RETHINKING CARE AND SUPPORT OF 'VULNERABLE' LEARNERS IN THE AGE OF HIV AND AIDS: AN ARTS-BASED APPROACH

by

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in the Faculty of Education

at the Nelson Mandela Metropolitan University

PROMOTER: PROF. NAYDENE DE LANGE

JANUARY 2015
DECLARATION

I, Fumane Portia Khanare, declare that this thesis is my own work, and that it has not been submitted for assessment to any other institution. Where the work of others has been used, this has been duly indicated and acknowledged, using APA 6 referencing style.

FP Khanare
OUR VOICES, THEIR VOICES … WHOSE VOICE COUNTS?

Excerpt from a conversation between myself (researcher) and a school principal on being granted permission to do research at the school:

**Researcher:** Thank you very much for allowing me to conduct my research in your school.

**Principal:** Ayi, thina siyabonga futhi [We are also thankful]. For the learners, do not forget to bring them food. They will be happy, as most of them are from poor families. We have many whose parents are not working and others, shame, lost their parents.

Excerpt from a conversation between myself and the school children when I debriefed them on the research programme:

**Researcher:** Our first meeting will be on the coming Saturday, 6 August, 2011 at 0900. What should I bring?

**School child:** Bring us the prospectus from the university and the Central Application Office forms. We want to apply to the university. When we finish we can work and have a better future.

(Field notes, 2011)
ABSTRACT

This study explores secondary school children’s constructions of care and support provided for ‘vulnerable’ schoolchildren in the age of HIV and AIDS. The study attempts to respond to the following two research questions:

What are secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS?

How can the use of participatory arts-based research enable agency in the lives of ‘vulnerable’ secondary school children in a rural school context in the age of HIV and AIDS?

The provision of care and support for ‘vulnerable’ school children is of key concern in South African schools since the number of ‘vulnerable’ children is rising because of the increase in the prevalence of HIV and AIDS, which renders many school children ‘vulnerable’. Schools are mandated by departmental policy to provide care and support to ‘vulnerable’ school children, but they are challenged in their implementation of this policy, which leaves ‘vulnerable’ school children inadequately cared for and supported. The input from school children is often not drawn upon, and this hampers the effectiveness of the provision of care and support.

This qualitative study is positioned within a critical paradigm, and employs a participatory arts-based research methodology in its intention to take an approach based on the notion of research as intervention. Twenty Grade 11 male and female school children aged 16 to 21, from two secondary schools in the rural Vulindlela district in KwaZulu-Natal, were purposively selected, using inclusion criteria. The Life Orientation teachers assisted in identifying participants from the school register of ‘vulnerable’ schoolchildren. This did not mean that they were living with HIV or AIDS, but that they were ‘vulnerable’, and at risk of dropping out of school. The study made use of a multimodal approach of data generation with the school children, in which several visual methods, such as drawing, photovoice, and collage, as well as reflective free writing, were used in a participatory way as modes of inquiry, representation, and dissemination. The ethics of research with ‘vulnerable’ school children made the dictum, “do the most good” through the research important, and hence the use of the strategy of research as intervention. The data
analysis involved two levels – that of the school children’s own analysis of their visual artifacts, and my overarching thematic analysis, using Tesch’s (1990) open coding.

Informed by the theoretical frameworks of Bronfenbrenner’s (1979) bio-ecological systems theory and Giddens’s (1984) structuration theory, the findings show that care and support in schools is constructed as a reciprocal relationship, and they point to the importance of school children’s own agency in the provision of care and support. The findings show that school children construct themselves as both visible and invisible in relation to care and support in school, in that they receive care and support but are overlooked in terms of being able to offer input on how care and support should be provided. Furthermore, the findings indicate that school children perceive the school to be an environment that enables but also constrains the provision of care and support: the infrastructure, the safety and security, and the instructional spaces in the school do provide the basics for care and support, but the overt and covert discrimination by school children and teachers, the challenge of putting policies into practice, and the overall fragmented provision of care and support in the school are constraining. Another emerging finding from this study is that secondary school children construct themselves as being included in the strengthening of care and support in rural schools.

The use of visual arts-based methods enabled the exploration of how ‘vulnerable’ school children construct care and support in a rural school; the findings also indicated how the use of visual arts-based research contributed to making a difference in the lives of ‘vulnerable’ school children: it was a joyful experience; it leveraged multiple literacies; it contributed to cooperation, collaboration, and collective construction of knowledge; and, in encouraging thought about the issue, it raised critical awareness of, and solutions to, providing care and support in the school. The findings also pointed out how the visual artifacts could be disseminated in the school, and how this could influence the well-being of the community.

The findings have implications for how schools provide care and support for ‘vulnerable’ school children. The findings could be engaged with by schools and the Department of Basic Education as a tool to accomplish strengthening the provision of care and support in rural schools, so that care and support are socially and culturally embedded, and to inform policy making through an approach that can be described as being from the ground up.
I conclude by arguing that care and support provided to ‘vulnerable’ school children at schools is socially and contextually constructed, and that the ways in which the adults in the school context – the teachers – construct orphaned and ‘vulnerable’ children influences the way in which care and support is provided. The school children, however, construct their own understanding of care and support that includes them in the conceptualisation of and the provision of care and support. Their voices on their experiences, their ideas, and their possible actions, all of which are usually disregarded, are essential for addressing what they need in terms of care and support, and point to the need for the democratisation of such care and support.
KEYWORDS

Care and support

Collage

Drawing

HIV and AIDS in schools

Participatory arts-based research

Photovoice

Rural KwaZulu-Natal

Secondary school

Vulnerable school children
DEDICATION

This study is a special dedication to my late grandmother, ’Maqhaola Ntlhoi (‘Moeder’), a Mosotho woman, who, with her meagre means, made me a blanket from rags, to shield me from the dreadful cold of Lesotho.

The study is also dedicated to the school children who participated in this study, and who welcomed me into their lives, and shared with me their rich personal insights concerning HIV and AIDS and the provision of care and support. My account of their conversations cannot do justice to the wisdom they so generously shared. I salute them: “Your insights can turn the tide for all ‘vulnerable’ children! My passion for doing research with children is inspired by the brilliance of each one of you, which has motivated me to keep reflecting on and improving my work with children, especially when you remark ‘We do not understand why our photographs will be blurred or covering of eyes or faces, we prefer our work, that is, our photographs should be shown as they are, so that people may see us and the work we do’”.

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I wish to thank God the Almighty for the strength, courage, and wisdom granted me throughout this journey towards a doctorate. It was a lengthy, exciting, and sometimes very painful journey, the completion of which would not have been possible without Him. RURI MOH AU OA MOLIMO KE KOEETSA!

I have been moved and blessed by the generosity and kindness of many people, and I wish to express my gratitude to all of them.

To ‘M’e Manthokho Clementina Khanare (Akhali), without whom I cannot imagine life, I say: “My dearest mother, to tell you how much I love you would take the rest of my life. I thank God daily for you, your prayers, your sacrifices, and your insistence that God be glorified in what we do.”

To Prof. Naydene de Lange, my promoter, my teacher, my mentor, my mother, and my father, I say: “Ma, I could bring you flowers for a season, and another and another, but I still would not be able to thank you enough. It would take too many pages to tell the world how much you mean to me. Thank you for being my everything, always!”

To Dr Ann Smith, who edited my thesis, I say: Thank you for your expertise. I appreciate your valuable feedback, suggestions and insightful comments, all key to its improvement.

To Prof. Relebohile Moletsane and Prof. Vitallis Chikoko I say: “I extend my sincere gratitude for academic support, exposure to conferences, and project opportunities.” To Prof. Claudia Mitchell I say: “Thank you so much for academic guidance.”

To my colleagues, including the ‘PhDears’, I say: “I am honoured to work with you. Thank you for your support.”

To the entire lovely family of Khanare – Ramakoae, Puseletso, Tshepiso, ’Matlalane, ’Marethabile, Bokang, Seutloali, Tlalane, Bohlokoa, Bonang, Rethabile, Tshepiso Jr, Thabo, Mpolokeng, Thato, and Tholong I acknowledge: “I would not have reached this stage without the steady stream of calls, emails, BBMs,Whatsapps, encouraging me to finish! You are the best! I love you all!”
To Maleshoane ’Mamosa Thaanyane (Shoany), I say: “This journey can be lonely and sad, but knowing that you were there any time when I wanted to talk, cry, or laugh gave me the courage to accomplish this project.”

To Dr Nokhanyo Mayaba, Ncamisile Mthiyane, Paulinah Phahamane, and many other friends whom I met by chance, and whom I became friends with by choice, I say: “We have shared much together, and I appreciate your support. You will always be my ‘soul sisters and brothers’.”

To all the students and non-academic staff who crossed my path I say: “Thank you!”
I would like to thank Prof. Naydene de Lange sincerely for making funding available for this study through a South African National Research Foundation (NRF) grant-linked bursary from the Every Voice Counts project (Grant Number IDC2006071400002).

I am also appreciative of the financial support that I personally received from the National Research Foundation (Grant Number 86510).

I acknowledge that opinions, findings, and conclusions or recommendations expressed in this study made possible by NRF-supported research funding are my own, and that the NRF accepts no liability whatsoever in this regard.
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<table>
<thead>
<tr>
<th>Acronym</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>ARVs</td>
<td>Antiretroviral (drugs)</td>
</tr>
<tr>
<td>CAPRISA</td>
<td>Centre for the AIDS Programme of Research in South Africa</td>
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<tr>
<td>CVMSC</td>
<td>Centre for Visual Methodologies for Social Change</td>
</tr>
<tr>
<td>DBE</td>
<td>Department of Basic Education</td>
</tr>
<tr>
<td>DoE</td>
<td>Department of Education</td>
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<tr>
<td>DoH</td>
<td>Department of Health</td>
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<tr>
<td>DSD</td>
<td>Department of Social Development</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>KZN</td>
<td>KwaZulu-Natal</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>NMMU</td>
<td>Nelson Mandela Metropolitan University</td>
</tr>
<tr>
<td>NSNP</td>
<td>National School Nutrition Programme</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphans and vulnerable children</td>
</tr>
<tr>
<td>SGB</td>
<td>School Governing Body</td>
</tr>
<tr>
<td>SMT</td>
<td>School Management Team</td>
</tr>
<tr>
<td>Stats SA</td>
<td>Statistics South Africa</td>
</tr>
<tr>
<td>UKZN</td>
<td>University of KwaZulu-Natal</td>
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<tr>
<td>UNAIDS</td>
<td>United Nations Programme on HIV and AIDS</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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<tr>
<td>WHO</td>
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<td>United Nations Convention on the Rights of the Child</td>
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CHAPTER ONE
CONTEXTUALISING THE RESEARCH

Children should be the first ones to benefit from our successes in defeating HIV, and the last to suffer from our failures (UNICEF, 2013a, p.1).

1.1 INTRODUCTION

HIV and AIDS still remains a global concern more than three decades since the first case of AIDS was reported. The number of people living with HIV in 2012 was estimated at 35.5 million (UNAIDS, 2013a). This number is higher than the 33.4 million reported in 2010 since the number of people on life-saving antiretroviral (ARV) medication has increased (UNAIDS, 2013a). Although ARV medication underpins the vision of achieving zero AIDS-related deaths, a great number of children continue to be hard hit by the HIV epidemic, particularly in low- and middle-income countries. As of 2012, an estimated 17.8 million children were reported to have lost one or both parents to AIDS, and an estimated 15.1 million of these children are said to live in sub-Saharan Africa (UNICEF, 2013a). Children in South Africa are the most affected by HIV and AIDS. Thus, 3.9 million children in South Africa are orphans, having lost one or both parents to AIDS, and more than half of the orphaned and ‘vulnerable’ children live in KwaZulu-Natal (UNAIDS, 2013b), the province in which my research is contextualised. In KwaZulu-Natal, the region with the highest HIV prevalence, just under 40% of 15- to 49-year-olds are living with HIV (UNGASS, 2012, as cited in Avert, 2013). Schools become places of safety and provide hope for school children living with HIV and AIDS who need care and support.

The phenomenon of care and support is multidimensional and context-specific, and it depends on evolving community realities (Schenk et al., 2008). Care and support in the context of HIV and AIDS is also not static since it changes as the awareness of HIV, the availability of ARVs, and guidelines for care and support change (UNAIDS, UNICEF, & WHO, 2013). There are several international and national policies and guidelines in place to protect school children and teachers who are infected with HIV or affected by HIV and AIDS (Wood, 2012). Furthermore, in South Africa, the so-called child support grant is another key social protection, with 11 million children receiving this social grant in 2012 (UNICEF, 2013b). Although the strategy of increasing these social grants in South Africa is resulting in an improvement in health, a considerable number of
children, particularly those in rural areas, still face multiple deprivations because of HIV (Berry, Biersteker, Dawes, Lake, & Smith, 2013; Statistics South Africa, 2013). In a global school-based student health survey conducted by the World Health Organization (WHO) in more than 51 countries, UNICEF (2013b) shows that education systems still have to do more to equip children with the knowledge and skills necessary for HIV prevention, protection, and care and support (UNICEF, 2013a). A study conducted in districts in Zimbabwe found that psychosocial support interventions were still limited and fragmented, and that they excluded the voices of the children (Mtose & Moyo, 2012; UNICEF, 2014). In this research I attempt to include the voices of school children to find out how school children in rural schools construct care and support in the school.

This study has been influenced by my earlier work using visual arts-based methodology, in particular, collage, to explore the responses of school management teams (SMTs) to the needs of orphans and vulnerable children (OVC) in schools (see section 1.7.2 for a clarification of the concept of vulnerable learners). When I worked with SMTs the findings showed that care and support are nuanced and integrated, but also intertwined with the meanings and constructions of care and support for the teachers themselves (Khanare, 2008). This study therefore explored school children’s constructions of care and support in two secondary schools in rural KwaZulu-Natal, using participatory arts-based methodologies.

1.2 RATIONALE FOR THE STUDY

While there is an increasing amount of literature on the response to HIV, OVC, and the care and support in general that is available (UNAIDS, 2013a; UNICEF, 2013b), there is a paucity of research that explores the construction of care and support in a rural school through the voices of ‘vulnerable’ school children themselves. There is research available that focuses on teachers’ responses to OVC (Wood & Goba, 2011). However, I wish to point out that there has been a shift towards research in which children are regarded as active agents in the HIV response, and where the focus is on their experiences as caregivers to siblings and parents who are ill (Skovdal, 2011). There has also been a shift towards research in which children are regarded as advocates for change and which focuses on their participation in policy formulation at national and international meetings (UNICEF, 2010a).
An HIV response, including care and support, is an important life concern for every individual living with HIV and AIDS, but more so for children infected with HIV or affected by HIV and AIDS (Statistics South Africa, 2013; UNICEF, 2013a). The thrust of care and support is to ensure that the needs of these school children are met holistically, and that these children achieve their full potential in and beyond the school. In other words, care and support has to be tailored towards accommodating the diversity of the needs of school children (Berry, Biersteker et al., 2013; Richter & Rama, 2006), and also equipping them with knowledge and skills to survive their adversity (UNAIDS, UNICEF, & WHO, 2013). It is therefore essential to be aware of the physical, psychological, social, economic and structural factors that influence school children’s holistic development and well-being. Because of the complexity of school children’s needs, care and support becomes a complex phenomenon to address, and it is inextricably linked to people’s constructions and the particular social contexts in which the care and support is needed (Mau, Archer, & Francis, 2009).

One critical priority for schools, set by what was then the Department of Education (DoE) (1996), is that the members of the school community are expected to work together and manage a joint response to ensure quality education for all school children. The role of school children is noted as being critical in engaging with school policies and decision-making processes that deal with the issues of school children (Aubrey & Dahl, 2006). As pointed out by UNICEF (2014), school children should not be seen as inactive and powerless, and not as a group needing to be fixed, but as able and active persons to be engaged in approaches that are targeted for their care and support. Moletsane (2012) and UNICEF (2013a) point out that more studies are needed which engage with young people in their contexts, and, in the case of my study, with rural school children and their constructions of the meaning of care and support in the rural school context. There is also a call for the use of appropriate but rigorous methods that enable the voices of children to be heard (De Lange, Olivier, Geldenhuys, & Mitchell, 2012; Vaughn et al., 2012; Veale, 2005; Wood, 2012).

The implementation of HIV and AIDS policies in education in South Africa resulted in changes in school governance, teaching, learning, assessment, and decision-making processes so as to involve children, including children infected with HIV or affected by HIV and AIDS. Three
changes were evident regarding school children orphaned by AIDS and made ‘vulnerable’ by HIV and AIDS (Department of Basic Education (DBE), 2010a).

- Schools should develop their own HIV and AIDS policies;
- **School children should participate in all the decision processes that are aimed at them** [my emphasis]; and
- A conceptual and problem solving approach in the context of HIV and AIDS should be adopted which provides school children with appropriate skills to succeed in school and beyond.

In South Africa, the context of this study, SMTs are made up of the principal, the deputy principal, and heads of department, and they have authority to make decisions regarding the affairs of the school. This is the “highest executive decision-making structure in the school” (Chikoko & Khanare, 2012, p. 25) that makes decisions about school children in relation to care and support. Furthermore, school children’s concerns and contributions, if any, are represented through the SMTs. The SMTs work according to a top-down approach, which could compromise the active participation of school children in decisions about care and support aimed at them. This presents a case for this study to explore ‘vulnerable’ school children’s views concerning care and support in their rural schools in the context of HIV and AIDS.

### 1.3 STATEMENT OF THE PROBLEM

The provision of care and support for ‘vulnerable’ children in schools often occurs without their input; their views and their potential contributions are disregarded. This is also true in rural schools. The lack of involvement and engagement of ‘vulnerable’ school children in informing interventions aimed at caring and supporting children such as themselves compromises their holistic development (Khanare, 2008; UNICEF, 2013a). For the many marginalised, such as those who are ‘vulnerable’ in the context of HIV and AIDS, schools should be sites of engagement, care, and support, not of disenfranchisement and alienation (Zyngier, 2008). School children who are ‘vulnerable’, as with any children, should not be viewed as victims of the HIV and AIDS epidemic, and their vulnerability should not be commodified (Warming, 2011). It is therefore necessary to explore care and support from the experience and perspective of those at whom it is aimed – the school children – considering the effect that it has on them.
This will contribute to understanding care and support in terms of the complex and diverse needs of school children, within the context of HIV, within the rural context itself, and within the multiple interactions and relationships within the school. To achieve this, the voices of school children should be heard. If this occurs, school children will be positioned as agents of their own care, support, and development. Consequently, involving school children as problem solvers, not as the problems to be fixed, is central to this study.

1.4 POSITIONING MYSELF AS A RESEARCHER

In this section I illustrate a leitmotif of care and support in my life, and also how it happened that I came to be interested in participatory arts-based research.

I spent most of my childhood years with my grandmother because my mother, who was a teacher, was working and attending in-service teacher training courses over weekends and holidays, and my father, who was working on the mines, hardly ever came home. I vividly remember my grandmother using rags to make a blanket for me to wear to school during the extremely cold Lesotho winters. My grandmother played a key role in caring for and supporting me through the seven years of my primary schooling. I followed in the footsteps of my older sister, and went to a Catholic girls’ boarding school.

Although I was not the eldest child, I was the first in my family to attend university and obtain a teaching degree. I taught as an accounting teacher in schools, where I was passionate about the school children and tried to ensure that their needs were met. As a class teacher, head of department for commercial subjects, and a girls’ basketball coach, I realised that teaching was not only about teaching accounting. It was also about caring for and supporting them – nurturing the school children in different ways and in different spaces.

I attended schools and taught in schools where the decision makers were the principal and the teaching staff. School children had to abide by the rules that the teachers made, and attend classes, chapel, and assembly, and carry out the general daily activities of the school. I came to believe that the principal’s voice and that of the teachers were the only important voices, and that they were final. When I was teaching, I appreciated the engagement of the school children, although it meant that I often spent more time with the school children than with my colleagues.
in the staffroom. I became fascinated by school children as critical thinkers (Barnes & Kelly, 2007) and decision makers in their own right, and I have enjoyed my role of providing enabling avenues for their potential to emerge.

In studying educational psychology, I was introduced to ecological systems theories of child development, such as that of Bronfenbrenner (1979), to theories such as that of Giddens (1984), and to critical psychology which argues for deconstructing and reconstructing and shaping and reshaping what we know about child development and learning. Being exposed to a body of knowledge such as this, and being involved in several participatory projects with school children, such as, for example, being a M·A·C (Make-up Artists Cosmetics) AIDS Leadership Initiative fellow initiating the “Siyanqoba school-based anti-AIDS awareness club” in 2009 (AppendixQ), encouraged me to think more deeply about research which can explore and also disrupt that which is not working. Seeing school children engage in photovoice work, for example, documenting HIV and AIDS issues, but also putting forward possible solutions in their school context, revealed once again how school children learn from each other, question each other, and collaboratively construct knowledge (De Lange, 2012; MacEntee, Labacher, & Murray, 2011) about issues of HIV and AIDS in a rural school. Another project I participated in, the Every Voice Counts project (De Lange et al., 2010), made me realise the importance of using visual arts-based methods to create opportunities for members of school communities to be creative (Butler-Kisber, 2008), and to provide alternative modes of identifying and representing key issues and challenges that affect their lives in the school (Khanare, 2008). Taylor and Medina (2013) concur that visual arts-based approaches allow participants to represent their ideas, experiences, and reasoning in various ways, thereby enabling critical understanding of the phenomenon under investigation.

The extension of my interest in care and support, and the way in which I became exposed to critical research as an intervention, using participatory visual arts-based approaches, created the impetus for me to explore how school children construct care and support in their rural school context, and also how participatory visual arts-based research can contribute to making a difference in the lives of ‘vulnerable’ school children.
The study has also influenced my own life and my work as a teacher educator. I embarked on this journey towards a doctorate at a time when school children continue to be made ‘vulnerable’ by HIV and AIDS. Some children are fortunate, as I was, to have a caring and supportive grandmother, while others live with their ailing parents and siblings, or on their own. It is with the voices of such ‘vulnerable’ school children, who are dear to me, with which I intend to engage. I will make them heard.

1.5 RESEARCH QUESTIONS

The problem statement leads me to formulate the following research questions:

- What are secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS?
- How can the use of participatory arts-based research enable agency in the lives of ‘vulnerable’ secondary school children in a rural school context in the age of HIV and AIDS?

1.6 AIMS OF THE RESEARCH

Based on the research questions, this study is undertaken with the following aims:

- to explore how secondary school children construct care and support in a rural school context in the age of AIDS; and
- to explore how the use of participatory arts-based research can enable agency in the lives of ‘vulnerable’ secondary school children in a rural school context in the age of AIDS.

1.7 CLARIFICATION OF CONCEPTS

In order to ensure a clear understanding of the meanings with which certain concepts have been used in this study, I provide the following clarification of the operational concepts.
1.7.1 Care and support

The construct care and support has its own difficulties, since it has no explicit definition or clear statement of inclusion or exclusion. The term was coined by UNICEF in the mid-1980s to describe situations that ensure that children grow up protected from any harm. The HIV and AIDS epidemic has created many barriers in the lives of children infected with HIV or affected by HIV and AIDS. Such barriers include challenges in accessing education, health, social welfare, and even the challenge of just being a child, and they have led to many debates focusing on improving the lives of children (Richter & Rama, 2006). Care and support is a generic term that is used to refer to efforts that are linked to addressing any barriers that prevent school children from developing to their full potential (UNICEF, 2004). The term care and support implies active and complete care of children’s physical, psychological and social well-being (Argall & Allemano, 2009), as well as their developmental needs and long-term needs (Berry, Biersteker et al., 2013; Richter & Rama, 2006). Globally, the United Nations Convention on the Rights of the Child (UNCRC) (UNICEF, 2007) has become the cornerstone of guidance in actions, plans, and policies towards care and support for children.

South Africa’s commitment to the realisation of care and support for children is taken up in the Constitution, in particular in the Bill of Rights. Children are specifically mentioned and included as having the right to education, health services, and to participate in any decision-making process in which they are involved (Berry, Biersteker et al., 2013a). These rights form part of what care and support should be, reinforcing the notion of the care and support for all children, including school children infected with HIV or affected by HIV and AIDS.

Notwithstanding the growing commitment to provide care and support to children, in particular, and the efforts made, the active participation of children themselves and of others in rural communities, categorised as “hard to reach” (Campbell, 2003, p. 3), is required. Communities or individuals who have been affected by HIV have been proved to play a vital role in accelerating care and support and an HIV response that is people-driven and contextually relevant (Mitchell & De Lange, 2011; Moletsane, 2012; Skovdal, Magutshwa-Zitha, Campbell, Nyamukapa, & Gregson, 2013). It is these groups that have demonstrated that care and support requires a broad multidisciplinary and multisectoral approach (DBE, 2010a; UNAIDS, UNICEF, & WHO, 2013; UNICEF, 2014) as well as the participation of children and young people as agents of change.
For the purposes of this research, the term *care and support* (hereafter without italics) refers to care and support in school that enables ‘vulnerable’ school children to learn and develop optimally.

### 1.7.2 Vulnerable learners

The UNAIDS terminology guidelines are very clear that no person should be defined by his or her social condition or medical condition (UNAIDS, 2011). In this regard, referring to school children as “AIDS orphans”, “orphaned and vulnerable children”, or “OVC”, or “vulnerable learners” not only stigmatises them, but positions them as powerless. The use of these terms is difficult to eradicate since they have become entrenched in everyday communication. However, the continued use of these terms will perpetuate stigmatisation of, and disrespect towards, such school children.

Contrary to UNAIDS dictionary definition guidelines, the DBE in South Africa uses the term *vulnerable learners* to describe any young person who faces barriers that are keeping him or her out of school or from achieving at school (DBE, 2010). The barriers may arise from social, economic, political, cultural, and day-to-day contextual factors. These factors, on their own or in combination, may create multiple vulnerabilities in individuals. Examples of ‘vulnerable’ learners (DBE & MIET Africa, 2010) may include children in foster care; children in orphanages; children who are living with an extended family member because they have been abandoned and have no visible means of support; children receiving child support grants; children in child-headed households; children living with HIV and AIDS; children with severe learning difficulties; and so on. These examples are not exhaustive, and differ according to the context.

In the context of this study, which I conducted in South Africa, I used the term ‘vulnerable’ school children interchangeably with vulnerable learners but I used the term vulnerable with single inverted commas to indicate my support for the view of UNAIDS. Therefore, the term ‘vulnerable’ school children refers to those children in school who have been orphaned, or who have been made ‘vulnerable’ as a result of HIV and AIDS.
1.7.3 Arts-based research

Participatory arts-based research is a broad area of research that uses a variety of arts-based activities in which participants can explore and present their ideas, issues, and challenges, as well as solutions to problems that they experience, with the understanding that people have unique perspectives and can share their insights using channels other than words alone (De Lange, Mitchell, & Moletsane, 2012). Participatory arts-based research therefore includes art as a form of expression, as a mode of inquiry, representation, and dissemination (Taylor & Medina, 2013). Arts-based research situated within participatory research is regarded as innovative, making available many new forms of representing ideas or issues in people’s lives (Finley, 2008). For those who might find it difficult to express themselves through spoken or written words, or express themselves on sensitive issues, arts-based research, drawing from a wide range of artwork (e.g. performance, dance, painting, drawing, photography, video, and collage) (Knowles & Cole, 2008), depending on the purpose of the study, creates a space in which their voices can be heard. Furthermore, arts-based research is described as having the potential to evoke deep and critical thinking. In essence, arts-based research is an active process of meaning-making, in which participants are regarded as actively participating and using multiple forms of representation (Pauwels, 2010).

For the purposes of this study, arts-based research refers to the use of visual participatory methods such as drawing, photovoice, and collage as modes of inquiry, representation, and dissemination (Taylor & Medina, 2013) of school children’s constructions of care and support in a rural school context.

1.8 CARE AND SUPPORT FOR ‘VULNERABLE’ CHILDREN

Provision of care and support is not a new phenomenon in the world, and neither is it in Africa. How care and support is thought of and provided is, however, influenced by how the child is viewed. Skovdal (2009) has written extensively on an African understanding of childhood, and has argued that the construction of childhood varies from one context to another. He noted the perceptions of both micro and macro institutions and the consequences of these perceptions on relations in society – how they reshape and/or reproduce existing constructions of childhood. In this study, I draw mainly on the literature pertaining to care and support for school children.
orphaned and made ‘vulnerable’ by HIV and AIDS in Africa, in particular how the South African educational landscape has evolved in terms of care and support.

Richter (2013) reviewed literature on children’s well-being, on which I draw. A general policy thrust, namely that of care and support for ‘vulnerable’ children (DBE, 2013a; Department of Social Development (DSD), 2005; 2010; UNICEF, 2013a), has been shared and disseminated by many researchers and non-researchers in diverse communities. Research on care and support for ‘vulnerable’ children also includes research that recognises communities as the key role players in providing for the needs of such children (Commission for Rural Communities, 2012; UNICEF, 2010a). For example, the DBE Draft Integrated Strategy Plan on HIV and AIDS 2012-2016 (DBE, 2010a), points out that “the entire community has a duty of care towards its own children, and at a time of recognised crisis that duty becomes more focused” (p. 10). The role of the community emanates from a strong policy mandate and the wide recognition from recent research that communities, including rural communities, have rich ecologies (Moletsane, 2012), which can be identified, mobilised, and harnessed (Taukeni, 2012; Wallis, Dukay, & Mellins, 2010) when it comes to the care and support for children. This is interpreted in various studies to imply playing a nurturing role, which includes, among other things, the provision of food and shelter (Kidman & Heymann, 2009), and safeguarding the education of ‘vulnerable’ children, particularly in AIDS-afflicted rural areas (Nyamukapa, Foster, & Gregson, 2003; Nyangara, 2004).

Various studies have reported the family as being the best place for care and support for children (Audemard, Vignikin & Desgrées du Loü, 2006; Kendall, 2007; Ogden, Esim, & Grown, 2006; Sanou, Turgeon-O’Brien, Ouedraogo, & Desrosiers, 2008; Zimmerman, 2005). In an African context, the role of the family includes the participation, interaction, and collaboration of extended family members, such as grandparents (Kidman & Heymann, 2009; Lund & Agyei-Mesah, 2008), and older siblings (Berry, Biersteker et al., 2013; DSD, 2010), in the absence of parents or grandparents.

There are various studies that reveal diverse challenges of families, which include, among other factors, poverty (Hall, 2013a; World Bank & IMF, 2013; Moletsane, 2012; Oleke, Blystad, Fylkesnes, & Tumwine, 2007), HIV and AIDS (Meintjies & Hall, 2013; Statistics South Africa,
2013; UNAIDS, 2013b), and unemployment (Hall, 2013a; McLaren, Ardington, & Leibbrandt, 2013), particularly in rural communities, and these challenges hinder care and support for children in such a context. The DBE Integrated Strategy Plan on HIV and AIDS 2012-2016 (DBE, 2010a) further suggests that family support services are integral to care and support for children, and therefore they need to be strengthened, and, where possible, children should be reunited with their families (UNICEF, 2006). This is consistent with Bronfenbrenner’s (1986) assertion that the ecology of the family is a crucial context for the development of children.

What appears to be common in the South African studies that I reviewed is that care and support is seen mostly as the sole responsibility of adults. Such studies also suggest that adults are the only ones capable of caring and supporting, implying that care and support is a one-way process (Kidman & Heymann, 2009). In this approach, the assumption is that children are deficient; they are on the receiving end; and inactive in care and support (Harkness & Stallworth, 2013; Wright, 2011).

The literature further indicates that when parents or extended family members are unable to look after their children, one of society’s responses is to increase the number of orphanages, or children’s homes, or residential institutions, particularly in terms of care and support in the context of children affected by HIV and AIDS (Mthiyane, 2012; Tshoose, 2010). For instance, the South African Children’s Act identifies three forms of such alternative care: foster care homes; child and youth care centres’ and temporary so-called safe shelters (South African Human Rights Commission (SAHRC) & UNICEF, 2011). Children who live in orphanages, or children’s homes usually come from families or extended families that present with many challenges (Mohangi, 2008), such as the death of parents (Mohangi, 2008; Mthiyane, 2012), abuse, abandonment or neglect (UNICEF, 2010b; UNICEF, 2013b). Such alternative care centres provide necessary services, including rehabilitative and continued counselling services to those in need (DSD, 2013).

However, various studies, such as Perez (2008), Save the Children (2009), and Williamson and Greenberg (2010), show that children could experience several challenges in orphanages. As much as orphanages try to meet the needs of the many ‘vulnerable’ children, such as providing food, clothes, and ensuring education, there is also evidence that orphanages, or children’s
homes, consistently fail to meet the diverse needs of children (Groark & McCall, 2011; Williamson & Greenberg, 2010). A particular shortcoming of these institutions is that young children typically become isolated and distressed (Mthiyane, 2012), because they are separated from the people they know and love – siblings and peers in their respective communities. Recent findings by Walakira, Ochen, Bukuluki and Allan (2014) reveal that children who live in orphanages find it difficult to adjust to, and integrate with, communities later on in their adult lives. In other words, orphanages may increase vulnerability and marginalisation of such children, who may struggle with issues of independence and interacting with multiple challenges as they move from childhood to adulthood (Donald, Lazarus, & Lolwana, 2006).

There is also evidence from research that the role played by non-governmental organisations (NGOs) in providing care and support to ‘vulnerable’ children, is, without question, important (Argall & Allemano; 2009; DSD, 2010; Eppley, 2009; Hlalele, 2012; Williams, 2010). NGOs include faith-based organisations and community-based organisations (Ferreira, 2013; Widmer, Betran, Merialdi, Requejo, & Karpf, 2011) that render social welfare services to children and other people rendered ‘vulnerable’. NGOs are a critical part of care and support networks in South Africa, and may also register in terms of the Non-Profit Organisation Act (DSD, 2013). NGOs put ‘vulnerable’ children at the centre of their agendas. However, decisions made about these children seem to be made without consultation with them, with several decisions being made at national level through the DSD (2013). Relatively little is known about the role that secondary school children play in assisting with decisions reached in relation to services provided by NGOs, particularly in schools. According to Eppley (2009), the provision of care and support through a number of NGOs suggests that children are marginalised in this regard. The silence of children in the construction of care and support aimed at them is perceived to perpetuate vulnerability, which is a concern for children’s own agency within care and support (UNICEF, 2014).

Notwithstanding the above, in South Africa and elsewhere, schools have been, and continue to be, subjected to enormous responsibility for care and support for all children, including those rendered ‘vulnerable’ by HIV or AIDS (UNICEF, 2014; UNICEF, 2013a; DBE, 2010a). Rural schools are no exception. For instance, the South African DBE positions schools, including those in rural ecologies, as cornerstones of HIV prevention and care and support for all those infected.
with HIV or affected by HIV and AIDS. As a result, “schools will be utilised as centres for enhancing access of young people to services for sexual and reproductive health, including HIV … care and support or referral to providers of these services” (DBE, 2013, p. 3). As a result, the response of schools to challenges facing ‘vulnerable’ school children has been to emphasise the role of school leadership and management (Ogina, 2010; 2012) to set school policies and systems in place that could enable school communities to address issues of ‘vulnerable’ school children.

Various studies have reported the lack of school leadership teams’ engagement with matters that affect school children (Khanare, 2008; Ogina, 2012). The literature shows that some principals feel that care and support is the role of the other teachers, and they thus isolate themselves from active involvement in matters that affect ‘vulnerable’ school children (Theron, 2009; Wood & Goba, 2011). Other principals perceive it to be the work of social workers, yet they fail to network with social workers or other agencies beyond the school to acquire “training, funds and other forms of assistance” (Marneweck, Bialobrzeska, Mhlanga, & Mphisa, 2008, p. 33). The literature also reveals that school management team members feel that care and support can be meaningful only if school children are encouraged to talk openly about their challenges (Khanare, 2008).

There is evidence that many ordinary teachers have demonstrated their “pastoral care” role, as interpreted in the Norms and Standards of Educators (DoE, 2000, p. 4). In addition to their core business of teaching, teachers provided care and support to ‘vulnerable’ school children in various ways, including, among other duties, the provision of food and clothes (Delva et al., 2009; Dlamini et al., 2012; Huang, 2008; Ntaote, 2011; Theron, 2009), but also basic counselling to school children who are experiencing psychological and academic challenges (Bhana, Morrell, Epstein & Moletsane, 2006; Chitiyo, Changara, & Chitiyo, 2008; Haw, 2008; Joubert, 2012; Mohlakwana, 2013; Taukeni, 2012; Wood & Goba, 2011). Studies also show that teachers orchestrate interdependent systems that enable ‘vulnerable’ school children to receive social grants and identity documents (Loots, Ebersöhn, Ferreira, & Eloff, 2012). However, other studies have reported on the difficulties teachers have experienced with regard to care and support for ‘vulnerable’ school children (Cluver, Orkin, Gardner, & Boyes, 2012; Richter, 2013; Parag, 2009; Van Vollenhoven & Els, 2010). Some teachers regard this role to be solely the
responsibility of the Life Orientation teachers at their school (Bhana et al., 2006; Wood & Goba, 2012), while others complain that they (the teachers) lack proper skills, or are inadequately prepared to respond to issues of ‘vulnerable’ school children (Dlamini et al., 2012; Ferreira, 2013; Ogina, 2012; Wood & Goba, 2012). For example, a study conducted by Wood, De Lange and Mkumbo (2013) among Tanzanian teachers revealed that some teachers reported experiencing difficulty in coming up with innovative strategies to facilitate open discussion with school children. Similarly, in Woolner, McCarter, Wall, and Higgins’ (2012) study, some teachers reported a fear of engaging in sensitive topics.

Furthermore, what appears to be common in many studies is that teachers feel that care and support is an obligation of adults (parents or teachers) alone. There is an assumption that rural school children rendered ‘vulnerable’ by HIV or AIDS should be supported using only an outside-in strategy. In other words, care and support could be provided by adults only, without children playing an active part, because they are ‘vulnerable’ and needy (DBE, 2010b; Hlalele, 2012). However, some authors (Berry, Biersteker et al., 2013; Skovdal, 2009) acknowledge that care and support for school children affected by HIV and AIDS should recognise and include the role these children play, which includes caring for themselves and other sick people with whom they live. UNICEF (2014) now clearly argues that all children, including those living with HIV, are required to “participate in decisions affecting them” (p. 38). This is interpreted in the policies to imply active participation, which includes “improving their own situation as well as the … services used by their community as a whole” (UNICEF, 2014, p. 15). According to the literature, many care and support responses are still directed at supporting children using an outside-in strategy. In this approach, care and support information, activities, and roles flow down from adults, mainly, who are perceived to be experts and providers, to the children, who are perceived to be passive consumers.

This was of concern for me. So how can children become agents in their own lives and in the life of their community? Is the kind of care and support provided to these children likely to help them to become the envisaged agents, according to many international and national policies? (DBE, 2010a; UNICEF, 2010a; 2013a; 2014).
There is no lack of initiatives or programmes that support and mandate schools to nurture the life of their children. Initiatives such as the Tirisano Plan, the Caring School Network (CASNET), UNICEF’s Child Friendly School (Williams, 2010), Soul City’s Schools as Nodes of Care (SNOC) (Soul City Institute for Health and Development Communication (Soul City IHDC), 2006), the Children’s Institute (Hoadley, 2008), Schools as Centres of Care and Support (Argall & Allemano, 2009), Health and Development Africa: Circles of Support (CoS) (Hlalele, 2012), and, recently, Out of School Hours Care (OSHC) (Harris, 2014), to name but a few, are examples of how care and support for ‘vulnerable’ school children is approached in schools. These interventions mostly emphasise “empowering” teachers, SGB members, local NGOs or CBOs, parents, and health care workers to be in charge of “identifying and helping vulnerable learners” (Williams, 2010, p. 18). The voices of the children are more often than not missing from discussions about their care and support, and the assumption is therefore that these children need support mainly from external sources.

