies.

Teacher A: If I hear you correctly you are asking how HIV and AIDS affect our learners. I don’t think it has a positive side, it affects them negatively.

Researcher: What do others say and why?

Teacher B: I think I agree with the previous speaker yes it has a negative impact on the learners. It is a human right issue; it comes with rules and regulations. It is a big issue; it is not a curriculum type of thing. For example, you cannot force a child to disclose because you see a troubled child and you can not force the child to disclose his /her status and it is not easy for them to do so even if you are aware that the child is positive as much
as we are telling them to have confidence in us. What I wanted to emphasized is that no matter how much the HIV pandemic is publicized, learners still get infected. They get infected and they keep quiet about it. No matter how the child was infected, be it through rape but they still keep quiet. They don’t even acknowledge the sayings that is, “don’t keep quiet because it was never your fault”. It is a difficult thing because it is a human rights issue, you sometimes notice that the learner is sick but you are unable to approach him/her. It is only when the child approaches you that you can give advise. You become so cautious that you don’t want to be seen as diagnosing the child. I don’t know if I answered the question correctly.

Teacher E: In addition to what has been said, the situation is even more difficult in primary school than in high schools. Because, it is easy to identify a sick child and call upon a parent, but if the parent does not come it becomes very difficult for the teacher to render support. As teacher you also observe that other learners are likely to isolate the sick child, even through play they are likely to humiliate one another saying all the negative things labeling the child. I believe if parents could be involved and form part of the school decision making, things could be better for teachers in addressing their children’s needs. If there could be a strong relationship between parents, teachers and the school things could be better for teachers in terms of support and addressing their children’s problems, be it HIV and AIDS or anything that could hinder their progress in school.

Teacher A: For me what I can say is that we are some how improving from the courses offered by the DoE because some of the things we did not know. There are children that can get help from us and there are those that we cannot: it is 50/50, and others get helped. We also have contacts to which we can refer these children if need be. My point is: yes we need the support from the DoE, but we also need support from our schools, because teachers develop negative attitude when we come back from the training courses to give feed back. They say “Oh! It is this thing again (HIV and AIDS); Oh! It is the LO teacher: in other words they become bored about the topic and that demoralize your confidence. It is better to give report back to parents and learners because they are capable of listening
to us unlike our colleagues who are not supportive at all. They have that attitude: you see! That stigma! Meanwhile we also render support and give advice to them as well as to families. The treatment they give to these learners (OVC) is sometimes uncalled for. They only become interested when the problem lies with them.

Teacher G: My interpretation to Ms Goba’s question about how is the impact of HIV and AIDS on learners? Its one of the major issues that causes child-headed homes and orphans and on the other side it also causes social issues because through HIV and AIDS children have lost their parents. It has caused many orphans; child-headed homes and there is no control in these child-headed households as the result children do not come to school; there is also high rate of absenteeism. It has such impacts: social issues!

Teacher D: I strongly support teacher A. The department really needs to help us change the mindset of teachers as far as HIV is concerned. Recently I had flu then when I came back from sick leave; I told my other colleague how sick I was that I decided to go for HIV testing. She advised me never to say that again at the school. I told her that I assumed they are educated why should I hide that I went for HIV test, so it reminded me how deep the issue of HIV stigma is in our schools. Really the DoE needs to intervene and support us especially LO teachers because we tend to label people. A person cannot get sick for an extended period of time, you will hear them passing remarks “Did you see how thin s/he is; you know we tend to diagnose sick; making insinuations and not giving the support they deserve: These are the people we need to embrace and support them as much as we can because we like a family when we work together. Imagine what example we are setting to these learners that we teach if we have such attitudes. If we have such negative mindset; these children want to be loved because they do not get that from their families therefore that leave us with a responsibility of being parents to them. As teacher B is saying that some learners are in child –headed homes, you later discovered that s/he has died; because they do not get the support and care from school as the result they: disappear from school and sometimes you no longer hear about him or her; some become embarrassed and die a lonely death; others resorted in doing things they never thought of because we tend to reject them due to HIV and AIDS.
Teacher F: To add on what my fellow teachers have said, HIV and AIDS has a negative impact more especially in Education sector because the teachers themselves are sick resulting in them being absent and this impact negatively on the learner’s school performance. It has a negative impact on the learners because they are left with no supervision; children become orphans because of the disease; Families or relatives looking after these children are being compensated but they tend to be greedy instead of looking after the well being of these children; these children do not have a brighter future because sometimes both parents have died in return they also become parents to their siblings or if not they look after their sick parents; some become vulnerable because they have needs that need to be met and then ended up being HIV positive. HIV enormously affects Education because it’s the centre if there are no children no education will take place so applies to educators. So I would suggest that not only LO educators should be sent to these training workshops because we really have huge challenges in our schools. You will also discover that even the teacher has a negative attitude simply because you happen to know her/his status. S/he has a denial and through the frustration s/he ended up having an attitude towards the learners. If all teachers can be trained there would be no myths about HIV because even among educated people there are many people who are not knowledgeable about HIV and AIDS. Otherwise we are trying our level best but we are not getting support from our colleagues it ended up being the LO educator’s responsibility. For instance there is HIV and AIDS programme that is design for teachers but when you speak about testing they do not want to hear about that as if you are going to see their results of which it is all about HIV and AIDS awareness.

Researcher: You have given me so many responses of how do you perceive the impact of HIV and AIDS on learners. You have highlighted the following: high rate of absenteeism; negative attitude from teachers; denial; stigma attached to HIV; child-headed homes; training of all teachers not only LO educators; no support and caring of OVC etc. DO you feel you have been equipped to deal with these challenges related to OVC?
**Teacher C:** Firstly, we as LO educators we are not equipped, being a LO teacher makes people think we are trained in all aspects about HIV whereas we are like any other teacher trained to teach learners. We also not fully knowledgeable about HIV and AIDS, we also gain knowledge through attending workshops which are sometimes a day or three days. Teachers who are not LO teachers do not want to participate in any HIV and AIDS programmers, they become bored even whether I want to give feedback about the training I have attended. Even whether the DoE coordinators have given us tasks, it will be the LO teacher to see to it that the task has been done. For example, at some stage the DoE would require schools to send a list of OVC to be issued food packs or whatever, I am telling you, that will be my responsibility in my school, like the others have just mentioned. I am telling you that no one took that upon himself, or herself, I had to beg them but it ended up being my responsibility to identify those learners. Yes I am a LO teacher not an HIV and AIDS teacher. So we have got those challenges in our schools of teachers having negative attitudes towards HIV and AIDS Programmes.

**Researcher:** Tell me, the attitude you alluded to, is it widely reflected or experienced in other schools? Can you relate your experiences?

**Teacher A:** In my school there problem is not that much, for instance before I became an LO teacher the issues of HIV and AID were referred to me. When it comes to teachers I do not experience much problem , beside those isolated cases that erupt, for example , in that case of a teacher who once tested , I also experience the same thing when one of my colleague scolded me for disclosing the fact that I went to test, and further she stressed that , I should never again do such a thing, so really , though the DoE equip us , there is a need for DoE to support us by providing Social workers that would sustain the awareness. The Department should also strive to allocate one Social worker per school that would alleviate the feeling we are subjected to of seeming to be beggars when ever we take our cases to Social workers. The issue here is , if each school has its own Social workers these problems could have been handled at one school.
Researcher: The teacher refers to challenges she has experienced as an LO teacher, and that all these problems end up being her responsibility. This clearly indicate an attitude with regard the issue of HIV and AIDS, is this attitude experienced by other teachers at their schools?

Teacher D: Ok let me begin by addressing the question of whether the department has equipped us enough in addressing the issues of OVC? Yes I would agree that, we people who attend the workshops are equipped, but the majorities of the people are not equipped and are left behind, that is why we are experiencing these attitudes from other schools. If the department could bring back the services of school nurses, we could really solve the social ills without violating the human right issues, because we would be able to refer these cases as we identify them to the relevant services, like health department, social welfare etc remember we as educators are not social workers. Yes we do our best as educators, because we are there with the learners for the whole 8hours. Thirdly if only we could have Psychologist because HIV and AIDS does not affect only the physical aspect of the learner, it also has to do with emotional being of the learner of which, we teachers falls short of dealing with emotional problems of learners. For example a teacher would come across a child who does not want to write or cooperate, and jump to the conclusion that, the learner is cheeky etc where- as the child has been emotional affected. The teachers’ role is to observe the learner holistically taking into consideration all three dimensions which is “physical, emotional and spiritual” if therefore one of these fail, that is where the department of education need to intervene; we need Psychologist; Social workers; and School Nurses also the teachers should also under go in service training because we need the skills and need to help as part of the larger community. But here and then we fall short because of the lack of skills. The reality is that all teachers need to be trained, so that, the prevalent negative attitude could be minimized. Although it is difficult to change once attitude, but at least the training and empowering of teachers would go a long way in addressing the issue and the message would reach the community at large and all other stakeholders would be involved. Policeman should be involved to deal with question of rape; the churches should also be involved as there is lots of discrimination in some of the churches with regard to HIV and AIDS issues. So if all the
stakeholders could be involved, then, the learner would be in a better position to be taken care of, and then all social ills would be addressed.

Teacher D: Ey! in my case it will be different, in the sense that in my school we are working hand in hand. Firstly I have attended the entire workshop hosted by the department of education. Secondly from the workshop that I attended which was Health Advisory Committee (HAC) when I came back I made sure that I implemented the resolution immediately; we do have a school nurse; we work together with Kwazakhele clinic, which is near by, we a Social worker; we have Policemen from new Brighton, when ever we have cases we referred them. HAC is functional in my school, if the committee attends a workshop; they then come back and implement the resolution taken. So what I am trying to say is that, if we do not involved other people, the tendency is that people would not partake in your programmes. Secondly in so far as the training is concerned I am a trained LO teacher and I can say I am qualified because I trained at NMMU

Co-moderator: This is the continuation of the interview on the 1st of July 2008

Teacher B: I’m a LO teacher in my school and I can say I’m fully equipped in the sense that I have counseling skills so whenever there’s a problem I apply them. The case of attitude varies from one school to another because in my school we work as team, right now there are two qualified teachers who studied at NMMU and we have formed a committee.

The department’s workshops have helped a lot in changing the attitude; one should have a passion for what one does and empowering the negative teachers who have these attitudes actually helps end the attitudes. “Attitude and no attitude but the team work is very important”

Teacher A: Also in my school the situation is not the same we now have five HIV official support groups. I’ve tried my level best to be involved in everything; I am also a LO
teacher. There is a peer education programme in my school and learners are assisting one another in solving their problems under my supervision.

I don’t give much attention to negative teachers because I like what I do for the benefit of the learners. Most learners come to me when they have problems because they know they can trust me and I know how to deal with their problems, make them talk and be free. “I do not mind and do not care what they say, because I am not there just to earn the salary but to serve the learners as well” as a teacher it is not a good thing to bring your problems/baggage’s to school. Most of these learners end up approaching me, and the teachers are questioning that, but it is because I am approachable than other teachers.

**Researcher:** Alright, teacher A; I heard all your views that situations differ; other teachers are experiencing negative attitude from their colleagues and others do not. Then if you are experiencing these challenges how effective are you in addressing the OVC’s needs? I understand the department of education has trained and equipped you in many programmes that are related to HIV and AIDS, such as HAC, Peer education, Lay counseling, focus on the family, that is an abstinence programme. I would therefore like to know do you come back and implement them and how effective are they in addressing the needs of Orphans and Vulnerable children, because I believe you do have these children in your schools?; After you’ve been trained by the Department of Education do you go and implement what you’ve been taught?