Other projects have focused primarily on developing teachers, such as Support Teachers, Assets and Resilience (STAR) (Ebersöhn & Ferreira, 2012; Loots et al., 2012) and the Rural Teacher Education Project (RTEP) (Islam, 2012). Teachers are regarded as experts, and such programmes as strengthening them in order to deal with the diverse needs of children in the specific contexts in which they work. Some studies have reported on how teachers have been trained in memory box-making (Loots & Mnguni, 2008), in order to improve their competencies in relation to care and support for ‘vulnerable’ school children. Various participatory visual techniques have been used to enable teachers to listen, think, and reflect (Stuart, 2010), which are essential in the addressing needs of ‘vulnerable’ school children. Collage has been explored with school management team members (Khanare, 2008), so as to assist them to identify, mobilise, and map resources (Ebersöhn & Eloff, 2006) within schools in relation to responding to the needs of orphaned and other children rendered ‘vulnerable’ by HIV and AIDS.

Previous studies in Africa have also explored the use of various participatory arts-based methodologies (Cole & Knowles, 2008; De Lange, Mitchell, & Moletsane, 2012) for various purposes with children, in order to understand how these children cope with challenges, including, among other things, living on the street (Malindi & Theron, 2011); caring for siblings and parents living with HIV and AIDS (Skovdal, 2009; Skovdal et al., 2013); addressing stigma
in schools (Magno & Kirk, 2008; Mitchell et al., 2010; Moletsane, De Lange, Mitchell, Stuart, & Buthelezi, 2007; Taylor et al., 2007); and combating gender injustices in and around schools (Mitchell, Walsh, & Moletsane, 2006; Mudaly & Sookraj, 2008; Stuart, 2010; Wood, 2012). What is common among the findings of these studies is that children, including those rendered vulnerable by HIV and AIDS, are active, in their own right, and that they drive change by drawing on their own agency, despite the adverse conditions in which they live.

I noticed that there is a paucity of research on how rural secondary school children who are perceived as ‘vulnerable’ construct care and support aimed at them in a rural school context. I also noticed that there is a paucity of research on how participatory arts-based research can enable agency in the lives of ‘vulnerable’ children, from the perspective of secondary school children. This study is therefore significant to understand how secondary school participatory arts-based research used with secondary school children can enable agency in their lives in a rural school context. My choice of participatory visual arts-based research was based on literature (see Banks, 2001; Buckingham, 2009; Butler-Kisber, 2008; Clark-Ibanez, 2007; De Lange, 2012; El-Gack, 2007; Johnson, 2008; Mitchell, 2011; Shaffer, 1994; Sherraden, 1991; Stuart, 2010; Tufte & Mefalopulos, 2009; Warry, 1990) that affirms the right and ability of participants, regardless of their socio-economic situation, to actively participate in issues which concern their own lives (Chilisa, 2012; Creswell, 2009). More broadly, a high premium is placed on enabling the articulation of issues which are difficult to put into words (Anning & Ring, 2004; De Lange, 2012; UNICEF, 2010a). The literature highlighted that ongoing dialogue with and among communities, including ‘vulnerable’ school children, creates the opportunity for social change (Barnes & Kelly, 2007; Moletsane, 2012).

Consequently, I believe that employing various visual arts-based methods, such as drawing, photovoice, and collage, would provide an opportunity in which secondary school children could voice their views in relation to care and support within their school context. Furthermore, I believe that the use of these methods will lead to collective and democratic relationships during the research process (Balfour, Mitchell, & Moletsane, 2008; De Lange, 2012; Joubert, 2012). Because care and support is multifaceted, it needs to be understood contextually.
This study is therefore significant in that it privileges the voices of secondary school children, and brings forth their constructions of care and support in the context in which they live. Furthermore, the participatory arts-based research employed in the study is explored in the narratives of these school children, to illumine the role of visual arts in enabling agency in the lives of ‘vulnerable’ secondary school children in the age of AIDS.

1.9 THEORETICAL FRAMEWORK

In this study I draw on Bronfenbrenner’s (2005) bio-ecological systems theory, and Giddens’s (1984) structuration theory to frame the study.

Bronfenbrenner’s foundational work explains child development (Derksen, 2010) from the perspective that a child is neither born nor develops in a vacuum, but is, rather, born into a complex set of nested systems within a web of relationships. The bio-ecological systems theory positions the child at the centre of the ecosystem (consisting of microsystem, mesosystem, exosystem and macrosystem) and within systems such as the family, the school, the community, and society. A reciprocal interaction exists between the systems. Accordingly, the theory explains the interdependence and mutual relationships between people and their environment (Donald, Lazarus, & Lolwana, 2002; Ebersohn & Eloff, 2006). Furthermore, these interactions evolve over time and space (Derksen, 2010). Time (chronosystem) as a construct shows that people and contexts develop and change continually. People can, over time, change their ideas, reshape their practices, and cultivate new meaning-making in their lives (Bronfenbrenner, 1995).

I also draw on Giddens’s (1984) theory of structuration to complement the bio-ecological systems theory. Giddens makes use of the term ‘systems’ to describe the patterns of social structure (Stone, 2005). In an earlier work, Giddens explains social structure as an outcome of human action, and this action is made possible within a particular place. He refers to this as the principle of duality of structure and agency, which is considered to be the pillar of structuration theory (Giddens’s, 1985). This principle refers to the notion that structures such as school systems are created by human actions, and then serve to shape future human actions (Johnson, 2008). Thus, as Giddens contends, structures can be both enabling and constraining to individuals. He further argues that while structural constraints impose themselves on individuals, the very same individuals are capable of manipulating the structures to get what they want. Key
to structuration theory is human agency. Hitlin and Elder Jr (2007) define agency as “an individual capacity for meaningful and sustained action, both within situations and across the life course” (p. 39). This point is of central importance to Giddens’s theory, in that individuals exercise their agency to construct and reconstruct their life circumstances. In other words, Giddens’s understanding of human agency comes from the perception that individuals have abilities (intrapersonal and interpersonal) to act and take care of their own lives (Giddens, 1984). Giddens argues that despite adversities that may result from existing structures, people always find a way out so as to continue with their everyday activities (Falkheimer, 2007). As a result of their agency, they do not succumb to challenges, but use the same adversities as an opportunity to act to disrupt existing structures and recreate new meanings and new structures.

In this study, schools serve as an institutionalised system for care and support for school children, including ‘vulnerable’ school children. The school, nested within the ecosystem, consists of teachers, learners, and administrators, whose interaction and relationships are important for the efficient provision of care and support in the school (Argall & Allemano, 2009). In addition, the school as a system may interact with other systems, such as families, churches, and health or social development departments, which is critical to the holistic development of ‘‘vulnerable’’ school children (DBE & MIET Africa, 2010). The constructions of care and support by school children in a rural school context can therefore be framed within bio-ecological systems theory and structuration theory (see Chapter 3: 3.2).

1.10 RESEARCH DESIGN AND METHODOLOGY

In this study I have adopted a qualitative approach located in the critical paradigm to explore, through participatory arts-based methodologies, school children’s constructions of care and support in two rural schools in KwaZulu-Natal in the context of HIV and AIDS.

1.10.1 Qualitative research

A qualitative research approach is concerned mainly with exploring a phenomenon, issue, or context with the intention of developing an understanding of what is being studied (Nieuwenhuis, 2007a; Taylor & Medina, 2013). Qualitative research affirms multiple realities that are socially constructed, and the researcher makes meaning of the participants’ life worlds,
informed by their perspectives, experiences, and activities in real-life situations (Cohen, Manion, & Morrison, 2007; Lichtman, 2012). For this reason, I found a qualitative research approach to be suitable for exploring how school children construct care and support in their own rural school context. The participants understand their context best, and are able to reconstruct their worlds (Babbie & Mouton, 2010) in an attempt to deepen an understanding of them.

1.10.2 Critical paradigm

This study is positioned within a critical paradigm. Willis (2007) defines a paradigm as “a comprehensive belief system, world view, or framework that guides research and practice in a field” (p. 8). A paradigm is concerned with having a “specific purpose in providing distinct means of producing unique knowledge” (Willis, 2007, p.8). The choice of paradigm is crucial to any research since it informs the practice and direction of the inquiry. From a philosophical perspective, paradigms differ in terms of the nature of reality (ontology), the nature of knowledge (epistemology), and the nature of an approach to generate knowledge (methodology) (Taylor & Medina, 2013) of the issue under investigation.

Looking at the critical paradigm in particular, critical researchers assume that what counts as worthwhile knowledge is determined within the social and positional power of the advocates of that knowledge (Cohen et al., 2007). This means that social reality is created partly through the domination or oppression of one group by another, and that a critical dimension of critical research includes disrupting structures that fuel dominations or oppressions, and help resolve, over time, the power imbalances within society. Therefore, the emphasis of critical researchers is not only on interpreting participants’ lived experiences, but also, through the research process, contributing to change. Thus, critical research is underpinned by raising critical consciousness, and by involving people to identify and deal with their challenges in a more active way (Babbie & Mouton, 2010; Creswell, 2007; Lichtman, 2012; Terre Blanche, Kelly, & Durrheim, 2006).

Taking into consideration the preceding exposition, a critical paradigm is suited to this study in which the participants, in this case ‘vulnerable’ school children, are involved in thinking critically about care and support provided at school and in becoming active agents in addressing challenges. In the light of this, I have employed a participatory visual arts-based methodology, in order to create spaces in which the ‘‘vulnerable’’ school children can make their voices heard. In
the following section, I outline my decision to employ a specific research methodology, using a critical lens, in making a case for research which brings about social change.

1.10.3 Participatory visual arts-based methodology

This study draws on a participatory visual arts-based methodology because of its efficacy in enabling indigenous and marginalised populations to share and voice their experiences (Fargas-Malet, McSherry, Larkin, & Robinson, 2010). Participatory visual arts-based research has been defined as a collaborative approach to research that involves pluralism and alternative modes of inquiry and representation (Finley, 2008; Taylor & Medina, 2013), such as working with visual artifacts, drawing on participants’ creativity in representing issues, challenges, and solutions. This methodology enables participants to produce knowledge, to reflect critically, and to use the artifacts – in this study drawing, collage, and photovoice – to talk about that which they consider important in their lives. Also important is that in the process they learn visual skills and that in the momentum of engaging with one another or with their artifacts, they can choose what they want to share and how they have constructed meaning. This engagement could contribute to subtle social change (Taylor & Medina, 2013), which, in this study, could be about enabling school policies and practices of providing care and support that are more school children-centred and contextually driven.

1.10.4 Research context

The study was conducted in Vulindlela district in rural KwaZulu-Natal (KZN), South Africa. Vulindlela is a district which is about 120 km from Durban and 90 km from Pietermaritzburg, spanning gentle rolling hills at the foot of the Drakensberg mountain range. A large part of the population lives in small rural settlements. KZN currently has the highest HIV prevalence rate in South Africa (Statistics South Africa, 2013), when compared to the national HIV prevalence of 12.3% (Shishana et al., 2014). The HIV prevalence rate among 15-49-year-olds was 27.8% in 2012 (Shisana, 2013). However, in the district of Vulindlela, the HIV prevalence rate among antenatal clinic attendees stands at 37.5%, which is also well above the national and provincial averages (Avert, 2013). Consequently, schools are challenged to adequately address the care and support needs of the large number of school children who are ‘vulnerable’ (Khanare, 2009; Kharsany et al., 2012).
Rural areas – such as this district – are still isolated from mainstream activities. Their very isolation increases their vulnerability, particularly in relation to the lives of children infected with HIV or affected by HIV and AIDS. I chose the two rural schools not in terms of a limiting economic context, but in terms of a context in which the participation of school children is essential to care and support.

1.10.5 Rural school

No one standard definition exists to define a rural area or a rural school, and often anything that is not urban or metropolitan is said to be rural. However, in South Africa, rural schools have been regarded as historically disadvantaged since they were neglected prior to 1994 (DoE, 2005) and continue to be neglected. In this respect, the current DBE has classified schools into rural schools, peri-urban schools, and urban schools. Schools are also classified by quintiles (Q) (DoE, 2009), which informs the ranking and funding of schools. For instance, since 2010 all schools in Q1, Q2, and Q3 are declared no-fee schools, because they are regarded as serving the poorest communities (DoE, 2009). The majority of rural schools are in Q1 and Q2.

Rural schools often have few economic resources, poor infrastructure (poor roads, school buildings and sanitation), with many school children coming from low-income families (Bell & Pirtle, 2012). As noted by Balfour et al. (2008), rural areas differ from one part of the country to another. While this is the case, they argue that the notion of rural schools as inferior schools is incorrect. Similarly, generalisation about HIV response, including care and support, in rural schools is not possible given the range of diversity experienced. These aspects have implications for understanding care and support aimed at school children in such a context. My choice of rural schools as research sites is not informed by the false notion that rural schools are inferior, but rather by the fact that such schools present a diverse environment, with resources and individuals with different strengths who are able to contribute towards care and support in the context of HIV and AIDS.

For the purposes of this research, a rural secondary school refers to a school in a rural area, providing education for school children from Grades 8 to 12.
1.10.6 Purposive sampling

The concept of a caring school (DBE & MIET Africa, 2010) introduces the view that schools have people and resources which can be utilised to ensure the well-being of school children, including their care and support (Wood & Goba, 2011). Rural schools are no exception. In this research, purposive sampling was used to select two rural secondary schools in rural KwaZulu-Natal, because this type of sampling is more likely to produce rich data (Nieuwenhuis, 2007b). During the course of the Every Voice Counts project (De Lange et al., 2010), the SMTs of the two schools indicated that they experienced challenges in addressing the needs of school children who are affected by HIV and AIDS, and they mentioned that one of the reasons for this was that school children did not talk about the problems that they were experiencing. It therefore made sense for me to work within these two schools.

Twenty Grade 11 school children from the two schools were purposively selected to participate in this study. I gained access to participants through the Life Orientation teachers, who assisted in identifying school children who were listed as ‘vulnerable’ on the school register (see section 1.7.2), and who were willing to participate. The reason for choosing Grade 11 school children was not based on their vulnerabilities, but on their having comprehensive knowledge and experience of care and support in school since they had been in secondary school for nearly four years. I assumed that the school children would be independent thinkers, who could express their ideas, and therefore would be able to explore with me, through visual arts-based methods, how they construct care and support in their school in a rural context. They could thus contribute data to answer the research questions (Nieuwenhuis, 2007b; Silverman, 2013).

1.10.7 Data generation methods

One of the strengths of qualitative research is that it allows for the use of a variety of research methods to generate data. Babbie and Mouton (2010) and Lichtman (2012) caution that one method of generating data is not necessarily superior to another method, and that it is sometimes necessary to have several creative ways of generating data, in order to allow maximum participation of those involved. It is also useful to provide alternative modes of exploring issues or people’s experiences, opening up new ways of understanding the phenomenon under investigation (Taylor & Medina, 2013). Drawing, photovoice, collage, and participants’
reflections were deemed appropriate methods for data generation. Following successful researchers, (Creswell, 2009; McMillan & Schumacher, 2010) I also made field notes during the data generation process. The field notes also served as a validation measure by allowing authentication of the findings. In the following sections, I discuss briefly the data generation methods which helped me to generate data with the participants in order to answer the research questions.

1.10.7.1 Drawing

Drawing is a low-technology method (Mitchell et al., 2006) that allows people to tap into their inner worlds and express themselves (Prosser & Burke, 2008). Drawing emerged as a data generation method in the early years from distinctive research traditions such as clinical psychology and psychotherapy, and it was used for diagnostic and therapeutic purposes (Leitch, 2008). However, its use is growing in other fields, including education-based research. As a tool for inquiry and communicating, it has mainly been used to enable diverse populations in a variety of contexts to articulate their feelings, beliefs, and ideas in a non-obtrusive way (De Lange, Olivier et al., 2012). It also has the potential to address language barriers that are related to written or spoken words. Drawing can furthermore be described as a reflective tool: participants develop a visual image in their minds, put it to paper, and describe and interpret it in relation to the phenomenon being studied. In the momentum of the process, participants reflect, ask, explain to each other, reconstruct and give many interpretations of what their drawing means to them, and to the issue under investigation (Pithouse-Morgan & Van Laren, 2012; Theron, Stuart, & Mitchell, 2011). In this study the school children were asked to draw how they see themselves in care and support in their rural school context.

1.10.7.2 Photovoice

The term photovoice has been defined differently by different researchers, but Caroline Wang (1999), who coined the term, describes it as a “method that enables people to define for themselves and others, including policy makers, what is worth remembering and what needs to be changed”, using pictures or photographs (p. 4). It has emerged as a research method which enables people whose voices are seldom heard to take control of their own worlds. People are given cameras to document their lived experiences, and in so doing, they become the decision
makers, choosing what to photograph, what to represent, and how to interpret their own photographs. Their photographs, through which they make their voices heard, are often used to bring about social change and inform policy and practice (Beh, 2011; Strawn & Monama, 2012; Wang, 2009). Photovoice has been used in numerous fields and is becoming more widely used in education-based research. While photovoice has been used widely in education as a method to enhance school children’s writing skills (Zenkov & Hermon, 2009); to understand students’ conceptions of mathematics (Harkness & Stallworth, 2013); to explore with students their perceptions concerning online education (Edwards, Perry, Janzen, & Menzies, 2012); to understand how teacher educators see HIV and AIDS (De Lange, Mitchell, Moletsane, Stuart, & Buthelezi, 2006); to understand how the youth see HIV and AIDS-related stigma (Moletsane & Mitchell, 2007); and to explore how teachers experience the effect of poverty in schools (Olivier, Wood & De Lange, 2009), it is still an emerging method in African and South African contexts (Beh, 2011). The application of photovoice is particularly pertinent to this research which seeks to enable school children – in the context of rural schools – to explore issues of care and support.

1.10.7.3 Collage

Collage, a composition created by pasting different materials on a sheet of paper to creatively express ideas, is used as a participatory visual arts-based research method. This method of using existing materials, symbols, or words to create an artistic composition on a particular issue or topic (Butler-Kisber, 2010; Leitch, 2008) enables participants to take an active role in doing, but also in leading discussion about their collages (Mitchell, Theron, Smith et al., 2011). Participants have the opportunity to identify and choose which pictures, words, or symbols they want to use in their collages, and how to structure their collages. This is particularly useful when one is working with young people since it is provides them with an artefact to respond to as a way of conceptualising ideas, thereby stimulating critical thinking, and involving them actively, rather than having them merely listening passively to the voice of the researcher (Butler-Kisber, 2010). Collage has been used in several fields, for example to address public health concerns with nurses, doctors, and pharmacists (Williams, 2002), and with business personnel (Colakoglu & Littlefield, 2011). In the field of education, researchers have used collage with rural teachers (Mitchell, 2011; Motalingoane-Khau, 2010; Pillay & Saloojee, 2012), and with school children
(Leitch et al., 2006; Norris, Mbokazi, Rorke, Goba, & Mitchell, 2007). The use of collage in this study enabled school children to further explore their construction of care and support.

1.10.7.4 Free writing: reflections

Free writing is regarded as a method to enable participants to reflect, and it is acknowledged that it is a method that is underused in educational research (Pithouse, 2011). Free writing enables participants to write about anything that comes to mind, their perceptions, experiences, feelings, and thoughts, in relation to the phenomenon under investigation (Pithouse, 2011). In this study, free writing is used to elicit school children’s reflections on using visual arts-based research methods, in particular drawing, photovoice, and collage, to explore whether the use of visual arts-based methods enables agency in their lives, and the lives of others in rural schools. Complementing this, participants’ verbal reflections and my field notes are used as data generation methods (see Chapter Three).

1.10.7.5 Data analysis

Qualitative researchers describe data analysis as an ongoing process, as being done concurrently with data generation, and as involving multiple layers of analysis (Creswell, 2009; Grbich, 2012; Silverman, 2013), depending on the nature of the study. The participatory nature of this study thus involves multi-layered analysis of data, in which the participants become part of making sense of the data. This is referred to as participatory data analysis (Mitchell, De Lange, 2011; Theron et al., 2011). The school children in this study did not only produce the data, they also talked about it and explained it in relation to the phenomenon being investigated. In their discussion, they reshaped ideas and formulated themes. Therefore, their explanations and how they themselves made sense of the data serve as the first layer of analysis. This layer is important when one is using visual arts-based methods because it informs the second layer, in which I, as the researcher, provide a deeper and systematic analysis of the participants’ meaning-making of their own data (Creswell, 2009). Therefore, the second layer involves an inductive thematic analysis (Grbich, 2012; Marshall & Rossman, 2011) where I identify units of meaning, categories, and broader themes to answer the research questions.
1.10.7.6 **Trustworthiness**

Trustworthiness in qualitative research is crucial, for without it, research findings can be deemed worthless (Cohen, Manion, & Morrison, 2012). For this reason, Lincoln and Guba’s (1985) strategies to ensure trustworthiness were applied. Their principles of credibility, confirmability, transferability, dependability, and authenticity are discussed in Chapter Four.

1.11 **ETHICAL CONSIDERATIONS**

Ethical issues in research concern the way in which the research is conducted, in that the researcher has to consider what is right and wrong, good and bad, and whether the research is in the interests of the participants. Ethics have to be considered during the entire process of the study – in the inquiry, in the representation of the findings, and in the dissemination of the research findings (Cohen et al., 2007; Moletsane, Mitchell, Smith, & Chisholm, 2008). Regardless of what type of research one chooses to conduct, research ethics is an important consideration, for it ensures confidentiality and the safety of the participants, the researcher, and other implicated stakeholders (Lodico, Spaulding, & Voegtle, 2006). I am aware of the conventional guidelines for, and concerns about, doing research with marginalised populations, in this particular instance, children, and with regard to sensitive topics such as HIV and AIDS and other related issues.

For this reason, the process of research mandates the researcher to protect the participants from any harm that may occur as a result of the research process (McMillan & Schumacher, 2010). To adhere to this norm, necessary ethical issues were taken into consideration: I was granted ethical clearance for the study by Nelson Mandela Metropolitan University (NMMU) (see Appendix A), permission by the DBE (see Appendix B), permission by the participating schools (see Appendix C), consent by the parents and guardians of the participating school children (see Appendix D), as well as assent from the school children themselves (see Appendix E) (a detailed explanation is provided in Chapter Four). I drew from a number of universal ethical principles, such as *Ethical approaches to gathering information from children and adolescents in international settings* (Schenk & Williamson, 2005), the *Belmont Report* (US Department of Health, Education and Welfare, n.d.), and Articles 3 and 9 of the *Universal Declaration on Bioethics and Human Rights*. 
(UNESCO, 2005) to ensure that principles of human dignity, human rights, privacy, and confidentiality were adhered to.

This study employed a visual arts-based research approach. Therefore, I had to take cognisance of methodological issues and ethical dilemmas related to employing visual methods, as raised by a number of researchers (Dickson-Swift, James, Kippen, & Liamputtong, 2008; Fargas-Malet et al., 2010; Mitchell, 2011; Moletsane et al., 2008; Pink, 2001). More importantly, the emphasis was to present authentic results, and to do the most good and the least harm (Mitchell, 2011; Moletsane et al., 2008) (see Chapter Four: 4.12.).

1.12 DELIMITATION OF THE STUDY

This study is located within the discipline of educational psychology, which has as its focus the learning and development of the child, which includes care and support. It also recognises that individuals are situated in a rich and complex set of ecological systems that affect the life world of the child (Donald et al., 2006; Gable & Haidt, 2005), and that these ecologies, in this instance the school, are spaces in which care and support for school children should occur. I also draw on the tenets of positive psychology, in that I view school children as being capable and able to solve their own problems, as being able to draw on their own strengths and assets (individual and collective), and as having the capacity to map, mobilise, and cultivate new and alternative ways of living (Ebersöhn & Ferreira, 2012), thereby exemplifying the state of possessing agency (Pillay & Saloojee, 2012; Taylor & Medina, 2013). Within this perspective, my study recognises that school children are capable of providing insights into how they construct care and support, both as it is, and also as they envisage it to be, in their rural school context.

Only 20 school children from two secondary schools in a rural district participated in this study. Consequently, the findings offer only their voices. Using drawing, photovoice, and collage as arts-based methods with the school children enabled them to express themselves in different ways in relation to care and support, but also to explore how the use of these methods can enable agency in their lives as children in schools in rural areas. Therefore, as a study in the discipline of educational psychology that emphasises the significance of hearing school children’s voices on care and support and seeing their artifacts this makes an important contribution to the
literature on care and support in a rural school context, to visual arts-based research, and to the discipline and practice of school psychology.

1.13 OVERVIEW OF THE CHAPTERS

The study is organised into eight chapters, which bring together different parts of the research.

Having used Chapter One to introduce the study, Chapter Two, a literature review, provides an overview of the broad bodies of knowledge on, among other issues, the conceptions of childhood, HIV and AIDS responses, and care and support for the well-being of school children.

Chapter Three discusses the theoretical framework of the study. The chapter begins by presenting a brief discussion of bio-ecological systems theory, and how it relates to children’s well-being. The chapter goes on to give a brief account of structuration theory, and its relevance to school children’s agency within care and support. Finally, the chapter outlines how the two theories form the theoretical framework used to explore school children’s construction of care and support in rural schools.

Chapter Four describes the research design and methodology employed, as well as the research methods used in generating data. It includes a detailed account of the context, the selection of the sample, and the analysis strategy used. Finally, the chapter answers questions pertaining to trustworthiness and ethical considerations.

The aim of Chapter Five is to present the results of the research in the form of participants’ drawings, photovoice, collages, and written reflections.

Chapters Six and Seven provide the findings and discussion and move beyond the descriptive data presented in chapter Five. The findings are also recontextualised in the literature.

Chapter Eight concludes the study by offering a summary of the findings, conclusions, and implications. The contribution that the study makes is theorised in terms of knowledge about school children’s construction of care and support, as well as its methodological contribution. The chapter concludes with limitations of the study and recommendations for further research.
1.14 CONCLUSION

This chapter introduced the study of exploring – through participatory arts-based methodology – school children’s construction of care and support provided in rural schools. This first chapter has provided an orientation to the study and clarified the problem that informs the purpose of the study, the aims and the research questions. Prominent aspects of this chapter include the theoretical framework of the study, the research design and methodology, ethical issues, and the trustworthiness of the study. Chapter Two presents a review of relevant literature pertaining to the care and support needed by, and provided to, ‘vulnerable’ school children.
CHAPTER TWO
LITERATURE REVIEW
AN EXPOSITION OF CARE AND SUPPORT FOR SCHOOL CHILDREN IN THE CONTEXT OF HIV AND AIDS

2.1 INTRODUCTION
The voices of children and youth who are orphaned and others who are made ‘vulnerable’ are more often than not missing from the conversations about their care and support. This is even more so in a rural ecology. There is a significant amount of research on HIV and AIDS in relation to issues like protection, and care and support for orphaned and ‘vulnerable’ children, both internationally and nationally (Berry, Biersteker et al., 2013; Ogina, 2012, UNICEF, 2013b). For this study, however, I want to focus on selected issues discussed in both international and national literature such as the conceptualisation of a rural community; children’s growth; care and support in the rural community; care and support in education in the age of AIDS; and efforts made in responding to care and support for orphaned and ‘vulnerable’ school children on account of HIV and AIDS. (Since I consulted only literature published in English I acknowledge that I might have missed out on concurrent debates in other African languages). This I do by framing the literature in the context of a rural community. How black African children are conceptualised changed from the nineteenth to the twentieth century (Balfour et al., 2008) and has been documented widely. What is clear is that neither the historical evolution of such conceptualisation nor the contemporary construction of childhood in Africa provides a precise and homogeneous understanding of African childhood. Since in this study I am particularly interested in the care and support for the child in an African rural community, I begin by focusing on what it means for a place to be described as rural before going on to look at children and the construct of childhood in such a place.

2.2 UNDERSTANDING A RURAL COMMUNITY
South Africa is described as an unequal country in relation to income and wealth distribution (Leibbrandt, Finn, Woolard, & Argent, 2010). Patterson (2009), in her study on the construction of childhood in apartheid South Africa, indicates that the South African socio-cultural structure
has been one characterised by high inequality, and child instability as a result of apartheid. Further to this, she identified as most ‘vulnerable’ the rural and remote areas, black African communities, and children in these communities. This vulnerability does not even take being infected with HIV or affected by HIV and AIDS into consideration.

2.2.1 Conceptualising the notion of ‘rural’

It is widely held that there is no simple definition of the terms rural and rurality (Centre for Rural and Northern Health Research, 2008; Redding & Walberg, 2012). Howley and Eckman (1997) point out that rural is generally explained as being small and remote, while urban and suburban are explained as being places of good life, large spaces and, generally, where everybody wants to be (Howley & Eckman, 1997).

Rural also has different meanings in different countries. For example what counts as rural in South Africa is not how rural in Canada is understood (Barnes & Kelly, 2007). In South Africa, rural areas are places that are ‘located far outside of town – where there are no bridges – where no white people stay – places far from tar and gravelled roads’…. It is (also) where you find Emaphandleni … simply ‘dust and deprivation’ (Nelson Mandela Foundation, 2005, p. 31).

The term rural in South Africa is fundamentally a delineation of geographical position. It also implies remoteness, mountainous terrains, sparse populations, open land and other aspects not associated with urban or metropolitan areas (Moletsane, 2012; OSISA, 2012; Redding & Walberg, 2012). South Africa has nine provinces, many which are geographically rural, with two thirds of the country’s population living in rural areas (Statistics South Africa, 2013). Furthermore, much of the population in rural areas depends on subsistence farming for its livelihood. The sheer isolation of living in rural areas has several implications (Meintjies & Hall, 2013). For example, the provision of infrastructure, including that essential to education, health care facilities, and recreational facilities is most often insufficient, corresponding with the low income and lower educational attainment of its population (Centre for Rural and Northern Health Research, 2008; Meintjies & Hall, 2013; Moletsane & Ntombela, 2010; Zaid & Popoola, 2010).

Rural, it seems, is also explained as hard to reach and as featuring many socially constructed ills (Moletsane, 2012). This perspective, according to Hlalele (2012) and Mahlomaholo (2012), frames the notion of rural in a paradigm of deficiency: rural places are problems and are held
back from development. This perspective is challenged in the work of Balfour et al. (2008), who argue that rural spaces and places are not deficient but rather generative. The research of Ebersöhn and Ferreira (2012), which eschews the deficit model, with teachers in a rural community, positions rural communities as being resilient and as having multiple assets and strengths to draw from. Howley and Eckman (1997), point out that another strength of rural communities is their being “closely linked in ways urban and suburban communities cannot be” (p.2).

Rural South Africa is vast: each of its rural areas and rural communities has a uniqueness of its own, which, in turn, influences school children’s growing up and well-being.

2.2.2 African children growing up in a rural community

Considering the way rural is generally understood, it would appear that growing up in rural South Africa should be associated with scarcity and lack of resources and that this might result in the people not participating fully in the community and in its decision-making processes (McGrath, 2011; Mncube, 2008). In spite of this apparent scarcity rural people in Africa, including South Africa, do not necessarily see their geographical place as lacking nor do they merely succumb to their difficult circumstances. Rather, they generally appreciate the familiarity of their place and people (Curtin & Hargrove, 2010; Eriksson, Asplund, & Sellström, 2010). Importantly, children are positioned as valued, with black African children’s development, care and support the responsibility of the whole community (Boakye-Boaten, 2010). The adage, *khutsana ha e eo motseng* (there is no orphan in the village) points to a collective response towards raising the children of a rural community. The implication here is that growing up in a rural community is an expression of belonging and of relationships with family, school, and the whole rural ecology that offers care and support to all the children. This ideal, however, is not always a reality in all rural communities.

2.2.3 The nature of care and support in a rural community

There are unique resources in a rural ecology that enable the provision of care and support to children (Moletsane, 2012), but this varies greatly since rural communities and their contexts are often dissimilar given the different challenges and difficulties in rural communities. However, in
spite of these, as I have mentioned above, there is much that is positive in rural communities (Donald et al., 2006; Mohangi, 2008), and which contributes to the nature of the care and support for children.

African rural households are known for their close relationships and kinship; they share a family name and a clan name, and have many practices and beliefs that tie the family together. For example, in some cultures the birth of a child is considered to be the re-birth of an ancestor so, as such, the child is given a name of a deceased family member. In this way a child is not just born into the family but is clearly connected to the family through the given name. A term such as ndadane (orphan in isiZulu) is not commonly used since it indicates social exclusion (Commission for Rural Communities, 2012) and this runs contrary to social belief and custom regarding the care and support for children. Further to this, the absence of parents because of work commitments or even death does not leave the children without care; the provision of children’s education, food, clothes, and shelter is seen as an opportunity for siblings, relatives, and other members of the family to participate in and contribute towards the good of the rural household. Its members depend on each other for their survival and also for the well-being of their children, including those who are ‘vulnerable’, making rural households not isolated entities but, rather, complex systems that include and connect children, parents, grandparents, and others all of whom are implicated in practices in which the care and support for children is embedded.

To date, care and support for children has been overwhelmingly seen as the role of adults or elders in the community. This is confirmed in a literature review on the different forms of structures in a community response to ‘vulnerable’ children, and what they are best placed to do (Taylor, 2010). Every community structure – with its strengths and weaknesses – has a role to play. Interestingly, providing care and support is often seen as a way in which respect for elders in the community is created and sustained. Ross’s (2011) baseline study on community attitudes and behavior towards providing care and support to ‘vulnerable’ children shows that providing care and support gives parents and other adults a sense of authority in their families and communities, as is seen from phrases such as “it is my responsibility” and it is “my call” commonly used by Ross’s participants. The presence of an adult in the household – whether a mother, a father, a grandmother, an older sister or brother – is associated with better social connections for people affected by HIV and AIDS (Ross, 2011).
The role of the African extended family in relation to care and support for children is clearly stated in the literature (Sanou et al., 2008; Kendall, 2007; Audemard et al., 2006; Ogden et al., 2006; Zimmerman, 2005). In African communities in South Africa, it is the responsibility of the extended family to nurture and protect children, with parenting not being confined to biological parents only but including all adults in the family (Kidman & Heymann, 2009; Sanou et al., 2008; Kendall, 2007; Audemard et al., 2006; Zimmerman, 2005; Foster, 2002). A distinction is often made between male and female roles and responsibilities. For example, care and support for girls is commonly the responsibility of the adult females or mothers, while boys become the responsibility of the adult males or fathers as pointed out by Litwin (1997).

In disadvantaged households in northern Uganda, care and support was found to be the responsibility of poor widows (Oleke et al., 2007). Some research also documents that female chiefs, also Queen Mothers in Ghana, take responsibility for the needs of children, and also serve as role models in the community (Lund & Agyei-Mesah, 2008). While it is clear that in rural communities the care and support for children is the responsibility of adults, or in some cases, other external agencies, the active role that children can play in their own care and support and that of others, is overlooked. Ntaote (2011) points this out and notes that children are largely excluded from decisions about their own care and support. This seems to be carried through into formal structures intended for their protection. Emphasising the adults’ role to the exclusion of all else ignores the important contribution, with its potential gain, that could be brought by children themselves in relation to care and support.

I align myself with the widespread use of a proverb in many African contexts: it takes the whole village to raise a child. In the context of this study I interpret the proverb to mean that the child’s own role in care and support is embedded in the notion of the whole village; children themselves should be part of the provision of care and support that contributes to the positive well-being of all children. In rural communities care and support is seen to be evolving and capturing a range of people and their practices inside and outside family households (Schenk et al., 2008; UNICEF, 2010a) and this suggests the involvement of the whole village, including its children, in the care and support structures.
2.3 ORPHANED AND ‘VULNERABLE’ CHILDREN IN A RURAL COMMUNITY

Children living in households affected by HIV and AIDS find themselves faced with multiple challenges, and children in South Africa are no exception (Mitchell, De Lange, Moletsane, Stuart, & Buthelezi, 2005; UNAIDS, 2013a; UNICEF, 2013b). However, the degree to which HIV and AIDS have an impact on children differs across contexts as does the care and support provided in each context and this depends on the social structures in the community, and the life world of the specific child. In the following sub-sections, I explain some aspects associated with children who are living with HIV and AIDS, in particular, in South African rural communities.

2.3.1 Prevalence of HIV and AIDS orphans and ‘vulnerable’ children in South Africa

Currently there are about 3.9 million South African children who are known to be orphans, more than 2 million of whom have lost one or both parents as a result of AIDS (Meintjies & Hall, 2013; UNAIDS, 2013b). Statistics South Africa (2013) also indicates that children orphaned and made ‘vulnerable’ by HIV and AIDS are in provinces with a high prevalence of HIV. KwaZulu-Natal is the province with the highest HIV prevalence; just under 40% of 15- to 49-year-olds are living with HIV (UNGASS, 2012, as cited in Avert, 2013).

Statistics South Africa (2013) estimates that in South Africa more than half of the country’s children made ‘vulnerable’ because of HIV and AIDS live in rural areas. Further to this, according to the DBE and MIET Africa (2010), children living in households affected by this epidemic experience more challenges if they are living in rural areas. The majority of ‘vulnerable’ children still continue to live in extremely poor conditions, resulting in an even higher risk of being affected by HIV and AIDS (Hall, 2013a; 2013b). This is related to the fact that rural areas experience high levels of poverty, especially among the black population, as a direct result of apartheid space allocations (Hall, 2013a; Moletsane, 2012; Shackleton, Shackleton, Buiten, & Bird, 2007). The challenge of addressing HIV and AIDS and the protection, care and support for orphaned and ‘vulnerable’ children is located largely in marginalised rural communities (DBE, 2010a). The Global Monitoring Report (World Bank & IMF, 2013) reminds us that the impact of HIV and AIDS will continue to have a long-lasting effect on the lives of children living in rural areas, reshaping their futures, expectations and their participation in ways that are currently difficult to predict.
Addressing HIV and AIDS clearly requires excellent basic services such as education and health-care, which are key to preventing the spread of HIV. In the report of the Ministerial Community on Rural Education, the DoE (2005) pointed out that rural areas have poor quality basic services and infrastructure in the field of education (such as dilapidated classrooms, recreational facilities, and toilets) and in health-care. Other authors reiterate how the challenges of rural areas such as poor housing; food insecurity; inadequate water and sanitation; limited road maintenance, lack of transport; and unemployment impede service delivery, including those services associated with the provision of care and support in the schools (DBE & MIET Africa, 2010; Hall, 2013a, 2013b; McLaren et al., 2013).

The large number of ‘vulnerable’ school children in rural and marginalised communities, where infrastructure and services are inadequate, makes the task of addressing HIV and AIDS, and the requisite care and support for those infected with HIV or affected by HIV and AIDS, difficult. Thus, rural school children made ‘vulnerable’ because of HIV and AIDS are less likely to develop to their full potential (Mitchell & Murray, 2012; McGrath, 2011), as envisaged by the South African Constitution, and by the South African Schools Act (DBE, 2012).

### 2.3.2 Orphaned and ‘vulnerable’ school children

Being orphaned and ‘vulnerable’ because of HIV and AIDS, and living in a rural area, has many challenges. I pointed out in the previous chapter that the majority of children made ‘vulnerable’ by HIV and AIDS in South Africa are of school-going age. The effects of HIV and AIDS are particularly devastating in terms of such ‘vulnerable’ school children’s right to schooling. Apart from a place of teaching and learning, school is also a space for socialisation and belonging, and for cultivating social relationships (Argall & Allemano, 2009; Taukeni, 2012), creating networks for HIV prevention and awareness (Mitchell & Murray, 2012; Wood, 2012), and for developing skills that are needed beyond school. The inability to attend school is a key contributor associated with multiple challenges that children made ‘vulnerable’ by HIV and AIDS are faced with in their rural communities and which results in their being deprived of school-related benefits.
2.3.2.1 Health and education

There is a growing commitment and enthusiasm around the world, and in South Africa, that a healthy life, quality education, and children’s well-being must be part of the everyday agenda of the government (Berry, Biersteker et al., 2013). This could enable children to live longer and become resources in their own lives, their communities and country, and contribute to the economy (DBE, 2010a; Richter, 2013). There is considerable literature on international and national laws, policies and guidelines that supports the view that a healthy life and quality education are critical for shaping children’s physical, psychological and holistic development.