**Teacher A:** In my school I do not have problem when ever I attend a workshop I do come back and give the report to the school teachers, the learners and call upon the parents if need be to share all the information, in that case I do not experience problem as such. Yes there are still some people with negative attitude, who give various excuses whenever I want to give a feedback give, some would report sick; others would ask permission to leave early, thus avoiding the report session, this has a negative impact in empowering other teachers however I get strength from knowing that, the learners are benefiting and we also have created a vegetable garden to assist the OVC and the less fortunate parents are benefiting.
Researcher: let me repeat myself, do you feel you have been well equipped to deal with issues related to orphans and vulnerable children? Also are these programs rendered by the Department of Education effective in your schools?

Teacher C: Firstly, we are a small high school but when it comes to peer in our school it is another matter. Every program I’ve attended in the department of education we sit down and discuss it then look for solutions in our programs; for instance the first time when I attended the abstinence program was hurtful, I found that most children took a pledge to abstain from sex putting their reasons, their living style and how the HIV is fast spreading in their areas. When we conducted our peer education we did not do it for our school alone but we tried and involved other high schools that were not able to attend the workshop so that we can work as a cluster. We also decided to involve other stakeholders in all our programmes that deal with HIV and AIDS. for example a certain Mr. X want to conduct programmes in HIV and AIDS and would like to involves some parents so that they can be empowered to assist in counseling skills and impact their knowledge to assist the communities. So I do think some of the programmes I attended have been helpful in assisting the school as well as the communities.

Teacher B: In the first place we do have these things (HAC) we do have a committee of HAC and some of our teachers were trained in this program and we formed a committee, but the problem is that there’s no parent in this committee. Parents are never available so we run the HAC ourselves and the principal is involved as a result we set up an HIV policy that is very helpful. Though I attended all other programmes like lay counseling, wellness and others, the only program I had a problem with is Peer Counseling because I was not really involved. The department sent someone to do it, and the person did not involve me apart from asking for class to train the learners, and at the end of the training, certificates were issued to the learners without my involvement. What I didn’t like was that I didn’t get the feedback from the trainer; learners didn’t do anything after the training, and nobody monitored that program, then I was left not knowing what to do.
I believe that it could have been a good program but the implementation was --------.
Maybe if it can be re-launched in a different way, it could be more helpful. I say that because we are a big high school and we still experience some problem with the attitude of the teachers, if more teachers are being trained in HIV and AID it could sensitize them to some thing they are ignorant of and I which we could be trained on new legislations and things like that, because other new things that are taking place I get them on new publication it would be important if the DoE can keep on providing training in order to equip us, because still I do not feel equipped enough although I have undergone a lot of training. Even the training that took place at NMMU I was not involved instead they chose an HOD teacher for English who is always busy not be able to impact what she has been trained for two years. So I which the DoE could have continuous training more especially for LO teachers. LO teachers are very busy for example there are cases where by the LO teachers need to go to the Police station to report cases and even the issues that has been raised regarding social workers, really it is difficult to get social workers, we are forced to go to Social development even then, we are told to make appointment, so the DoE can really assist us in sourcing this resources these programme could function smoothly, so it is clear there are some factors that hinders us in implementing them.

Teacher B programs have played a vital part but they need a follow up as Teacher C has stated. Because not everybody has attended these programmes but to those teachers who have attended the programme are trying their level best in addressing the social ills experienced by these learners, as HIV and AIDS affects everybody in one way or the other.

In case of the OVC’s in my school I’ve started a kid’s club programme whereby the activities are designed in accordance to their levels of performance and ages. Like the abstinence program involves the grade 7, to 9 and different programmes for the intermediates phase. Every Wednesday there is a new different lesson, I also involves members of the community and social welfare more especially in foundation phase. At least the DoE programme would place us in an enviable position if we could work together as teachers, at the same time leaning on the DoE help to provide the programmes
we need, like Psychologist, Social workers because we are unable to attend other problems when the child is affected Psychological or when these children themselves becomes parents to their siblings or looking after their sick parents. All those things are affecting them Psychological. So the DoE could provide us with this services, at least there would be an improvement in addressing the challenges faced by OVC. So, you know educators are doing such tremendous work because they are change agent. It is true that the DoE is trying to equip the educators with programmes that address the HIV and AIDS, but the fact is, there is somehow a lack of motivation amongst educators. HIV and AIDS is there, and is going nowhere, hence it is important that, we as educators should encourage the participation of parents in the fight against HIV and AIDS, so that they could support us in educating their children. For example: in one of the abstinence event I once had, one of the learners said “Mom we hear you and are really proud that we should take care of ourselves and respect ourselves, but what do you say when my mother gives me permission to sleep over at boyfriend place.” You know we give an advice on certain matters only to be in conflict with the parents’ advice. So as the teacher it is also our duty to call on parents and advise them.

Researcher : I hear your views, what I would like to know from you is whether you are well equipped or not to deal with these OVC’s in your schools? Where do you lack?

Teacher B As I’ve said before we are well equipped to do procedures and follow up, identifying orphans. The problem I am having in my school is the referral procedure because when we refer these learners to social development no action is taken. For example at one point we were asked to submit the orphan’s names but nothings came out of that. Another challenge is that there are feeding schemes in primary school but none in high school. We get help from the homes but not all the times and. In my school we try our best to provide something for these learners, like food etc, we even get donor’s from outside organizations, only to discover that, these feeding schemes cannot be sustained, the children feel let down as they have thought that, the feeding would be sustained. An orphan is an orphan whether in primary or high school.
Teacher F: we also feed the OVC from the school fund, we have however not been able to get anything from the fundraising, and we depend on asking assistance from various donors, I wonder why the DoE does not feed the learners in High school as they do in primary schools. The second problem is that, when we refer these learners to social development to access child grant, Social development also comes up with other technicalities such as birth certificates; in some cases the parent have died and never made provision for such documents where would they get them? it would be better if the department could provide us with necessary resources to make our workload easier although we would want to assist these children, the fact is, we do not have resources, and at the end of the day we do need extra time, because just because one is an LO teachers one need to abide by the same quota system that bind every body.

In most case then one has to attend to these matters after school, or take time off from the tuition to assist in addressing these issues, in most case the teachers play the role of parents by taking these children to social development and stand in as their parents. If the case requires the Police, the teacher takes responsibility, but this becomes too much hence we are saying that we really do need the support of the DoE in this regard.

Teacher B: In the case of referral, I think all the school is experiencing problem with the Social development, the Police are even better as they will investigate the case further and are relatively quicker in assisting us than the Social development. So this end up on the teachers losing passion and become negative as they are tossed from left to right without any assistance. If these resources could be made available, the teachers are positioned to make a positive impact, as they in the centre of all this, the teachers are also dedicated and are able to assist first hand.

Researcher: What I have found out is that you have a problem with referral system, mindset, and too much workload for LO teachers, inadequate resources to help OVC’s. You say you try your best to meet the needs of the learners but that’s not enough. I would like to find out from you what can be done by DoE to improve the situation, so as to address the challenges faced by OVC’s?
Teacher A: If the department could liaise with social development and agree to have at least one social worker for four to six schools that you will consult on any issues pertaining to the needs of the learners our problem is that, though you go to Social development having made an appointment, you are not attended to, and you end up failing to conduct your scheduled classes and learners loses out. If the DoE could assist us in ensuring that each social worker has a responsibility to serve a certain numbers of schools, likewise the nurses should be allocated such responsibility; this will go a long way in solving our problems. This will also free the teachers from unnecessary responsibilities and solely focus on their core function that is to providing teaching to learners.

Teacher G: Teacher A has said everything I was going to say, exactly the same way. It’s true that when you visit this department you are being tossed around with all kinds of excuses like the person said For example I have a learner who is HIV positive, however the attitude I get from my colleagues is that “the year was too long for them to see this learner pass on to the new class, for they regard it as a burden and an added responsibility to assist these learners.” I am also a teacher like them, I am also not well equipped instead of passing a learner to me, and maybe we should have helped each other in understanding the problem and assisting the learner to get more professional help.

Teacher C: my colleague has mentioned that the DoE does not want tablets in our schools the question is what do they want? , because when we formed HAC we uses school policies and guided by PAM document the PAM documents clearly states that when schools formulates HIV policies , there should be first aid kit in schools, but we do not have those resources , also the DoE never even trained us in handling the HIV kit, I do think that every LO teachers need to be trained in first aid skills so that we do not depend on other teachers. The courses is expensive for individual to attend on their own , also another challenge is the high rise of petrol which affect us as we solely depend on our own vehicle in transporting these learners to and from hospital. We do not get any assistance, so this is some of the issues that we feel Nurses, social the workers and
Psychologist, should be seconded to our school so as to alleviate this challenge. The dedication we have is also weaning as we do not get any form of monetary redress from the DoE. If the DoE could appreciate our dedication and provide the necessary support that could solve our problems.

Researcher: Teacher C has already, alluded to HAC, what I would want to find out is what assistance does HAC has in the schools, when it is obvious that the OVC are still not being addressed, teacher C has also alluded to the DoE refusal to dispense tablets to school children, you also said nurses and social workers are needed, how would you rate the performance of HAC at schools, because you have said that you teachers are equipped in addressing the needs of OVC?. What do you think could be done if HAC is not effective in schools?

Teacher C: HAC is not doing well at schools, it has some guidelines which gives us direction as to how the committee should be formed. We did invite people to join us, even a retired nurse that stays nearby our school, but she has never been present in meetings. Secondly HAC does not operate effectively because people who are elected in the committee do not have skills, although there are good things that take place in our school to meet the needs of the disadvantaged children. For example, we have a vegetable garden that serves the interest of children. All teachers need to be trained in all aspects so that it does not become the LO educators’s responsibility to attend to HIV and AIDS issues. Like for instance I am not trained in First Aid, only one educator was trained in my school. My school is big we need such basic skills as LO educators , so that even the mindset which is a problem can change, educators will have adequate knowledge about this disease

Researcher: Teacher B you want to say something?

Teacher B: That’s why people have myths about the disease, we need refresher’s courses. To repeat myself I say we need social workers in our schools. I would like to add on the issue of work load, at the end of the year, the work of the LO educator is equal to that of
an English educator meanwhile the LO educator is responsible for sick bay and attend to other issues related to the well being of the child. At the same time we are expected to teach these learners. In reality we are unable to implement what we have benefited in training workshops. Therefore the Department of education must minimize the LOs workload. For instance I have three free periods during the week of which I have to jungle in and see what to do during these periods.

**Researcher:** I hear what you are saying, you are talking about too much load for LOs; need training for all; HACs are not effective. What is it that you think can be done in your schools to alleviate this work load?

**Teacher B:** I will recommend that LO educator must be solely responsible for LO matters so as to be efficient in her duties.

**Researcher:** What are the other educators saying?

**Teacher C:** I think work load is an issue, in my case I am an LO educator, an HOD of two subjects, LO and Arts and Culture and also 13 classes to teach and on top of this I have all the responsibility of referring these children. So I still maintain that if the mindset of educators could change, there could be cooperation amongst us as educators. “I think it’s about time that LO as a supporting subject like any other subjects needs to enjoy its status). If it can enjoy such a status we would not be mourning like this today, because it is treated as an additional subject when one is short of a quota. If we want dedication from educators, the DoE must therefore change its structures.