Significant achievements have been made in South Africa in relation to health and education, documented in the Diagnostic Review of Early Childhood (ECD) (Richter et al., 2012), Statistic South Africa mid-year report 2013 (Statistics South Africa, 2013) and the Global AIDS Response Progress Report 2013 (UNAIDS, UNICEF, & WHO, 2013) respectively. Children living in poor rural communities, however, are still likely not to have access to free health services (Hall, 2013c). Furthermore, most health care facilities operate on a schedule of weekdays from 0800 to 1600, thus making it inaccessible to many school children in rural areas, including school children who would have to walk long distances from school to clinic to home even when ill.

Despite basic education being made compulsory in South Africa and the granting of other ways of ensuring access to education, such as no-fee and free-meal policies in the majority of public schools (DBE, 2013), there is still documented evidence that many orphaned and ‘vulnerable’ children affected by HIV and AIDS or infected with HIV, especially in rural communities, experience difficulty in accessing quality education as well as health-care (Delva et al., 2009). Attracting competent human resource personnel (such as educators and health care workers) remains a challenge. Poor infrastructure and the long distances from their homes or schools to local clinics also contribute to orphaned and ‘vulnerable’ school children lacking information as well as access to basic services as discussed above. This, in turn, exacerbates their vulnerabilities (SAHRC), 2012). This is the case despite the fact that it is widely acknowledged that South Africa’s policy of free education has proved to be successful and the health department has reduced health costs including those related to HIV treatment that are not already free (DBE, 2010a).
The perception of the huge benefit of free education and reduced health costs may be misleading if other costs are not taken into consideration, especially in marginalised rural communities in South Africa. Costs such as those related to school uniforms, excursion trips (educational or sports), and textbooks are often overlooked or ignored in policy documents (SAHRC, 2012). In addition, transport costs to local clinics often make it difficult for rural communities, including children, to benefit from free services at clinics, let alone being able to access the private health facilities that many of their counterparts in urban areas enjoy (Berry, Dawes, & Biersteker, 2013). Although free education and lower costs at public local clinics is envisioned for all South Africans, these are less accessible, in general, to the majority of school children living in rural communities.

**2.3.2.2 Poverty**

Care and support related to orphaned and ‘vulnerable’ school children is dynamic and it goes beyond schooling in intersecting, as it does, with poverty and child labour (Delva et al., 2009). It has been well documented that poverty has a huge impact on school children (Dlamini et al., 2012; Schenk, 2009; Schenk, Michaelis, Sapiano, Brown, & Weiss, 2010). In the absence of working parents, access to learning materials and information technologies such as the internet may be hampered since orphaned and ‘vulnerable’ school children may not have the money to travel to internet cafes or pay costs related to internet services; they will always remain on the periphery of mainstream information, including that related to their school work and the global HIV response in terms of care and support.

Orphaned and ‘vulnerable’ school children are often targets of harassment and abuse because of their poverty (Irvin, Meece, Byun, Farmer, & Hutchins, 2011). School children with old and broken school shoes or school uniforms may make fewer friends, and be isolated and/or teased by their peers (Delva et al., 2009; Kendall & O'Gara, 2007; Zhao et al., 2010). Teachers might shout at them in school and, in addition, they may have few supportive adults to turn to. Consequently their sense of self-worth may suffer and they may learn less (Cluver et al., 2012; Richter, 2013).

In an effort to alleviate their poverty school children may take up employment. The study of Erulkar and Ab Mekbib (2007) in Addis Ababa on ‘vulnerable’ and marginalised adolescents
indicated that children as young as ten years of age are required to add to the economic assets of their family and also to the country’s gross domestic product. There is evidence that child labour, especially of children who are supposed to be in school, deprives them of their right to education (Erulkar & Ab Mekbib, 2007). Also noted is the magnitude of exploitation among disadvantaged children in the workplace, including hard labour, working long hours, underpayment, and lack of information in relation to workers’ rights since most of them are not legally recognised as workers (UNICEF, 2009). While this is an example from an urban area, rural school children also take up work to make money or to supplement the household income, and are also exploited. Mitchell et al. (2010) provide an example: they write about school children, aged 11 to 13, in rural KwaZulu-Natal who stay away from school every Friday because it is market day, and they have to work at the market trying to provide the basic food needed for the family over the weekend. However, as been argued by scholars, such as, Libório and Ungar (2010), there is a connection between child labour and resilience. As such the work of children from rural context cannot be understood as being purely vulnerable.

The absence of parents or guardians because of HIV-related deaths or migration as a result of work-related issues deprives these school children of necessary adult support which includes, for example, parent involvement in school activities and homework. The absence of adults further complicates the care and support for orphaned and ‘vulnerable’ school children since older siblings then have to assume adult roles in caring for their siblings, doing household chores, providing food, and helping with school work (Berry, Biersteker et al., 2013; DSD, 2010). The pressure of all this and, for some children, caring for their ill parents as a result of HIV and/or AIDS, leads to early school drop-out for many (Giese & Koch, 2008). Their chances of being at school, acquiring quality education, and becoming better able to take charge of themselves are diminished. Therefore, the pattern of care and support for orphaned and ‘vulnerable’ children is changing as poverty is escalating and the absence of a parent or guardian becoming more likely, especially in rural African communities. As noted by the DSD (2010), being a school-going orphan living in a rural area in a poor household is to be in a position that needs serious intervention in terms of protection, care and support.
2.3.2.3 **Psychosocial well-being**

Her or his psychosocial well-being is an extremely important aspect in the holistic development of any child. It is therefore doubly necessary to ensure the psychosocial well-being of orphaned and ‘vulnerable’ school children since studies reveal that multiple factors have an impact on their psychosocial well-being and on their potential to become competent adults (DBE, 2010b; Schenk, 2009). The impact of the HIV and AIDS epidemic intensifies the need for care and support (Zhao et al., 2010), and requires an HIV response in rural communities that takes the psychosocial issues into account (Zhao et al., 2010).

The social ills related to marginalised rural areas weakens support systems, thereby increasing isolation, which, in turn, leads to high levels of stress at school (Cluver et al., 2012; Cluver, Gardner & Operarion, 2007). Ogina (2007) argues that orphaned and ‘vulnerable’ school children, whether infected with HIV or affected by HIV and AIDS, suffer the significant psychological disadvantage of being rejected and excluded from peer groups (Zhao et al., 2010), and they experience low self-esteem through enacted and/or internalised stigma (Ogina, 2007; Mitchell & Murray, 2012). This is despite the widely acknowledged close kinship of rural communities.

Orphaned and ‘vulnerable’ school children may therefore withdraw from social activities, such as sports (Campbell, Skovdal, Mupambireyi, & Gregson, 2010), thereby increasing their chances of an unhealthy and lonely lifestyle. Isolating themselves from the playgrounds, not participating inside or outside the classroom could add to stress and depression, both of which further impair their development in school, including cognitive development, and physical and psychosocial well-being (Cluver et al., 2012; Cluver et al., 2007; De Lange, Greyling, & Leslie, 2005).

In the case of AIDS-related illness and death, the psychological effects such as grief and trauma, are exacerbated by the lack of basic psychological services in rural schools (DBE, 2010a; Statistic South Africa, 2013). Orphaned school children may experience grief in the classroom. For example, teachers may teach topics that relate to families, while at management level, the principal may encourage school children to urge their parents to attend the parent meetings. Richter (2013) argues that the development of any child, regardless of any implications related to
HIV and AIDS, is highly dependent on her or his environment. The rural school environment should therefore contribute to the psychological well-being of orphaned and ‘vulnerable’ school children and ensure that it is safe and nurturing (Donald et al., 2006).

There is literature that shows that the intersecting effects of orphanhood, HIV and AIDS, marginalised rural communities, and other challenges of rural schools result in lower educational achievements, isolated school children rejected by their peers, abuse and exploitation, and high levels of early school leaving (Mahlomaholo, 2012).

2.3.2.4 Rural teachers

Rural schools, including those in South Africa, continue to have many teachers who do not live in these areas (Pillay & Saloojee, 2012). With the multiple socio-economic difficulties facing rural communities, the majority of teachers in most rural schools opt to commute to and from the school. The result is that such teachers spend less time at school and are less likely to interact with ‘vulnerable’ school children in settings outside the school. Often they will not facilitate what Namulundah (1998) refers to as “engaged pedagogy” within and beyond the school (n.p.). Those teachers who happen to stay in the community are not necessarily native residents but might have migrated there because of employment opportunities. These teachers rent houses in the school community but they travel back to their place of origin, in most cases an urban area, for the weekend. This links to Monk's (2007) argument that “rural schools have below-average share of highly trained teachers…using seasonal and immigrant workers to minimise labour costs” (p.155). Untrained teachers and high staff-turnover in rural schools complicates efforts to respond adequately to the diverse needs of ‘vulnerable’ school children. Clearly, the care and support for these school children in rural areas is dependent on active and engaged teachers who work during school hours and contribute to after-school activities including after-school care and support.

To remedy this situation the South African government has developed strategies such as initiating a Rural Education Directorate (DoE, 2005) to invest in teachers who work in extreme remote and rural areas. Universities are also advancing rural education. For example, in KwaZulu-Natal rural education has been supported by the University of KwaZulu-Natal’s
Faculty of Education Research Niche Area (De Lange, et al., 2010), and through its Rural Teacher Education Project (Islam, 2012), introducing pre-service teachers to teaching in a rural area. While the government continues to allocate a healthy proportion of its budget to rural education there still is a high teacher-learner ratio (Dlamini et al., 2012; Hlalele, 2012), which has serious implications for addressing the needs of children, especially those infected with HIV or affected by HIV and AIDS.

2.3.2.5 Dependence on other departments

The care and support for children made ‘vulnerable’ because of HIV and AIDS requires the integrated and co-ordinated input of several stakeholders. In South Africa, there are three major departments identified as essential for ensuring that children’s well-being is optimised: the DSD; the DoH; and the DBE (Berry, Biersteker et al., 2013). The DSD’s priority is to provide social security grants to orphaned and ‘vulnerable’ children and youth. Providing for needs such as food, clothes and shelter is fast tracked by this department. They also are able to process cases relatively quickly, such cases include, issue of children’s birth certificates and identity documents. The DBE, through multiple ministries at provincial and district level, identify school children who need support. The DBE also tries to align itself with the Department of Health (DoH)’s guidelines in identifying these children so as to avoid any secondary vulnerabilities (DBE, 2013, 2010a). However, the DBE personnel should also draw on referral systems within the school communities that they serve. Each school, for example, has its own administration plans under the authority of the school governing body (SGB), with the school management team (SMT) taking responsibility for the day-to-day activities of the school, its school children, education; and non-academic activities. In the three departments there are omissions, a fair amount of duplication, and sometimes confusion in carrying out activities as well as in their interpretations of policies (Van Vollenhoven & Els, 2010). The parallel systems of care and support aimed at school children may lead to gaps in the provisioning of care and support thereby increasing the cycle of vulnerabilities among orphaned and ‘vulnerable’ school children in rural areas (UNICEF, 2013b; Van Vollenhoven & Els, 2010). In addition, a lack of synergy among departments impedes plans and activities related to orphaned and ‘vulnerable’ school children (UNICEF, 2013b).
There is still a high degree of centralisation in relation to decision making (Mncube, 2008; Smit & Oosthuizen, 2012), including those related to programmes for ‘vulnerable’ children (UNICEF, 2010a). Consequently, schools have developed a culture of dependence on parallel government departments that provide care and support to these children. UNICEF’s (2010b) report on the *Unite for Children, Unite against AIDS Campaign* is adamant that perceptions of top-level personnel continue to hold back the intervention programmes and that the lack of shared understanding among central departments about these programmes hamper and slow down the implementation of the interventions.

The emphasis is still on a top-down approach, which cannot be ignored. For example, in a rural school context teachers and other adults are expected to identify orphaned and ‘vulnerable’ school children and their needs. The policy framework and school practices have created expectations (Argall & Allemano, 2009) that particular government departments, teachers, and adults will provide care and support to orphaned and ‘vulnerable’ school children. Consequently, in rural communities different forms of provisioning result from the different definitions of the different ministries working with children and other marginalised people (Hitlin & Elder Jr, 2007; Lin et al., 2010; Tshoose, 2010). Many policies and guidelines intended to address the needs of orphaned and ‘vulnerable’ school children, especially those in rural schools, have so far revealed fragmentation (UNICEF, 2013b) and the dependence on top-down approaches, along with the mistaken perception that adults are the only experts (Ansell, 2009; Bianchi, Casper, & King, 2005).

### 2.4 CARE AND SUPPORT IN EDUCATION IN THE AGE OF HIV AND AIDS

#### 2.4.1 Care and support for orphaned and ‘vulnerable’ school children

There is a considerable amount of literature that highlights the fact that there are multiple ways in which orphaned and ‘vulnerable’ children can be viewed. Consequently, there is evidence from researchers that such constructions vary across contexts and influence how care and support is provided in school around the issue of HIV and AIDS (Eloff, Ebersöhn, & Viljoen, 2007; Ndinda, Chimbwete, McGrath, Pool, & MDG GROUP, 2007; Schenk, 2009). How orphaned and ‘vulnerable’ secondary school children in rural schools are thought about is not neutral but, as
pointed out by Eppley (2009), can challenge our assumptions as well as require us to think differently about them.

How orphaned and ‘vulnerable’ children are viewed is also related to the school context in which they find themselves. An important differentiation in schools in South Africa is that they are rural or urban, with the assumption, as pointed out earlier, that rural schools are more vulnerable and that rural school children face multiple risks in terms of health, education, and psychological well-being (DoE, 2005; Schenk, 2009; Statistics South Africa, 2013). Further to this, Joubert (2012) and Ogina (2012) argue that in many South African rural schools, school children are not viewed as knowing or knowledgeable and able, hence their voices are marginalised and not included in meaningful ways. This view, and the consequent marginalisation, could cause a mismatch between what ‘vulnerable’ school children need and what is provided. It is argued that such exclusion compromises appropriate care and support strategies that are relevant to the school children in a particular context (Eppley, 2009). Perceptions and assumptions of rural schools as ‘vulnerable’ perpetuate a culture of dependency in rural communities and negate the potential gains the school children could bring in the area of care and support in the context of HIV and AIDS. In my experience of working with school children, being identified as ‘vulnerable’ was at the discretion of their teachers, who would identify those who were at risk. Being orphaned and made ‘vulnerable’ because of HIV related issues is then perceived as their being at risk (Skovdal et al., 2013) and these school children are then positioned at the receiving end of care and support programmes. However, these children could be seen to be agents who drive change in care and support interventions (Eloff et al., 2007; McGrath, 2011; UNICEF, 2014). This different view of the role of orphaned and ‘vulnerable’ school children points to the need to challenge the existing and dominant practices of providing care and support in South African education to school children in rural schools. Viewing them only as problems will perpetuate a continuous cycle of vulnerability and marginalisation (Delva et al., 2009).

2.4.2 Care and support in rural schools

While rural schools themselves defy generalisations, the identification and classification of schools into quintiles by the DoE (2005) suggest that they depend on government for operational
support. The implication is that the value of rural schools is determined by external education policies which “distort the multiple realities of rural skills” (Eppley, 2009, p. 9). Consequently, there is a growing concern among researchers (Balfour et al., 2008; Barnes & Kelly, 2007; Chigbu, 2013; De Lange et al., 2010; Moletsane, 2012; Schenk et al., 2008) that rural communities and rural schools are being viewed as homogeneous and static. The confluence of external circumstances then also affects how the knowledge, experience and skills that rural school children have and which could influence care and support is viewed (Eloff et. al, 2007; Vaughn et al., 2012). Thus, Hlalele (2012) points out that what a rural school is “still eludes us due to its ambiguous connotations and the obvious and somewhat fallible comparison with ‘urban’ contexts” (p.67). As such, care and support in rural schools is influenced by ideologies and assumptions of what rural school is and is not.

Teachers’ fears of engaging with sensitive topics, including the needs of orphaned and ‘vulnerable’ school children, especially when such children are in the classroom, have been widely documented (Stuart, 2006; Wood & Goba, 2011; Woolner et al., 2012). Dlamini et al. (2012) reported that teachers, especially in some rural schools, emphasise a lack of teaching resources that could lead to open conversations with school children. The authors mentioned that resources are available in schools but availability does not translate into teachers’ creative use of them in such a way that they can work with school children to gain more knowledge about their needs.

Care and support is socially constructed as an adult/teacher issue and hence neglects the inherent resources and capacities within these children in their unique rural contexts (Eloff et al., 2007). The implication is that the knowledge and experience that these school children have are not contributing to care and support programmes aimed at them; care and support is seen to be a one-way process (Skovdal, 2011; Skovdal & Ogutu, 2012), in which adults are givers and school children are passive receivers of care services (Kendall & O'Gara, 2007). This perception has led to rural schools and its children being viewed as purely problematic, irrespective of their inherent strengths and capacities as individuals or as a collective (Mitchell, 2011; Skovdal et al., 2013).

Studies conducted in African countries by Wood et al. (2013), Mtose and Moyo (2012), Zisser and Francis (2006) and Kendall and O'Gara (2007) have reported that school children and youth
do turn to their teachers for care and support. Yet, teachers still find it difficult to respond to the needs of these children in a manner in which the children’s agency in care and support is recognised, particularly in relation to ‘vulnerable’ school children in rural school contexts. Rightly put, “…vulnerable children were, in short, a present but officially invisible population in the school setting” according to Kendall and O’Gara (2007, p.10) who conducted a study in Kenya, Malawi and Zimbabwe. Skovdal’s (2010) study also claims that the dominant stereotypes that represent orphaned and ‘vulnerable’ children on account of HIV as needy and lacking make it difficult for adults to recognise them as agents in the area of care and support. These assumptions should be contested and disrupted (Wood et al., 2013; Woolner et al., 2012).

2.4.3 Care and support in rural classrooms

In has been acknowledged that the classroom and the interactions within it play a significant role in recognising the needs of orphaned and ‘vulnerable’ children (Norris et al., 2007; Vaughn, Bos, & Schumm, 2007). In South Africa, many school children in rural classrooms have been affected by HIV and AIDS (Statistics South Africa, 2013) and are carers and social actors as well (Kendall & O’Gara, 2007). They care about and offer support to their peers in the school; they know which children are absent because they have to care for their sick relatives, and they know which ones dropped out to assume paying jobs because their parents are not working or have died. The insider knowledge the teachers have is not drawn on for providing care and support appropriate to the needs of ‘vulnerable’ school children. Instead, the teachers, in most cases, merely deliver the classroom curriculum information about HIV, and about care and support by rote, missing out on opportunities for authentic interactions with the school children (Chabilall, 2012; Wood et al., 2013; Wood & Goba, 2011). This means that the knowledge, experiences, and skills that these school children have are not drawn on in rural classrooms.

Several studies have explored teachers’ experiences in order to establish how they support orphaned and ‘vulnerable’ school children in rural contexts in various countries such as China (Huang, 2008), Guinea (Delva et al., 2009), Lesotho (Ntaote, 2011), Nigeria (Dlamini et al., 2012) and South Africa (Theron, 2009; Bhana et al., 2006; Ramokhoase, 2005). Most teachers see the care and support as a top-down mechanism, as something they are instructed to do, and as something they are not equipped to do (Bhana et al., 2006). In cases where ‘vulnerable’ school
children’s issues have to be addressed in the classroom, teachers were concerned about their ability and training to carry out the task (Dlamini et al., 2012; Van Vollenhoven & Els, 2010; Wood et al., 2013.) This leads to teachers experiencing apathy and burn out (Ogina, 2007), complaining that school children from poor communities are deficient and need assistance from external support providers. Kendall and O’Gara (2007) make it clear that for some teachers, “[t]hese children are a real problem”. As one teacher put it, “In my class I do not know what to do with them! They are really a problem…” (p. 12).

At present the needs of ‘vulnerable’ school children are not seen to be part of the curriculum, but as an add-on task (DBE, 2013a; Chikoko & Khanare, 2012), not informed by best practices in the rural classroom context. If it remains on the periphery no real discussion of care and support in school and classroom will take place.

2.5 EFFORTS IN RESPONDING TO THE CARE AND SUPPORT FOR ORPHANED AND ‘VULNERABLE’ SCHOOL CHILDREN ON ACCOUNT OF HIV AND AIDS

Although numerous policies and intervention programmes in relation to care and support for orphaned and ‘vulnerable’ children have been established, few have been sustained (Argall & Allemano, 2009; Mtose & Moyo, 2012). In 2012 Moletsane (John Langalibalele Chair in Rural Education) called for research and interventions that view rurality as a generative space (Balfour et al., 2008; Ebersöhn & Ferreira, 2012), in which rural people themselves – including children – have the opportunity to speak about their context, needs, and resources in addressing issues that affect them. UNICEF’s (2013a) ‘Towards an AIDS-free generation – children and AIDS: sixth stocktaking report’, as well as Campbell (2003) and Joubert (2012) in their research, point out the importance of drawing on the ideas of the recipients of the intervention.

Some successes in intervention have been noted. The current South African Minister of Health, Aron Motsoaledi, reported an increase in the number of people taking ARV medication thus decreasing the number of HIV-related orphans (DoH, 2013). Likewise, the current Minister of Social Development, Bathabile Dlamini, has indicated that the number of children receiving social grants has increased (DSD, 2013), such that the needs of orphaned and ‘vulnerable’ children are becoming more manageable. The DBE has indicated that the number of ‘vulnerable’
school children who are out of school has decreased (DBE, 2013). While these interventions have been helpful, it has been difficult to get the community health workers to step into the teachers’ school space and to get the teachers to engage with the community health workers in their community clinic space in order to assist each other in working with the same children from the same community (De Lange, Mitchell, & Stuart, 2011). It is important to note that, in spite of efforts to support this group of ‘vulnerable’ school children, persistent marginalisation of rural school children’s voices, their unique experiences and skills may impede relevant and timely care and support services that better serve their needs. On-going research which includes their voices in relation to their unique contexts is necessary (UNICEF, 2013b, 2014). Innovation in research and the use of various research methodologies including participatory arts-based ones (De Lange, Mitchell & Moletsane, 2012; Mitchell, 2011; Moletsane et al., 2008; Stronach, 2012; Stuart, 2007; Thomson, 2008; Veale, 2005) with school children themselves have been shown to be successful in getting to understand how school children in rural schools understand care and support and how to drive change towards interventions in their school context. In the following sections I highlight South African educational policies and praxis in relation to HIV response, care and support for orphaned and ‘vulnerable’ school children.

There are various policies and pieces of legislation that are designed to guide the education sector in combating HIV and AIDS, and providing care and support to children affected and infected. Figure 2.1 draws on Van Vollenhoven and Els (2010, p.17) and provides an overview of such policies at a glance.
### LEGISLATION
- United Nations Convention of the Rights of the Child (UNCRC)
- United Nations Millennium Development Goals (MDGs)
- A Strategic Approach: HIV/AIDS and Education
- African Charter on the Rights and Welfare of the Child (ACRWC)
- Charter of Children’s Basic Education Rights
- The South African Schools Act No. 84 of 1996
- South African Children’s Act of 2005

### NATIONAL POLICIES AND PROGRAMMES
- National Framework for Orphans and Vulnerable Children
- National policy on HIV/AIDS for Learners and Educators in Public Schools
- National Policy on HIV and TB
- Integrated Strategy on HIV, STI and AIDS (2012-2016)
- Integrated School Health Policy and Programming
- National Policy for the Equitable Provision of an Enabling Physical Teaching and Learning Environment
- National School Nutrition Programme (NSNP)
- Care and Support for Teaching and Learning Framework (CSTL)
- National Framework for Quality Education in Rural Areas

### SCHOOL LEVEL
- School Development Plan
- School HIV and AIDS Policy
- School Safety Policy and Safe School Committee
- School-fee Policy
- Uniform Policy
- Code of Conduct

Figure 2.1: Legislation, policies and programmes supporting care and support for ‘vulnerable’ school children (adapted from Van Vollenhoven & Els, 2010, p. 17)
Figure 2.1 gives examples of legislation and policies at global, sub-Saharan African, national, provincial, district and school level that are relevant to care and support for ‘vulnerable’ school children in rural secondary schools. The list itself is not exhaustive and only the ones I considered most relevant to the study are included. I discuss a selection of these below.

2.5.1 Legislation

Care and support is a constitutionally protected right that is unequivocally guaranteed to all children globally. As a signatory to the UN Convention on the Rights of the Child, South Africa has committed itself to ensuring that children are nurtured to reach their full potential, as per article 6 (UNICEF, 2014). The Millennium Development Goals (MDGs), in particular the sixth goal, focus on mitigating the effects of HIV and AIDS, and ensuring that orphaned children are in schools (UNICEF, 2013a). This also supported by Section 1.5 of the Charter of Children’s Basic Education Rights (SAHRC, 2012) which recognises “sufficient, safe, functional institutions” (p.19) for all children, including those orphaned and made ‘vulnerable’ because of HIV and AIDS.

Furthermore, as Article 7 of the African Charter on the Rights and Welfare of the Child states,

> Every child who is capable of communicating his or her opinion on views shall be assured the rights to express his opinions freely in all matters and to disseminate his opinion subject to such restrictions as are prescribed by laws (Organization of African Unity, 1999).

This charter recognizes, and is in line with, other policies such as the Bill of Rights of the South African Constitution in which Section 28 states that care and support must be geared towards the child’s best interest (Republic of South Africa, 1996).

While education is a fundamental right of all children, including children affected by HIV and AIDS, it must also ensure that it does not create more vulnerabilities in these children. In this regard, legislation is explicit that all organisations concerned with children, for example, health-care centres and schools, should ensure the participation of children in decisions affecting them (Kaime, 2009; UNICEF, 2014). To give effect to the voice of children, the South African Children’s Act of 2005 emphasises children’s participation as a necessity for the provision of
effective care and support. According to the Act we have to make sure that “every child participates in any matter concerning [him/herself] and views expressed by the child must be given due consideration” (Republic of South Africa, 2006, p.18). In this regard, the charters and acts make it clear that children, including those made ‘vulnerable’ by HIV, could also say what they think about care and support. Children indeed have inherent and unique knowledges and skills, as well as experiences, which are worth listening to (Joubert, 2012). All children have the right to information and they also have the right to voice their opinions.

Therefore, as the above discussion on legislation makes clear, policies or any consideration of action relating to children must ensure that information is accessible and shared with children in a non-discriminatory manner (Institute for Democracy in South Africa (Idasa), 2012), and, “does not actively or passively exclude any children” (SAHRC, 2012, p. 34).

2.5.2 Enabling educational policies

In this section I discuss important policies that, in turn, enable the DBE’s policies in relation to care and support for ‘vulnerable’ school children in rural secondary schools in South Africa.

In South Africa, the Education White Paper 6: Special Needs Education, Building Inclusive Education and Training System (DoE, 2001) is the policy for the inclusion of all children into a single education system. Thus it also used for institutionalising care and support for orphaned and ‘vulnerable’ school children. This document indicates that no learner may be discriminated against for his or her HIV status (DoE, 2001). In addition to this, emphasis is placed on finding and creating resources, human and material, in such a way that the individual needs of the children, including school children affected by HIV and AIDS or infected with HIV (DoE, 2001) are met. Care and support programmes need to include the values and views of the relevant rural school community in order to create programmes that mirror the authentic needs of the school children in that particular context. This thinking is also supported by Tomassevki (2004) and entrenched by the South African Development Countries Minimum Package of Services for Orphans, Vulnerable Children and Youth (Southern African Community Development (SADC), 2011).
Possibly the best known of all documentation pertaining to care and support for orphans and ‘vulnerable’ children in South Africa is the National Framework for Orphans and Vulnerable Children (DSD, 2005). It provides an overarching framework and a system-wide response to the multiple sources of barriers, intrinsic, structural or societal (DSD, 2010). This document outlines a package of essential services for children made ‘vulnerable’ because of HIV and AIDS, and outlines what is needed to ensure effective care systems for them. Moreover, it recommends that all children receive care and support in order to actualise their full potential (DBE, 2012), particularly orphans and other children with multiple challenges. The principles that guide this policy are in accordance with the international and national conventions, guidelines and regulations as indicated in Figure 2.1. In particular, the principles take into account the goals and objectives of the UN Convention of the Rights of the Child, and the Constitution of the Republic of South Africa. Realising that there are multiple and complex issues important to the care and support for ‘vulnerable’ children, it therefore offers a holistic frame as shown in Figure 2.2.

Figure 2.2: The policy mandate for care and support within schooling system (adapted from Hoadley, 2013, p. 74)
The plan for care and support for ‘vulnerable’ school children is conceptualised around the understanding that it is the business of everyone, and that there is no single ministry, department or even sector that can be held solely responsible for meeting the varying and complex needs of ‘vulnerable’ school children (Delva et al., 2009; DBE, 2013; UNICEF, 2013b). The DBE is regarded as the central pillar of concerted efforts to make sure that the needs of ‘vulnerable’ school children are successfully met. This is supported by the fact that primary education has been made compulsory with secondary schools generally accessible (SAHRC, 2012). In his State of the Nation address the President of South Africa, Jacob Zuma, reiterated the importance of increased learner retention within the education system (Zuma, 2014). It is also significant to note that on-going interactions between the DBE and other departments, such as the DoH, DSD, as well as NGOs, community leaders, local people including children themselves are deemed important in the response to care and support for ‘vulnerable’ school children (DBE, 2010a; UNICEF, 2014).

The basis of the response towards care and support for orphaned and ‘vulnerable’ children is the belief that utilising educational structures and institutions is the easiest and most accessible way to reach the ‘vulnerable’ children. This is possible because education is compulsory for all children in South Africa and the no-fee school policy means that many children spend most of their time in school (SAHRC, 2012). Therefore an increasing number of school children attending primary and secondary school who might be orphaned or experiencing certain vulnerabilities can be reached (DBE, 2013). Therefore, in South Africa and internationally the education sector is paying special attention to ensuring the holistic development of all children (Williams, 2010), and this includes promoting academic excellence, responding to HIV and AIDS challenges, and providing care and support.

Active participation of all, including children themselves, in making care and support available is included as a key element in other international documents such as, ‘A Strategic Approach: HIV/AIDS and Education’ (UNESCO, 2009). In this document, concerns and experiences of all the key stakeholders are noted as essential to addressing HIV- and AIDS-related issues (UNESCO, 2009). The document emphasises greater participation of people living with HIV at all levels since their involvement is essential to addressing issues such as stigma, discrimination,
Another important document for realising the provision of care and support in a comprehensive and holistic manner for ‘vulnerable’ school children is the DBE National HIV and TB policy (DBE, 2013) which applies to all primary and secondary schools. The policy makes it clear that all education institutions must have the capacity to identify and assess the needs of orphans and ‘vulnerable’ children; ensure they are able to continue with and complete their education; ensure regular capture and reporting of orphans and ‘vulnerable’ children through a decentralised register; and inform social sector support personnel (DBE, 2013).

Data about orphans and ‘vulnerable’ children is important in informing decisions. However, UNICEF’s (2014) *Every Child Counts* report recommends that new ways of collecting information from the children is important for making relevant decisions and interventions that respond their needs. What matters most in working with children is to respect and take their views seriously, because it is these views on which change could be forged. The policy suggests methods that are child-friendly, taking into consideration the social and cultural context of the children. Scholars have argued for participatory arts-based methods and activities with children and marginalised communities, including ‘vulnerable’ school children affected by HIV and AIDS (Chilisa, 2012; Clark, 1999; De Lange, Mitchell & Moletsane, 2012; Fargas-Malet et al., 2010; Johnson, 2008; Leitch, 2008; Thomson, 2008; Veale, 2005). Similarly Beh (2011), Wallis et al. (2010) and (Wang, 2006) attribute individuals’ participation in decisions that affect them to a recognition of their unique cultural knowledge (Strawn & Monama, 2012), which could ultimately lead to relevant and culturally appropriate care and support programmes. Therefore, identifying and assessing the needs of ‘vulnerable’ school children’ in rural school contexts should be done in a way that involves them and in a manner that does not lead to the creation of further vulnerabilities and marginalisation in their school context and beyond.

2.5.3 Enabling school initiatives in response to issues of ‘vulnerable’ school children

Marginalisation of, and discrimination against, ‘vulnerable’ school children because of HIV and AIDS continues to be a stumbling block in schools (Moletsane et al., 2007; Ogina, 2007). This creates a culture of silence in which orphaned school children passively or actively withdraw
from activities in the classroom and beyond the classroom (Ogina, 2007). Anti-discrimination initiatives have the potential to ensure that ‘vulnerable’ school children continue to thrive in school and their adversities minimised (Van Vollenhoven & Els, 2010). Ogina (2007) also points out that orphans and non-orphans do not interact socially. In this regard Campbell et al. (2010) conducted arts-based research with Zimbabwean children to explore how they represent peers who are affected by HIV and AIDS, and found that they discriminated against and excluded them from social activities such as play. In turn, the affected children distanced themselves from the other children for fear of being bullied or teased on the playground. Progress towards care and support for ‘vulnerable’ school children must allow for the reduction of secondary vulnerabilities (Buthelezi, 2009), including stigmatising ‘vulnerable’ school children who are already going through difficult life challenges (Lin et al., 2010).

Moletsane (2012) concurs with Campbell et al. (2010) that stigmatisation can be eliminated when we successfully develop new understanding about children’s representation of stigma and how they construct diverse and multiple ways of surviving, thus providing an opportunity for them to exercise agency as individuals and groups. Stigma reduction of orphaned and ‘vulnerable’ children as a result of HIV and AIDS is included as a key element in the Integrated Strategy on HIV, STI, and AIDS (2012-2016) (DBE, 2010a) and in the National Policy for an Draft National Policy on HIV and TB (DBE, 2013). In rural communities (including rural schools) the manifestation of discrimination against orphaned and ‘vulnerable’ school children is complex and rooted within individual psyches, complex structures within the school, and beyond. It is important, therefore, to note that existing policies, structures and practices are helping to respond to the issues of orphaned and ‘vulnerable’ school children, but are not disrupting old assumptions and dominant structures which perpetuate vulnerability.

Schools should be focused on the care and support for children. This interest in schools has led to increasing and complex definitions of what schools should be. The phrases such as centre of information (Chabilall, 2012), health promoting institutions and inclusive centres of care and support (DBE & MIET Africa, 2010), friendly schools; caring schools; healthy schools (UNICEF, 2008), schools as centres for care and support (Soul City IHDC, 2006), are documented in many policies and articles (Van Vollenhoven & Els, 2010; Williams, 2010; Kendall, 2007). Although schools are best known for promoting academic excellence (Blank &
they have received special attention as a framework in which care and support could be provided. As indicated by Wood (2008), “schools should try to create an environment in which children feel loved, secure and valued, since many of them may not receive this support at home” (p. 186). These researchers’ views are in line with the National Policy for an Equitable Provision of an Enabling School Physical Teaching and Learning Environment (DBE, 2010c). The policy emphasises the establishing of equitable and enabling environments in education. There have been numerous frameworks put in place and adopted by schools. For example, The UNAIDS Inter Agency Task Team on Education (UNICEF, 2004) document specifies the roles of schools and sets out seven specific actions necessary for schools, one of which is to develop plans, policies and process to support ‘vulnerable’ school children through partnerships (UNICEF, 2004). Here the notion of partnership is regarded as relations through which school personnel collaborate with the school governing bodies, school management teams, teachers and school children (both affected and infected) and other communities outside the school (Dobson-Blake, 2010; Sander, 2007). The UNICEF (2004) report Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS highlighted eight prominent roles of the school (See Figure 2.3). Of particular interest in this study are those that I have highlighted in bold.
<table>
<thead>
<tr>
<th>UNICEF 2004 Framework</th>
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<tbody>
<tr>
<td>• <strong>Education can reduce children’s risks of HIV infection by increasing knowledge, awareness, skills and opportunities.</strong></td>
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<td>• Schools can provide children with a safe, structured environment, the emotional support and supervision of adults, and the opportunity to learn how to interact with other children and develop social networks.</td>
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<td>• Making the curriculum more relevant to the daily needs of children and youth will help attract and keep children at school.</td>
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<td>• Teachers can be trained to identify vulnerable children and provide needed support and counseling.</td>
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<tr>
<td>• The introduction of school meals, especially in areas where food security is an issue, provides the added benefit of improving children’s attendance and nutritional status. When combined with take-home rations, school meals also offer benefits by supporting the larger household.</td>
</tr>
<tr>
<td>• Schools can also be a place of increased risk. Policy and monitoring measures are needed to prevent and address situations in which learners are bullied, abused or exploited. These measures can help ensure that all children, particularly those most vulnerable, are not prevented from enjoying their right to a safe educational environment due to such practices.</td>
</tr>
<tr>
<td>• Enhancing the role of schools in fighting HIV and AIDS and mitigating its impact on children may also involve childcare (after school), recreational and community education.</td>
</tr>
<tr>
<td>• <strong>Efforts to improve and expand the role of school will require the involvement</strong> of parents, community leaders and children themselves.</td>
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</tbody>
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**Figure 2.3: Some pertinent roles of a school (adapted from UNICEF framework) (Connolly & Stirling, 2004, p. 68)**

The Care and Support for Teaching and Learning (CSTL) programme was adopted in 2008 by Southern African Developing Countries following the successful pilot, previously known as *Schools as Centre of Care and Support* (DBE & MIET, 2010). The CSTL has twelve action steps to guide the schools in implementing the care and support programmes (See Figure 2.4).
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<td>Action Step: Materials and Tools</td>
<td>Action Step: Multi-sectoral Network of Services</td>
<td>Action Step: Monitoring and evaluation, Research and Reporting</td>
</tr>
<tr>
<td>Action Step: Advocacy and Communication</td>
<td>Action Step: CSTL Pilot Project</td>
<td>Action Step: Scale-up and Sustainability</td>
</tr>
</tbody>
</table>

**Figure 2.4: 12 Action Steps to guide programme implementation (adapted from DBE & MIET, 2010, p. 57)**

Research shows that the school itself requires substantive support to be truly centre of care and support (DBE, 2012). Figure 2.4, the national support pack (DBE & MIET, 2010), has been developed to provide explicit guidance for the education sector, including rural schools, to be able to carry out programmes for orphans and ‘vulnerable’ children effectively. Thus, schools do not just become friendly or healthy schools, they need to be cultivated through engagement, education, interaction with their community, but also through appropriate policies and guidelines. It is important to acknowledge that although schools are “potential protective resources” (Loots et al., 2012, p. 57), they can also be places of increased risk (Kendall & O’Gara, 2007).

Ogina (2012) observes that OVC programmes are still fragmented, especially in rural school contexts. Some school leaders lack information or awareness about key policies and guidelines designed for the schools to respond to the issues of children orphaned and ‘vulnerable’ in the context of HIV and AIDS (Khanare, 2008). Ogina (2012) elucidates how ignorance in school leadership, lack of involvement of SMT members, and conflict of interest may function as a barrier to programmes in schools. For example, schools managed to raise money for children
orphaned and ‘vulnerable’ in the context of HIV and AIDS but did not plan how the funds would be utilised. In her study, teachers wanted to buy uniforms for these children but “[my] principal …said I must use donations for buying computers and paving the school” (Ogina, 2012, p. 6). Although the programmes and initiatives may benefit children themselves, there may be cases where the needs of these children are not met because of lack of clear common goals in relation to addressing the needs of ‘vulnerable’ children within the school, as Ogina’s (2012) study described.

It is clear that care and support may mean different things to different people (Karageorge & Kendall, 2008) in schools. Secondary school children in a rural school might construct care and support in their own ways, too, and therefore need to be part of the whole care and support initiative, as described in the Every Child Counts 2014 report (UNICEF, 2014). Whole school mobilisation and child activism programmes will have positive effects on care and support. At the global level, UNITE FOR CHILDREN, UNITE AGAINST AIDS, a global campaign (2005-2015) brings together UNICEF, UNAIDS co-sponsors, bilateral donors, non-governmental and faith-based organisations and civil society members (UNICEF, 2010b), focusing on ensuring that children, including children orphaned and made ‘vulnerable’ because of HIV and AIDS, have a central place in HIV prevention, and in care and support for those affected by HIV and AIDS (UNICEF, 2014). In South Africa, the Alliance for Children’s Entitlement to Social Security (ACCESS), Soul Buddyz as well as Buddyz On the Move (BOM) have become iconic edutainment programmes, especially for children between 8 and 15 that “promote children’s well-being; support young people as agents for social change; and provide young people with vital health information, especially that which relates to HIV and AIDS and sexuality” (Soul City IHDC, 2008, p. 2). Efforts to reduce vulnerabilities and provide care and support for children affected by HIV and AIDS are continuing in South Africa through multi-media campaigns. Children’s agency, too, should be developed and sustained to ultimately achieve success, even in rural and marginalised communities.

2.5.4 Addressing rurality and care and support for ‘vulnerable’ school children

Legislation, policies or initiatives referred to in the previous sections are meant to promote the well-being of children, including those orphaned and made ‘vulnerable’ by HIV and AIDS.
Within the confines of the suggested global, national and regional guidelines for ‘vulnerable’ children Hlalele (2012) aptly notes that ensuring care and support for these children goes hand-in-hand with addressing the contexts (in this study, a rural one) within which these children live that are diverse and complex, not just static spaces filled with people (Pillay & Saloojee, 2012). According to Moletsane (2012) and Balfour (2012) rural communities should analyse existing programmes and structures critically and, if necessary, question and disrupt whatever is not working to their benefit and so push towards change (Wood et al., 2013). ‘Vulnerable’ school children, too, need to understand their broader role as agents of change in their own lives and that of others in their rural context and then reflect on and challenge the way things are done. The increased systematic and structural problems (Giese & Koch, 2008; Hall, 2013b) often obscure the recognition of the assets in communities (Eloff et al., 2007).

Moletsane (2012) points out that most research focusing on rural areas has been around the idea that the rural is problematic, and has included the orphaned and ‘vulnerable’ children in the itemisation of these problems. Eloff et al. (2007) also note that most research focusing on rural schools are seen purely in terms of having and being problems. The lack of resources, poverty, unemployment and other systematic barriers inevitably remain critical in the lives of ‘vulnerable’ school children. Many scholars (Balfour et al., 2008; Barnes & Kelly, 2007; Butler & Mazur, 2007; Campbell, 2003; De Lange et al., 2010) focus on the belief that rurality and ‘vulnerable’ school children should be repositioned as unique, complex, and rich in resources and opportunities to be mobilised and harnessed in order to expand the existing care and support continuum in rural schools. Schenk et al. (2010) suggest that interventions relating to orphaned and ‘vulnerable’ school children need be context-specific and culturally sensitive, and the voices of these ‘vulnerable’ school children (Chabilall, 2012).

2.6 CONCLUSION

The importance of care and support for children on a global, national and local scale is evident. This chapter, in drawing on various studies, discussed the concept of care and support and how the concept plays itself out in the context of children made ‘vulnerable’ by HIV and AIDS. I have highlighted divergent and complex interpretations of care and support to point out what legislation, policy and programmes say is required for optimum care and support. While I have
referred to research in other countries and contexts, I understand that each country or context needs to develop interventions that best represent its own context and meet its own needs. I realise that a move towards more appropriate care and support for ‘vulnerable’ children because of HIV and AIDS requires the agency of these previously unseen or unheard individuals themselves. This chapter also showed how care and support for ‘vulnerable’ children interacts with existing structures. This pointed me towards the theoretical frameworks which guide this study – Bronfenbrenner’s ecological systems theory which explains the relationships and processes of the systems, and Giddens’ structuration theory which explains how agency takes different forms, conforms to or disrupts the existing dominant structures and creates new ones – are used to frame the study. The two theories are discussed in the following chapter.
CHAPTER THREE
FRAMING THE STUDY: VOICES OF THE THEORISTS

...researchers give evidence of raising the so-called “ultimate questions” about ...how the world came into being and why things happen the way they do. (Bibby & Posterski, 1985, p. 122)

3.1 INTRODUCTION

The concept of care and support has a long social political history and there is no one definition that adequately describes the phenomenon. Literature reveals that care and support attached to HIV and AIDS, in particular to those orphaned and rendered ‘vulnerable’ because of HIV and AIDS has further complicated the understanding of the phenomenon. This chapter tries to find and justify a theoretical framework that helps to make meaning of how school children experience care and support and to reflect on some complexities and contradictions.

In considering the philosophical assumptions of how knowledge is constructed, I align myself with the notion that knowledge is socially constructed and what counts as knowledge is determined and constructed through “lived experiences and the social relations that structure these experiences” (Henning, Van Rensburg, & Smit, 2004, p. 2). I believe that knowledge changes over time (Cohen et al., 2007) and that language, culture, relationships, resources, and modes of communication have an impact on the process of how knowledge is constructed and understood (Chilisa, 2012). I have located my study within a critical paradigm and employed participatory arts-based methodologies to make it possible to explore school children’s constructions of the care and support that is provided in their rural school context in the age of HIV and AIDS.

I begin by explaining what a theoretical framework is and how it is used in research. I then outline my two identified theories and also show how they have been used in studies. Thereafter, I explain how I use the two theories in a complementary way as the theoretical framework of this study.
3.2 THEORETICAL FRAMEWORK

A theory is considered to be a way of making sense of a phenomenon, issue or situation, and explaining how and why it occurs the way it does (Henning et al., 2004). Silverman (2013) adds that theory provides a framework for the research and also “identifies the area of knowledge the study is intended to expand” (Marshall & Rossman, 2011, p. 78). Anfara and Mertz (2006) provide a helpful definition of a theoretical framework as “any empirical or quasi-empirical theory of social and/or psychological processes, at a variety of levels (e.g., grand, mid-range, and explanatory), that can be applied to the understanding of phenomena” (p.xxviii). The theory can therefore be used as a lens through which to focus the exploration of phenomena.

Vithal and Jansen (2004) argue that the nature of social science research enables a researcher to draw from competing theories, perspectives and / or concepts from different theories in order to frame the investigation of a particular issue or phenomenon. Oswalt (2013) provides an example of using two theories to inform her child development research, i.e. that of continuous development and that of staged development. She shows how they can be used independently or jointly in child development research.

In order to find appropriate theories to frame my study I considered several social science theories. What follows is a discussion of two of the theories which I draw on to understand the care and support provided in the rural school context in South Africa.

3.3 TOWARDS DEVELOPING A THEORETICAL FRAMEWORK

The main research question in this study explores secondary school children’s construction of care and support provided in a rural school context. The first thought that came to my mind about care and support was some of my mother tongue (Sesotho) proverbs such as ‘ngoana ke oa sechaba’ (a child belongs to the community) and ‘khutsana ha e eo motseng’ (there is no orphan in the community). The argument put forward is that a child is born into a web of relationships and interactions within a particular context. This perspective itself inclines me to consider Bronfenbrenner’s (1979) bio-ecological systems theory to frame the study since it emphasises the relationships and interactions of people within the various systems and between the various systems.
School children are often made vulnerable (Argall & Allemano, 2009) in a context where HIV and AIDS is prevalent, and this is even more for those who stay in rural areas. Vulnerability is a social construct (Cannon, 2008; Hope, Rapee, Heimberg, & Dombeck, 1990) and school children’s vulnerability is influenced by structures and contexts. I am interested in school children’s agency within care and support so found Giddens’s (1984) structuration theory appropriate to frame how they construct care and support. I integrate the two theories to enhance my understanding of how school children conceptualise care and support in the rural school context. I draw from my experiences in a rural context that the best way to understand care and support would be for the school children to actively participate in the research. Active participation is therefore seen as another critical concept, entrenched in both the bio-ecological systems and structuration theories, and thus useful to my study.

3.3.1 BRONFENBRENNER’S BIO-ECOLOGICAL SYSTEMS THEORY

Developing a theoretical framework for this study involved exploring and analysing the work of Bronfenbrenner (Bronfenbrenner, 1986, 1994, 1999, 2005; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 1998; 2006; Derksen, 2010; Donald et al., 2006; Newbury, 2011; Tudge, Mokrova, Hatfield, & Karnik, 2009). In the 1970s Bronfenbrenner put forward an ecosystemic theory that looks specifically at the contextual factors in child development. The ecosystemic theory (Bronfenbrenner, 1979), also known as the ecological theory (Derksen, 2010) or ecological systems theory (Donald et al., 2002; Woodside, Caldwell, & Spurr, 2006) or as ecological models of human development (Bronfenbrenner, 1994) is a psycho-social theory. Bronfenbrenner’s thinking was mostly influenced by Lev Vygotsky and Kurt Lewin (Derksen, 2010). His earliest work on child development therefore drew together a wide range of research findings relevant to child development, and his own observations and experiences as he interacted with people and objects in different times and contexts (Derksen, 2010). In his work, The Ecology of Human Development: Experiences by nature and designs (1979), he identified several systems that influence the development of the child. These are considered to be the pillars of his early theory: microsystem, mesosystem, exosystem, macrosystem and chronosystem.

The ecosystemic theory explains how the environment affects how a child grows and develops. The theory “looks at a child’s development within the context of the system of relationships that
form his or her environment” (Paquette & Ryan, 2001, p. 1). Thus, there is a distinct focus on the context and how the child’s development is informed by this. For instance, taking rurality as a context, a child’s development is influenced by what the rural context offers in terms of its people and resources, with particular emphasis on the significance of interactions that contribute to the development of the child. While the focus remains on the child in an ecosystemic theory, there is emphasis on the child’s environment as a protective or non-protective factor (Eloff et al., 2007). In the 1990s a critique of ecological systems theory encouraged a rethinking so as to emphasise that a child’s own biology and sense of self are essential to his or her development, thereby positioning a child as active in his own development in the environment (Bronfenbrenner & Morris, 1995).

Being active inevitably depends on a specific time and place. Bronfenbrenner therefore introduced the importance of time and space, known as micro-time, meso-time and macro-time (Bronfenbrenner, 1995) into the bio-ecological systems theory. In Figure 3.1 I show the shift (in bold) in the ecological systems theory, highlighting the change in the way in which a child is viewed, and the change in the chronosystem.

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<td>MICROSYSTEM</td>
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<td>*Child constructed as passive</td>
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<td>*Time</td>
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*Figure 3.1: A shift in Bronfenbrenner’s ecological model*
While Bronfenbrenner’s (1979) foundational contribution to child development is important, it is his later work on bio-ecological systems theory (Bronfenbrenner & Morris, 1998) that has most significance for the present study. In comparison with the original theory, bio-ecological systems theory pays more attention to the person in the context of development (Paquette & Ryan, 2001). Bronfenbrenner concludes that:

…human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects and symbols in its immediate environment…on a fairly regular basis over extended periods of time. (Bronfenbrenner, 1994, p. 38)

The key emphasis of the child’s development is underpinned by the degree of reciprocal interactions, interdependence and interrelationships within the child’s immediate environment, which are referred to as “proximal processes” (Bronfenbrenner, 1994, p. 38).

A diagram of the bio-ecological systems theory for child development is shown in Figure 3.2.

Figure 3.2: Bronfenbrenner’s bio-ecological systems theory (adapted from Donald, Lazarus, & Lolwana, 2010, p.43)
The diagrammatical representation of this model bears resemblance to what is described as “a set of Babushka dolls in which one system fits comfortably inside on another resulting in one large system that encompasses a number of progressively smaller systems” (Swart & Pettipher, 2005, p. 5). Bronfenbrenner’s model is also summarised by Erixon who states that “…[it] provides a tool for understanding the encounter among societal, organisational and individual dimensions, a continual meeting point where phenomena and actors exist on different levels, including those of the organisation and society at large” (Erixon, 2010, n.p.). What happens in one system affects and is affected by other systems.

The following discussion is on Bronfenbrenner’s five environmental systems, i.e. *microsystem, mesosystem, exosystem, macrosystem and chronosystem* in relation to child development. I also draw on other authors’ work to highlight child development within an ecological perspective.

At the centre of this model is the microsystem which is the setting in which the *individual* lives, and of which an individual is an active member. The systems that make up the microsystem include the family in which the person is born, or cared for, the neighbourhood, and the school as well as any friendship circles in which the child socialises (Donald et al., 2006; Swart & Pettipher, 2005). It is in the microsystem that a child has the most direct interactions with other “social agents” (Christensen, 2010, p. 102) such as parents, siblings, peers, and teachers. In this context, the child interacts verbally or non-verbally and thereby helps to re/construct the settings (Christensen, 2010). Bronfenbrenner and Morris (in Lerner, 2005) describe the microsystem as follows:

> a pattern of activities, social roles, and interpersonal relations experienced by developing person in a given face-to-face setting with particular physical, social and symbolic features that, invite, permit, or inhibit engagement in sustained, progressively more complex interaction with, and activity in the immediate environment (p.17).

What may be particularly significant in this expanded definition of the microsystem is the notion that the way interactions take place is beyond person-to-person and involves interacting with the world of objects and symbols (Lerner, 2005). The theory therefore depicts dynamic interactions between an active individual and his or her complex and integrated ecology of people, as well as objects and symbols (Lerner, 2005).
The mesosystem, in turn, refers to the relations between the various systems in the microsystem (Bronfenbrenner, 1994). For example, the relationship of family experiences to school experiences; peer experiences to family experiences; and school experiences to religious experiences, all of which contribute towards child development and well-being. Studies focusing on the meso-system perspective have concluded that various systems in the microsystem are interdependent and influence the child’s development. For instance, family-school interaction research indicates that parents provide essential information to a multidisciplinary team that assists in the development of an appropriate and high-quality educational programme for the child (Vaughn et al., 2007). Other examples are those of LaRocque, Kleiman and Darling (2011), and Mncube (2010) who are also of the view that parent-school collaboration is vital in giving and sharing information, resolving problems, and identifying the child’s needs. The effects of family and school interactions are considered to be greater than those attributable to government-to-school relationships. Most of the relevant studies of proximal processes within the mesosystem, especially in rural schools, have focused on parental involvement, with much emphasis on dealing with discipline (Hlalele, 2012) and the academic performance of the child (Nokali, Bachman, & Votruba-Drzal, 2010; Sheridan, Knoche, Kupzyk, Edwards, & Marvin, 2011). It seems clear that the child’s development is not only a result of the child’s interaction with her or his peers, parents, and/or teachers alone, but also a result of the interactions between and among the various structures in the microsystem.

The exosystem encompasses the mesosystem and, consequently, the microsystem. Within the exosystem, the individual may not be directly interacting with the various structures, but he or she is indirectly affected or influenced by the linkages and processes between these structures in which he or she lives (Bronfenbrenner, 2005, 1999). The most common example of the exosystem is the parent’s workplace (Bianchi et al., 2005; Heymann, 2006; Johnson, 2010). A child’s experience at school or home may be influenced by his father, mother or guardian’s experiences at work. For example, the parent or guardian might receive promotion that requires relocation or regular travelling, which could decrease or change patterns of interaction with other members of the family and, consequently, with the child. To extend the example within the context of orphaned and other children who are rendered ‘vulnerable’ by HIV and AIDS in the exosystem, if the district education department in which the child’s school is based, has established teacher support teams, one may find that the school is likely to be more open to...
programmes and processes addressing the situation of children made ‘vulnerable’. Therefore, while the child may not necessarily interact with the district support team, the responses he or she experiences could be influenced by this.

The *macrosystem* – the outermost layer in the individual’s environment – encompasses the exosystem, mesosystem and as well as the various structures of the microsystem. The macrosystem covers the beliefs, culture and ideologies embedded in the society in which the individual lives (Bronfenbrenner, 1994; Marshall, 2004). The macrosystem refers to a developed or developing context; urban or rural context; and the socioeconomic status including poverty as well as ethnicity. In most cases the boundary of the macrosystem is determined and defined by international and/or national laws and rules (Christensen, 2010). The larger decisions and principles set out in the macrosystem affect and influence principles and decisions throughout the other systems. There are many different studies focusing on issues within the macrosystem domain. They could involve studying, for example, the influence of poverty (UNICEF, 2012), HIV and AIDS (UNAIDS, 2013a) and other life hazards in developing countries, and the negative impact they have on a person’s development. This representation of people in the developing countries points to the necessity of going beyond the labels of ‘poverty-stricken’, and ‘vulnerable communities’ and identifying more specific and complex interactions and processes in the macrosystem that lead to such labeling and definitions (Campbell, 2003; Chilisa, 2012).

The final system is the *chronosystem*, which emphasises time since it relates to child development in different environments. The chronosystem deals with the belief that ecological systems are not static but change over time. The emphasis on time in the bio-ecological system theory is best described by Bronfenbrenner and Morris (cited in Lerner, 2005, xvii):

The 1979 volume scarcely mentions the term [time], whereas in the current formulation, it has a prominent place at three successive levels – micro-, meso-, and macro-. Micro-time refers to continuity versus discontinuity within ongoing episodes of proximal processes. Meso-time is the periodicity of these episodes across broader time intervals, such as days and weeks. Finally, macro-time focuses on the changing expectations and events in the larger society, both within and across generations, as they affect, and are
affected by, processes and outcomes of human development over the life course (Lerner, 2005, p.17).

What is evident from Bronfenbrenner is that the past, present and future experiences do not and cannot remain constant across time and space but evolve over time. Therefore, development takes place in a person through interactions with his or her past, present and future, through existing knowledge but also through acquiring new knowledge and subsequently becoming an agent of his or her own development (Bronfenbrenner, 1995). To extend this to the example of ‘vulnerable’ children in the chronosystem, a sudden death or the timing of a parent’s death, on the one hand, could influence the child’s development. On the other, the changes that occur within the child as he or she gets older are unique and influence the ways in which the child lives in different situations in different times. Therefore, children who experience the loss of both parents become double orphans, but in different contexts they turn out to be caregivers to their other siblings as well as providing peer support to other children in school (Skovdal, 2011; Skovdal & Ogutu, 2012).

A clear example of a study that takes into consideration the chronosystem is found in Malindi and Theron’s (2011) work, ‘Drawing on strengths: images of ecological contributions to male street youth resilience’. The investigation involved twenty resilient street youth in South Africa and employed drawing as a way of documenting factors that help them to cope with their life in the streets. The time spent living on the street ranged from three to nineteen months. They found that time to play with other children and to dream, time to learn and opportunities to learn and as well as opportunities to have their basic needs met were paramount to street youth resilience (Malindi & Theron, 2011). It is evident that varying time and different spaces have an impact on how street youth develop. They also found, in looking at their varying duration as streets dwellers, that street youth’s ability to cope in the street came as a result of their own inner strengths, and hope that developed over time. The emphasis of the chronosystem is that as the child gets older maturity allows them to engage differently with environmental changes and they may be more able to re/construct themselves, and consequently influence the settings in which they develop (Paquette & Ryan, 2001).
In the bio-ecological systems theory, Bronfenbrenner is cognisant of the value of the child’s own unique perceptions and opinions of the world around him or her. Within these five levels of systems in a child’s development lie complex interactions, interrelationships and interdependences, which Bronfenbrenner referred to as proximal (Bronfenbrenner, 1995, 2005; Bronfenbrenner & Ceci, 1994; Lerner, 2005). The magnitude and degree of proximal processes vary in different levels. It is in the microsystem that the child may encounter maximum interactions, while in the macrosystem these could be fewer. Bronfenbrenner (1999) stresses the idea that a child’s position as an active individual is rooted in the proximal process in the microsystem. Working with school children in their rural school context presents opportunities to generate evidence of this. However, the proximal processes are closely related to the distal environment (Bronfenbrenner, 1994) in which the school children find themselves.

Before discussing the second theory that I drew on in this study, it is useful to summarise briefly what is understood and not understood by bio-ecological theory in the context of my study. There are three propositions that I take from this theory:

- Bronfenbrenner has argued that child development takes place within the larger context of human existence. School children’s care and support therefore cannot be studied in isolation from the specific environments in which they find themselves.

- Bronfenbrenner’s explanations of systems, such as the family are still influenced by dominant discourses in which a family is constituted, in part, of adults, especially a father and a mother. In South Africa and elsewhere, family structures are changing and there are many households in which children and youth are able to take care of themselves and some taking care of their parents. As a result, their agency cannot be overlooked because of narrow definitions of this environment. Bronfenbrenner’s theory, as it stands, does not challenge the changing structures of families or schools in relation to children’s rights and the roles they can play in their complex and challenging contexts exercising their agencies to survive and become successful in those contexts.

- Bronfenbrenner also proposes that all systems are interrelated and that they interact with each other at varying degrees and at different times. He states that interactions involve, but are not limited to, person-to-person ones but include person-to-symbols, or objects found in a particular context in which a person lives. This means that care and support
for children in rural school context cannot be seen as a simple one-dimensional process but requires an examination of complex interactions in rural schools, including its people and objects.

Bronfenbrenner stresses that his theory is not a blue print formula for human development but that it relates context to one’s views of the world. He refuses the narrow use of the theory, emphasising, instead, “an effort to lure, entice or coax the researcher into unexpected insights or rethinking” (Stronach, 2012, p. 1073). In South Africa, where my study is situated, the definitions and explanations of systems such as family or schools have widened and so have the roles of parents and teachers, as well as school children as agents. Bronfenbrenner’s model does not feature what can be understood as agency – an important factor with reference to proximal processes that take place in all the levels in the ecology.

3.3.2 GIDDENS’S STRUCTURATION THEORY

The development of structuration theory is usually attributed to British sociologist, Anthony Giddens (Giddens, 1984, 1991). Structuration theory is based on a critique of three well established theories: structuralism; functionalism; and systems theories. Giddens, obviously not alone, rejects the idea that individuals are the products of their environments, in his emphasis on human agency as being at the core of human reality (Bandura, 2006; Giddens, 1984; 1991). There is an interesting emphasis in Giddens’s theory of the conscious human agent who has the capacity to transcend structures and has the unique power to shape her or his own life. According to Falkheimer (2007) people do not have hidden potential or possibilities; these become hidden when they are “institutionalized by those who are trying to legitimize their status and positions” (p. 289).

Structuration theory is complex and cannot be simply defined. Giddens (1984) indicates that structuration is a social process that involves not only interactions of people but the reaction of people or human agents. This conception, therefore, indicates that structures are created by humans intentionally or unintentionally, and these structures in turn organise and influence their lives (Giddens, 1984, 1987). Structuration theory integrates structure, and human agency as well as time and space as the pillars that describe social reality, as discussed in the following section. A schematic plan of structuration theory, an evolving structure, is shown in Figure 3.3.
3.3.2.1 Duality of Structure

The duality of structure and agency is at the core of structuration theory (Giddens, 1984). This means that structures are not separate from the actions of individuals but are a duality – two sides of the same coin. To assist the analysis of the duality of structure it is helpful to discuss structure and agency separately, even though they are interlinked.

Structure is one of the main dependent constructs in structuration theory. Structures are considered to be a set of rules and regulations as well as resources that are produced and reproduced as a result of patterns and repetitive human actions (Giddens, 1984). Giddens departed from the thinking that structures are fixed given entities and that they exist in isolation from human actions. While he acknowledges that structure gives form and shape to social life, the emphasis is that “structure is not itself the form and shape [but] exists only in and through the activities of human agents” (Held & Thompson, 1989, p. 256). According to the theory, one may say that the repetition of actions lead to the formulation of traditions, institutions and rituals which later direct future actions. In fact, structures are the “medium of human agency as well as the result of this agency” (Falkheimer, 2007, p. 288).
Giddens (1984) also distinguishes between two types of societal rules: procedural and moral. Procedural rules refer to how practice is performed in terms of bureaucracy, legislations or policies and guidelines. Moral rules refer to the appropriateness of forms of enactment in a particular time and space (Giddens, 1984; Held & Thompson, 1989). There is an increasing concern that procedural rules, while good, should not dominate moral values. In South Africa, for example, teachers are required to compile a list of ‘vulnerable’ children, and might ask orphaned children or children who do not have food, to raise their hands in class so that he or she can write down their names. The dignity of such children is then compromised in the duty of the procedural. Structuration thus focuses on social praxis within the set of regulations as well as resources.

Structure also includes resources and Giddens distinguishes between two types of resources: material and non-material ones (Beringer, Fletcher, & Taket, 2006). Material resources, which he also calls allocative resources, refer to the availability and sharing of resources among members of the society. Non-material resources, which he calls authoritative resources, refer to the ability to allocate resources – how activities are organised, produced and reproduced. The ability to allocate these resources, Giddens (1987) argues, is enacted by humans. Therefore structures are formed by structural practices. They do not just exist in and of themselves and they cannot exist without enacted conduct. For Giddens it is the pattern of relationships and repeated forms of interaction themselves that form the systems. Giddens’s main claim in his theory is that these structures are recursive – they can be reproduced as well as lead to social change.

Thus, as Giddens (1984) contends, structures can be considered to be both enabling and constraining to individuals. He further argues that while they are structural constraints that impose themselves on individuals, the very same individuals are capable of learning and manipulating structures to get what they want. The strength of the structuration approach also lies in the notion of human agency as its significant concept.

### 3.3.2.2 Human Agency

Human agency is another important construct of structuration theory. According to Giddens (1984), this is the capacity to act. Hitlin and Elder Jr (2007) define agency as “an individual capacity for meaningful and sustained action, both within situations and across the life course”
(p. 39). From Giddens’s perspective, individuals are “purposive agents” in the sense that they are aware of their own actions and the consequences of their actions (Christianson, 2006, p. 17) and are able to identify and tackle their problems, identify solutions, create new ones and go on with their daily lives (Campbell, Nair, Maimane, & Nicholson, 2007). In order to understand human agency, Giddens (1984) points to certain characteristics of the individual – knowledge and power. Human agency includes not only knowledge about how to act, and the consequences of actions, but also knowledge about not to act and the related consequences of not acting. This he calls “reflexive approaches to knowledge” (Giddens, 1990, p. 53). Therefore, my understanding is that being reflective becomes the very substance of human agency.

In order to extend the explanation of human agency, Bandura points towards four core properties of human agency: intentionality, forethought, self-reactiveness and self-reflectiveness (Bandura, 2006). These together are considerations for human agency and operate within the inner lives of individuals. Given that individuals are producers as well as products of life circumstances, I view people – including those in rural contexts – as possessing such features as mentioned by Bandura. For example, in a village, people plan the ‘imbizo’ (community gathering) to talk about the period of with-holding grazing. This is necessary to ensure that overgrazing does not take place and that the grass gets time to recover so that the possible consequences of having no grass for feeding the livestock, and the furthering of soil erosion can be avoided. In this scenario the village people, as agentic and as intentional fore thinkers, have the ability to examine and take charge of their own actions and make corrective adjustments when and where necessary.

Moreover, human agency does not take place only within the self but is indeed contextual. Context in structuration is not merely the background, but involves interaction with other agents at other levels of the system. During interactions people exchange ideas, share activities and are influenced by other people, and can change their actions. Agency, therefore, becomes individual, by proxy, and even collective (Bandura, 2006). In exercising collective agency, people pool their knowledge, skills and resources and create and sometimes recreate meanings for themselves (Ebersöhn & Ferreira, 2012). Collectively, members sharing a common belief act and contribute towards promoting their group intentions. The nature of interactions and the context in which interactions take place may influence some and silence others (Bandura, 2006). Therefore,
collective agency should not be over emphasised or positioned as the best way to address issues, but should be understood within the complexities of structures.

Another important argument about human agency is the fact that it is not autonomous; in acting, an agent depends on the level of agentic resources (Bandura, 2006). Rural setting and rural agents, for example, offer many unique resources that can be used to leverage life conditions (Bell & Pirtle, 2012; Redding & Walberg, 2012). The implication here is that in seeming absence of resources insignificant or unexpected events may (or may not) bring about agency in the rural context and change the course of life. This is rightfully supported in the statement that the “most fortuitous events leave people untouched, others have lasting effect, and still others lead people into new trajectories of life” (Bandura, 2006, p. 166). By mapping and mobilising resources new insights can be cultivated. Human agency, therefore, goes beyond a mere acting to advancing knowledge and the development of skills about managing local resources.

Furthermore, it is argued that a sense of agency, whether individual, by proxy or collective, is taken up when people recognise that they can make things happen. In other words, the reaching of an ultimate goal becomes the substance of human agency. One can conclude that agency is not something given but that it is indeed a process and a product, and that agency can be nurtured. In this study, for example, using visual methods such as photovoice, drawing and collage resonates with structuration theory since it enables the production of visual artifacts which could stimulate reflection and action. The implication is that enabling strategies are highly important to the development of a sense of agency in a given time and space. This brings me to the discussion of the third main dependent construct of structuration theory.

3.3.2.3 Time and space

Giddens indicates that human agents are flexible and that they act and recreate their actions within a particular time and space (Schafer, Ferraro, & Mustillo, 2011). They can monitor an ongoing flow of activities and structural conditions, and they can adapt their actions depending on the time and space (Stone, 2005). As a result, time and space will actually change human activities. However, people can position themselves by remembering and sometimes preserving that which is significant to their present life. Sometimes what they consider important in future
will be invested in their present time, and their action will be directed and purposive. As agents, they set goals and aspire to achieve the goals which will stimulate present actions.

It is clear that both time and space can have an important effect on human agency but it should also be remembered that the action or interaction in a particular time and space is purpose-bound. Giddens (1984) indicates that the capacity to express reasons for one’s action is one aspect of agency. This entails what Giddens (1987) called discursive consciousness – that conscious reason that individuals give to explain their experiences and motivation for engaging in certain practices in different time and place. As Stone (2005) puts it:

The rationalisation of action thus draws attention to the existence of plurality…plurality could include a range of elements from moral, religious, political, economic…desires. How an agent [acts]… will depend partly upon how, and the extent to which, the various elements have affected each other in the process of cohabitation (pp. 103-104).

Speaking broadly, it is clear that time and space can have effect on the actions and activities of human beings. This can take many forms, from introspection to projection, making alternatives, or changing actions and creating new ones. In line with this it is clear that human agency is not just free will within given time and space.

An interesting example is found in Sibahle, a 23 year old girl from Khayelitsha, a township in the Western Cape, South Africa (SABC 1, November 9, 2013) (Yo!lwa, 2013). Sibahle was crowned winner of “2013 You Think You Can Dance”. Sibahle defines herself as a contemporary choreographer and she exercised her agency to attend the dance competition auditions. When she was entering the competition she indicated that if she won, she would build her mother a house and move out of the shack they were living in. She would also build herself a studio and teach disadvantaged children in her community how to dance. Sibahle demonstrated agency and constructed her agency as continuity being influenced by structural conditions in a certain place and time. Sibahle’s example indicates that agency is a product of a complex interplay of personal and social realities in which one lives at a particular point in time, but also shows continuity in agency. Bandura, however, points to “proactive agents versus onlookers”, and rejects the idea that human agency can be generalised (Bandura, 2006, p. 168).
Giddens’s structuration theory is thus driven by the three dependent constructs of agency, structure, and time and space. The theory rejects any dichotomy between individuals and society, and postulates the interconnectedness of structure and agency (Maclure & Denov, 2006). Of importance in Giddens’s work is the analogy that structures are not permanent and external only, but are sustained, constructed and modified by human action.

Structuration theory has been used in several studies with different groups ranging from children to adults to professionals. However, there is a paucity of research in how the theory has been used in rural education (RE) especially in rural school systems (RSS) and I discuss its utility on a variety of issues related to well-being. Poku (2006), for example, examined women’s vulnerability to HIV because of poverty in Ghana. Structuration theory was used to examine risk factors as well as women’s coping strategies in their challenging situations. The study employed individual interviews, focus group interviews, as well as observation with men and women as key informants. The study revealed that the predominance of masculinity as the dominant mode in the society has made women dependent on men and this constrains them from exercising their agency in finding jobs and even negotiating protected sex. Gutsa (2011), in another study, examined the issues of sexuality, access to information, education and communication (IEC) campaigns among elderly people in Harare. This ethnographic study made use of interviews to access life stories from a group of key informants. The theory of structuration was used as an analytical tool and revealed that the elderly are incorrectly regarded as sexually inactive and less likely to contract the HI virus. The theory was positioned as a tool that could be used to develop agency to access IEC campaigns so that their knowledge and experiences as sexual beings can influence and increase the usefulness of HIV and AIDS campaigns for people in Harare. Asfaw (2004), in another study, examined a paradox in which people’s high level of correct knowledge and awareness of sexual practices did not influence the adoption of safer sexual practices among people in Ethiopia. The data was generated through individual face-to face interviews, focus group discussion (FGD) as well as informal discussions. The study applied structuration and risk theories and revealed that the majority of people consciously constructed their own knowledge about HIV, as well as the way to avoid HIV infection. Exercising their agency, they created barriers to the implementation of protective strategies which they felt were imposed on them. Structuration theory enabled the development of a better understanding of how and why these participants engage in unprotected sex. It was also used in other studies of a similar kind focused
on encouraging people to reflect and confront the limitations they face in applying their knowledge and awareness and rejecting the knowledge provided by the experts in the HIV field (Asfaw, 2004; Gutsa, 2011).

Structuration theory has also been used in studies of children. Maclure and Denov (2006) explored the process of becoming a boy soldier in Sierra Leone and they identified two issues – the impoverished socioeconomic status caused by the urban elites and the formation of opposition movement to such injustices. Structuration as it was applied in this study indicated that though all boys were compelled to join the opposition movement, they learnt the practices imposed on them to fit into the movement, but with time, they reflected and made independent choices and recreated themselves. Structuration, it would appear, can be used to advance knowledge and self-reflection (Bandura, 2006). A study by Naidoo (2009) analysed the refugee action support program aimed at refugee students in Sydney. The study made use of responses from co-ordinating teachers and pre-service teachers through semi-structured individual interviews, focus group interviews, and a questionnaire. The data covered teachers’ experiences (socially and academically) within the Refugee Action Support Program. Results revealed that small group tutoring contributed to closer interactions between the refugee students and their teachers, thereby increasing trust, faith and confidence. The closer they got to their teachers the more the teacher gained access to the students’ lived experiences. This created an opportunity for teachers to also reflect on their teaching, to construct other alternatives, and use appropriate pedagogies for teaching refugee students. Therefore, framing the study within structuration theory created a “multi-layered array” (Campbell et al., 2007, p. 413) of interactions for both students and teachers to engage in dialogue and reflect, which in turn, gave rise to new and/or alternative ways of teaching refugee students. This shows how structuration can be used to enhance human agency, and offset dependency and experiences that limit human agency. Essentially, while the Refugee Action Support program remained intact, the findings highlight the possible limit of human agency because such programs in which neither the teachers nor the students have control over them reproduce the rules that best serve the program. In this case, structuration theory provided an opportunity for continuous debate on the Refugee Action Support program in Sydney and beyond.
A study by Beringer et al. (2006) used structuration to explore the process of care co-ordination in children’s in-patient health care in the United Kingdom and Denmark. This ethnographic study employed a questionnaire, interviews and observation with key informants. Giddens’s structuration was used as analytical tool to explain care co-ordination. The findings revealed that the overall care came from different sources, material and non-material. However actions were guided by macro influences such as the UK National Service Framework for Children. The prescribed rules influenced the staff’s action about care co-ordination thereby producing and reproducing microsystem rules and regulations. However, the use of structuration theory provided an opportunity for reflection, questions, and debates so that care could be tailored to the diverse needs of patients. Johnson (2008) mapped out how structuration theory is appropriate to understand children’s resilience in school. In particular the theory was used to frame students’ reflections on teachers’ actions that promote students’ resilience at school. The study adopted a qualitative approach and used semi-structured interviews with 9- to 12- year-old children and their teachers from a school in a disadvantaged suburb in Australia. The findings revealed that students were able to identify dynamisms of actions towards resilience. Johnson (2008) provided evidence that the teachers’ actions were more conventional and authoritative and were in accord with the policies. Furthermore, Johnson (2008) also felt that such authoritative regimes became a barrier to student resilience. We can see, therefore, that structuration theory is relevant and useful for micro-level analysis of a school and can be used to disrupt actions that seem to threaten the well-being of the students.

As I have explained, structuration theory is applicable in many fields that involve human beings. It is not possible to discuss all these in this study and I referred only to some of those that could inform how I might use it in my study. The theory, more importantly, provides necessary concepts for reflecting, questioning, and challenging rules and practices as well as action, all of which create and recreate structures that, in turn, regulate and influence actions.

3.3.3 Using both theories in this study

The two theories, Bronfenbrenner’s (1995) bio-ecological systems theory, which emphasises micro-macro systems, and Giddens’s (1984) structuration theory, which emphasises agency-
structure duality, complement each other and lend themselves to the study of secondary school children’s construction of care and support in a South African rural school context.

Neither structuration theory nor bio-ecological theory is given primacy; both are used to frame this study which explores how care and support is constructed by school children in their local rural context. Bronfenbrenner’s theory positions the individual at the centre of the interacting levels of systems whereas within agency-structure dualism a person co-exists with the structures. Structuration theory has been criticised as being too “self-conscious” and too “narrow” (Stone, 2005, p.13), and as neglecting the macro-level of social interpretations. In other words, structuration theory is seen to ignore the complex and larger issues in a society by “losing sight of the forest for the trees” (Markman, n.d., p. 1). Giddens’s theory, however, has close links to a critical perspective and it opens up the possibility of working with the school children using visual participatory methods to explore issues of structure and agency in care and support. Figure 3.4 provides a visual representation of this proposed theoretical framework.

Figure 3.4: Integrating bio-ecological systems theory and structuration theory to frame the understanding of school children’s constructions of care and support

Figure 3.4, as it relates to my study, shows Bronfenbrenner’s bio-ecological systems theory providing the framework in which to study the relationships between the ‘vulnerable’ school child’s development and the various systems in his/her environment. The focus of this study is
the care and support that is provided and received in school. The nature of the care and support is informed by larger systems, policies and programmes of care and support from the macrosystem down to the microsystem (see structure arrow). Giddens’s theory of structuration and agency is used to frame the ‘vulnerable’ school children’s constructions of the care and support to see in what ways they are agentic in this in creating and recreating their own environments. The child’s agency could permeate existing systems, from the microsystem through to the macrosystem (see agency arrow). This idea of agency and participation is consistent with the call from UNICEF (2014) that children should participate in influencing, changing and providing solutions to issues that affect them. The element of time, an aspect of both theories, could frame a change in how care and support is, should or could be provided.

Altogether, my interpretation is that bio-ecological systems theory and structuration theory have strengths and my intention is to use them in a complementary way as they apply to the context of the study. The theories, then, provide a powerful and incisive framework in which to understand ‘vulnerable’ school children’s construction of care and support in their own school context.