**Teacher E:** I don’t want to get deeper into the issue of workload because schools differ, but I wish that an LO teacher could solely be responsible for LO but she can not, due to other issues that she must take care of, and you will find that she spends more time attending to those issues. The issue of taking LO as a valueless subject, really, really is seen like that, and yet when we speak of integrations of learning areas LO can not be left
out because all learning areas include LO. For an example, if in a learning area a topic is about “respect”, this topic is being reinforced even in other learning areas, be it English etc. So it goes back to what other members have said about the issue of mind set, we really need the support of DoE so as to minimize the workload of LO teachers. We really need social workers, school nurses, psychologists in our schools so that we could be able to refer these learners and make the LO teachers proud that they have fulfilled their tasks.

**Teacher A**: I think the DoE must see to it that principals do attend these workshops, because in my school you do not choose for yourself the learning areas you are comfortable with, you are given any learning areas to teach. So we do not have a choice but to take whatever package is given to you even whether it is not your favourite of learning areas. At the end of the day you cannot complain and say you cannot cope because of…..but to swallow the pain and go ahead with the tuition. So if the DoE could assess and monitor us to see which subjects we are comfortable with, we wouldn’t be taken for a ride because seemingly they look at your willingness and load you with too much work. Educators tend to take a back seat and then you also develop that attitude because you see that no one else wants to take responsibility.

**Researcher**: If I heard you correctly you are talking about not being given the opportunity to choose the relevant subjects; too much work load upon your shoulders as Los; principals to participate in these workshops. So what else do you think should be done to address the issue of resources in schools?

**Teacher D**: To add on, we need resources in our schools, for example if we pick up the issue of birth certificates for these children. At some stage I tried to organize Home Affairs to arrange birth certificates for OVC because some do not even have clinic cards. So in order for them to access grant they should have these documents in place. So if all sister departments can work in partnership with our schools, the LO educator can then be able to focus in her tasks.
Teacher B: I also want to say something on the issue of resources, firstly I do not want to say DoE must provide schools with money but at least these learners must be fed and they must be awarded bursaries, because some of them live with their grandparents. Therefore if we can have partnership with the entire sister departments mentioned by other members, there will less work load for LO’s we will not be running around like this. If we did not have the nearby clinic we would be suffering really. I also want to mention the issue of First Aid kits that are more important than ever before, children are accidentally scratching one another and in our schools it is easier because the clinic is nearer and if that was not the case it would have been very difficult and now we can see that there is TB outbreak, we have to ask the nurses for their help. As far as the first aid kits are concerned they should be provided to all schools, and the fact that DoE does not want pain tablets in schools that should be brought back. We really appeal to DoE that it should provide these essentials to all schools.

Teacher D: To add on the DoE must stop theorizing to say schools must not expel learners because of not paying school fees; meanwhile it has done nothing for the schools to meet the needs of these children. It should stop having fears, the major thing it has fears!

Teacher G: To add on, the department should conquer its fear as far as school fees go, it must stop theorizing and practicing what it preaches. Every child has a right to education and no one should be chased away because of being unable to pay school fees. Government should compensate schools.

Researcher: Could you expatiate what is this fear?

Teacher G: The DoE’s fear is the fact that it says no school fees should be paid whereas it is doing nothing for school and yet there is a lot that we can do with school fees. Teacher C has mentioned that they feed their children out of their school fees and yet there is nothing of that kind in my school. The school fee is R40 but parents do not pay it and the school ended up having nothing to support these children. We do fund raising at our schools but because there are so many activities we ended up doing other things that were
not meant for the money, and the money still become not enough for what it was meant for.

Researcher: Is there anyone who would like to add on? If I heard you right when I asked you whether do feel you have been equipped enough to deal with these issues, some say “yes”; others say “no” you are not equipped enough where you can be bold enough to say you can face the challenges of the OVCs in schools. Is there anything you might have left out that you would like to say about the programmes that are being rendered by the DoE in school to address the issues related to HIV and AIDS as well as OVC issues? Allow me then to recap then what you have said, you have mentioned the following challenges: the reasons for too much work load; you need team work; partnership with various departments to share the work load, because the LO teacher finds herself solely responsible in schools; she has to run around attending to these issues while there are learners waiting to be taught. Another teacher said she uses own petrol money to run around; workshops should be done for the entire school to change the mindset of the educators; the programmes can be effective if you can get the necessary support from your colleagues; report back by you to your colleagues is also a challenge. “Tell me if there is anything you would like to say about these programmes?

Teacher B: To add on the issue of the need for in-service training for all, it would minimized the attitude we as teachers have against children because we may see a learner as being cheeky, and only to find out the learner has a problem. If all the educators could be sensitized and made aware of the problems or behaviors experienced by these learners and try and seek assistance. Really we should all be involved in this, one must not say HIV has nothing to do with me. Sometimes these children behave cheeky and yet they are not like that, but because they have other problems, for example, they might be thinking of their siblings or parents they were suppose to have fed or given them medication. Remember they come to school also with their own baggages but the educators might see things other way round and think that children are misbehaving and yet the impact of HIV has negative effect on the child.
Researcher: Do you get assistance in terms of monitoring and support from the DoE or from the facilitators of these programmes that is, Lay Counseling; Peer Education; Focus on the family; HAC. After you have been trained, do you implement these programmes in your schools?

Teacher A: What I was going to say in all these workshops that DoE has arranged for schools, it seems as if ………… in our schools. The DoE needs to support us and make sure there is implementation when we come from workshops so that there is a follow up. The teacher who has attended these work shops should make sure that she implements what he/she has gained by so doing the DoE would be able to identified where the problem is.

Teacher C: There is no monitoring at all, you will notice that when the facilitator has to submit claims in Bisho and s/he wants his or her report to be up to date he/she will pressurize you in an awkward time asking you to give feedback about the effectiveness of the workshops you have attended in writing and that has happened once. In all the DoE’s programmes that I have attended only one that needed me to report on and there was no follow up afterwards. You don’t even know whom to contact when you are stuck. At least follow up sessions could help us in order to clarify certain issues related to the programme, like in Lay Counseling I don’t know whether it is still an on going programme, it really needs to be relaunched, its not effective in my school.