### 3.4 CONCLUSION

I started the chapter by explaining what a theoretical framework is and its importance in a study. The well-known theory of Bronfenbrenner was then explained in order to illustrate the importance of all the systems, and the place of the school as system, in understanding care and support for school children made ‘vulnerable’ by HIV and AIDS. Furthermore, this chapter provided an explanation of the structuration theory of Giddens in order to illustrate the place of structure and agency in relation to the provision of care and support. Finally, this chapter concluded with a brief exploration of how the two theories complement each other in framing the study.
CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

PARTICIPATORY VISUAL ARTS-BASED RESEARCH

“Knowing what you are looking for does not imply that you know which direction your research will necessarily take, but simply a directed interest and a preliminary sense of how you might begin to explore it.” (Gibson & Brown, 2009, p.54)

4.1 INTRODUCTION

In the previous chapter I looked at the theoretical frameworks that guide the study. In this chapter I explain the research design and methodology I used in the study. I discuss the choice of qualitative approach for engaging with secondary school children in a rural school context. Following is a discussion of, and justification for, my choice of a critical paradigm. This is followed by an explanation of a participatory methodology that draws on visual arts-based methods. I then describe the process of engaging research participants in generating the data. I describe how I analysed the data sets and also address how I handled trustworthiness in this research. The final section of this chapter offers an explanation of some of the ethical dilemmas of doing research with children, and of using visual methods.

4.2 RESEARCHING WITH CHILDREN

Many social studies involving children have, over the past years, shared the view that it is the right of children and young people to have a say about issues that concern them (Thomson, 2008). However, despite this, more often than not children, especially those from rural areas, are not seen as problem solvers but as problems to be solved (Rolon-Dow, 2005; Skovdal, 2009). As a result Johnson (2008) points out that adults often do not recognise or inquire into children’s views or perspectives, especially those children from marginalised communities (Rolon-Dow, 2005; Shiller, 2008). This is despite the fact that children are participants in the construction of social realities in every society (Boakye-Boaten, 2010; UNICEF, 2014). Indeed, the perspective of involving participants from a rural school context in my study is of interest because I assume that they are competent to voice an opinion on decisions that are made for them, and/or to contribute to making decisions concerning themselves. Drawing on participants’ voices in
research advocates a shift that allows them to talk about their problems and clarify what needs to be done in order for them to progress (Mitchell et al., 2006). Drawing on children’s voices in research means that we need innovative and creative methods that will involve them so that we do research with them and not research on them (De Lange, 2012; Thomson, 2008).

Involving participants in research affirms that there are multiple truths and multiple realities, including those of school children. I therefore align myself with qualitative researchers (Creswell, 2009; Flick, 2009; Maree, 2007; Marshall & Rossman, 2011; Merriam, 2009; Silverman, 2010; Taylor & Medina, 2013) who assume a multiplicity of realities and I chose to actively involve the school children in my research. My assumption is therefore that secondary school children who participated in my study are capable individuals and ‘knowers’ of their own lives (Mitchell et al., 2010). I therefore intended to draw on them to answer the following research questions:

What are secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS?

How can the use of participatory arts-based research enable agency in the lives of ‘vulnerable’ secondary school children in a rural school context in the age of HIV and AIDS?

My choice to do research with the school children to answer the research questions therefore informed the chosen research design and methodology.

4.3 RESEARCH DESIGN AND METHODOLOGY

Marshall and Rossman (2011) describe the research design as a plan for, and justification of, how the researcher intends conducting the research. Cohen et al. (2012) suggests that in developing a research design the researcher must decide on the purpose of the research, the paradigm that informs the study, the context or setting within which the research is carried out, and then develop a justification for the research methodology and methods employed to generate data. The research design chosen for my study is qualitative, explorative, and contextual in nature. The design also has also a critical element in its engagement with participatory
methodologies used to research with school children how they construct care and support in a rural school context in the age of AIDS.

As I discuss in more detail in the following sections, the emphasis in this research, therefore, was engagement in a research process that generated qualitative data in response to the research inquiry.

4.3.1 Qualitative Approach

The study took as its point of departure the assumption that many ways exist to make meaning of the world. Based on this assumption, I located my study within a qualitative approach. My intention was to explore how secondary school children construct care and support in a rural school context, especially care and support aimed at those rendered ‘vulnerable’ by HIV and AIDS. Ontologically qualitative research affirms multiple perspectives that are socially constructed (Babbie & Mouton, 2010; Creswell, 2009). The qualitative approach gave me an opportunity to gain access to the subjective constructions regarding care and support as perceived from the school children’s point of view. In order to come to know these realities, I personally interacted with the school children. Borrowing from Babbie and Mouton (2010) I had to “stay close” (p.53) to the school children throughout the research process.

The importance of context is emphasised in qualitative research since the study should be conducted in the natural setting of the social actors. In the view of a number of researchers (Babbie & Mouton, 2010; Creswell, 2009; Denzin & Lincoln, 2008; Henning et al., 2004; Marshall & Rossman, 2011) attitudes, behaviours and experiences of people are best understood inside a natural setting as opposed to an artificial one. This is based on the fact that people are more comfortable in their immediate context and as a result they are likely to provide, as far as possible, information that is accurate and honest. They can refer easily to relevant examples from the context (Maree, 2007). This approach meshes with my study since my intention was to find meaning within social interactions, with the context being foregrounded as a significant aspect that influences the meaning the secondary school children make about care and support. Therefore, my data was generated by interacting with the research participants in their natural setting.
In view of Marshall and Rossman’s (2011) elucidation that qualitative methods focus on process and are flexible ways of finding out what people do, know, feel and think, a qualitative approach gave me an opportunity to acquire information through a variety of flexible methods with school children in their own context. I also concur with Creswell (2009), that qualitative research is based on the belief that knowledge is not only constructed by relying on a single data source, but also relies on image data and explanations of people’s intentions, reasons and self-understanding. Taking the purpose of my study into consideration my desire to include the school children’s voices allowed an opportunity to pursue an iterative process bearing in mind that the qualitative research process could change in response to what I perceived to be the needs of the school children. As the researcher I allowed the design to be adapted as it progressed, since this allowed me to engage with the school children’s multiple responses through methods such as drawing, photovoice and collage within the school-community context with events occurring naturally but within clearly defined boundaries (Babbie & Mouton, 2010; Henning et al., 2004).

Furthermore, the intention of a qualitative approach is to understand social actions in terms of its specific context rather than attempting to generalise. Construction of meaning continues as the researcher converts raw empirical data into thick description (Henning et al., 2004). The whole process is often inductive and allows the researcher to construct a detailed picture of the problem or issue under investigation (Creswell, 2009; Marshall & Rossman, 2011; Merriam, 2009). Therefore, by choosing a qualitative approach, I was aiming to deepen my understanding of school children’s constructions of care and support and the meaning they give to themselves and others through paying attention to the specific kinds and quality of spoken, written and visual arts-based texts produced in their responses to the critical questions. Data in my study is reported in a literary way, rich with the school children’s commentaries in order to establish a holistic picture of the study. The whole is always more than the sum of its parts.

The study took its point of departure with the assumption that school children, especially those from rural schools, are capable of making sense of their worlds. Based on this assumption, I located the study within a critical research paradigm. In other words, school children’s voices and participation in search of meaning is central to a critical paradigm as I explain in the next section.
4.3.2 Critical paradigm

The compositional structure of the design is anchored in and guided by the critical paradigm. Creswell (2009) describes a critical paradigm as being primarily directed towards the needs of groups or individuals in our society that may be marginalised or disenfranchised. Henning et al. (2004), in fact, highlight certain assumptions as indicative of framing the research within a critical paradigm. As generally happens, the critical paradigm as used in my study pointed and acknowledged that

- research develops critical consciousness of those involved;
- human beings identify and deal with their problems and find solutions, accomplished through an educative process; and
- the basic general meanings arise from active participation in and out of interaction with a community.

In other words, a critical paradigm allows marginalised and isolated perspectives and voices to become centre stage. Thomson (2008) too, positions the critical paradigm as one that provides space for voices to be heard. Rural communities and people infected with HIV or affected by HIV and AIDS, for example, have previously been overlooked in program development aimed at them (UNICEF, 2013b). In other words, their voices were unheard and they were not seen as active partners in finding solutions. Mainstreaming awareness of and knowledge about HIV and AIDS calls for developing strategies that are holistic, inclusive and integrated, and that embrace and include what the participants, such as school children in rural school contexts, have to offer (DBE, 2010a; Tshoose, 2010).

Knowledge is seen to be subjective and is built on experiences and interpretations and can be fully understood only from the point of view of the individuals who are directly involved, and, where relevant, through active participation of the underserved populations (Thomson, 2008). The intention is to raise consciousness since such awareness enables people to reflect, challenge, act, and react and, in the process of doing so, realise their own potential to lead social change (Creswell, 2007; Henning et al., 2004). Part of this paradigm is the desire to de/reconstruct one’s own world (Henning et al., 2004). School children might reflect about the existing interactions in their school in relation to care and support and then, in a dialectical process, deconstruct and
reconstruct care and support as experts of what counts in their own worlds and also because they can “engage critically and imaginatively … about complex issues facing their societies”, according to Taylor and Medina (2013, p. 12).

Implications of a critical paradigm include collaboration and active participation “with others rather than on others” (Creswell, 2009, p. 9). My study was fundamentally concerned with engaging secondary school children in a rural school context so as to explore their constructions of the care and support aimed at those rendered ‘vulnerable’ by HIV and AIDS in the school context and how the use of participatory arts-based research could enable agency in the lives of ‘vulnerable’ secondary school children in this age. I therefore opted for a participatory methodology since it suits the assumptions of a critical paradigm.

4.3.3 Participatory Research

The emergence of participatory research (PR) can be traced as far back as the early 1970s and is “built on the premise that communities must be catalysts of their own change and development” (Pinel, 1992, p. 4). A participatory framework for research views knowledge production as involving the active participation of the affected communities (Babbie & Mouton, 2010). Marshall and Rossman (2011) extend the concept of a participatory framework to consider local and indigenous groups. They maintain that the voices of those previously excluded should be included and listened to, regardless of the problems they face.

The practice of participatory research is said to have dominated agricultural research and economic development, but has also captured researchers’ interests in other fields such as education (Van der Riet, 2008). As Babbie and Mouton (2010) explain, a participatory study attempts to conscientise people so that they can explore alternative approaches to basic problems, rather than relying solely on hand-outs. The kind of research I am referring to is what Rahman (1993, p.81) describes as a “stimulation of self-critical awareness” type of research. Significant to it is the participatory value of the local knowledge of the participants as they reconstruct their experiences within the context in which it occurs (Fargas-Malet et al., 2010; Ferreira, 2013; Meyiwa, Letshekha, & Wiebesiek, 2013). The relevance of these explanations suggests that ongoing dialogue with, between, and amongst members of the communities creates opportunity for social change (Barnes & Kelly, 2007; Moletsane, 2012).
Contributors to the field of participatory research have identified a variety of defining characteristics. Henning et al. (2004), for example, point out that the most obvious features in participatory research are that it involves people, focuses on engaging them in a collaborative and meaningful way, and is concerned with their active participation. Van der Riet (2008) points out that human action becomes an integral component of participatory research because it focuses on trying to increase the level of consciousness of participants’ experience. The engagement process may include continual dialogue and discussion amongst participants, opportunities to reflect, critical thinking, and collaborative learning. Francis, Muthukrishna and Ramsuran (2006) argue that the successful use of participatory research lies in the process. They stress that if participatory research is truly recognised as resourceful, it should involve an ongoing process of information-sharing, dialogue and reflections. Clearly then, in Brown and Tandon’s (1983) words, “the value of participatory approach is measured by its powers to raise critical awareness” (p. 279) and, more importantly, according to Rahman (1993), the awareness of marginalised people of their own assets, abilities and resources, all which are strengthened through pedagogy and conscious action. In support of this, Mukeredzi (2012) points out that participatory methodology does not only enhance the researcher’s own reflectivity and reflexivity but can also develop new ideas from participation that bring together different perspectives. For instance, researchers using arts-based methods with local participants provide diverse insights into knowledge, or what is referred to as “interdisciplinary knowledge production” by Taylor and Medina (2013, p.12), in order to solve complex issues.

In the view of the above discussion, I regard participatory research as suitable for my study since I view school children as the knowers who hold the key to insights into the ways in which care and support are provided in a rural school context. The significance of local knowledge of participants is further explained by Babbie and Mouton (2010) as necessary for a valued scientific sense-making since it is outside the researcher’s know-how and abstract knowledge. This is to say, participatory research provides a platform for participants’ voices to be heard and, in the moment of the discussion, participants’ level of consciousness may increase and new pathways may develop that could lead them to improve their own lives. My assumption in choosing participatory research was that if, within the moment of discussion, school children could question, act, reflect, and then react, the potential for social change could be realised. Relevant literature also points to the potential of participatory research to incorporate a range of
participatory techniques such as arts-based or visual participatory methods in order to enable the multiple perspectives of communities or localities to emerge (Salway, Harriss, & Chowbey, 2011). Congruent with the objectives of participatory research, I am consciously committed to the cause of active involvement of the participants in the research.

4.3.4 Arts-based research

Literature reveals that different authors have many different conceptions of what arts-based research entails. Arts-based research is regarded as the use of any form of art in an attempt to understand human conditions or phenomena (Finley, 2008; McNiff, 2008), or make available many and alternative forms or representation or modes of reasoning in relation to the studied phenomenon (Taylor & Medina, 2013). Cole and Knowles (2008) prefer the phrase arts-informed research rather than arts-based research. In their definition, arts-informed research is a mode and form of inquiry that uses “alternatives processes (to conventional processes) and representational forms of inquiry…to reach multiple audiences by making scholarship more accessible”. In their explanation they use the phrase “alternative processes and representational forms” (p. 59) to refer to any activity that is intended to create expression. It may also focus on the participants who are involved during the activity and the use of results to influence decisions, subsequent activities and insights into the complexities of the human condition. What is evident is that emphasis is on the aspects of participation and engagement in research. Although the authors emphasise active participation, they also show that active participation is done through different techniques that also gauge the ways of knowing and experiencing the world. The emphasis is on the research that is intended to involve the participants in an active process of meaning making by acknowledging the use and value of multiple forms of art. For the purposes of my study, both terms arts-based research and arts-informed research are seen as equally valid and my choice of using the term arts-based research does not claim it to be superior. I chose it because it was more familiar to me.

In arts-based research both the process and the results should involve communities or local people as active partners (Balfour et al., 2008; Park, Mitchell, & De Lange, 2007). The underlying assumption is that ordinary or local people, young and old, are knowledgeable about their social realities and are capable of articulating this knowledge through methods other than
through conventionally written and spoken words. From this assumption, Cole and Knowles (2008) argue that arts-based approaches acknowledge the power of art since it brings forth different languages for gaining more perspectives into the human condition or the investigated phenomenon. In so doing, knowledge is therefore emphasised and knowing is linked to concrete action (McNiff, 2008; Weber, 2008).

Another aspect evident from these explanations is the shift to the research process as part of a total educational experience for both the researcher and the participants. Resulting from these explanations, art-based research is viewed as a process which is undertaken for the purpose of collective learning and sharing, acknowledging abilities and people’s assets, engagement, provoking thoughts, actions, reflection and knowledge advancement of the people’s own worlds. In educational research, arts-based research has flourished, making available different genres some which are shown in Figure 4.1.

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<tr>
<td>Literary Forms</td>
<td>Interpretive Biography; Creative Nonfiction; Wording Pictures; Me’tissage; Poetry</td>
</tr>
<tr>
<td>Performance</td>
<td>Dance; Choreography; Ethnodrama and Ethnotheatre; Readers’ Theatre; Music Lesson</td>
</tr>
<tr>
<td>Visual Art</td>
<td>Paintings; Graffiti; <strong>Photographs; Collage</strong>; Textural Walking; Writing Through Sculpture; <strong>Drawings</strong>; Installation Art; Cartoons; Route Mapping</td>
</tr>
<tr>
<td>Folk Art and Popular Art Forms</td>
<td>Community Arts; Quilts; Beads</td>
</tr>
<tr>
<td>New Media</td>
<td>Video documentary; Blogs; Zines; Radio; Cellphilms; Digital Stories; Cyber Graphics</td>
</tr>
</tbody>
</table>

**Figure 4.1: Examples of arts-based research genres (adapted from Cole & Knowles, 2008, p. vi-vii)**
It is clear that arts-based research is rich and multifaceted. Brandt (2008), for example, asserts that:

when people are given the opportunity to tell their own stories, whether through oral tradition, theatre, visual art, music or other media, they bring their bodies, minds, and spirits into the process of communicating and sharing their experiences; they affirm their lives as source of knowledge, and they stimulate each other in a synergistic process of collective knowledge production (p.354).

I chose arts-based research to explore secondary school children’s constructions of care and support in the context of HIV and AIDS in a rural school and also to explore how the use of arts-based methods could enable agency in the lives of these ‘vulnerable’ school children in the age of HIV and AIDS. Arts-based research, as an alternative means of knowledge production while working within participatory research, enabled me to respond the critical questions. The other underlying assumption is that the researcher’s personal experience (Creswell, 2009) should include the acquisition of some skills in, and knowledge of, visual research. In the next section, I discuss visual arts-based research, its most salient features and how it was used within the context of my study.

4.3.5 Visual arts-based research

Visual arts-based research evolved as an alternative system of knowledge production within arts-based research. Barone and Eisner (2012) argue that a visual arts-based research is not meant to substitute quantitative or even other forms of qualitative methodologies but that it is another way of seeing, of knowing and of perceiving multiple realities. In addition to this, Van der Riet (2008) contends that the processes of visual arts-based techniques “facilitate critical social awareness and the ability to plan and act… [and has the] potential to generate change on individual and group levels” (p.555). Visual arts-based research, also known as image-based research, refers to research that enables people to express, communicate and share their experiences, knowledge, and their livelihoods using creative techniques (see Figure 4.1). The growing popularity of visual methods is expressed in a number of established researchers’ work (Banks, 2001; Buckingham, 2009; Mitchell et al., 2006; Pauwels, 2010; Rose, 2001). Equally
significant, particularly in South Africa, is the marked rise in scholarly work devoted to visual research (De Lange, 2012).

According to Parkin and Coomber (2009) and Gauntlett and Holzwarth (2006), visual arts-based research includes the use of innovative means to record representations of social experiences and social phenomena. In Mitchell’s (2011) explanation of visual arts-based research, emphasis is placed on involving the participants in a more active and engaging way. It involves long-term engagement and increased participation when one is working with the visual, which may lead to more participation and increased agency (De Lange, 2012; Pauwels, 2010).

Stuart (2006) sees the visual arts-based research as effective for teaching about HIV and AIDS related issues. She asserts that through visual arts-based research teachers become critical thinkers and gauge their hidden skills such as using the visual to tackle sensitive issues such as HIV and AIDS. De Lange, Mitchell and Khau (2012) in agreement with Stuart (2006) contend that the main argument for using visual arts-based research is its being useful especially when one is exploring topics which are difficult to discuss. Eisner (1991), too, adds that is especially useful when working with children since it has potential to “enable [the] child to grasp what cannot be revealed in text” (p. 246). Based on the latter explanation, one can therefore argue that visual arts-based research allows the participants to be more than mere providers of data in being actively involved in the co-construction and representation of such data. In so doing knowledge is thus built cumulatively and it includes the use of creative methods to understand the ways in which people construct their worlds (Gauntlett & Holzwarth, 2006; Van der Riet, 2008).

In visual arts-based research, a participatory approach that values each person’s unique position in relation to the issue being studied is modeled, and this enables a shift towards people’s strengths and to their taking up their own agency in issues that affect them (Chilisa, 2012; De Lange, 2012; Moletsane, 2012; Skovdal, 2010). Mitchell (2011) concurs and argues that resources from the visual research whether photographs, collages, drawings or participatory videos enable participants to engage in a process to talk about their work, to re-construct, and represent their views.

Visual arts-based research represents an important element in providing tools to enhance school children’s participation. Several authors (see Heath, Brooks, Cleaver, & Ireland, 2009; Mitchell,
have thus shown that visual arts-based research allows a participative, reciprocal, creative practice, and dialogical relationship among participants themselves and between participants and researchers.

The overall rationale for using visual arts-based research in my study was to develop alternative ways of understanding care and support. It was envisaged that such an alternative approach would contribute towards a wider and deeper understanding of inter-relationships within the school, of individual agency, and the specific environments that contribute towards care and support for the school children. I also considered all practical issues relevant to the study, including aspects such as access to cameras from the university, and the low cost of making drawings and collages. As Pauwels (2010) points out, “different types of visual research may put very different demands on the researcher depending on the method, the medium, and the subject chosen. Some types of research require limited skills…others, however, are much more exigent” (p.568). In reply to this I can say I have more than adequate experience in my chosen particular methods. During my Bachelor of Education Honours and Master of Education degree, I worked with drawing, photovoice and collage in the empirical component of my studies. I analysed existing drawings, took my own pictures and analysed them. I received constructive feedback from my supervisor on how to improve the representation, analysis and interpretation of the data. I have also published a book chapter and two articles and my supervisor, peer reviewers, critical readers and editors’ comments contributed to increased confidence in handling and writing about arts-based research methods, especially, photovoice, collage and drawing.

My choice to employ visual arts-based methods in my study was also based on the fact that it offers many facets that I believe to be significant to doing research with secondary school children.

**4.3.5.1 Facets of visual arts-based approach**

There are many arguments that can be made for the use of a visual art-based approach and all of them are interconnected. For example, Weber (2008) summarised ten salient features of visual arts-based research in the ‘Handbook of the ARTS in Qualitative Research’ (Coles & Knowles, 2008). I have decided to focus on only those that I found to be most relevant and powerful in
working with secondary school children: visualisation, distanciation, collaboration, and reflexivity.

**Visualisation**

The first core feature embedded in arts-based approach is visualisation, which Barone and Eisner (2012) describe as a process which allows one to see, figuratively, or imagine behaviours or events occurring in an individual’s life. In practice, it forces people to imagine and think critically about occurrences in their lives (Weber, 2008). McCormack (2006) indicates that during visualisation, participants envision and imagine other possibilities. They may, for instance, recall events, stories, persons, or an environment to form an interpretation of a phenomenon or create a response to the issue under investigation. Van der Riet (2008) concurs and adds that “constructing visual representations involves making explicit, and articulating one’s perspectives and revealing one’s understanding of an issue” (p. 555). Therefore, the visualisation process allows the researcher and the participants to see concrete representations of thoughts or feelings (Chilisa, 2012; Mitchell, 2011; Van Laren et al., 2014).

In the contemporary discourse surrounding research for social change Mitchell (2011) advocates visualisation as a means of learning; participants have the opportunity to create meanings by using many of their senses. It is in the process of visualisation that the participants think about how to express the meaning they make of an issue, thus showing what goes on in their minds. Therefore visualisation becomes an episode in which participants could reflect on or imagine things and make decisions about how to represent the complex issues they face (Taylor & Medina, 2013; Sullivan, 2010), in this case, care and support in the context of HIV and AIDS.

**Distanciation**

A second core feature embedded in arts-based research is distanciation. Distanciation is a concept that refers to the creative text as a projection of the participants’ worlds (Dreyer & Pedersen, 2009). Distanciation potentially facilitates the expression of thoughts as situated in the artifacts that could be different forms of text such as poetry, photographs, drawing and other metaphors to share their stories. This is especially significant in dealing with sensitive topics or marginalised communities. Dreyer and Pedersen (2009) say that distanciation has the potential to allow the creator of the artifact to move to a deeper understanding of the events or research
question. The artifact enables its owner to reflect on the issue it presents, reshape it, redesign it, as well as enable others to question and reflect on it in the presence or absence of the owner. Van der Riet (2008) acknowledges that it is through distanciation that critical reflection is enabled when the issue is not close to the individual.

**Collaboration**

A third core feature of visual arts-based research is that data is generated through action and interaction. Collaboration foregrounds the assumption that the researcher and participants work together and that all have something worthwhile to contribute (Campbell, 2003; Ferreira, 2013; Meyiwa et al., 2013). Thus, every voice counts in the decision-making about the complex issues facing societies (De Lange et al., 2010). What is of interest is that the interaction encourages the expression of the local knowledge of the participants in a collaborative manner (Ferreira, 2013; Von Maltzahn & Van der Riet, 2009). During collaboration the researcher is aware that the participants communicate from their frame of reference using their own ways, vocabulary, local terms and concepts (Chilisa, 2012), all which are important to the understanding and interpretation of the phenomenon.

Visual arts-based research also challenges participants to move out of their comfort zones and see and do things differently, potentiating them to act differently in the world within which they live. On one level, this is again a reflection of the social change perspective of participatory research. In taking the notion of collaboration further, Michael (2009) points out that participants involved in arts-based research ask themselves questions, for example related to what pictures to take and how to take them or what drawings to draw. They consider why this or that particular picture is relevant. They also ask themselves how to present their work. These questions get other people thinking, too. Therefore, the use of visual arts-based research becomes “a domino of doors – as one door of imagination opens for one person, another door is cracked open for someone else” (p. 126). The use of arts-based research in my study is therefore not only to enable me to talk to the participants but also to listen to them. Through listening, questions, clarifications and answers become possibilities for collaboration and dialogue is enhanced. Such collaboration features, Mitchell (2011) argues, lends themselves to action and to possibilities of social change.
Reflexivity: augmenting participant voice

The work of Mitchell (2011) and Van Laren et al. (2014), in agreement with Pithouse (2011) show how using visual arts-based research methods, such as drawing, provides an opportunity to bring about various “viewpoints, feelings, and actions and of the possible impact of these viewpoints, feelings, and actions on themselves and others” (Pithouse, 2011, p. 42). Expressing these observations in another way, I can say that visual arts-based methods involve power in the sense of reflexive capacity. For Prosser and Burke (2008) visual arts-based research not only enhances participants’ engagement in the research, it also provides a means for the participants to have increased voice and authority in reflecting on and interpreting their own lives in their own social context. Additionally, Taylor and Medina (2013) explain that visual arts-based research can offer possibilities of seeing and understanding the research question in alternative ways and possibly bring new insights to, and changes in, participants’ lives in various ways. According to Van Laren et al. (2014) arts-based research enables deep thinking. I see the drawings, photographs and collages that the participants produced and shown in my study as reflecting their preferences and their voices. This is embedded in the choice of pictures they took, and their selection of specific pictures or text in creating collages thus increasing reflexivity in the research.

4.4 THE RESEARCH CONTEXT

In the following section I describe the context – two rural schools located at Vulindlela in Umgungundlovu district in KwaZulu-Natal – in which the secondary school children’s construction of care and support in the age of HIV and AIDS unfolded. While there is wealth of research on children and HIV and AIDS related issues, studies on school children from rural schools are still based on a deficit paradigm which views school children, especially in rural areas, as being needy and as problems that need fixing from the outside (Chilisa, 2012; Moletsane, 2012). They continue to be marginalised from mainstream activities, such as those relating to HIV prevention, coping with AIDS, and care and support (UNICEF, 2013a). In countries such as South Africa the notion is that rural communities are predominantly poor and that they lack resources compared to their urban counterparts (Hall, 2013a, 2013b, 2013c). There were three data generation sites in my study. The first site was the rural geographical area where the study was undertaken. The second was the participants’ school context where constructions
of care and support as viewed by the school children were explored through drawing and photography in their physical school context. The third site was the manor house where the collages were done and where group discussions around the constructions of envisaged care and support to be provided at schools took place. This final session also served as a general wrap-up in which I summarised the prominent points that emerged from the research with the school children. It became a participatory type of interaction with each of the school children complementing their arts-based artifacts by questioning and reflecting on what they had done and undone, what they had said and what had remained unsaid.

4.4.1 The rural district

The study took place in Vulindlela district in KZN, the province with the highest HIV prevalence rate (27.6% in 2012) according to Shisana et al. (2014) (see also Chapter One: 1.10.4).
International bodies such as UNICEF remain concerned about the care and support for orphans and other children who are ‘vulnerable’ because of HIV and AIDS (UNICEF, 2013b). South Africa is most affected in sub-Saharan Africa with 3.9 million of its children being orphaned with more than 2 million children having lost one or both parents to AIDS (UNAIDS, 2013b). What is important is that more than half of the orphaned and ‘vulnerable’ children are living in KZN (UNAIDS, 2013b). This being the province in which my research was contextualised, I assumed that some of these children would be of school-going age and would spend most of their time in school – a critical space in which to explore school children’s constructions of care and support in the age of HIV and AIDS.

Figure 4.2: A photograph of Vulindlela area
4.4.2 The schools

The criteria for including the two secondary schools were that they had to be located in a rural community where HIV was prevalent. The two schools were accessible to me since I had worked with them in several projects (see Chapter One: 1.4) and felt comfortable about approaching the schools to be included in the study.

4.4.2.1 IThemba Secondary School

IThemba School (a pseudonym) has a dusty road leading to it. The schoolchildren who attend the school and the teachers are black Africans whose home language is isiZulu. It has a governing body that consists of the principal, parents, teachers and learner representatives. According to the departmental classification, the school is in quintile 2 school because it is located in a poor community (DBE, 2013). Schools are also divided into Section 20 or 21 according to the South African School Act, and are allocated funds based on their classification (DBE, 2012). Section 20 schools, such as IThemba School, do not receive a funding allocation that they have to manage; the funding is managed through the DBE; it buys goods and pays for services for the school. There is a school feeding scheme, accessed through The National School Nutrition Programme (NSNP) and school children receive their lunch at school.

At the time of my data generation, the school had an enrolment of 1158 school children. According to the needs assessment list compiled by the school administrator at the beginning of 2011, 705 of these school children were reported to be ‘needy’. The school has thirty teachers (fourteen males and sixteen females) and two non-teaching staff members. The teaching staff is made up of the principal, one deputy principal and three Heads of Department (HoDs) and twenty-five teaching staff members. There is no school-based support team to address issues of school children who are orphans and/or ‘vulnerable’, and so the task falls on the Life Orientation teacher.

The school is fenced and there is a male guard at the gate with entry into and exit from the school subject to security approval. The fence separates the school from a nearby day-care centre. There is an administrative block that includes the principal’s office, the deputy principal’s office and the staff room. The two administrative clerks share an office. This office faces an open reception area which accommodates visitors. There is a computer used by the clerks, a photocopier and a
duplicating machine. There are two blocks of classrooms (one housing a computer laboratory) opposite each other and in the middle a lawn which is also used for teachers to park their cars.

The water supply to the school consists of one centrally situated tap which provides drinking water. There are two flush toilets which are used by teachers and pit latrine toilets used by the school children. There are no recreational facilities and I was told that the school uses the local community sports field for the school sports which are mainly soccer and netball. The school premises and surroundings are well kept and clean. The community members value the school as their property, and have a mutually trusting relationship with the school. On Saturdays a local religious group uses one classroom for conducting its services. The school is also regarded as a source of employment to the community. The security guard, the cleaner and the clerks are community members. A limited number of vendors from the community are also allowed to sell snacks such as sweets, chips, and vetkoek (deep-fried dough balls) at the school during lunch time.

4.4.2.2 Sindiswa Secondary School

Sindiswa School (a pseudonym) is located about 10 kilometres from IThemba School in the same Vulindlela district. Here, too, a dusty road leads directly to the school. As at IThemba School, all the school children and teachers are black Africans whose home language is isiZulu. Sindiswa School is also under the governance of the school governing body and is also classified as a quintile 2 school because it serves the same poor community. Here, too, a feeding scheme is in operation.

At the time of my data generation, the SMT was composed of the principal, deputy principal and three HoDs of which two were acting, as constituted by the Post Provisional Norm (PPN) (DBE, 2012). The school has sixteen teachers (seven males and nine females), mostly from the local community. The school is fenced and there is a male guard at the gate, so here, too, entry into and exit from the school is subject to security approval. There is an administration block with three offices housing an administrator, the principal and the deputy principal. There were only two computers available in the school – that of the administrator and one that was donated by the local university through one of its projects. Electricity is supplied only to the administration block. There are three blocks of classrooms with grassed areas in between them.
In 2011 there were about 870 school children with an increase in 2012 to just over 1000. According to the annual register of needs compiled by the school administrator at the beginning of the year in 2011, 80% of the school children lived on special grants. They were referred to as ‘needy’ school children. There is no school-based support team to address issues of school children who are orphans and ‘vulnerable’, but the deputy-principal was charged with the task.

The school buildings are not in good condition and, as I mentioned above, no electricity is supplied to the classrooms. Sindiswa School has no recreational facilities and they also used the local community sports field for the school sports. There is a school choir which is run by the school children themselves.

4.4.3 Country Manor House

The manor house, where the collage and focus group discussions were held, is a four star country guest house. It is a majestic house set in the foothills of the Southern Drakensberg in KZN, just 4 kilometres from Sindiswa School and 8 kilometres from IThemba school. None of the participants knew about this place and had never before been to it. I had earlier worked there with teachers and my colleagues in several research related workshops. While thinking about my data generation I thought of taking the participants there for one of the sessions because I wanted them to realise that even in their remote rural area, there are places like the manor house. I explained my desire to the management and after a long discussion about my study and why it was important for me to bring them to the guest house, I was very pleased to have been given permission to use the chapel (usually used for up-market weddings) and one of the garden suites. I was also given permission to show the school children around the estate and the guest house.

4.5 SELECTION OF SCHOOLS AND PARTICIPANTS

Silverman (2010) argues that purposive sampling is usually used in qualitative research since the researcher selects the participants based on some defining characteristics that are suitable for the study. In my study I used purposive sampling in deliberately selecting the two rural schools in KZN because they had been involved in earlier projects such as the Learning Together and Every Voice Counts (De Lange et al., 2010), that addressed HIV- and AIDS-related issues in the school context. In 2008, the SMT of the two schools identified orphanhood and vulnerability because of
HIV- and AIDS-related issues as barriers to the school children’s well-being (Khanare, 2008). SMT members, through focus group interviews and making a collage, identified challenges and solutions in addressing the psychosocial needs of orphaned children rendered ‘vulnerable’ by HIV and AIDS. They were concerned about the lack of resources to support the school children, and the school children’s silence and their lack of involvement in school activities. My earlier study therefore provided me with a reason for returning to these schools. Following Babbie & Mouton, 2010; Henning et al., 2004), I selected them with the expectation that they would yield rich and in-depth information. In choosing the participants for this study, I used purposive sampling, and I made the selection on the basis of three key criteria:

- school children residing in a rural area and attending a rural school
- school children in the FET Band in Grade 11
- school children on the school list of ‘vulnerable’ children

Creswell (2009) maintains that a qualitative research study involves few participants because the aim is not to generalise but to understand and describe the particulars of the phenomenon under investigation. Hence 20 grade 11 secondary school children were purposively selected for me to acquire in-depth information regarding their construction of the care and support provided in their school context in the age of HIV and AIDS. Another reason for the selection of these participants was that grade 11 school children also fall within the age group which has such high HIV prevalence rates (Shisana et al., 2013). While this population group is much affected by HIV and related issues, they also “represent the economic lifeblood of the economy” (Hlalele, 2012, p. 113).

Figure 4.3 shows the biographic information of the 20 isiZulu-speaking grade 11 participants. Their self-chosen pseudonyms are used and where these school children picked similar names I put numerical values in parentheses in order to distinguish between the participants. The information in the column headed INTEREST is drawn from their drawing activity and from my casual interaction with them before and after data generation sessions.
<table>
<thead>
<tr>
<th>NAME</th>
<th>SEX</th>
<th>AGE</th>
<th>INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunflower (1)</td>
<td>F</td>
<td>17</td>
<td>Singing, Dance and Netball (school netball team)</td>
</tr>
<tr>
<td>Table Mountain</td>
<td>F</td>
<td>17</td>
<td>Poetry, Debate (National school competition)</td>
</tr>
<tr>
<td>Rose (1)</td>
<td>F</td>
<td>18</td>
<td>No creative interest mentioned</td>
</tr>
<tr>
<td>River (1)</td>
<td>F</td>
<td>17</td>
<td>Sharing ideas at community level (no specific interest mentioned)</td>
</tr>
<tr>
<td>Dollar</td>
<td>M</td>
<td>18</td>
<td>Music, Telling jokes</td>
</tr>
<tr>
<td>Romeo</td>
<td>M</td>
<td>17</td>
<td>Telling jokes</td>
</tr>
<tr>
<td>DC Washington</td>
<td>M</td>
<td>17</td>
<td>Dance, Music (school choir member)</td>
</tr>
<tr>
<td>Moonlight</td>
<td>F</td>
<td>16</td>
<td>Music (school choir member)</td>
</tr>
<tr>
<td>Primrose</td>
<td>F</td>
<td>17</td>
<td>Gospel music, church choir member</td>
</tr>
<tr>
<td>Lwandle</td>
<td>M</td>
<td>17</td>
<td>Travelling, Music</td>
</tr>
<tr>
<td>River (2)</td>
<td>M</td>
<td>17</td>
<td>Share ideas (no specific ideas mentioned)</td>
</tr>
<tr>
<td>Flower Star</td>
<td>F</td>
<td>16</td>
<td>Music (school choir member)</td>
</tr>
<tr>
<td>Sweet Potato</td>
<td>F</td>
<td>17</td>
<td>Decoration</td>
</tr>
<tr>
<td>Masiyama</td>
<td>F</td>
<td>18</td>
<td>Dance, <em>Ndlamo</em> (Zulu traditional dance)</td>
</tr>
<tr>
<td>Rose (2)</td>
<td>F</td>
<td>17</td>
<td>Reading, Singing and cooking</td>
</tr>
<tr>
<td>Sunflower (2)</td>
<td>F</td>
<td>18</td>
<td>Decorating and Baking</td>
</tr>
<tr>
<td>Teddy Bear</td>
<td>F</td>
<td>19</td>
<td>No creative interest mentioned</td>
</tr>
<tr>
<td>Thunder</td>
<td>M</td>
<td>19</td>
<td>Dance</td>
</tr>
<tr>
<td>Starlight</td>
<td>M</td>
<td>17</td>
<td>Music (<em>kwaito</em>)</td>
</tr>
<tr>
<td>Protea</td>
<td>F</td>
<td>18</td>
<td>Debate, Music (school choir member)</td>
</tr>
</tbody>
</table>

Figure 4.3: Biographic information of the participants
4.6 ENTRY INTO THE FIELD

Access negotiation is a core component of research, and Silverman (2010) agrees that it requires planning and engaging in a dialogue with all the parties concerned. Having gained ethical clearance for the project from the Nelson Mandela Metropolitan University (see Appendix A), I applied to the KZN department of education and got permission to do research in the two schools (see Appendix B). To prepare for the visit to the schools, I made telephone calls to the principals and deputy principals, describing the study, and set up appointments to have conversations with them.

4.6.1 Access to the schools

I had two separate consultative meetings at school level.

When I first visited IThemba School, I met the principal, grade 11 class teacher, and a Life Orientation teacher and briefed them on the purpose of the research, explaining the nature of the data generation process and how data would be used. The principal granted permission for me to do the research at the school (see Appendix C).

I also visited Sindiswa School where I was to have a meeting with the principal, but instead I met with the acting deputy principal because the principal was attending a district circuit meeting. The deputy principal was familiar to me through his active participation in the university projects championed by my supervisor. I briefed him on the research and he gave me permission to conduct the study in the school (see Appendix C) but insisted that I should wait for the principal since he was the one who had to decide. When the principal arrived, I outlined the nature of my study, the data generation process and how the data would be used. Having successfully negotiated permission to do the research at the school, I realised that my planned research schedule might not be a straightforward matter.

4.6.2 Access to the school children

In South Africa, schools are required to identify children who are ‘vulnerable’ for the purpose of providing support, including accessing social grants and helping with line information, referrals, the provision of school uniforms, exempting them from school fees, and so on (DBE, 2013a).
At IThemba School, the grade 11 class teacher together with a Life Orientation teacher assisted in identifying the desired group of participants. While at Sindiswa School, the acting deputy principal, also being responsible for the psychosocial needs of the school children, assisted me in identifying the desired group. The teachers offered to explain to the school children in their home language all the information in relation to my study (see Appendix E), including collecting the signed consent letters (see Appendix D) from the parents or guardians and assent letters (see Appendix E) from the school children. The teachers also gave me permission to use their offices to meet with the school children.