Teacher B: To add to what my colleagues have said the there is no follow up at all after we have we have been trained, and sometimes we do need that support from the facilitators. For example from all the programmes I have attended only one that needed me to report on, as to how many learners did I implement the programme to, and I never heard anything after that. I was waiting for a feedback from the facilitators but in vain. So follow up does not take place at all. This could have helped us as to how and we can improve in addressing the challenges these children face. The DoE needs to encourage the principals to be involved in these training and may be if they could be trained too, there will be follow up and monitoring and there will be less work upon us. I appeal that
monitoring and support should start with the principals, even the parents through SGBs should get the necessary support. At the end we all need support and monitoring as we are looking after the well being of the learners.

Researcher: Is there any one who would like to add on, if there is no one, allow me to take this opportunity to thank everybody. Firstly, let me thank the co-moderator for availing herself and stay until the end of this session despite her busy schedule. To you participants I also want to extend a word of gratitude for your cooperation despite the fact that I have called you during your vacation. I hope the snacks that I have offered you have made you warm for the day. You will in due course be informed by me about the findings and recommendations of this research, thank you.
SECOND SESSION OF THE FOCUS GROUP INTERVIEWS
17/07/2008

Researcher: Let me thank you for coming, before I introduce myself and my co-moderator I would like to hear from you which language would you prefer me to conduct the interviews want us to communicate in English or Xhosa.

Teachers: Let us use both English and Xhosa

Researcher: Let me thank everybody for coming here, it was not a short notice, I have made appointments with you, and I’m glad that you have honored my appointment. I am standing in front of you as Linda Goba, doing research with NMMU. I would love if you can take me as a student. The topic is “Addressing Challenges faced by Education with regard to HIV and AIDS, Orphans and Vulnerable children that is, OVC”. I hope there is both primary and high school teachers here, Allow me to tell you about the rules and regulations of this research. Your name will not be mentioned and everything that will be said here will be kept confidential. Those who do not want to participate in this research are free to do so. Let me read you the objectives of the study:

- It is to investigate the perceived ethics of the current training programmes to equip educators to deal with OVC related issues at schools and to make recommendation based on the findings of the investigation, to better support educators in dealing with OVC issues in schools.

You are therefore kindly requested to participate in this research study. Your anonymity will be preserved at all times and the information you supply will only be used for the purpose of improving training intervention for teachers. There are no known risks for your intervention but you may benefit from future improved training programmes. You will be requested to give your written consent form to participate by signing and dating consent for. If any thing is not clear from the consent form you are free to ask. Anonymity is will be ensured through omission of names and places in the study as I
have mentioned. Only the researcher and the independent coder will have access to the information obtained. Tape recorder is going to be used and you will be recorded so that the findings of this information will help to make recommendations as to what can be done to improve these programmes. The consent forms are about to be handed over by the co-moderator, and while she is handing out the forms I would like everybody to introduce him/herself by saying: I am teacher A from primary/high school and also state that you are a LO educator.

**Researcher:** Where do you want us to start? Ok over to you teacher

I am teacher A from a primary school.
I am teacher B from a primary school teaching LO.
I am teacher C from a special school.
I am teacher D from high school; I am a life Orientation teacher.
I am teacher F from primary school teaching LO.
I am teacher G from high school teaching LO.

**Researcher:** I thank you all, over to you co-moderator

Co-moderator: I am Mrs. Foli, I am the researcher co-coordinator at PE district and I am acting as co-moderator in this research.

**Researcher:** Thank you very much; I am Linda Goba a student and also a researcher.
My first question to you is “how do you understand the impact of HIV and AIDS on your learners? Listen to the question internalize it and you are free to interpret it in your in your own words, and and there is no wrong and correct answer.

**Teacher** B: HIV and AIDS has truly affected our schools, it has a negative impact its presence is felt by all, by children in the classroom; by educators and the community at large; learners performance drop; children’s health deteriorates and parents are also dying. As the result when there is a loss of a child due to HIV everybody is affected.
**Researcher:** I saw you want to say something, go ahead teacher D. We heard teacher B, she says it has an impact and can be felt by both teachers and learners.

**Researcher:** what are you going to say teacher D?

**Teacher D:** I am teacher D from high school and I am also an LO teacher. HIV and AIDS have very high impact on my school. I speak in particular about my school of which I have been an LO educator for more than four years. Ee!… I think I am not suppose to mention this, but nevertheless most of the them are coming from disadvantaged areas and most of them are from child headed families. Why do I say this is because we have experience high failing rate and most of them are not performing well academically. I then reported the matter to my principal and through him we had to work in partnership with an NGO called Ubuntu. Also our learners are sick and this led to high rate of absenteeism in my school. We are also fortunate to work with the clinic nearby and most of the learners we have referred are reported to have suffered from TB as well as HIV positive. We also work with social workers in certain hospitals. Thirdly the learners also report to us that their parents are sick as a result we visit their homes when they don’t turn up to school.

**Researcher:** We heard teacher D saying learners are sick; HIV and AIDS have negative impact. They are doing interventions by calling upon outside agencies for support. Let’s hear from other teachers.

**Teacher G:** I am teacher G from high school. I want to emphasize that I agree with teacher D and teacher B. HIV and AIDS have a very negative impact, and you can feel its presence. In most times you feel its presence when you see a high rate of absenteeism and drop in school performance. When a child is asked about the reasons for absenteeism; poor performance, none of the above is answerable. When you call upon parents to speak about the progress of their children, they never turn up. Later you discovered that parent did not want to disclose and they is embarrassed about his / her status being HIV positive. It becomes very difficult on high school learners to tell about their family situation
because some learners are aware of HIV and AIDS symptoms and are likely to stigmatize or label one another. It becomes difficult for a teacher to invade the private life of a high school learner. You will also discover later that the learner is an orphan due to HIV and AIDS. It is therefore difficult for an educator to give advice to parents because they do not disclose. I endorse what other educators are saying about the negative impact of HIV and AIDS that there is high rate of absenteeism; poor school performance and the quality of work drops.