Mkhonta (2008), in trying to identify children who were orphans and those who were made ‘vulnerable’ because of social ills, found that class teachers played a vital role in identifying these children. Although the school collects basic information about school children’s backgrounds at the beginning of the year, the class teachers routinely monitor their day-to-day life throughout the year. I, too, found that the class teachers were the ones who best monitored and observed the school children’s attendance, absenteeism and signs of need of support (Khanare, 2008).

Once the potential participants had been identified I met with them at each school. I introduced myself using isiZulu, their home language. I am a Sesotho speaker, so, with the help of a colleague, I wrote down a few lines introducing myself in isiZulu. I rehearsed this with my colleague who at my first attempt, laughed at me and at the second said “uzamile!” (you have tried!). As much as I was told that my isiZulu pronunciation was reasonable, when I introduced myself, the school children laughed. This broke the ice and I used it as a way into talking with them in a more relaxed manner. In deciding to do this I remembered former President Nelson Mandela saying that ‘if you speak to people in a language they understands, you will speak to their heads, but if you speak in their own language you will speak to their hearts’. After the brief introduction, I explained to them in simple terms that I was exploring how school children construct care and support in the age of HIV and AIDS in the rural school context. I talked about the nature of the data generation process, and how the data would be used. I also explained that the reason I wanted them to talk about themselves through generating visual artifacts was to enable them to express their experiences, even those which could be difficult to express in words only. I also made it clear that if they were willing to participate in my study, they would have to
do so after school hours or on weekends because I could not disrupt their learning and the teaching processes. All the envisaged activities were explained to them in their home language. They were assured that participation was voluntary – they were free to withdraw at any time or at any stage during the course of the research. I gave them time to ask questions to clarify what we had discussed. In response to some of their concerns I assured them that their withdrawal would not be held against them. I explained that there were no direct financial benefits to them as participants but if and when necessary they would be reimbursed for any transportation costs incurred. Furthermore, I assured them that when we met on Saturdays and/or Sundays they would be provided with meals.

All were assured that all data generated (both visual and written) would be used only for research and publication purposes, and that I would negotiate its use with them and get their consent. As the project unfolded, using an adaptation of the form used by Mitchell (2011) (see Appendix F) to use visual data, I got written consent. The participants were then given letters of consent to take to their parents or guardians and assent letters for themselves. They were given a week to return the signed letters to their teachers. Both letters were written in the school children’s home language. All children were of the opinion that their participation was vital and all assented to participate.

I also mentioned that I would not use their real names nor that of the school. In relation to visual materials, I would use photographs with no faces in them in an attempt to protect their identity. Lastly, I gave them my contact details in case they wished to ask questions or seek clarification. I deliberately gave them my business cards because these have not only my details but the university information, too, both written and visual. While they were captivated by the cards, I emphasised that it would be important to note down their questions or thoughts so that they could raise them in the meetings to follow.

In the following sections I provide the operationalisation of the methodology.

4.7 DATA GENERATION

The choice of data generation methods was aligned with the purpose of the research and the research questions to be addressed. My decision to use participatory art-based research motivated
me to use data generation methods which allow participants to be active in making their voices heard, and articulating possibilities for taking action. Nieuwenhuis (2007b) and Marshall and Rossman (2011) emphasise that qualitative research allows for flexibility in combining several data generation methods. Accordingly, I used more than one data generation method with the school children to obtain in-depth information for Research Question 1 on how they construct the care and support provided in their school context in the age of HIV and AIDS. I regarded drawing, photovoice, and collage, and the discussion of the artifacts as the main data generation methods. At the end of each session the school children were asked to write a brief reflection on their experiences of using each visual arts-based method in my study. I also kept field notes throughout the research process. The school children’s reflections were used to answer Research Question 2 on how the use of participatory arts-based methodologies could enable agency in the lives of ‘vulnerable’ school children in a rural school context in the age of HIV and AIDS. The benefits derived from the richness of data generated by combined techniques have been observed in the areas of HIV and AIDS research and in doing research with children and youth (De Lange, 2012; Hennessy & Heary, 2005; Mitchell, 2011; Moletsane et al., 2007; Veale, 2005).

4.7.1 Drawing

In undertaking this study, I started from the premise that school children in rural schools are, at least ideally, encouraged and expected to be active participants and to be involved in all levels of decision making at school (DoE, 2005) and UNCRC, 1989 (Children Fund, 2007). The first data generation session partly answered Research Question I: What are secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS? I used drawing as a method of acquiring data relating to school children’s construction of care and support and I next describe drawing as method situated in visual arts-based research, and how I used it in this study.

What it is

Prosser and Burke (2008) describe drawing as a means through which participants are encouraged to express their thoughts and feeling and the meanings they give to their daily experiences. As a tool for communication, it is argued that drawing can play a pivotal role in accessing beliefs, feelings, thoughts, and experiences of a culturally diverse population. This is
particularly true for children (Ansell, 2009; Mitchell, Theron, Stuart et al., 2011). Therefore, drawing makes visible school children’s knowledge when they lack a similarly expressive or spoken language (De Lange, Olivier et al., 2012; Moletsane et al., 2008). The majority of children in South African rural schools, for instance, have low literacy skills because learning takes place in a language that is not their mother tongue (Nel & Müller, 2010). This suggests that their language proficiency is likely to be limited. The perceived language barriers are therefore addressed through drawing so as to scaffold school children’s thinking and writing (De Lange, 2012; Ozden, 2009; Wood, 2012), and to “[s]tart…where the children are” (Prosser & Burke, 2008, p. 414).

Drawing is viewed as a relaxing exercise in which children are given autonomy to express their ideas, and worldviews, and to articulate their problems. Thus, the generation of data is not limited to the written or spoken word, as in conventional methods such as interviews (Van der Riet, 2008). In this way, drawing also reduces the power imbalance between the researcher and the participants, and the transfer of power from the researcher to the children is facilitated (Morojele & Muthukrishna, 2012) since it is the children who decide what to include in their drawings. The right of children to active participation and to being heard is facilitated in this way. Drawing is used to activate school children’s voices and actions and is linked to school children’s agency as opposed to encouraging their passivity in a model of deficiency (Ebersöhn & Ferreira, 2012). Drawing is also a resource that can trigger dialogue, critical reflection and collaborative learning among the participants, and between the participant and the researcher (Theron et al., 2011). In other words, school children could think about their drawings (iconic imagination), describe and interpret their drawings and what they mean in relation to the issue being studied (De Lange, 2012; Mitchell, Theron, Stuart et al., 2011).

**Emergence and uses**

The draw-write-tell activity mostly referred to as drawing emerges from distinctive different research traditions such as clinical therapy and psychotherapy, and is situated within a diagnostic framework (Leitch, 2008; Veale, 2005). The assumption is that professional experts could come to understand the person’s problem and solve it for her or him. Notwithstanding the fact that such research serves a purpose, it generally reinforces the idea that children and other persons grow up in a context in which challenges are not openly discussed, leaving them to depend on
the so-called experts to solve their problems (Heath et al., 2009). With a move towards positive and critical psychology the use of drawing has predominantly centred around accessing information about people’s experiences and reflections, including their successes and the resources that make them thrive in their situations (Ebersohn & Eloff, 2006; Stuart, 2007). Drawing has been used to explore self and perception. For instance, Masinga (2012) used drawing as a research tool to elicit data and to gain insight into women’s perception of self as women, while Motalingoane-Khau (2010) used drawing to explore the self of sexuality education educators. In researching the praxis of teaching and learning, Stuart (2006) explored how pre-service teachers address HIV and AIDS; she used drawing to do so. These three researchers all showed how drawing provided insight into lived experiences but also into unexplored areas of their participants’ lives, such as their cultural and value systems as teachers in the age of HIV and AIDS. Furthermore, they showed how drawing can be used as a research method and as arts-based research.

Drawing has also been used to elicit children’s and young people’s views about improving the quality of the life of children. In a study conducted by Woolner et al. (2012), drawing was used to elicit children’s views about the physical school learning environment. The findings suggest that children were able to voice their opinions and represent them through drawing pictures of the effective use of physical space in the classroom. In their study, De Lange, Olivier et al. (2012) used drawing to examine how rural children pictured family life, while Morojele and Muthukrishna (2012) used drawing to understand rural children’s journey to school and the meaning children made of this journey. These studies provide insight into the unexplored areas of children’s geographies, including how children actively define and reconstruct themselves in varied places.

Based on the common notion that children and youth are future leaders, Ogina (2012), and Barnes and Kelly (2007) used drawing with children and young people to gain insight about children’s experiences, needs, and perceptions of their future. They also found that drawing allowed school children to both illustrate and enact their sense of a future. Enactment is viewed as involving active participation. Furthermore, drawing has been used in research to increase the self-efficacy and cognitive development of school children (Wood, 2012), both significant for their full and active participation in decisions that are aimed at them. Wood (2012) points out
that “drawings enabled participants to develop self-efficacy beliefs in regard to their ability to design and implement peer-education interventions” (p. 349). The underlying assumption is that the process involved in drawing allows imaginative thinking, talking, and sharing; as well as critical dialogue and feedback (Baum, MacDougall, & Smith, 2006), or what Leitch (2008) calls “narrativization” (p. 39). What emerged quite clearly from the studies is that drawing can be used as a tool to sustain engagement with the participants as they, in turn, engage creatively and practically in an activity that connects with their imagination (Anning & Ring, 2004). Responding to the challenges faced in rural areas, Mitchell et al. (2006) discuss the relationship between rural areas and drawing, noting that the use of drawing as part of an arts-based methodology has no high-tech requirements, is economical, and is highly generative in such a context.

**Process of using drawing in this study**

Drawing is regarded by Prosser and Burke (2008) as the predominant mode of data generation when one is trying to tap into people’s inner worlds. Agreeing with this, I did not intend to use drawing as a diagnostic tool, but rather, as did Leitch and Mitchell (2007), as an innovative, alternative way of generating data that would contribute to answering Research Question 1: What are secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS? I wanted to create space for the school children to talk about themselves (introspection) and I wanted to obtain detailed information about their construction of care and support from this learner-centred evidence, the generation of which would pose much less threat to those school children who might feel reluctant to talk openly (Malindi & Theron, 2011) about their experiences at such an early stage of the research process.

- **Orchestrating the team**

The first data generation activity took place on a Saturday, in winter, in the second semester of the school children’s academic year. We arranged with the school principals and the school children to meet at IThemba School because it has a more convenient infrastructure that would allow us to use an electric heater in one of the offices. The starting time was 09:00 and I, along with two research assistants, fetched the school children from their homes.
• Making the drawing

Prior to the activity, I chatted informally with them about my life in a rural context. I told them about the beauty of my place, Lesotho, for example, with its mountains that attract tourists, its unpolluted air, and its spacious land for agricultural production. I worked through some examples of drawing so that the participants could gain a deeper understanding of this method. Remembering that Pithouse-Morgan et al. (2013) had explained that metaphor drawing is an “imaginative way of describing a situation using a drawn picture” (p.90), I started the discussion by sharing my own drawing and caption, which I had done with my undergraduate students; in so doing I intended to ease the school children’s uncertainties. Van Laren et al. (2014) consider metaphor drawings to be a “fun yet meaningful activity… [a way] of accessing our experiences and understanding” (p.643) so I drew on this, too. In my drawing, I had used the sun as a metaphor to describe myself and the work I do. Based on these definitions, I explained my metaphor drawing (the sun in this case) and told the school children that this is a creative way of describing my teaching experience at the university, but that I am not the sun in real sense. This was followed by giggles and laughter which made the situation less threatening (Mitchell, 2008). After explaining my example and responding to the school children’s questions and issues of clarity, I encouraged them to use pen and paper to draw their own metaphors to describe who they are, especially, how they see themselves in relation to care and support in the context of HIV and AIDS.

Metaphor drawings are known to be less costly (Mitchell, 2008) and I agree: I gave the children sheets of white A4 paper and pens, and told them I was not expecting works of art. I deliberately gave them pens instead of pencils so as to avoid their trying to produce what they would think of as perfect drawings (Malindi & Theron, 2011) by rubbing out and redoing them. I asked them to think about themselves and what care and support meant to them in the age of HIV and AIDS. The intention was to allow the participants to draw and then describe their drawings so that they could articulate clearly what their drawings represented within the context of the study. Therefore, the participants were invited to: “Draw a picture of who you are. Then write (in the language of your choice) what this picture means”
I encouraged the school children to expand their description by using the first person and explained this as “I/my” language. I reminded them about my drawing and description, “I am the Sun...”. The participants were given 45 minutes to draw and add a caption to their drawings. Although they are isiZulu speaking and English is their second language (and the language of learning and teaching), most chose to use English while a few expressed themselves in isiZulu.

- Sharing drawings

After everyone had completed their drawings we gathered as a group to share them. I again referred to the consent form reminding them that those who did not feel comfortable discussing their drawings in a group setting did not have to do so. I offered them the opportunity to pass their drawings to me. Each school child was given three minutes to talk about her or his work and five minutes to respond to questions or comments from other school children. I also asked probing questions in an attempt to deepen my understanding of the presentation in relation to the phenomenon under investigation. The whole session lasted for about 90 minutes and was audio-recorded. Almost everyone was open and candid about their drawings. All shared their drawings except for three of the school children indicated that they had drawings they thought of as bad, and that they did not want to show their drawings to other school children. It is worth noting this here to explain why I have not included their drawings (Figures 5.18 - 5.20) in the next chapter. Following Moletsane et al. (2008), who emphasise the need to do less harm in research, I did not press these children to comply with the behavior of their peers.

- Reflecting on the process

At the end of the drawing session I introduced a free writing exercise (see 4.8.4). I prompted them: “Write down what comes to mind about your participation in today’s session”. Doing this after the sharing of the drawings allowed the school children to reflect on what they had done and what was shared. In this way I got the story behind the drawings. These drawings were collected and I thanked the participants for actively participating in the session. The drawings were scanned and stored on my laptop.
4.7.2 Photo-voice

What it is

Photovoice is defined by Wang (1999) as an “innovative participatory strategy in which people can identify, represent, and enhance their community through a specific photographic technique” (p.185). Using photovoice, participants can produce concrete photographs that document their life experiences. They can use these photographs to stimulate dialogue and discussion about personal and community issues (Wang, Yi, Tao, & Carovano, 1998). The interactive dialogue about the photographs can enhance critical self-reflection and group reflection which ultimately may influence policy and practice (Hergenrather, Rhodes, & Clark, 2006; Wang, 2006). Photovoice is also workshop-based; it engages participants in a process: a lead-in time that introduces the issue; learning how to use the camera and to frame the photographs; taking the photographs; printing and working with them; sharing them with the group; and disseminating the information, (see MacEntee et al., 2011; Mitchell, 2011; Olivier et al., 2009). As part of this process, issues of power and ethics are also raised. The idea is that those issues that are difficult to talk about, or where verbal language is not enough, people can use photographs to document and tell their stories (De Lange, 2012; Van der Riet, 2008).

Photovoice, I believe, is well suited to a strength-based point of departure, and just like other visual arts-based methods, it is arguably a strategy that can be used to enhance agency in the lives of participants (Ebersöhn & Eloff, 2006). As Hergenrather et al. (2006) point out, “photovoice expands the representation and diversity of participant voices to assist in defining … identified issues. . . . [I]t does not require participants to be able to read or write” (pp. 244-245). It enables active engagement in which participants are encouraged to think, imagine, recall, take photographs, talk about them and comment on each other’s perspectives. Photovoice, therefore, is suited to involving secondary school children as competent citizens and active agents in decisions that affect them. Furthermore, it is through participants’ photographs, critical dialogue, and reflections that the researcher learns about their views and perspectives on the phenomenon under study.
Emergence and uses

Today Freire is thought to be the strongest affirmer of participatory photography in the postcolonial period. In his work with marginalised and oppressed populations in Peru, Freire felt that communities had to be catalysts of their own change and development (Hergenrather et al., 2006; Singhal, Harter, Chitnis, & Sharma, 2007). For example, a well-known photograph, called ‘nail on the wall’, taken by young boys, stimulated widespread discussion about the labour exploitation of young boys from Peru (Singhal et al., 2007). Freire’s explanation of the value of participatory photography informed and influenced the ways in which the visual can be incorporated into social practices and social meanings thereby stimulating collective discussion, introspection and, possibly, action. Photovoice, based upon Freire’s approach based on critical consciousness, gathered momentum in the 1990s and was championed by Caroline Wang (Mitchell, 2008). Caroline Wang provided a useful and alternative mode of representation enabling critical voices to be heard through the use of photovoice rather than relying solely on communication strategies in which people are counted, interviewed or observed.

Photovoice means working with the people, as opposed to working on or for the people (Olivier et al., 2009; Thomson, 2008; Wang, 1999; Wright, Darko, Standen, & Patel, 2010). Since its use has become popular, the photovoice process has provided the opportunity for rural, marginalised and hard to reach populations to create and share their personal and community life experiences from their own point of view. For instance, the Youth, the Arts, HIV & AIDS Network (YAHAnet), is a global online network and resource centre for arts-based activism in Canada (MacEntee et al., 2011). As De Lange et al. (2010) suggest every voice counts but not everyone can read and write; photovoice may provide a means to make every voice count.

Photovoice has been used as a component of health campaigns (Wang et al., 1998) and to explore social issues that have an impact on culturally diverse groups, such as identifying specific health concerns (Hergenrather et al., 2006). Some examples include caring, as adult care givers, for parents suffering from Alzheimer’s Disease (McIntyre & Cole, 1999) cited in (Mitchell, 2008, p. 365); working with African American breast cancer survivors to promote understanding of the issues they face (Lopez, Eng, Robinson, & Wang, 2005); and working with women farm labourers who work in unsafe conditions in China (Wang & Burris, 1994). Photovoice projects have also been used with previously marginalised communities to document
and reflect on their life experiences. These include working with street children in Mumbai (Bhosekar, 2009); with Buddhists and their monastic life experiences in Sri Lanka (Samuels, 2007); and with immigrant communities and their lived experiences in Israel, Vietnam and Arabia (Gold, 2007). Photovoice has also been used to bring attention to children’s geographies (Clark-Ibanez, 2007; Karlsson, 2007; Morojele & Muthukrishna, 2012). Prevention and treatment options related to HIV and AIDS have also been explored in a number of studies through photovoice. These include working with teachers, school children, community health care workers, parents and NGOs (Magno & Kirk, 2008; Mitchell et al., 2007; Moletsane et al., 2009; Taylor et al., 2007). MacEntee et al. (2011) in their study with girls used digital photography to inquire about relationships between sexuality and HIV and AIDS. Using photovoice to explore gender inequalities has been done by researchers such as Mudaly and Sookraj (2008) and Wood (2012).

Other education researchers have also used photovoice to explore teacher identity through self-study methodology (Mitchell, 2008). Both pre-service and in-service teachers, especially in South Africa, have been exposed to photovoice. For instance, Olivier et al. (2009) worked with teachers to explore how they construct hope in the face of poverty, while Stuart (2008) employed photovoice with pre-service teachers to explore challenges and solutions to HIV and AIDS education through reflective teaching. In her work D’amant (2009) used photovoice to explore teachers’ transition to becoming inclusive practitioners in the context of rural schools, while Motalingoane-Khau (2010) employed photo-narratives in which women expressed and reflected on their experiences of teaching sexuality education in rural schools in Lesotho.

The notion that arts-based methods, such as photovoice, enable participants to take action has also been interrogated to establish what difference using such methods makes. This has become the focus among many researchers (Karlsson, 2007; Mitchell et al., 2010; Pithouse, 2011) who draw attention to its relevance in terms of democratising research and making a difference (De Lange, Mitchell & Khau, 2012). Many symposia, like the invitational conference ‘What difference does it make? The arts, youth and HIV&AIDS’, in KwaZulu-Natal in 2011 (De Lange, Mitchell, & Khau, 2012), have been held at which scholars and community members have engaged with one another to explore, and share the impact of visual arts-based methods such as photovoice in their lives.
The process of using photovoice in this study

The photovoice session further explored how these secondary school children construct care and support in a school context and the data generated adds to the responses in relation to Research Question 1 about the secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS.

• Introduction to photovoice

On another cold but sunny Saturday, I conducted the first photovoice workshop with all 20 participants at one school. Ithemba School was more suitable since it has electricity in the classrooms, which allowed me to use a laptop for a PowerPoint presentation, and for uploading the photographs the school children took. While some participants had used a digital camera before, none of them had been engaged in photovoice. I drew on my previous experience in the area of qualitative research (see section 4.3.5) and on the practical suggestions of other researchers (Wang, 2006; Olivier et al., 2009; Mitchell, 2011). The introductory photovoice workshop, to develop the participants’ photovoice skills, was carried out in five short stages:

- Stage 1: The group gathered in one classroom and introductions were made. I used a playful icebreaker – my name is ‘Benny. B is for Bold Benny – to re-introduce the school children to each other. This was followed by my explaining the purpose of the photovoice work and by providing lead-in time to contextualise the research topic for the participants, making clear the purpose of our using photovoice.

- Stage 2: I showed the participants a PowerPoint presentation on the use of photovoice, and on how to use the cameras. This included a brief explanation of how photovoice has been used across diverse cultural groups; the technical aspects of the camera and taking photos; as well as the ethical guidelines for taking photographs in the school context. For instance, photographs should not contain identifiable people but if taking photograph of someone whose identity is noticeable, the person should give permission (Mitchell, 2011). I explained that
they should tell the people they are photographing why they are taking the photographs and that I, my supervisor, examiners and people who will read my work will view the photographs. This lasted for approximately 50 minutes with the school children asking questions to ensure that they understood what was expected of them.

- Stage 3: I brought 3 digital cameras, 10 point-and-shoot cameras from the Centre for Visual Methodologies for Social Change, and 1 disposal camera from my nephew, to show the participants and to allow them to handle the equipment. The school children were then shown the basics of using each type of camera and they were free to look, touch, and question. Once all seemed comfortable with using the cameras, I asked them to form groups of five. They were then asked to try taking photographs on location with the digital cameras, with each participant in the group taking at least one photograph. The prompt given was: “Take a photograph showing feeling strong and not so strong in school.” This prompt has been tried and tested in several research projects (Mitchell, 2011, p. 55).

- Stage 4: Once the school children returned, I uploaded their photographs onto the laptop. I opened a group folder for each group, clearly labeling them from 1 to 4. These 20 photographs were saved in a folder labeled “First Shot” and they formed part of the data generation process. There was a 30 minute break before the session continued in which the participants’ uploaded photographs were explored further to enhance clarity of purpose in the context of my study. With the group’s agreement, each photograph was shown on the screen to guide the discussions (see also De Lange et al., 2006). The children were invited to ask questions of the photographer of each photograph or to make comments. This session was used to establish confidence in using the cameras; getting the participants to learn about taking better, clearer or more focused photographs; and creating a space in which to comment on the ethical issues of using photovoice, and of the overall study.

- Stage 5: Counting the stock. I collected all the items and worked to leave the place as tidy as I found it. This included retrieving cameras, the laptop, extension cords,
and the data projector. I also had to inform the security guard to lock the classroom. I thanked the participants and acknowledged the time they had spent with me during the workshop.

• Photo-shooting

The plan to continue working with the school children on Saturdays failed since it was not convenient for them because of their family commitments. I was advised by the principals in the two schools to use the afternoons of sport days. At Sindiswa School I therefore worked with the participants on Wednesday afternoons and at IThemba School on Thursday afternoons. Having explored the use of photovoice and the workings of the cameras, the school children were ready to engage with the issue of care and support through photovoice. The taking of photographs by the participants took place in their respective school settings.

I worked with 10 children in each school, in groups of 3, 3 and 4, based on their decisions about who to work with. I therefore had six groups. I distributed a photovoice planning sheet (Appendix I) with three columns; photo number; issue/concern; and photo to take, and prompted them to

Take photos showing what care and support means to you in the school. However, before you take photos think carefully about what care and support in the school means, what is happening in your school, what is done or said by whom. Then write this down on the paper provided. Then think carefully about what photos you plan to take to represent your views.

It was important to allow the participants time to think about what they experience in the context in which they live and study. Once the group had completed their photovoice planning sheet they were given a digital camera to go anywhere in the school complex to take their photographs. Each group was given one camera to share, with each group member instructed to take four photographs with or without the assistance of other group members. They were given 60 minutes to take their photographs.

In the meantime, I opened one folder for each group and within the group folder I opened a folder for each participant. When they returned with their photographs I uploaded them onto
the laptop and saved them. In total more than eighty photos were taken as some school children exceeded the limit of the suggested four photos.

- Photo-narration

Photo-narration involves a process whereby the owners of the photographs generate meaning that the photographs hold for them (Mitchell, 2011). Specifically, the process enables the participants to convey the message intended by the photograph; this process is also known as the photo-story (De Lange et al., 2006). Mitchell (2011) maintains that in each attempt to narrate our photographs we are increasing our own understanding of the issues, and also enhancing our analytical skills.

I agree with the caution that photographs tell many stories and that one should be careful not to read too much into artifacts because they need to be contextualised (Stuart, 2007). I therefore requested the school children to write about their photographs. Writing about the photographs was an important part of the process since it elicited the meanings and intentions behind the photographs. During this session, I used the same group formation and each group worked with one of the three laptops to view their photographs. I was helped by a colleague who acted as my research assistant. The school children used their photovoice planning sheet to remind them of the intention behind their photographs and then on separate A4 sheets they wrote about each of their photographs as it appeared on the laptop screen. While the other three groups waited, they were asking questions about the laptops as most of them had not seen or used a laptop. This session lasted about 60 minutes.

- Photo-ranking

The photo-narration session was followed by a photo-ranking session. Woolner et al. (2012) describe photo ranking as a process in which participants are encouraged to select the picture that best represents their response in relation to the prompt. They further point out that in some circumstances it is helpful to give participants more structure within which to make their responses. Therefore, in this session participants were requested to arrange their photographs and label them using the numbers 1 to 4. As
indicated previously some took more than four photographs so their ranking went up to photograph 5 (see also Chapter Five: 5.3). After the activity had been completed, the school children were given the opportunity to share or not to share their photo-narrations, starting with the top-ranked photograph.

- Sharing of photographs

In my valuing photo-narration as having the potential for change I felt that the opportunity to write about their photographs was not enough since this was mostly about engagement at an individual level. Having framed my study within participatory research, I therefore needed to cultivate collective participation (Clark-Ibanez, 2007), to enable the participants to share their work beyond the individual level in a whole group discussion. Heath et al. (2009) raise a set of concerns relating to guaranteeing confidentiality in the context of group discussions so I reminded the whole group about ethical issues such as showing respect to one another and keeping the contents of the discussion confidential within the group. All the photos – there were more than 80 of them – were retrieved from the laptop and shown using a data projector. Each participant was given an opportunity to talk about her/his photographs – beginning with the highest ranked one – to the whole group. The discussions were audio-recorded with the participants’ consent. This was a highly interactive session since they were asked to look critically at the photographs, ask questions and make comments, debate, and identify recurring issues in relation to the photographs. I facilitated and, drawing on Wang (2005) as cited in Olivier et al. (2009), asked the following questions to guide the discussion: What is shown in the drawings/photographs/collage? What is represented here? What is really happening here? How does the issue raised relate to our lives? What can you/we do about it? During the session, they engaged more deeply with their own work as they asked, answered and received comments from the wider group. Harper (2002) indicates that talking about photographs can “mine deeper shafts into a different part of human consciousness than do words-alone interviews” (p.23). Talking gives primacy to their world as they (re)create their own sense of meaning and disclose it through talking about the photographs to the researcher and to other participants.
After this, I collected the photovoice planning sheets and the written descriptions of the photographs. These were scanned and stored on the laptop for later use.

**Reflecting on the process**

At the end of the photovoice session the school children were again asked to do a free writing activity in which they reflected on their engagement in the photovoice process. I prompted them thus: “Write down what comes to mind about your participation in today’s session”.

In being aware of the need to engage young people, school children in particular, in decision making processes that affect their lives (UNICEF, 2013b, 2014), I involved school children in my study to enable them to chart the way forward as they constructed care and support in a rural school context. Thus, it allowed me to understand their thinking and acting, and, at least some extent, enable them to grow into their roles as decision makers. Following the drawing and photovoice, therefore, collage was used to further explore how the secondary school children construct care and support as they think it should be provided in a rural school context in the age of HIV and AIDS. I discuss the collage process in the following section.

4.7.3 Collage

**What it is**

The word *collage* is derived from *coller*, the French verb which means to stick (Butler-Kisber, 2008). Collage is regarded as a creative method in which people, using existing materials, symbols or words, create an artistic composition on a particular theme or topic (Leitch, 2008). This genre of art-based research enables the communication of ideas, and the creation of a space in which conversation with other people can take place. Thinking about what to use to make a collage and how to represent the issue increases participants’ reflexivity during the collage process (Butler-Kisber, 2010).

Collage is also regarded as “a democratic art form … it can convince, persuade, explain and critique” (Norris et al., 2007, p. 483). In other words, collage allows people to talk, ask questions, disagree, reveal misconceptions, share and even learn from each other (Bailey & Van Harken, 2014). Linked to Norris’s explanation of collage, the literature on it also suggests that
Collage reinforces open discussion, encouraging people, particularly young ones, to confront their situations rather than internalising their fears and emotions (Stuart, 2010).

**Emergence and Uses**

Collage, like many forms of art, made its debut in the realm of folk art many centuries ago as an alternative mode of representation thereby contributing to knowledge production (Taylor & Medina, 2013; Vaughan, 2004). However, in qualitative research collage has gained prominence since the emergence of arts-informed research (Butler-Kisber, 2008). Collage, as a participatory method, is often regarded as an aspect of visual arts-based research (De Lange, Mitchell & Khau, 2012; Gauntlett & Holzwarth, 2006; Mitchell, 2011; Parkin & Coomber, 2009; Van der Riet, 2008). Such research studies point to the widespread use of collage in participatory ways that are focused on creating opportunities for children, young people and other marginalised populations to have their voices heard. Collage has offered a safe space for working with adolescents who may find drawing too childish (Leitch, 2008); with people who have low literacy skills; and with people for whom words are not enough to represent individual or community issues (De Lange, 2012; Samuels, 2007). Therefore collage is an alternative way of encouraging active participation in population groups that are hard to reach. These people, through sticking pictures, symbols and words on paper to make a collage, are enabled to convey their ideas, thoughts and feelings.

Collage had been used in research projects to address social, political and educational issues. It has also been used in inter-professional workshops, such as that held in the north of England that included professionals from nursing, physiotherapy, pharmacy, medicine and aromatherapy (Williams, 2002). Smith used collage with corporate senior managers in South Africa in order to enhance business communication and presentation skills (Mitchell, Theron, Smith et al., 2011). Some scholars have also used collage in educational settings with occupational therapy students (Sturgess, 1983); business students (Colakoglu & Littlefield, 2011); pre-service teachers (Stuart, 2008); School Management Teams (Khanare, 2008); and female science teachers (Motalingoane-Khau, 2010). Collage has also been used with children (Leitch et al., 2006; Veale, 2005). These studies show that collage as an arts-based method can be used as a tool for data generation but also as a spur to action, providing space in which the participants can talk, think, create, discuss, reveal, learn and even unlearn beliefs (Leitch, 2008; Norris et al., 2007)
Collage has also been shown to enable participants to expand their possibilities of learning new skills such as visual ones, but, more importantly, collage provides a sense of intense and sincere engagement while the participant is learning to produce the artefact (Mitchell, 2011; Williams, 2002). Butler-Kisber (2010) argues that participants, while creating the collage, engage in creative and thoughtful processes about what to represent and how to do it. Participants produce collages that represent their own perceptions, issues and ideas in relation to the theme under investigation. Collage can be used as a primary data source but also as a stimulus to peoples’ narratives; it can also elicit writing and/or discussion (Bailey & Van Harken, 2014; Butler-Kisber, 2010; Leitch, 2008).

Collage requires little in terms of cost and technology; no expensive gadgets such as digital cameras are needed and nor is access to the internet. Electricity, often not available in rural school classrooms, is unnecessary (Mitchell, 2011). Collage is about creativity and thoughtfulness, both possible in rural contexts. For these reasons, I was keen to draw on collage as a visual arts-based method with these secondary school children from rural schools to explore how they envisage care and support in the age of HIV and AIDS.

My choice of collage in this study was informed by studies done by researchers such as Mitchell, Theron, Smith et al. (2011), Stuart (2008), Banks (2001), and Butler-Kisber (2008), who asserts that “collage can also be used as a helpful way of conceptualising a response to a research question” (p.270). I wanted to focus, on the one hand, on the creator, and, on the other, on the ways in which such creators (in this case secondary school children) can be engaged in the collage activity. I saw collage as a way of encouraging the participants to identify issues related to care and support in their schools, and also imagine solutions to these issues.

**Process of collage in this study**

The perception and appreciation of school children’s voices is seen as reinforcing the idea of critical consciousness (Harkness & Stallworth, 2013). In my study secondary school children are positioned as knowers at the center of decision making processes who could disrupt the dominant notion of their being seen as ‘vulnerable’. In this phase of the research, I used collage to enable these children to imagine and reflect critically on what effective care and support in their rural school context, particularly in the age of HIV and AIDS, could look like.
The collage work, with all 20 school children from both schools took place outside their school setting at the nearby manor house (see 4.5.3). One new participant arrived and joined in. The collage process was carried in six short stages:

- **How to do a collage**

  Like any other skill, work in collage requires basic and technical knowledge (Butler-Kisber, 2008). I conducted a short 30-minute session with all the participants, highlighting the parameters of making a collage to envisage how care and support could or should be implemented in their school context.

- **Explanation of a collage**

  After explaining what the word means, and showing the examples of collages from other work on various HIV and AIDS issues that I had done, I encouraged the participants to comment and ask questions until they understood the purpose and the process of making a collage. This exercise was helpful in developing the confidence and understanding necessary for making the collage.

- **Getting ready**

  I requested the children to form four groups of five. Though they came from two different schools, they mixed with each other to form four groups. I then distributed the collage materials to the groups (A3 paper, magazines, scissors, prestik, glue sticks, and coloured markers).

- **Creating the collages**

  When they were ready I began by reviewing some of the issues of care and support they had raised in their drawings and photographs. I selected exact words or phrases from some of their captions or narrations and encouraged them to think about these and how they could inform their collage activity. The prompt for the collage was: “Create a collage showing what care and support should be like in the school”. I then explained that they needed to think about what they considered important in relation to care and
support for secondary school children rendered ‘vulnerable’ because of HIV and AIDS. I encouraged them to think about what is needed, about who could assist and about how such people or things could help. I reminded them that there is no wrong or right response in creating the collage. The groups were encouraged to discuss and share the ideas about what care and support should be like in their schools. There was a scribe for each group who was appointed to write down their ideas about issues that should be reflected in the collage. The discussion also revolved around the purpose of the collage and what message they wanted to convey. At this point, I frequently reminded them that their collages should focus on what they imagine effective care and support in the age of HIV and AIDS in a rural school context should look like.

After the discussion and deliberations, cutting, pasting, and revisions, four collages were developed. While the allocated time was 40 minutes I had to extend the time to 60 minutes. Those who had finished had time to revisit and adjust their collages.

- **Sharing the collages**

During this stage the four groups reassembled and I invited them to explain their collage to the other groups. Two groups enthusiastically ran to the front so I suggested that the groups take turns. Each group was given 8 minutes to present its collage. Group members all participated, supported each other, and added information. After each presentation, I gave the other participants time to ask questions, make comments and suggestions, and give feedback to the presenting group. The presentations and discussions were audio - and video - recorded.

- **Stock taking**

Creating collages can be a messy process, so I allowed time for the school children to tidy up and clean the space we had been working in, and for me to collect the collages and equipment.
Reflecting on the collage process

Unlike the previous sessions in which the school children had to write down their reflections, I asked them to do verbal reflections on the collage session, as well as on the whole data generation process. I asked them: “What comes to mind about your participation in today’s session?” The activity was not only about the contents of the collage or materials used to do the collages but also about how they actively participated in the whole collage process. Each participant was given a chance, at random, to offer his or her reflection. This too, was audio- and video recorded with the school children’s permission. I thanked the participants for their willingness to participate in my study and for their presence despite the cold weather.

The social activities throughout the data generation process, such as singing and making up poetry, enjoying snacks and beverages together, had provided an opportunity for school children to socialise with each other and for us to get to know each other.

4.7.4 Free writing reflections

I used reflective writing (after each session except the collage making process as explained earlier) with the school children to generate data in response to Research Question 2: How can the use of participatory arts-based research enable agency in the lives of ‘vulnerable’ secondary school children in a rural school context in the age of HIV and AIDS?

What it is

Reflective writing and reflections are acknowledged to be invaluable in social science research. For Pithouse (2011) free writing, a method that enables reflection, is seen to be an under-used method in research. She describes free writing as an activity in which participants write whatever comes to mind about the issue being studied, that allows them to reflect on particular events close to the time that they occur. Free writing entries are written from the viewpoint of the participants and can provide positive and less positive information about their life worlds, and about the researcher and the research process. In this study, I used free writing with the school children as an opportunity for them to reflect on the research methods close to the time in which they occurred. It allowed for an immediate response that other methods such as keeping weekly or monthly reflections or keeping a diary during the research process do not (Kenteen, 2010).
**Process of free writing in this study**

I explained what was required in each free writing activity and allowed the participants time to ask questions before the activity began. I also reminded them of the purpose and focus on the research project, and that the free writing was framed within the focus of the study.

Following Kenten (2010), the prompts were not necessarily used to structure participants’ ideas or thoughts as they wrote. I gave the free writing activity 10 minutes and participants were told to write anything that came to mind, such as a feeling, an idea, a thought or an experience. I handed out paper and pens and gave the following prompt: “Write down what comes to mind about your participation in today’s session”. I also offered some guidelines complementary to the prompt such as “Write about today’s session”; “Write about how you felt”; “Write about your experiences”; “Use ‘I’/’my’ language, for example, in today’s session I ...”; “My experience today ... “; and “Write in the language of your choice, isiZulu or English.”

**Reflection on the whole research process**

There were also oral reflections done at the end of the data generation period, where the children were given an opportunity to talk about their experiences during the research project. The oral reflections were more of a conversation and did not follow any linear guideline. During the conversations they were again reminded to respect the views of each other and give each other chance to be heard. The oral reflection lasted for approximately 60 minutes and the discussions were recorded with the permission of the school children.

4.7.5 **Field notes**

*What are they*

Qualitative research positions the researcher as the main research instrument during the data generation process (Creswell, 2009). Taking field notes is one way in which the researcher keeps track of processes while in the research field. Gay, Mills and Airasian (2009) define field notes “as a method which describes as accurate and as comprehensive as possible all situations and events as they are occurring and they have to describe when, where, and under what conditions the observation was made” (p. 110). In the same vein Creswell (2007, 2009) posits that field notes serve a crucial role in qualitative methods since they allow the researcher to reflect on
moments that may seem to be insignificant during the data generation process. Keeping a journal in which to write notes has been advocated by many researchers (Marshall & Rossman, 2011; McMillan & Schumacher, 2010; Nieuwenhuis, 2007b). So, in this study I wrote notes and took photographs in order to generate multi-layered visual and textual field notes.

Process of field notes in this study

I reflected on and recorded what worked (and what did not), as well as the successful and not so successful moments in the data generation process. I captured my notes in different forms; some were handwritten, some were typed, some were audio-recorded, and some were pictures. My reflections referred to the preparation processes of the field work; gaining and maintaining access; negotiations; observation on and off the field; and my thinking about care and support. As the researcher I assessed the quality of my data and reflected on how I might have influenced it. Therefore my field dealt with observational, conceptual, and procedural issues which helped me to understand what was happening during the research process. As Marshall & Rossman (2011) suggest, the field notes became my supplementary research tool and they provided insights as I analysed the data.

As with any research project there were moments of hope and despair and I would sometimes lapse into Sesotho and say, for example, “Tsatsing lena ke tsamaetse mahala” (What a waste of a day, time and money) on a day when only 5 of the 20 school children turned up for a data generation session. My reflections showed my anxiety and frustrations but also the moments of excitement when I crossed thresholds during the study. I reviewed and transcribed the field notes after each contact session with the school children.

4.8 DATA ANALYSIS

In this section I discuss and justify the data analysis process used in my study. I discuss the participatory analysis that I employed, how I worked with the data to arrive at the findings, and how I recontextualised the findings in the literature.

Data analysis is described as “an ongoing process [that] involves a continual reflection about the data, asking analytical questions, and writing memos throughout the study” (Creswell, 2009, p. 184). Qualitative data analysis is therefore conducted concurrently with data generation and it
involves multiple levels of analysis, depending on the nature of the study. Braun and Clarke (2006) indicate two ways of conducting data analysis: data-driven and theory driven coding. In this study I drew on data-driven analysis within the chosen theoretical framework. Data driven analysis is also described as an inductive coding which develops the themes and depends on the data (Maree, 2007; Nieuwenhuis, 2007c; Tesch, 1990). Therefore inductive thematic analysis was used to analyse and to report on these secondary school children’s construction of care and support and how participatory arts-based methodologies could enable agency in the lives of the ‘vulnerable’ secondary school children in rural school in the age of HIV and AIDS.

Using a variety of data generation methods resulted in a voluminous amount of data that needed to be managed and kept safely. I started working with the data by organising all of it into manageable formats to allow for easy access when needed. To facilitate this process, I began by opening folders for all data generation methods and labeled the folders according to the research methods. All data was digitised and preserved electronically. I also kept original documents safely in a paper file.

I employed participatory oriented analytic procedures as a strategy for analysing and interpreting the data in my study. From a critical philosophical stance, the principles underlying participatory analysis are based on the recognition that people are not only “respondents, they are players, performers and presenters of their own play, performance and presentation” (Chambers, 1992, p. 300). The process of participatory analysis first seeks to amplify the voices of the participants – what Chambers (2013) refers to as “putting the last first” (p.168), especially marginalised groups and marginalised communities. In participatory analysis, participants co-construct data and provide their own analysis of their data. Although the prompts were used to guide the participants to generate data, the actual data production (i.e. the drawings, description of each artifact, and the interpretation) was done by the participants with little guidance from me as the researcher.

In this study, I used multiple layers of engagement (Creswell, 2009; Marshall & Rossman, 2011; Silverman, 2013) with the data in an on-going process. The first layer of data analysis and interpretation involved the school children who thought about, identified, and generated their
own drawings, photographs, and collages and explained all these in response to the issue under investigation. This became the first layer of data analysis.

The second layer of data analysis and interpretation involved taking a critical stance, with my encouraging the school children to talk about the what, the why and the how of their photographs, drawings or collages and what each represents in relation to this research study. During this stage of analysis I also drew from the work of various researchers working in a critical visual methodology framework (Olivier et al., 2009; Theron et al., 2011) by posing some questions to guide it. For example, such questions were adopted from Wang (2005) as cited in Olivier et al. (2009) and are as follows: “What is shown in the drawings/photographs/collage? What is represented here? What is really happening here? How does the issue raised relate to our lives? and What can you/we do about it?” (p. 16). The school children were active and the discussion embodied a dialogical and reciprocal relationship not only between me and them but also among the participants themselves. Through their explanations, they also provided clarity, posed and answered questions, and codified issues and themes that arose from the discussion, as Wang (2006) would suggest. This stage of analysis enabled the school children to reflect, re-construct, add, and re-pattern units of meanings in relation to the topic under investigation. I argue, like Mitchell (2011) and Croghan, Griffin, Hunter, and Phoenix (2008), that the dynamics inherent in participatory analysis have potential for social change because it is here that they could (re)construct their thinking about their own realities “through their experiences, their imagination and intuition, their thinking and action” (Reason, 1994, p.324).

The school children’s various responses involved a mass of data – visual and textual; written, spoken and recorded explanations; and their reflections in relation to their construction of care and support and how such arts-based methods (drawing, photographs, and collage) could be significant to secondary school children’s agency in the rural school in the context of HIV and AIDS. The data corpus formed a blended conversation that was transcribed and with which I engaged in a third layer of analysis. Participatory analysis articulates the potential of engaging participants in data analysis building from the bottom to the top, but also in a cyclical way. Each layer informs the other layer in an interactive manner since such inferences are based on the assumption of a democratic conversation (Van der Riet, 2008). However, there is a layer in which the qualitative inquirer, despite her analytical differences, and depending on her research
strategy, often uses a general procedure in order to generate units of meaning of the research (Creswell, 2009; Henning et al., 2004). Thus, she looks at qualitative data analysis as involving steps from specific to general in order to make a logical analysis. It is at this third layer of analysis that I looked at data (first and second layers of data analysis, my own field notes and reflections) to arrive at units of meaning of the topic under investigation. I employed a descriptive analysis technique outlined by Tesch (1990) to generate categories and themes. This is what I did.

- Reading through all data was the next step to obtain a general sense of the information and reflect on its overall meaning. This involved looking at both written and visual texts. What are participants saying in general? How are they representing these ideas visually? Why is it so? In this way I was still trying to become immersed in the data as advocated by De Vos, Strydom, Fouché and Delport (2011) and Marshall and Rossman (2011). I looked at the school children’s drawings, photographs and collages not only in terms of their visual content but also the explanations that accompanied them, as (De Lange, 2012; Mitchell, 2011; Theron et al., 2011) all advise.

- Data segments or chunks of similar topics were then clustered together to define conceptual similarities and discover patterns. This process involved taking written and visual texts gathered during data generation and putting the units of meaning into categories, labeling the categories using the actual language of the participants, a process that Creswell (2009, p. 186) refers to as being “in vivo”. Marshall and Rossman (2011), Creswell (2009) and Tesch (1990) agree that coding does not involve what the researcher expects to find based on her/his past experience, but includes an array of major topics, unique topics, leftovers, surprises and triggers.

- For Flick (2009); Gibson and Brown (2009); Marshall and Rossman (2011); Silverman (2010); and Tesch (1990) these categories and codes are woven together to generate themes. These themes are the ones that would appear as the major findings in response to the critical questions in the study. Themes are therefore informed by multiple perspectives from the participants and are supported by diverse evidence such as participants’ direct quotes, and their own drawings, photographs and collages, as adjuncts to the discussion. Themes can also be interconnected to develop a storyline,
which, according to Creswell (2009), is a demonstration of an additional layer of the complexity of the issue being studied. Flexibility is one feature embedded in qualitative research so the reporting of findings is not linear and could take many forms.

- The fourth and final layer of analysis is characterised by a deeper discussion of the broad themes beyond descriptive analysis where I respond to the research questions and provide a synthesis of the findings, drawing on the existing literature, theoretical frameworks of Bronfenbrenner’s bio-ecological systems theory and Giddens’s structuration theory as used in my study. I constantly moved between the existing theory and literature particularly in order to explore insights from the data in the context of established and reputable knowledge as suggested by Nieuwenhuis (2007c). This was to find aspects in the data that corroborate what is in the literature or contradict it. I therefore identified similarities and differences in existing literature in order to evaluate the significance and meaning of the findings. This process could also raise new questions that, as the researcher, I had not foreseen in the study and that need to be asked.

4.9 TRUSTWORTHINESS OF THE STUDY

It is argued that the research process should eventually come to a reasoned consensus before being published, and such an approach entails trustworthiness (Babbie & Mouton, 2010). It is also clear that justifying the issue of trustworthiness is not linear but integral to the paradigm within which the researcher positions herself. A qualitative researcher within a critical paradigm, for example, does not necessarily generate data to prove facts or generate an absolute truth (Maree, 2007), but is concerned, rather, to understand participants within their context and the ways in which they make sense of their worlds as bounded by time and place (Silverman, 2013). Participatory research, therefore, assumes co-constitution of meanings within a context oriented research scenario. Thus, participants are acknowledged as experts in their context and their accounts of reality cannot be valued less or over another (Shaw, 2010). The criteria used in my study are credibility, confirmability, transferability and dependability (Lincoln & Guba, 1985).
4.9.1 Credibility

Credibility rather than validity (Creswell, 2009) is the hallmark of qualitative research. According to De Vos (2005) credibility occurs when a qualitative researcher strives to provide research findings that are believable and convincing. There are various strategies in the literature about establishing credibility in research. For example, qualitative researchers have to produce a detailed description of the setting; the researcher’s familiarity with the natural setting; information about prolonged time spent in the field; and clarification of the researcher’s own biases, negative attitudes and perceptions during the course of the study (see Creswell, 2009; Marshall & Rossman, 2011; Nieuwenhuis, 2007a). The following are some steps I undertook as a measure to enhance credibility in my study:

- I first visited the schools in order to familiarise myself with the environment. Though I was not totally a stranger in the schools, I introduced myself as a Mosotho woman from the University.

- I spent a prolonged time in the participants’ actual school setting. I have known the schools since 2007 when I was doing my M Ed study with the School Management Team members of the two schools. I had also engaged in a 10-month project with grade 10 school children in one of the schools, which resulted in the launch of the “Siyanqoba School-based AIDS Awareness Club” (see Appendix P). During that project I established solid relationships with the school and its immediate community.

- To overcome the biases that often come with a single method, I opted for a research design that enabled me to use different ways of generating data on the same phenomenon, so that the data generated using one method could be used to validate the accuracy of data generated using another method (see Cohen et al., 2012). Therefore data generated by means of drawing, photovoice and collage was collated with other sources such as reflections and field notes to provide corroborating evidence.

I also ensured credibility by writing detailed field notes, using audio and video-recording (with school children’s permission) during data generation, using peer debriefing and an independent coder (Marshall & Rossman, 2011; Creswell, 2009). I also had discussions with my supervisor not only to ensure that the results would be believable and rich but also to ensure that I had a coherent set of findings linked to the existing theory and literature reviewed.
4.9.2 Confirmability

Marshall and Rossman (2011) indicate that, in qualitative research, the researcher demonstrates how logical inferences and interpretation of the research could be confirmed by another person. In the same vein, Lincoln and Guba (1985) expand the concept of confirmability to include an audit trail, one that would allow an external auditor to examine both the processes and products of the study. I therefore explained in detail the research processes. These authors also stress the need to have a devil’s advocate approach to critically question one’s interpretation. Strategies I followed included having a research partner who acted as a critical friend and asked thoughtful questions about the researcher’s analysis.

In this study, ample opportunities were provided to clarify issues with the school children where there seemed to be uncertainties since multiple meanings were bound to be ascribed to the reality of the issue being studied. In order to eliminate my own biases, I had the opportunity to discuss my findings with the school children and I also presented the findings in our PhD student seminars, in cohort groups, and at conferences. I also employed the expertise of an independent coder in order to restrain myself from imposing my own ideas on the data; this person provided thoughtful and critical insights about the research findings. The independent coder in this case did not know me, nor the research project and, therefore, I argue, provided an objective interpretation of my research data. In doing so, I aimed to obtain the confirmable findings and conclusions advocated by Creswell (2009) and De Vos, Strydom, Fouché and Delport (2005).

4.9.3 Transferability

Transferability is the degree to which findings can be applied to other contexts and settings or even other respondents (Babbie & Mouton, 2010). However, this does not in any way imply that the results of the study can be generalised. Because of the nature of qualitative research, generalisability of findings to other contexts is problematic (De Vos et al., 2005; Lincoln & Guba, 1985; Marshall & Rossman, 2011). However, a qualitative researcher demonstrates transferability so that those who wish to replicate the study in their own context can do so. According to Lincoln and Guba (1985), the only way to enhance transferability is to create a thick description; the researcher clearly explains the theoretical parameters of the research, provides a comprehensive description of the research context, the research design, how the data...
was generated, and how the issued being studied ties in to the body of existing literature (Maree & Van der Westhuizen, 2009).

There are various strategies in the literature demonstrating how transferability can be established in research. In addressing the criterion of transferability, I have provided a detailed account of the context of the study, also the geographical area in which I undertook my study, the number of sites and typical environments in which data generation took place. I explained how the data generation process unfolded, how the methods were employed, and the time period over which data was generated. I explained the challenges encountered in each setting and how I overcame them. This enables other researchers to replicate the study in their own context and to ascertain whether the findings can be related to their context.

4.9.4 Dependability

For qualitative researchers, the notion of the world is, in a sense, premised on the assumption that it is socially constructed (Marshall & Rossman, 2011). Meanings and understandings are always constructed and therefore the findings are not necessarily replicable. In the context of qualitative research, dependability includes the researcher’s explicit explanation of the conditions of the study and how she or he can account for the changing conditions in what is being investigated (Lincoln & Guba, 1985; Marshall & Rossman, 2011).

In order to establish dependability, it was my task, as the researcher, to ensure that the study included clear research questions, and explicit design and analysis procedures, and that the findings responded to the research questions. My approach to conducting this study was also undertaken within the approved regulatory framework of the university and in doing so I could maintain and enhance what (De Vos et al., 2011; Trafford & Leshem, 2008) refer to as dependability of the study.

Furthermore, in reporting the findings in my study, I attempted to represent the school children’s voices by using their verbatim quotes, their drawings, photographs, and collages without changing or editing the data. However, the school children are not represented in isolation from my researcher voice since qualitative research denotes the researcher as the main research instrument (Creswell, 2009); as the researcher, my analytical and interpretive voice is paramount
in this study, and it adds breadth or depth to the analysis. I did this without drowning out the voices of the participants.

4.10 ETHICAL CONSIDERATIONS

4.10.1 Researching ‘vulnerable’ children

Within educational research, just like any other research, ethical dilemmas are integral to the process and have to be thought through and addressed. It is the obligation of the researcher to protect participants, within all possible reasonable limits, from any form of harm that may emerge from the research project (McMillan & Schumacher, 2010; Moletsane et al., 2008). Any research that explores personal experiences, especially with children in communities with a high prevalence of HIV, and who are considered ‘vulnerable’, is regarded as sensitive, according to (Pope, 2005; Campbell et al., 2010; Fargas-Malet et al., 2010). Sensitive research, therefore, is research that potentially poses a threat to those who are involved in it (Cohen et al., 2012). The question of how sensitive doing research with children is, relates to the wider perception of childhood and to interaction within the context of the child (Hill, 2005). In this instance, the school children come from a rural area, with limited access to health, and to material and social resources; this is often seen as a driver of the ‘vulnerability’ of such children. Furthermore, age, sex, race, lifestyle as well as the language used in the research process might also have increased the sensitivity, as suggested by Schenk et al. (2010). Keeping these sensitivities in mind pushed me to design a research project in keeping with a “reappraisal of appropriate ways of carrying out research with children” (Hill, 2005, p. 61), and, hence, my choice of participatory arts-based research. Throughout the participatory research process I took care to negotiate clear guidelines in conducting research with the children, and also examined the dilemmas, as suggested by Heath et al. (2009).

While permission to do this research was granted by the Ethics Committee of the Nelson Mandela Metropolitan University Education and permission was received from the KZN DoE, the two school principals and the parents (see 4.7) I made sure as far as possible that the research protocol took into consideration the nature of the context and the ‘vulnerability’ of the children. Each school child was given full information about the research in order to enable her or him to provide assent. The information given on the assent form assured them of my use of pseudonyms
to protect their privacy and to ensure anonymity. I explained to them what the purpose and aim of my study was, how much time it would take me to generate data with them, who will know the results and how I will give feedback to them on these results. The assent form also stated that the school children had the right to withdraw from the study at any time. The issue of flexibility of language use was also stated. For example, the letters to the school children, parents and or guardians were written in English and isiZulu (see Appendices D, E). Since I was working with school children and addressing a sensitive topic measures to refer them to a local counselor if they experienced distress during the research was stated clearly in the consent form. I also gave each one of them toll free numbers (Help lines) should they want to use them during the research project and beyond. When the school children, the parents or caregivers and the principal agreed to sign the assent/consent forms, the research was conducted.

Considering the paradigm and methodology I used to address the research questions I felt that the United Nations Convention on the Rights of the Child (UNICEF, 2014) and other legislation that pertains to children and which emphasises the importance of representing them as active participants whose expressions and opinions matter in issues affecting them, supported my approach. In the process, the representation of the children could not be isolated from autonomy and respect, and from doing most good and least harm as emphasised in the by Belmont Report of 1979 (De Landa, 2009).

The permission of the participants was requested at all relevant times and they were always reminded of my using the audio recorder and video camera to accurately document what they said and did. Those who were not willing to share their work were given the opportunity to do so individually.

4.10.2 Visual ethics

Participatory visual arts-based research brings its own set of ethical issues which are many and a detailed discussion of these is beyond the scope of my study. I, however, want to highlight those related to this study, particularly with reference to the use of photographs. Researchers such as Moletsane et al. (2008) and Mitchell (2011) discuss the notion of doing least harm and most good and also point to the possibility of research as intervention using visual methods that contribute to doing most good. For example, in research that involves visual data, Mitchell
(2011) emphasises the importance of the participants recognising not only the issues but also the solutions which they themselves bring, and the need to acknowledge them for doing so.

For instance, if the photographs generated by the participants have to preserve anonymity, how can the participants be acknowledged for their contribution and have their voices heard? Croghan et al. (2008) have argued that “photography is a genre … it celebrates the everyday life of participants portraying them as they wish to be seen, in moments that reflect the best rather than the worst of their experiences” (p. 348). Not surprisingly then, the photographs produced by the secondary school children in my study were likely to show their day-to-day lives in their school contexts. Many researchers have tried to ensure anonymity by concealing or blurring the eyes or faces of the participants, but this in itself is not unproblematic (Mitchell, 2011). I have noted that although the school children were given instructions to avoid taking photographs of people or any identifiable features and although they had chance to ask questions about ethics during our workshop on ethics (see Appendix G), they still chose to take photographs of people. In other words, handing cameras to them created a shift in power in that their preference (Croghan et al., 2008) to show faces was expressed. They made it clear that they did not want a blurring of eyes or any concealing of faces and were adamant that they preferred their artifacts, in this case, the photographs, to be shown as they were taken. Bagnoli (2008) cited in Mitchell (2011) writes the following in relation to the anonymity of visual artifacts:

> The various approaches to removing all identities of photos or drawings, and the use of pixelating techniques or blurring images, may call into question the overall aesthetics of the images. Indeed, she points out that the young producers of the works she describes questioned the need to do this. Clearly, they felt that their work had lost something (p.24).

Therefore, in my study, while pseudonyms have been used, the photographs taken by the school children have not been blurred and faces have not been concealed; some photographs show identifiable people. This clearly emphasises the need to engage in on-going discussions about what visual ethics means, particularly in the context of participatory visual arts-based research.

While a number of justifications for having maintained previously negotiated ethics have been put forward it is also necessary keep on thinking anew and creatively about alternatives (Mitchell, 2011). Assurance of anonymity is difficult when we are using visual data such as
photographs (Heath et al., 2009; Mitchell, 2011) and it was required of me to make time to explain to the school children the potential breach of confidentiality in using photographs of people or their places. Mitchell has suggested requesting permission for using each photographs and I therefore created a photograph waiver (see Appendix F). Using this document gave the participants and me an opportunity to look through all the photographs and to negotiate the use of each one.

My assessment afterwards was that the participants in my study were adamant that it is not appropriate to be hidden, which clearly resonates with Haw (2008) who wonders who will see, hear or listen to anyone who is continually rendered invisible.

I therefore believe that my research process was in the best interest of these children in that if they were to regard arts-based methods such as drawing, photovoice and collage as having an impact on their lives, it would mean that they could use them to communicate and air their views thereby ensuring that their voices would be heard. Furthermore teachers and the whole school community would have a resource that they could use with school children to make them social actors at school and beyond.

4.11 CONCLUSION

In this chapter I described the research approach and paradigm and explained how these were informed by the research questions of my study. I then elaborated on the methodology and how I generated and analysed the data. I explained the measures that I took to ensure the trustworthiness of the study. Ethical issues that I considered relevant and significant to my study were explained. This chapter therefore provides the necessary information to enable an understanding of the results put forward in the next chapter.
CHAPTER FIVE
RESULTS OF THE STUDY
THE SCHOOL CHILDREN’S CONSTRUCTIONS OF CARE AND SUPPORT

“Children have their own world. For us it is small, for them it is everything” (UNAIDS, 2001, p.64).

5.1 INTRODUCTION

In the previous chapter I outlined the research design and described the appropriate methodological and analytical approaches. In this chapter I present the participants’ construction of care and support in the rural school context in the age of HIV and AIDS in four sets of data. The first data set focuses on the school children’s constructions of self within care and support as shown in their drawings. The second data set focuses on their constructions of the nature of care and support that is provided in their school. In this section, there are two types of visual artifacts, photovoice and collages. The photovoice offers a careful consideration of care and support as it is while the collages show the school children’s constructions about care and support as it should be. Examples of the school children’s reflections on visual art-based approaches (drawings, photovoice and collage) as a means to enable their agency in care and support are offered in the fourth data set.

5.2 DRAWING THE SELF WITHIN CARE AND SUPPORT

In this section, I present data in relation to Research Question 1: What are secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS? The data illustrates these school children’s sense of self and how they construct themselves in relation to care and support.

I present only the drawings for which permission was granted (see Figures 5.1 to 5.17). Three school children did not give consent to have their drawings published because they felt that these were bad drawings. In keeping with Moletsane (2011) and Theron et al. (2011), I acknowledged their right to privacy and autonomy. The three school children, however, did give me consent to use the explanations of their drawings (Figure 5.18 to 5.20). Of the 20 school children, 8 chose to
write in English (see Figures 5.1 to 5.3, 5.6, 5.10 to 5.11, 5.17, 5.19), 10 chose to write in isiZulu (see Figures 5.4 to 5.5, 5.7 to 5.9, 5.12, 5.15 to 5.17, 5.20) while 2 chose to write using both English and isiZulu (see Figures 5.13 to 5.14). My research assistant translated the isiZulu texts into English. These translations have been very slightly edited within the desirable requirement of keeping the voices of the participants intact and audible but the participants’ words are presented here verbatim except in cases where clarity is offered in square brackets. I gave the participants the following prompt: *Draw a picture of who you are. Then write (in the language of your choice) what this picture means.*

I am Sunflower at age of 17 and I am a girl of many dreams, interested in doing so many things like being part of the people who help others especially those who are HIV positive. I am a girl of many talents; I can sing, dance and also play netball. I am a good communicator who likes to know a lot about other people, but also wants to be heard by others. When I am angry I feel like crying and would sit alone. I don’t like when I see young people destroying their future instead of building. So what I mean is that I want to have a bright future and it will be so good seeing people of my age building their future just like me. I get upset when people talk bad things about others, especially the ones who are HIV positive. I laugh a lot. I would be so grateful if learners in my school could get to know a lot about HIV and AIDS because I don’t like hearing what they say about it.

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**Figure 5.1: Sunflower, girl aged 17**
I am a river of knowledge because I participate in many activities at the community and at school. I learn a lot from one project that one of my teacher conduct at school. It’s a religious club but we talk things that affects us, everything. It is like my home in that club. My concern is that young and old people are hungry for knowledge, and other even dying due to the lack of knowledge. This is what I’ve seen in life, if there is one knowledgeable individual among people. I hope that with his knowledge he/she could feed those who are hungry for it. Because when it comes to HIV anyone who grabs information receives life and long living. So with this picture of the river I say anyone who is thirsty can come and drink to get knowledge, understand and gain hope. If you are knowledgeable you never stop what you are doing because you know you are on the right track.

Figure 5.2: River, girl aged 17
I am TablyMounty [Table Mountain], you can call me TM. This name is from the greatest, tallest and mostly important mountain found in Cape Town, I am very wise and very sharp thinking, full of ideas about how our lives shall be, just like the admiration you get when you look at Table Mountain. I am very caring to other people and can keep confidential information to myself and the person I trust. One of my weaknesses is that I am very sensitive when one hurts me in any way; I fail to easily pass through situations that have given me a hard time in life. I am very good when it comes to not being easily influenced (peer pressure) by other people of my age who have started having sex, taking drugs and clubbing, because I think that at the end of the day I would be infected with HIV/AIDS which may lead me to death. In school I find it very bad when other learners talk about those who are HIV positive in a mean way which I feel is wrong and shouldn’t be happening.

Figure 5.3: Table Mountain, girl aged 17

Translation: I am a person of the people, I see myself driving my car, living in my house and I always say I will work hard to get those, will push myself and do what’s right so that I stay the way I am and so that people in my community will love me. I am a very friendly person, a rose, a lovely flower. I am mostly ‘used’ when it comes to relationships; I am a very good person when it comes to working with other people. My weakness is when it comes to debating with other people; it often makes my life more difficult. There are other things that I take negatively like understanding mathematics. My teacher always said I had to be positive and I don’t see myself partying and taking drugs because it will lead into doing wrong and that is why I have to be positive to get all I want.

Figure 5.4: Rose, girl aged 18

Translation: I'm like a river because it helps people with water and helps clean their homes. I like to share my ideas with other people or learners. A river is important in nature because we grow plants and if there was no water there would be no person alive because we all need water. Even the plants would not survive without water. I see myself as that river because I love to help other people. For the river to have water there has to be rain. So the education that I get from my school fills me with that water which is knowledge so that I can water the plants. By the plants I mean my sisters at home and brother because I am the only one who is attending school because my parents don’t have money.

Figure 5.5: River, boy aged 17
I am Flower Star, I come from Bafunde village and I am also attending a high school. I am a beautiful Flower that can be sent to people. As I am still young I want to know more about HIV and to represent myself. This is who I am the flower star that is the light everywhere I go. I like to learn more and to talk about HIV/AIDS, as in how to react when you have a person with HIV in your home and you hear learners talk about him or her? Helping them to understand more about HIV would be first thing I do. Then help those suffering from it.

Figure 5.6: Flower Star, girl aged 16

Ngiyathanda ukufunda ngicobelelane namasu nabanye abafundi uma sifundfa ngoba angikho muhle ezifundweni. Ngiyimbali enhle ngoba imihala yembali ave imihle. Njengoba ubona ave ngimuhle, zimbali zembali, muhle ngentwasahlolo neholo. Okuyikho ngiyakuthanda ukuba imbalani ngihlobise indalo.

Translation: I like to learn and share ideas with other learners when I am learning because I am not good in studies. I am a beautiful flower because the colour of the rose is so beautiful. As you see I am beautiful, roses flower, beautiful in spring and summer. Actually I love being a flower because I decorate nature.

Figure 5.7: Sweet Potato, girl aged 17

Translation: I am a good person with a good heart. When I heard about HIV/AIDS, I could not believe that it was there and it was a disease because I never saw a person who was HIV positive. But when time went on I learnt a lot about it and now I am exposed to the people who have it. I feel sad when I see a person who is HIV positive because I can imagine myself having it. That is where I start taking care of the things that can make me succeed in life and things that can make me not to get HIV, except if I happen to get it by mistake.

Figure 5.8: Masiyama (Lean), boy aged 18

Translation: Well, I can say I am a nice guy, an understanding guy and mostly a guy who stands for what he believes in. I am a person who likes to see everyone around me happy. I think I am good at giving advice because when a person comes to me with a problem, I try my best to help them. I am a person who always likes to tell positive things to other people, but also not that good at helping those with difficult problems alone. I am a person who likes music a lot because if I have a problem I believe music makes me feel better or sometimes get a solution quickly. I am not a bully kind of person, but sometimes I find myself saying things that make people sad because I like joking. I am not that brilliant at school but I work hard and try to study, but when at home I fail to study alone so it’s better if I am with my friends.

Figure 5.9: Dollar, boy aged 18
I am a kind person I like to spend my time sitting with my friends sharing some jokes. I am HIV negative and at home I live with my mother who is HIV positive. I don’t have problem with her because I understand what HIV is. I like to laugh all the time unless there is something that has made me feel sad. I understand other people’s problems especially my friends because they are the people that I share my problems with. For me it’s not easy to forget what happened to me or to those around me. I am not good when it comes to counseling my friends if they have problems but I believe listening to them can make a difference. I always tell myself that I am unique because I don’t do stupid things like many boys who take drugs and drink alcohol.

Figure 5.10: Romeo, boy aged 17

I am what I am and I understand myself. I am a person who used not to be honest in my life; I lie to people most of the time and even lie to myself. But I always do what I promise to do and make sure that I give it all to make it work because I believe I am a winner and was born a winner. I am the river that falls in the mountains that no one can stop it. I am a natural person because I believe in myself and to what I do. That is one of my strengths and I believe that I am alive because God knows that I am going to bring difference in life. That is why I always make it work. I am unique and don’t think there will be anyone like me. I love being me. But one of the weaknesses is that I am not honest and used to lie all the time, the nice thing is that I am working on that.

Figure 5.11: DC Washington, boy aged 17

Translation: I am a girl who loves to read and I live at Riverside. When I finish grade 12 I would like to go to University. I like to help people who are HIV positive; I am very good at singing and cooking. At home I stay with my two brothers. My mom died in 2004 and it was very sad for me. She was sick of HIV/AIDS. That is why I like to help those with HIV because I know about it a lot. I am a child of God and was saved in 2009.

Figure 5.12: Rose, girl aged 17
I am doing grade 11, from Bafunde location. Things that I don’t like are alcohol and vandalism and people who like to hurt others. 

Ngiyakuthanda ukuba yimina, ngithanda ukukhuluma iqiniso kunoma ngabe ubani. Isimo sami se-HIV si-Positive kodwa ngiyazama ukangacabangi ngaso sikathisonke ngoba kuzothikameza izifundo zami. Nguye ngizizwe kahle njalo uma ngikhuluma nanoma ubani, angizizwa ngingelutho, ngiye ngizishele ukuthi ngingumuntu obalulekile. Ngiye ngikhulume nomama ngezingkinga engibhekana nazo ngoba uyena muntu ongiqonda ngaphezu kwabanye abantu futhi anginabo abangani. Translation: I like being myself, I like being honest when speaking to anyone. My HIV status is Positive but I try not to think about it all the time because it will affect my studies. And I feel positive all the time I talk to anyone, I don’t feel like I am nothing, I just tell myself that I am a somebody who’s very special. I talk to my mom about my challenges because she is the one who understands me more than anyone and because I don’t have a friend. I wish for success in everything I do. I don’t like some funny things because it irritates me when someone is making fun of me. I am always at school and during holidays I am at home, because I don’t like to go out. I like to spend my time at home with my family.

Ukuba sekhaya kungenza ngizizwe ngamukelekile ngoba angicabangi ngesimo sami okungangenza ngifume ukuzibulala. Translation: Being at home makes me feel belonging because I don’t think about my status which will make me want to kill myself. But I think about making good things for me like studying and pass then find work to help my mom. That is my dream.

Figure 5.13: Sunflower, girl aged 18

Translation: I am someone who is not good in terms of respecting but is trying to work on that as from now onwards. I had a husband (boyfriend) and fell pregnant, unfortunately have miscarriage. This was very painful to me and to my mom.

The good thing is, I know how to behave as I am still under my parents. At home I stay with my sister and her two children and my young brother.


Translation: I am a person who did not see eye to eye with them but now have seen that I can never be anything without my family. The bad things about me are that I have grudges; I can forgive but will never forget what happened. I am also a very moody person which makes me to fight with my siblings. I and my sister never got along because she was staying with my granny at Gibson gate and I stayed with my mom and dad at Hopewell). So when my dad passed away in 1997 my mom was pregnant and I was still young. And in that mist my mom had a fight with my step sisters because they insulted her saying she was the reason my dad died.

**Figure 5.14: Teddy Bear, girl aged 19**

Translation: I am a person who likes to live alone; a very brave man and I like to dance to my friends. The subject I am doing are math, isiZulu, English and civil technology. The problem that affects me in my life is that I live alone as I have no parents. I am crazy about Math and English but I am not good, but I am still trying to improve it. Next year I would like to go to grade 12. And my dream is to build my home and believe that with education I can. I would like to see me drive my own car one day.

Figure 5.15: Thunder, boy aged 19

Translation: My name is starlight and I chose this name to show the world that I am intending to bring light to the world. As the starlight I bring light to the family when there is a problem. Just like a candle in the night I see myself helping people who are suffering from HIV & AIDS. Give them love, warmth and also light.

Figure 5.16: Starlight, boy aged 17

It is difficult to tell my story using a drawing because I do not know how to draw. But I am trying to show that I am a brave and clever boy. I am very sharp at listening and I have shown this by drawing sharp ears and big eyes to show that I am not afraid of facing my problems. I do not let problems worry me but I look for solutions everywhere.

Figure 5.17: Lwandle, boy aged 17

Translation: Though my drawing is not so nice but I am showing that I am a girl who likes good things. I see myself driving a big car like 4x4 which will be good for going to the rural areas. I will not buy a small car because it will get damaged. This one will help to carry a lot of things that I can give to the people.

Figure 5.18: Moonlight, girl aged 16

I am like a watch because I do many things at different times. At home I stay with my grandmother and I help her with many things like cooking. On Sunday and Saturday I go to church and I also sing for the church choir. We sing gospel songs which help me to forget all my problems at home and at school. We also pray for one another, our families and the whole world. I think we should pray for peace, rain and also for sick people who are suffering from HIV/AIDS. I think we should have time to pray for these people. My drawing of a watch, I like it because it shows that time is moving and we cannot wait but we need to do something about AIDS now.

Figure 5.19: Primrose, girl aged 18
Figure 5.20: Protea, girl aged 18

The drawing session aimed at enabling the participants to think about, and reflect on, themselves in relation to care and support. All the school children became artists and in describing their drawings they also became interpreters.

5.3 PICTURING CARE AND SUPPORT IN THE SCHOOL

In the second session I endeavored to find out through another arts-based method, photovoice (see Chapter Four: 4.8.2) the school children’s perspectives on how they construct care and support in the school context. In doing so, further data was generated in response to Research Question 1: What are secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS?

The school setting with its regulatory practices, its space and places offers a seemingly interesting and challenging context (Argall & Allemano, 2009). Giving the children cameras to use was potentially likely to give me insights into how the school children’s constructed the care and support provided in the school. In this section I present results from the photovoice session. The following prompt was given: “Take photos showing what care and support means to you in the school”.

Translation: I am a confident girl who likes fashion. In this drawing I am showing that I am a happy person who wears nice things but is is difficult to show because I am not good at my drawing. I am not shy and I can stand up for everything no matter how difficult it is. I want to help many girls to be like me and not fear the boys.
The photographs were staged to show the issues related care and support that the school children wanted to point out. Each photograph is complemented by a caption and a description. I present all the photographs taken by the school children in the ranked order of importance provided by them. Some school children used their home language to describe their photographs.

<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Learners support each other" /></td>
<td>Learners support each other</td>
<td>This photo shows that we as learners we support each other at school. When the other learner is feeling sad and is lonely we are there for each other. This photo shows other learner hugging and comforting each other. They care for one another.</td>
</tr>
<tr>
<td><img src="image2.png" alt="Let us play" /></td>
<td>Let us play</td>
<td>This is our playing grounds at school. It is not the best field at all but it is better than other schools around. Sports are not that important in our school but as learners we like to play. The playing fields show care and support because when there is someone who is HIV positive then that person is going to be able to play and exercise his/her body.</td>
</tr>
<tr>
<td><img src="image3.png" alt="Safe spaces in school" /></td>
<td>Safe spaces in school</td>
<td>The toilets do show care and support because they are clean and students are aware of that because when they finish/ or done using them they make sure that they leave them clean because they were taught so.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
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</tr>
<tr>
<td><img src="image1.png" alt="Image 82x517 to 187x667" /></td>
<td><strong>School must be a safe place</strong></td>
<td>I took this photo to show that at school there is security guard who controls people coming in and leaving the school. This is important because sometimes boys come to our school with drugs and this could be dangerous for all the learners. When learners use drugs they end up doing bad things and boys force girls to sleep with them and can get HIV. The security guard shows that there is care and support because the security is there to make sure that people inside the area feel safe.</td>
</tr>
<tr>
<td><img src="image2.png" alt="Image 82x306 to 190x449" /></td>
<td><strong>Life threatening place in school</strong></td>
<td>In this photo I want to show that the school is not safe for learners who might be infected with HIV and all the learners in general. The environment in school makes the disease even worse. You might be taking your medication as HIV positive person but coming to school affect your life. We need to do something about this and this photo says school is a wrong place for learners who are sick.</td>
</tr>
</tbody>
</table>

Figure 5.21: Photovoice: Sunflower, girl aged 17
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Vegetable garden" /></td>
<td>Vegetable garden</td>
<td>I took a photo of a garden with vegetables found in a school. This garden has been neglected yet it used to be very helpful for learners who are poor. They used to get fresh vegetables and take them home. Sometimes the parents used to work here and take some vegetable home. It used to help and I think it was also catering for those who are in need and the children with HIV/AIDS can be helped as they are supposed to eat healthy food.</td>
</tr>
<tr>
<td><img src="image2" alt="Teachers are very helpful" /></td>
<td>Teachers are very helpful</td>
<td>In this photo I want to show that the cars of the teachers found at the school are more helpful in the emergency times that may prevail at the school. Our school is far from the clinic so when learners are sick the teachers help with their cars. Many learners get sick but we do not know if it’s because of AIDS but even if it is, the teachers can help and take them to the clinics to get their ARVs. But you know even if teachers help with their car but who gets sick learners to the car are other learners. Teachers ask learners to take the other learners to the cars if they are sick.</td>
</tr>
</tbody>
</table>
Classrooms are not safe for us

The broken windows at the classes show that there is no support in terms of health (away from cold) the infected can easily get sick because that person can be sitting next to the broken window. Most of the classroom in our school are broken and this pose major problems from all the learners not only those who might be infected.

Knowledge is powerful

In schools there are computer labs whereby we have access to internet and can be able to learn more about HIV/AIDS so that we can be aware. But not all learners use the computer lab. Resources are there but they do not help all of us at all.