**Researcher:** I am listening to teacher G, Teacher G explains how the impact of HIV and AIDS affect our children. Before I proceed, I think you have something to say teacher F

**Teacher F:** I am teacher F from primary school. I just want to elaborate on what has been said by other teachers. Our situation is the same, we will ended up saying the same things hear. I am also from disadvantaged school where children arrived at school being hungry. We tried cooking for the kids because not in all schools there is feeding scheme, but due to high unemployment rate the feeding scheme failed. Learners are both affected and infected in one way or the other. In so much in our school last year we buried three learners at the same time because of the opportunistic infections. Children have a responsibility of being parents and they are also malnourished. Children live constantly under stress that is why as teachers we are also affected because we are also parents. We are trying our level best to make them aware of the disease by encouraging and informing them about the importance of abstinence and tried to observe the important dates about HIV and AIDS like for example, the 1st of December, which is the World AIDS Day, also call community members so that we can talk to them.

**Researcher:** Teacher F has stated everything that has been said by other teachers. I have reserved my questions as I can see that teacher C has raised a hand lets hear what she has to say about the impact of HIV and AIDS on learners.

**Teacher C:** I am teacher C from special school as you know our learners are mentally challenged. HIV and AIDS is common in our society because they are victims of abuse
and it also makes them victimizers too. We as educators we should at all times be aware and stay alert to see that no child is victimized if it so happen we have to do something urgently to address the situation. We have a school nurse in our school and we work hand in hand looking for assistance and information as to where and how to remedy the situation. We educate them and try to make them aware of HIV and AIDS. HIV and AIDS is very prevalent in our school and it has affected educators because you will discover that even the parent of this learner is also mentally challenged. There are so many vacancies in my school but DoE has not yet advertised those posts.

**Researcher:** Here is teacher B trying to say something as I was to recap about what teacher C has said, ok let us hear what she has to say.

**Teacher B:** I just wanted to raise the fact that HIV and AIDS affects our learners and in return it affects me as an educator, in the sense that I was trained to be an educator but now the profession that I am now is changing everyday, I am also a social worker as we have to assist them. At times the process takes almost your day’s tuition and this affects you as the educator, because a teacher is suppose to see to it that there is conducive atmosphere for learning and teaching for the child. We also refer these learners to the clinics in which we also find ourselves being nurses. We suppose to have sick bays in our schools with everything. But as we are from disadvantaged schools, the school funds we have do not cater for that. An ideal situation is that we suppose to have First Aid kits in our schools, but that is not like that. Our schools do not have provision for health care purposes, which means I as an educator I have to change roles. A child will complain of a headache and you will find that she / he had nothing to eat except the school feeding scheme which is provided by DoE, meaning that at the end of the day we are parents to these learners. These children are orphans and are likely looked after by people who do not have love and the interest for their well being, because some abuse their child grants and used the funds for something else. We are teaching children who do not have good foundation who are likely to be drop outs at any given time and go to seek love else where. Really the HIV and AIDS has affected us, our people are very poor and are suffering because sometimes a breadwinner has died and the process of accessing child
grant takes a long time. If the child has no birth certificate, you as the educator has to assist the child and go through the process. I should think these children should be provided a safe place to stay, although they are likely not safe. You will discover that children are sexually abused from grade two meaning that there is still a myth in our communities that if HIV positive person sleeps with a virgin will be cured. So it does affect us. Our classrooms are over populated sometimes with more than 54 learners and DoE wants to see……

**Researcher:** Do we think at the end of the day there will be something called quality education in our schools, its food for thought. There is a lot that we need to revisit. HIV and AIDS have a negative impact on children that is what you are saying, and you have stated so many factors. Teachers have to adapt into becoming nurses, social workers and parents. You also said the child loses a sense of support because of the death of a parent or guardian. As teacher C has said in the special school in-fact in all schools the learners are being abused at homes so they in return abuse other children because the problem was not identified earlier. Now that you see that HIV and AIDS has affected you as well as your learners, what have you done? Do you feel you have been equipped enough to deal with issues related to orphans and vulnerable children, over to you teacher E.

**Teacher E:** I am teacher F. I feel that we are not well equipped because firstly our classes are overcrowded so its not easy to identify and interact with all learners as teacher B has said, Secondly when you have identified the child you experience a problem as to where you are going to refer him/her because the whole process takes a long time, the child ends up being problematic.

**Researcher:** Teacher A wants to say something. Teacher E explains that you are experiencing a challenge in school with regard to referral system because you do not where to refer the child. Adding to the challenge said by teacher B that you are not well equipped. Lets then hear from teacher A.
Teacher A: Yes it is true we are not well equipped as teachers. We first need to be well educated about HIV and AIDS because for not being knowledgeable creates myths like the other teacher has mentioned, that if you are HIV positive and have sex with a virgin you become cured. The referral system is a challenge, for example a child is repeating grade 5 twice and the DoE does not allow that a learner must repeat and you as the educator you are forced to promote the learner to the next grade and those are learners had they have been referred earlier they could have been assisted. For example I have three learners in my class who are beyond the level of being admitted in a mainstream school but because of non cooperation from parents and DoE, you become stuck as the educator even if you want to offer your services. There should be a link between the Doe and other sister departments in order to address the social ills we encounter in our schools. I am coming from a very disadvantaged area where alcohol and drugs are badly abused, and where half of the class needs the support and assistance of a multi disciplinary team. How can one be able to implement that in a class that is over 50 children (over crowded) but at the end of the day if you try to do something you have the fear of going beyond the limits. There was a specific question about us as being well equipped about HIV and AIDS. I deliberately became silent as I am well equipped, Let me elaborate on that. I joined the Health Promoting Project through NMMU, we were three educators from Motherwell schools. We obtained an advanced certificate on HIV and AIDS, so that is why I am here to say I am a well equipped facilitator. I would like to help but because of the circumstances under which we are working, there is a fear that you might be taking ones position and yet ee..... As a result of that you become reserved and you do not want to go beyond limits meanwhile there are people out there who are more than willing to attend the programmes offered by DoE.

Researcher: Teacher B says he is well equipped but there are limitations that prevent her from spreading her wings and referral system is still a problem. Teacher C states that there are many vacancies in their schools and the department fails to fill those vacancies. Teacher
Teacher D: I am teacher D from a high school; I am very touched about what teacher B has said. I also did not want to be known I am also doing my final year in the same course at NMMU. We are working under difficult situations learners that teacher C are referring to are learners that we are dealing with at our school on daily basis. We are talking about the same learners that are we are stuck with in our schools because of difficult channels of referrals. They are just promoted to high schools or to the next grade. They sometimes reach an age of maturity and you can not even know where to refer them and when they are over age they are not accepted in school. Attempts to refer some of the learners in a school in Newton Park failed. Some of these learners become victims of rape due to the circumstances under which they grew. For example, some of them are being left by their mothers under the supervision of their grand parents or relatives.

You will notice that, the problem emanates from home even when you call upon parents you discover that the whole family is sick sometimes. At times the parent will come to you and disclose and only to find out that the child is HIV positive and the parent could not accept that and the child was raped by a relative while parents were away. The child could not do a thing. In the first place we are teaching learners whose parents are also very young and some of them were also taught by us. We are advised by our principal to push them at least up to the next level so that they can be able to take care of themselves, which is sometimes impossible because some become drop outs and still we do not know what route to follow. Thank you.

Research: As you are saying that you are experiencing numerous problems with learners what is it that is done by the DoE to address the situation?

Teacher A: I am teacher A, yes the DoE has specialists but they claim that they are under staffed to cater for all the needs and yet black schools have huge problems of alcohol as well as sexual abuse. In my class of 32 there are only 3 learners who are living with both parents, most of the 28 learners live with their grand parents or relatives and they do not even know the whereabouts of the parents. In such cases we really need more expertise and social workers to deal with these problems. In an actual fact even those learners we
think that things are normal with them, they also have problems that are beyond their control.

**Researcher:** Limited expertise in the DoE, but I thought the workshops or programs that you have attended did equip you to enable you to deal with these problems that are being faced by your schools. To recap what you have said, is that you have too much load as LO educators; workshops must rotate, the entire staff must attend; attitude amongst educators around HIV and AIDS; unable to spread your wings; other experiencing some limitations in their schools; you are unable to practice your skills. I want to hear from you what would you propose or recommend about what the DoE should do in order for these programmes to be effectively implemented?

**Teacher E:** I suggest that all teachers should attend the workshops, so that each and everyone should be aware of HIV and AIDS because it becomes a problem for that teacher to carry the burden alone.

**Teacher C:** We did talk about school clustering, if facilitators from DoE could be involved and fully participate in these workshops as well. I think this could work if DoE could form of the workshop discussions and not to leave everything under Los. We can have clustering sessions together with DoE facilitators, that idea would be ok. The department of education has recently offered the principals to attend or do a certificate in HIV and AIDS, but unfortunately principals never attended. The DoE needs to educate the principals about HIV and AIDS to see to it that such programmes are being prioritized at their schools. Thirdly, principals should give educators who have attended workshops such as these the opportunity to give feedback or share the information with others and also give that educator a slot to cascade the information to parents through meetings with the SGBs, because HIV and AIDS affects educators, learners as well as the communities.

**Teacher A:** My recommendation would be because we are already trained in that we should be referred as volunteers and be solely responsible for HIV and AIDS in schools and our work load be minimized so as to be effectively in the job. As we are here we all
speak in one voice, seemingly all of us here we are saying the issue of HIV and AIDS and OVC is the responsibility of LO educator. It become yours…your sole responsibility!. The challenges of the entire school of 1000 learners would be your responsibility. It would be better for the DoE to send dedication educator to these training workshops, people who are willing to work under these conditions. That person would then act as a specialist in the place of an expect, because they are not visible in our schools. I don’t know whether there are people whom we refer them as psychologist or what in the DoE or what. We really need expertise in our schools. Our role should be change and refer to us as social workers because we are doing their task any way.

**Researcher:** The teacher said the work load should be minimized; only the dedicated and willing educators should be tasked for HIV and AIDS and OVC related issue; clustering sessions and the fully participation of the DoE facilitator is also recommended by you. Allow me to ask further question, are there follow and monitoring sessions by DoE officials after you have attended these training workshops?

**Teacher:** That is not happening, it is not happening at all. You are just trained and when you go back to your school you experience problems when it comes to reporting. Even if you want to give feedback, your teacher colleagues as well as the principal do not show interest and yet they refer these challenges to you to attend. The DoE too does not show up to support you.

**Teacher F:** I would like to refer you to the issue of the psychologists; ever since I have been a teacher I am sure I saw them once in my school. In an attempt to call them, they always claim to be short staffed. For them to be quiet and stay in their offices, even when we tried to phone them they would never show up, they are being paid for the job. At least they could devise other means and develop programmes that could benefit the learners. We are therefore appealing to the DoE that these services must be accessible and the specialists must be visible in our schools.
Teacher G: I want to agree with teacher A has stated that the work load of LO educators should be minimized because they are overloaded. I fully support her because other educators have dreams about these learners but they are unable to fulfill them due to this heavy load. We need to have various exciting and motivating activities about HIV and AIDS in order to encourage other educators and involve the communities at large to be fully committed in order to change their mindset about the disease. I appeal that the work load should be minimized.

Researcher: Thank you teacher G, you also touched on what other teacher have said about the work load; involvement of Doe; other sister departments that could be of assistance to OVC and other factors. Let me take this opportunity and thank you for coming here, I hope you have also benefited from this session by sharing your experiences. I also want to thank the co-moderator for availing herself despite her busy schedule. Good bye.