Figure 5.22: Photovoice: Table Mountain, girl aged 17
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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Translation: When the person is HIV positive and needs fresh air or when he/she is sick and needs protection from the sun. So this photo shows trees in our school which according to me are important but we are not aware of and teachers are also not aware of them. I normally see some learners sitting under these trees but I did not know if they do so because they may be sick. Especially in summer when it is very hot we all need a place like this. The classroom can be very hot and not good for our health.
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
</table>
| ![Life skills poster in the classroom](image) | Life skills poster in the classroom | *Ngithathe isithombe sezithombe ezisodongeni zasekilasini sethu. Lezi zithombe ezisodongeni zinikia ulwazi lokuthi sibaphathe kanjani abantu abane- HIV noma i-AIDS. Izithombe ezisodongeni zibalulekile emakilasini ngoba zisinika ulwazi singaze siye kwabanye abafundi noma othisha.*  
*Izithombe ezinamatheliswe odongeni ezinolwazi nge-HIV kumele zibekwe ekilasini ngalinye.*  
Translation: I took the picture of posters in our class. These posters give us more information on how to treat people who have HIV or AIDS. Posters like this are important in classrooms and one can get information here instead of going to another learner or teacher. Enough posters about HIV information should be made available in each classroom. |
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.jpg" alt="Safe places at school" /></td>
<td>Safe places at school</td>
<td>Lesi sithombe sikhombisa umngani wami ogede umatikula etshni ngonyaka odlule. Ulethe wonke umfaniswano wakhe wesikole, wanika labo abangeke bakwazi ukuzithengela. Ngicabanga ukuthi uma bonke abafundi bengenza kanje, singaba abantu abangcono futhi sikhwazi nokulwa ne-HIV ndawonye njengabantu abasha. Translation: This photo shows safe places at school. The school building has a veranda, when it rains or is hot they get protection. We need more of these buildings not only for HIV infected learners but all of us need to have safe places in school. But not many of us are aware that this can be important for learners who are sick. I was not aware up until I joined this group.</td>
</tr>
<tr>
<td><img src="image2.jpg" alt="Keep me warm" /></td>
<td>Keep me warm</td>
<td>Lesi sithombe sikhombisa umngani wami ogede umatikula etshni ngonyaka odlule. Ulethe wonke umfaniswano wakhe wesikole, wanika labo abangeke bakwazi ukuzithengela. Ngicabanga ukuthi uma bonke abafundi bengenza kanje, singaba abantu abangcono futhi sikhwazi nokulwa ne-HIV ndawonye njengabantu abasha. Translation: This photo is about my friend who finished her matric last year. She brought all her uniforms to school and shared with those who cannot afford. I think if all learners could be like this we can be a better people and fight HIV together as young people.</td>
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<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
</table>
| ![Gossiping kills than HIV](image) | Gossiping kills than HIV | *Kulesi sithombe ngizama ukukhombisa othisha abahleba ngabafundi abagulayo. Othisha abaningi bakhulumu ngawe uma usugula. Baze basho nasekilasini ukuthi abanye abafundi baphaphe kakhulu futhi benza izinto eziwubuvula. Uma othisha behleba ngabafundi abagulayo esikoleni abalukhombisi uthando.*  

Translation: In this photo I am trying to show teachers who are gossiping about learners who are sick. Most teachers - once you are sick - start talking about you. They even talk in class that some learners are too forward and do silly things. When teachers are gossiping about the infected children at school, they don’t show care. |

**Figure 5.23: Photovoice: Rose, girl aged 18**
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image.png" alt="Image" /></td>
<td>Education is power</td>
<td>Laba ngabangani asebefunde ndawonye iminyaka. Bahamba beyolanda imiphumela. Babehleka bebukeka bejabulele imiphumela yabo. Lesi sithombe sikhombisa ukuthi njengabangani kumele sigqugquzelane, siqinise ezifundweni ukuze singobe zonke izinkinga esibhekana nazo. Ngemfundo, ungakwazi ukuqashwa bese uthola konke lokhu okudingwa umndeni. Ungakwazi ukuyisa udadewenu, umfowenu noma umama wakho emtholampilo noma benesandulela ngculazi. Translation: These are two friends who have been studying together at school for many years. They went to fetch their results. They are laughing and they seem happy with their results. This photo shows that as friends we need to encourage each other to study hard so that we can overcome all the problems that we face. With education you can be employed and get all that the family needs. You can be able to take your sister or brothers or mother to clinic even if they have HIV.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
</table>
| ![Image](image1.jpg) | **One blanket is not enough** | In this photo I want to show that not only do learners support each other with food and clothes but these learners help each other with their studies.  

Bobabili baqhamuka emindenini ehlwempu kodwa balapha esikoleni futhi bahlale befunda. Bakwenza kakhulu lokhu, bagcina bengasasitholi isikahthi sokuphumula.  

Translation: They are both from poor families but when they are here in school they are always studying. They are overdoing it as a result they don’t get time to rest. |
| ![Image](image2.jpg) | **Prayer makes me feel good** | The learner is praying for another learner because he has some issues. Umthandazo unamandla ngoba uthando nethemba empilweni ngaso sonke isikhathi. Isigungu somthandazo sasesikoleni sibalulekile empilweni yami. Njengoba ngiqhamuka emndenini ohlwempu futhi kwashona nodadewethu, ngicabanga ukuthi ubene AIDS, lesi sigungu singisize ekutheni ngamukele ukudlula kwakhe, nqiqine futhi ngikwazi ukubhekelela umama wami.  

Translation: Prayer is powerful because it brings love and hope in life all the time. The prayer movement in our school is important in my life. |
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coming from a poor family and my sister died and I think she had AIDS, this movement has helped me to accept the loss and be strong again and support my mother.</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="My friend is angry" /></td>
<td>Kulesi sithombe kukhona abafana ababili ababengabangani abakhulu kepha manje abasesibo abangani. Intomi yalomunye umfana yakhulelwa, wabe esebuza umgani wakhe ukuthi abayisabi yin i-HIV. Kunzima ukukhuluma nge-HIV nomngani wakho ngoba abanye abangani bazwela kakhulu. Njengoba ngababona belwa, nganquma ukukhuluma nomama wami uma nginenkinga. Ngingakhulumi lapha esikoleni.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Translation: In this photo are two boys who used to be best friends but now they are no longer friends. The other boy’s girl friend is pregnant and the friend asked if they are not afraid of HIV. It is difficult to talk to your friend about HIV because some friends are too sensitive. Since I saw them arguing I decided to talk to my mum if I have a problem. Not here at school.</td>
<td></td>
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</tbody>
</table>
### Figure 5.24: Photovoice: DC Washington, boy aged 17

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<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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</table>
| ![Image](image.jpg) | **It became worse in this class** | This is a photo of a classroom with no windows, they are broken. Children are learning but it is cold so they do not get proper care.  

*Abakwazi ukulalelisisa kahle ngoba kuyabanda.*  
*Kulabo abane-HIV lendawo ingayenza idlondlole.*  
*Ebusika kubanda kakhulu la nokungenza bathole umkhuhlane izikhawu ezilandelanayo okwenza isimo sabo sidludele.*  
*Leli kilasi alilihle kuthina noma ngabe si-HIV negative.*  

Translation: No one thinks about them and their education is not safe. They cannot concentrate because it is cold. For those who are having HIV, this place can make it worse. During winter it is too cold here and catching flu now and then can make one’s status worse. This classroom is not good for us even if we are HIV negative. |
In this photo it’s me with my friends when I was sharing my story or my problem to my friend.

_Ngihlale ngiya kubangani bami uma nginezinkinga. Bajwayele ukungithshela ukuthi ngenzenjani uma nginezinkinga. Sihlale sisizana futhi siyalane ngezinyathelo okufanele sizithathe ukubhekana nezinkinga zethu. Siyahembana, siyabhekeleleza ezimpilweni zethu ngoba sinezinkinga ezingafani emakhaya._

Translation: I always turn to my friends when I have problems. They normally tell me what to do if I have problems. We always help each other and advise as to what steps to follow in order to deal with our problems. We trust each other; we have been very supportive in each other’s life because we all have different problems at home.

We know each from primary school and we all play soccer at the community.
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
</table>
Translation: It is a picture of a peer educator from Langa Project in our school. It shows that we must not give up and must continue teaching people about HIV/AIDS. Making people understand how HIV infects a person and what happens when he/she is already infected. Tell people that they need to know their status. We are freer to talk to peer educators than to our teachers. I wish the peer educators in our school can get a proper training because they help us a lot. |
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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<tbody>
<tr>
<td><img src="image.jpg" alt="Image" /></td>
<td>Knowledge is everything to us</td>
<td>Lesi sithombe sikhombisa abangani ababuka i-time table yabo. Bafunda ndawonye ngoba bayazi ukuthi ngemfundo enhle singanqoba zonke izinkinga noma ngabe umuntu une-HIV. Abafundi abane-HIV beza esikoleni ukuze nabo bafeze amaphupho abo. Kulesi sithombe sihlanganisa isikhathi sokufunda nabangani bami ukuze sikuwazi ukuseza amaphupho ethu ukuze sibe okuthile empilweni. Translation: This photo shows friends who are looking at their time table. They study together because they know with good education we can defeat all problems even if one has HIV. Learners who are HIV come to school so that they too can achieve their dreams. In this photo we are working out our study time with my friend so that we can achieve our goals or our dreams so that we can be something in life. We study together so that we can have a better future.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
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<tr>
<td><img src="image1.jpg" alt="Image" /></td>
<td><strong>I am not stupid, I’m just hungry</strong></td>
<td>In photo number four, my friend has nothing to eat so I took my orange and divided it into two. I did this so that we both can have something in our stomachs and it’s going to be easy to understand what the teacher is saying. Sometimes they think you are stupid in class because nobody understands your situation. My friend is the one who knows and he is my neighbour at home so he knows the situation at home.</td>
</tr>
<tr>
<td><img src="image2.jpg" alt="Image" /></td>
<td><strong>Playing with my friend</strong></td>
<td>On this photo it’s where I’m playing with my friend showing love on whatever situation he was facing, I’m on his side. It was time to forget about all the problems we are facing at school or even at our homes.</td>
</tr>
<tr>
<td><img src="image3.jpg" alt="Image" /></td>
<td>-</td>
<td>-</td>
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</table>

Translation: I normally turn to my friend when I have problems and he does the same. Interesting
<table>
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<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>is that soccer has become a solution to many of our problems. After playing we sit down and think about solutions. To us problems are like a ball, it’s a person who kicks it any direction. Since then we know that just like kicking the ball there are many solutions to a problem. We want to do sports as a career when we finish school.</td>
</tr>
</tbody>
</table>

Figure 5.25: Photovoice: Romeo, boy aged 17
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
</table>
Translation: This is a photo about the feeding scheme in our school. It is the first important thing to everybody here at school. Most learners are orphans and other stay with parents who are not working. The feeding scheme is for all learners but especially those who cannot afford food at home. Because some come to school and you find that they stay alone at home. But as learners we are afraid to go to the office to get food because other learners tease those who eat from the feeding scheme.
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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</table>

Translation: In this photo I’m trying to show one of the gardens in school. It used to help learners who are needy because their parents are not working or have died. It used to be very big and well cultivated but that not the case now. Gardening is something very good for the school. Getting something fresh from the garden can make all children have a healthy life. We all know that if we do not eat healthy food we can get sick easily. Those who are sick because of HIV and AIDS need the fresh vegetables more and gardening should be compulsory in all schools.
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.jpg" alt="Photograph" /></td>
<td>Too much bullying at school</td>
<td><em>Isikole asiphephile ngoba kakhona abafundi abaqhwaga abanye. Kunezimpi eziningi esikoleni sethu; laba bafana bayalwa. Ukulwa akulongele muntu esikoleni noma esikole ngoba ungatheleleka kumuntu olwa naye.</em>&lt;br&gt;Translation: The school is not a safe place because other learners bully each other. There is too much fighting in our school; you see these boys are fighting. Fighting is not good for anybody at school or outside school because you can get infected from someone that you are fighting with.</td>
</tr>
<tr>
<td><img src="image2.jpg" alt="Photograph" /></td>
<td>Bring the clinic to school</td>
<td><em>Kunebhokisi elilodwa losizo lokuqala esikoleni elisizayo kepha alenele. Usizo lokuqala lubalulekile kuzona zonke izikole ngoba uma kakhona ogulayo kumele kube khona okwenziwa uthisha. Kwesinye isikhathi umtholampilo ukude nesikole, usizo lokuqala luyasiza. Sidinga ama-mobile clinics ukuze labo abanesandulela ngculazi bathole imithi yabo eduzane kunokuya emtholampilo lapho wonke umuntu ezokubona khona.</em>&lt;br&gt;Translation: There is only one kit at school and it is helpful but it is not enough. First aid is good for every school because if there is someone who is getting sick the teacher must do something. Because sometimes clinics are far from schools, first aid will help. We need mobile clinics so that those who are infected with HIV can have their medicine near instead of going to the clinic where everyone will see you.</td>
</tr>
</tbody>
</table>

Figure 5.26: Photovoice: Teddy bear, girl aged 19
<table>
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<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
</table>
| ![](image1.jpg) | Teachers’ cars are helpful | *Sikhombisa umuntu one-HIV/AIDS, manje useya emotweni ukuze aye esibhlelela ngoba uqula kakhulu. Akayo imali yokuzinakekela.*  
Translation: I captured a person who has HIV/AIDS. Now she is going to the car to go to the hospital because she is very ill. She has no money to take care of herself.  
The car belongs to the other teacher so teachers’ cars are also helpful as they help others to the clinic which is not so close to the school. |
Translation: At school we have a few teachers who care for the children who are in need of anything. These teachers will take care of children who need food and clothes. They give it to them and protect them. Few teachers show this love to vulnerable children. But if you are from a rich family you will be liked by many teachers. |
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.jpg" alt="Teacher shouted at sick learner" /> 3</td>
<td><strong>Teacher shouted at sick learner</strong></td>
<td>There is a boy in class who is sad because his teacher was shouting at him. He thought about destroying his stuff and all the things he has. Teachers - some of them - just shout at students yet they do not know where we come from.</td>
</tr>
<tr>
<td><img src="image2.jpg" alt="Boys do not care" /> 4</td>
<td><strong>Boys do not care</strong></td>
<td>In this photo I show the two learners who are in love. Sometimes we rely too much on our boyfriends or girlfriends and do not see the danger ahead of us. The girl is now pregnant. Boys love girls to have sex with them they do not care for them. The girl doesn’t know that the boy is still at school and can’t help her and the child is going to suffer because she has no money.</td>
</tr>
</tbody>
</table>
| ![This boy smokes drugs](image3.jpg) 5 | **This boy smokes drugs** | In this photo I want to show a lonely boy because he is HIV positive. He has no friends and now smoke drugs. In this photo he is tearing off the books and uses that to smoke his drugs.  

*Njengabafundi kumele silekelelane uma benalesi sifo ngoba ukubhema izidakamizwa kwenza sidlondlobale. Kumele sibameme esigungwini somthandazo la esikholeni.*  

Translation: As learners we need to support each other when they have this disease because smoking drugs makes it worse. We need to invite him to our prayer club here at school. |

**Figure 5.27: Photovoice: Sunflower, girl aged 18**
Social workers help


Translation: I took a photo of a card that I got from one of the people who once visited our school. They were from the social development. They addressed us during one assembly and gave us a lot of information also about HIV and AIDS, social grants and phone numbers that we can call if we have problems. This card is important because I can call or visit these people any time when I have problems. They are more professional because they are counsellors and have a good heart to listen to all sorts of problem. Even if I can get HIV I can feel free to go to them than telling learners or teachers here at school.
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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</table>
| ![Security at school](image1.jpg) | **Security at school** | *Lesi sithombe sikhuluma ngokuphepha ezikoleni. Kubiyiwe esikoleni kwaba nesango elilodwa. Lokhu kwenziwa ngoba uma sifika esikoleni kumele abasiqaphile bahlole abafundi ngoba kungenze ka ukuthi abanye baphethe imimese, izibhamu, izidakamizwa, njll.*  
Translation: This photo is talking about safety in schools. There is a fence around the school and only one main gate. This is because when we come to school the security needs to check the learners because some may carry knives, guns, drugs etc. |
| ![Reading helps](image2.jpg) | **Reading helps** | *Ngithathe lesi sithombe ukukhombisa ukuthi ngizibhekelela kanjani kanye nabangani bami. Ngihlala nogogo wami, sisebenzisa imali yakhe yempesheni ukuziphilisa. Ugogo uthi into engangisiza ukuze ngiphile impilo engcono ukuthi ngigxile ezincwadini zami. Ngiyazazi izinkinga esinazo ekhaya kodwa uma sengisesikoleni, ngifunda kakhulu ngoba lokho kayongiyisa enyvesi, ngibe umuntu ongcono. Umngani wami ofunda u-grade 10 naye uhlala nogogo wakhe, sobabili siyasizana futhi sifunda kanzima.*  
Translation: I took this photo to show how I support myself and my friends. I stay with my grandmother and we use her pension money to survive. My grandmother tells me that the only thing that will help me live a better life is if I concentrate on my books. I know the problems we have at home but when I am at school what I do is to read and study hard because that will take me to university and be a better person. My friend who is in grade 10 also |
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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</thead>
<tbody>
<tr>
<td><img src="image1" alt="Learner cleaning the flower beds" /></td>
<td>Learner cleaning the flower beds</td>
<td>This photo is about a healthy environment. Sick learners need to stay and be taught in a safe place. Many diseases are caused by dirty environments. I think most learners feel much better in school because it is clean and we always keep it clean. A needy child can be given food but eating that food in a dirty place does not help. We stay healthy because our school environment is kept neat.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
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<tr>
<td></td>
<td></td>
<td><em>kunobungozi. Sibulala amaphaphu ethu futhi sibanga nomdlavuza, kumele sizivikele. Izikole kumele zinake ezemidlalo ngoba iyona ndlela esingakwazi ngayo ukubhekana nezinkinga ngaphandle kokusebenzisa izidakamizwa.</em></td>
</tr>
</tbody>
</table>

Translation: In my photo I talk about smoking. I have a lot of problems at home as I stay alone. My parents died a long time ago and I am left alone. How I cope at school is by smoking my cigarette. Many learners have problems and I do not want to bother them with my problems so I decide to smoke. After smoking I feel much better and I can listen in class much better. I must stop smoking and using drugs because it is dangerous. We are killing our lungs and causing cancer, we must take some precaution. School should take sports seriously and that is the only way we can cope well without using drugs.

Figure 5.28: Photovoice: Thunder, boy aged 19
<table>
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<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
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</table>
| ![I trust my girlfriend](image1.jpg) | It shows me and my lover. We are together during school hours behind classrooms.  
*Ngitshela engibambisene naye kuphela uma nginezinkinga. Sobabili siyizintandane futhi sisiqonda kangcono isimo sethu kunalabo esifunda nabo.*  
Translation: I only share with my partner if I have problems. We are both orphans and we understand our situations much better than our classmates.  
If you have problems and try to tell any other learner the whole school will know about your problems. |  |
| ![Learner and teacher shaking hands](image2.jpg) | In photo, it is me and my teacher. *Lona nguthisha othandekayo, olalela zonke izinkinga zabafundi. Uhlale esisiza, nabanye othisha basitshela ukuthi asiye kuyena uma sinezinkinga. Ngisho nothisha omkhulu uthumela abafundi kulothisha uma benanoma iyiphi inkinga. Ngifisa sengathi bonke othisha bebefana naye. Kuyakhombisa ukuthi othisha kumele banakekele abafundi, babayale uma benezingkinga. Bahlale phansi nabo ukuze baqinise ezifundweni bangatholi ama-STI’s.*  
Translation: This is one adorable teacher who listens to all learners’ problems. She is always there to help and even other teachers tell us to go to her when we have problems. Even the principal |  |
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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<tbody>
<tr>
<td></td>
<td>3</td>
<td>In this picture I am showing someone or me as poor learners. I pick up orange peels and eat them. It is difficult to tell people about your situation at school. At school they make a fool of you so I do not speak to anyone. Sometimes I find myself eating anything which available but I make sure that nobody sees me if I take up something from the ground or dustbin. Some learners from rich families just leave food or drink if they are full at lunch.</td>
</tr>
<tr>
<td><img src="image" alt="I just keep quiet" /></td>
<td>I just keep quiet</td>
<td>sends learners to this teacher for any type of problem. I wish all teachers were like her. It shows that teachers must take care of learners. Give them advice if they have problems. Sit down with them so that they can concentrate in their studies and not get STIs.</td>
</tr>
<tr>
<td><img src="image" alt="A boy grabbing the girl" /></td>
<td>A boy grabbing the girl</td>
<td>It is me grabbing a girl. She does not want to talk to me. I love this girl but she does not love me that is why I grabbed her and force her to kiss me. Amantombazane aphathwa kabi ngabafana futhi ayasisaba. Abafana abazilaleli izinkinga zamantombazane futhi, isikakhulu, sidlala ngalabo abadinga usizo. Translation: Girls are badly treated by boys and they are afraid of us. Boys will never listen to girls problems.</td>
</tr>
</tbody>
</table>

186
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>We take advantage of those who are especially needy. We buy them few things just to fall in love with them, not to genuinely listen to their problems.</td>
<td></td>
</tr>
<tr>
<td>School garden</td>
<td>Le, insimu yesikole enganakekelwa muntu. Umhlabo ohlezi mahhala kanti uma usethenziswa kahle ungasiza bonke abafundi, nalabo abathintwe isandulela ngculazi. Lesi sikole sinendawo enkulu engalinywa kube nezishalo kanye nezihlahla okungasinika amandla ukuze sibe nempilo. Translation: This is the school garden which nobody cares about it. It is a wasted land which if used properly could help all the learners even those affected and infected. I want to show the school has a big land that can be ploughed vegetables and trees because it brings energy to us so that we can have life.</td>
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</table>

Figure 5.29: Photovoice: Lwandle (Sea), boy aged 17
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<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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</thead>
<tbody>
<tr>
<td><img src="image" alt="Empty class" /></td>
<td>Empty class</td>
<td>Kulesi sithombe kunekilasi elingenabo abafundi. Ngihlezi ngedwa kuleli kilasi, ngizizwa ngiphansi futhi ngingaphathelike kahle ngoba ngangisesikoleni, ngingakwazi ukulalelisisisa kahle ngoba umama wayegula. Kwakumele ngicabangisitise ngoba wayengekho omunye umuntu ekhaya. Kwakuyithina zingane nje kufila ngakho ngangicabanga ukuthi kuzokwenza kalani uma edlula emhlabeni ngoba ubaluleke ngaphezu kwababa wethu. Translation: In this photo it is the classroom and there are no learners. I am sitting alone in this class, I am also feeling down and bad because I was at school and I could not cope because my mother was sick, I had to think hard because there was no one else at home. It was only us children so I was thinking about what was going to happen to us if she passed away because she is more important than our father.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
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<td>------------</td>
<td>---------</td>
<td>-----------------</td>
</tr>
<tr>
<td><img src="image.png" alt="Friends talk about HIV / AIDS" /></td>
<td>Friends talk about HIV / AIDS</td>
<td>Ukubona abangani bami esikoleni kungenza ngikhohlwe engikushiye ekhaya. Sekuyisifundo sokucinia, imicabango isiyabuya kodwa abangani bami bazama ukuthi ngikhohlwe ilokho. Omunye wabangani bami uyazi ngodadewethu onesandulela ngculazi futhi uyazi ukuthi lokhu kuyangithukuthelisa ngakho wangitshela ukuthi kunothisha we-counselling esikoleni sethu kanye nabanye abantu nozakwethu. Bangiyala, bangitshela ukuthi umama wami uzolulama. Bangitshela ukuthi angiqinise ezifundweni futhi ngithembe uNkulunkulu. Ngazithatha iziyalo zabo. Translation: Seeing my friends at school helps me forget about what I left behind at home. It’s the last period and the memories are coming but my friends try to help me forget about it. One of my friends knows about my sister who is HIV positive and she knows that this makes me feel angry so she told me that there is a counseling teacher in our school and also the group members, my peers. They gave me advice and told me that my mother is going to be better. They said the best thing for me to do is to stick on my studies and always trust God. I took their advice.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
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<td>------------</td>
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</tr>
<tr>
<td><img src="image" alt="HIV/AIDS ribbon" /></td>
<td>Visitors talk to learners</td>
<td>Ngithathe isithombe saleli ribhini le-HIV/AIDS ngoba ngangilithathe kwenye intombazane eyayifike esikoleni sethu. Intombazane yagqugquzela abantu ukuthi bakhulume nge-HIV/AIDS. Lentombazane yasitshela ukuthi iyigxenye yama-peer educators esikoleni sabo kodwa isizimbandakanye ezinhlelweni eziningi esigodini sangakubo. Ngazizwa ngijabule kusuka ngalelo langa futhi umama walulama sengimtshele ngaleyza ntombazane. Sengizizwa ngicono futhi ngijabule sonke isikhathi. Sengiyakwazi ukudlala nabanye abantwana, ngixoxe nabo ngezinto ezihleksayo. Translation: I took this HIV/AIDS ribbon because I got it from one girl who came to our school. The girl motivated people to talk about HIV/AIDS. This girl told us she is a member of the peer educators in her school but now is also involved in many projects in her village. Since that day I felt happy and my mom got better because I told her about that girl. I’m also feeling better and feel happy all the time. I can go and play with other children, talk to them and talk about funny things like here in the photo.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
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<tr>
<td>------------</td>
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<td>----------------</td>
</tr>
<tr>
<td><img src="image1" alt="Pregnant learner’s feet" /></td>
<td>Pregnant learner’s feet</td>
<td>Kulesi sithombe ngikhombisa intombazane ekhulelwe nezicathulo zayo azisayilingani ngoba izinyawo zayo sezivuvulele. Abangani bahleba ngalentombazane ekhulelwe kunokuthi bayisize. Inenkinga ngoba abangani bayo abasayifuni. Translation: In this photo I show a learner who is pregnant and the school shoes do not fit her because her feet are swollen. Friends are gossiping about the pregnant girl instead of supporting her. She has a problem because her friends do not want her anymore.</td>
</tr>
</tbody>
</table>

Figure 5.30: Photovoice: River, girl aged 17

<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image2" alt="School club is helping" /></td>
<td>School club is helping</td>
<td>This photo is about the school club members meet. My friend is also a leader in Langa club. This is the club in the school and they help me understand how one gets infected with HIV/AIDS, how we should treat sick people and how we should take care of ourselves. Sometimes the teacher comes in this club but it mostly run by learners especially those in grade 11 and 12. It is helpful and we talk about anything in life and they help us to solve problems and concentrate on our studies because they say with good education we can live a good life and help our families.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
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</tr>
<tr>
<td><img src="Image" alt="School veranda supports" /></td>
<td>School veranda supports</td>
<td>This is the school veranda and the learners who are sick and have HIV, run here and protect themselves from the sun when it is hot. The veranda is not good because the boys play ball here and break the windows.</td>
</tr>
<tr>
<td><img src="Image" alt="My friend helps with Maths" /></td>
<td>My friend helps with Maths</td>
<td>It is a friend who was trying to help her classmate because she was very having difficulties with mathematics. In this photo the two learners support each other and I think even when they have serious problems they can be able to talk to each other. You do not feel lonely at school and you forgot the problems that you have. She has someone who cares about her.</td>
</tr>
<tr>
<td><img src="Image" alt="I sit alone" /></td>
<td>I sit alone</td>
<td>This is photo is the school and I did not take people because it shows that I do not tell anybody in school about my problems and situations. It is not easy to tell someone that you sister or mother is sick due to HIV/AIDS. I think my brother has it and he has been sick but he is not telling anybody at home and I am afraid to ask him. At school I sit alone and try to think how I can help. I think I will go to the clinic and get books and just leave them on his bed.</td>
</tr>
</tbody>
</table>

Figure 5.31 Photovoice: River, boy aged 17
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Learner is lonely</td>
<td>This girl is feeling sad at school about the problems she has at home. Her mother is sick but she needs support with the uniform.</td>
</tr>
<tr>
<td>2</td>
<td>Learners support each other</td>
<td>Omunye wabafundi waya kumfundi onomzwangedwa wayokhuluma naye. Kulesi sithombe, ngikhombisa ukuthi kubalulekile ukukhuluma nomuntu njengoba abafundi bangana emva kokuxoxa. Batshelana ukuthi kuzolunga futhi uzomlekelela ngomfaniswano wesikole. Translation: The other learner went to the lonely learner and talked to her. In this photo I show that it is helping to talk to someone and learners are hugging after talking. They tell each other that it is going to be alright and she will support her with the school uniform.</td>
</tr>
<tr>
<td>3</td>
<td>Learners share food</td>
<td>In this photo I am showing that we as learners care about each other. You see in this photo the other learner has no food and is afraid to go to the teachers. In this photo we see again another learner sharing her food with the other learners. Sometimes learners give others even school shoes.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
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<tr>
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<tr>
<td><img src="#" alt="School club" /></td>
<td>School club</td>
<td><em>Lesi sithombe sikhombisa isikhungo salapha esikoleni esibizwa ngokuthi iLanga. Umngani wami wangicela ukuthi ngingenelele lesi sikhungo ngoba sisiza kakhulu. Kulesi sikhungo, siyathandaza futhi sizizwe sikholulekile ukuxoxa ngezinkinga zethu. Kunabafundi abasigqugquzelayo. Basifundisa nge-HIV/AIDS nokuthi kumele sizinakekele kanjani futhi sibanakekele kanjani nabanye abantu. Sebengama-peer educators manje kanti nabo babenezinkinga kodwa manje sebeyazi ukuthi kumele bazixazulule kanjani izinkinga. Selokhu ngangenelela ngizizwa ngingcono futhi ngikhohlwa izinkinga zasekhaya, ngifunde ngiqinise.</em> Translation: This photo is about the club here at school called Langa. My friend asked to join this club because it helps a lot. In this club we pray and feel free to talk about our problems. There are other learners who also motivate us. They teach us about HIV/AIDS and how to care about ourselves and others. They are now peer educators and they also used to have problems but now they know how solve the problems. Since I joined I feel much better and I can forget about the problems at home and study hard.</td>
</tr>
</tbody>
</table>

**Figure 5.32: Photovoice: Rose, girl aged 18**
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>School Project</td>
<td>This photo is about the school project called Langa. This group motivates us a lot; we pray and talk about our problems. Mrs Tee is the one who organize this project. Langa project helped me one day to know my responsibilities. They said to me don’t worry my child everything is going to be okay.</td>
</tr>
<tr>
<td>2</td>
<td>A visitor was important</td>
<td>In this photo I wanted to show some of the people that come to our school. People like social worker visit our school and they give us more information about our problems and where to go when we have problems. I once told my teacher Mrs. Tee about some of my problems she organized the social worker and the two of them went home. I am doing well now.</td>
</tr>
<tr>
<td>3</td>
<td>School feeding scheme</td>
<td>This photos shows that there is a feeding scheme at school. All learners who are orphans and other from poor families are given food at school. All learners can now go to class full and pay attention to their studies. Now I am okay because my school helped me with food and clothes meaning school uniform.</td>
</tr>
<tr>
<td>4</td>
<td>Helping a friend</td>
<td>This picture is about helping a friend who lost the parent. At school when a learner’s parent has died we are told and we have to contribute money to help the learner. We are like a family here at school when it comes to things like death. Most of the learners’ parents are not working so this is good to help one another.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
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</tr>
<tr>
<td><img src="image1" alt="Learner cannot listen in class" /></td>
<td>Learner cannot listen in class</td>
<td>Uthisha uyafundisa kepha angilalelisisile ngoba nginezinkinga ekhaya. Ngithole ukuthi umama une-HIV/AIDS. Angikwazi ukugxila ezifundweni zami ngoba ngibona ikusasa lami selishabalele. Uthisha ulindele impendulo kodwa wangithola ngikhala. Angizwanga ukuthi ubethini nokuthi ubefundisa ngani ekilasini. Translation: The teacher is teaching but I am not concentrating because I have problems at home. I found out that my mother has HIV/AIDS. I cannot concentrate on my studies because I am thinking that my future has come to an end. The teacher is waiting for an answer but she finds that I am crying. I did not understand what she was saying or teaching in class.</td>
</tr>
<tr>
<td><img src="image2" alt="Teacher talks nicely to the learner" /></td>
<td>Teacher talks nicely to the learner</td>
<td>Wangibuza ukuthi konakelephi nokuthi ngikhalelani. Ngamtshela ukuthi ngizosiyeka isikole ngoba impilo yami isiphelile njengoba umama ezoshona. Translation: She asked me what is wrong and why I am crying. I told her that I’m going to quit school because my life is over because my mother is going to die.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
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</table>
| ![Image](image1) | **In the office with the teacher** | **Wangiyisa ehhovisi wathi angihlale phansi. Emva kokuhlala phansi, wangigqugquzela futhi wangithembisa ukuthi uzofika ekhaya. Uzokhuluma nomama ngokuphila negciwane iminyaka eminingi futhi uzongikhombisa izindlela zokubhekana nalesi simo.**  
Translation: She took me to the office and asked me to sit down. After I sat down she motivated me and promised that she will come to my home. She will talk to my mother about living with the disease for many years and give me tips on how to cope with the situation. |
| ![Image](image2) | **Teacher hugs the learner** | **Siyangana ngoba ngijabulela ukubona ukuthi impilo yami ayiphelile ngexa yegciwane. Isakhona indawo yami kulomhlaba futhi impilo kamama ayiphelile.**  
Translation: We are hugging because I am happy or I see that my life is not over because of the virus. There is still a place for me in this world and my mother’s life is not over. |

Figure 5.34: Photovoice: Masiyama, boy aged 18
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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<tbody>
<tr>
<td><img src="image1.jpg" alt="Teacher's board" /></td>
<td>Teacher’s board</td>
<td>I took the picture of a chalkboard to show that someone who is using that board is the one who helped me. She showed me support when I had a problem. One of my teachers is helpful and friendly and she is the best amongst the rest. Both my parents died because of AIDS and they did not tell us we only hear outside. So I trust my teachers than other people.</td>
</tr>
<tr>
<td><img src="image2.jpg" alt="Netball team helps" /></td>
<td>Netball team helps</td>
<td>The photo of a group shows that I have a chance to speak with other people about my problems. The people in this photo are my sports-mate because we play netball together we are not even in the same class. Sometimes true friends come from the team members not classmates. They know your different attitudes because at the sports is where we talk more, argue more and at same time find solutions together if we want our team to win we cannot go on fighting because we will lose. Sometimes we share personal problems and help each other because when your spirit is low you cannot concentrate on the game. So they do help me with my problems.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
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</tr>
<tr>
<td><img src="image1" alt="Life skills" /></td>
<td><strong>Life skills</strong></td>
<td>The photo talks about “life skills”. This is the poster in one of the classroom. I took this photo to show that when I had a chance to look at this picture I realised that one of my problem was solved by life skills. They taught me how to solve my problems. I wish all classrooms can have life skills posters like this one because we can easily read and know where to get help. I also show that learners do not care about information like this; they tear off posters and write nonsense on the walls. We need to be informed about these things like information on the posters.</td>
</tr>
<tr>
<td><img src="image2" alt="Tree of hope" /></td>
<td><strong>Tree of hope</strong></td>
<td>This is about a tree in our school. The tree is far away from the classrooms. I normally come under this tree, it is quiet here, I got chance to sit alone and think about my problem. I also get chance to think about my solutions to the problems. I have a serious problem that I cannot share with friends or teachers but when I come to this tree I am able to think differently. It is cool here when it’s too hot I normally sit here alone and I feel better after that than being in a noisy classroom.</td>
</tr>
</tbody>
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Figure 5.35: Photovoice: Sweet Potato, girl aged 17
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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</thead>
</table>
| ![Image](image.png) | **Learners helping each other** | I had a small accident and hurt my foot. My friend helped me by giving me something to cover my bruise. He also helped me cover it as a friend. It is a good thing to have someone who can help you at school like my friend did.  

*Siyasizana, singayicabangi nokuyicabanga i-HIV uma kwenzeka ingozi. Angikaze ngizibone izinto zosizo lokuqala esikoleni sethu kodwa angicabangi ukuthi njengabafundi singavunyelwa ukuzisebenzisa noma ngabe zikhona.*  

Translation: We just help each other and we do not even think of HIV when an accident occurs. I have never seen a first aid kit at our school and I do not think we as learners can be allowed to use it even if it is there. |
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<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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<tbody>
<tr>
<td><a href="image.jpg">Image</a></td>
<td>My teacher is an expert</td>
<td></td>
</tr>
</tbody>
</table>


Translation: She explained to me and it was clear what to do next. Getting help from the expert is a good thing. Even if I have HIV problems I am sure I can come to this teacher because she cares and knows many people even white people that visit our school she is always with them and she reads a lot because she encourages us to read in order to know and says knowledge is the power.
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<th>Photograph</th>
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<th>Photo-narration</th>
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</table>
| ![I talk when I get home](3) | This photo is about my journey to home. I do not discuss my problems in school. I wait until I get home to talk to my mother. It’s good to have someone close to you in life to guide you and give you hope.  

Ayikho into abaluleke njengokuba nomuntu ozokulalela uma ubhekene nobunzima. Loyo muntu kumina, ngumama wami, uma sikhuluma nqothando nokunakekelana, uyena muntu engimcabangayo. Uyaye asithsele ukuthi asiqaphele i-HIV futhi siziphathe kahle, uma kakhona okukumabonakude, uyaye asibize athi asizolalela.  

Translation: Nothing is more important than having someone to listen to you when you are faced with difficulties. Such a person to me is my mom, when we talk of care and support that is the only person I can think of. She tells us to be aware of HIV and behave well, if there is something on TV she calls, come, come sit down and listen.  

You see she does not fear to talk about it so I have learnt that from her. |
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<th>Photograph</th>
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<th>Photo-narration</th>
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<tbody>
<tr>
<td><img src="image.png" alt="Talking to elders at home" /></td>
<td>I took this picture because it is near the school and I come from this place. This is where I discuss my problems. Talking to adults about your problems helps even if they are not your parents.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Translation: You can get help from someone you never thought would help. I told an adult about my problem and they had a solution to my problem. This adult is our neighbour at home and she loves every child and we love her more than anyone because she listens even if you are wrong then she will make you sit down and let you explain why you did such a wrong thing and how to overcome it again. I so wish other adults were like her, she is very clever that you cannot cheat her and she is so down to earth.</td>
</tr>
</tbody>
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**Figure 5.36: Photovoice: Dollar, boy aged 18**
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
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</table>
| ![Sports help us to live](image1.png) | Sports help us to live | This is me and my captain. I play soccer at school and home. I am from a poor family and stay with my grandmother who is sick. I always come to school depressed and afraid that when I go back home after school she might have left me alone. I always talk to my captain and he is always there for me.  

_Ukukhahlela ibholo kuyinto enhle kumina ngoba kungenza ngikhohlwe isimo sami sasekhaya. Siyiqembe elihlangene futhi kulula nokukhulu uma nokaputeni wami uma nginezinkinga._  

Translation: Kicking the ball is the best thing for me and it makes me to forget about my situation at home. We have a great team and I can easily open up to my captain if I have any problems. |
| ![Planning some-thing with my friends](image2.png) | Planning some-thing with my friends | This is me. I love being with people. Some friends and other people who are close to me come to me for help and I help them where I can. Some I just help but I cannot ask help from them because I do not trust them. Some of my friends just come to challenge me not because they really have problems, they ask money but I do not give them, we discuss the problem first and see if only money can solve that problem. |
### Reading a book

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<th>Photograph</th>
<th>Caption</th>
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Translation: Reading helps me forget about my problems. I think about how I can make my dreams come true. Issues of HIV and AIDS I also read about them because they don’t want to discuss them here at school even at home. I know if I have problem there are free numbers to call. Or go to the clinic nearby.

Here at school nobody cares instead they can laugh at you if they find you have AIDS or somebody at home has it. I know education is the only way.
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<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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Translation: This is a photo of my girlfriend, she loves and supports me. It’s easy to talk to my girlfriend about my problems. I know she won’t tell anyone but she helps me overcome the problem at hand. It is easy to talk to someone only if you trust that person. In the school I only tell my girlfriend my problems at home and she also tells me hers. Together we support each other try to find solutions to our problems.

Figure 5.37: Photovoice: Starlight, boy aged 17
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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</thead>
<tbody>
<tr>
<td><img src="74x601.png" alt="Image" /></td>
<td><strong>We help with all we have</strong></td>
<td>In this photo it is me and my friend. She knows my parents are not working and sometimes is difficult to have food at home. I asked my friends to help me. They gave me money for that day.</td>
</tr>
<tr>
<td><img src="74x454.png" alt="Image" /></td>
<td><strong>Friends for life</strong></td>
<td>I did not know how to study at all and my friends taught me how and now I am trying my best. Every time I think of my status and it makes it difficult to study alone at home. I joined this group of guys and they gave me tips of how to study. Since I joined them I forgot about my HIV status and focus on my studies. This group is all I have got in this school.</td>
</tr>
<tr>
<td><img src="74x262.png" alt="Image" /></td>
<td><strong>My teacher is everything to me</strong></td>
<td>I was not doing well in maths, physical science and life sciences. My friends were gossiping about that and it was bad because all I needed was help. I thank God for giving me right teachers. My other teachers helped me face my subjects and now I am doing well passing all my subjects. You know not all teachers are bad in the school but very few care. Even if I can get HIV I know which teachers to go to. Teachers are better than learners because they are more educated.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
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</tr>
<tr>
<td><img src="image1.jpg" alt="Image 1" /></td>
<td>Boy bullying me</td>
<td>This photo is about one learner who was very rude to me. He proposed love to me and I refused and he called me names. He said very bad things about me. He said I am ugly and I am so black like I am not good for anything. I know boys if they say they love you they really do not they just want to get you and mess your life. If one know about you problem they will start making or saying funny things about. They do not care or support us, all they want is sex.</td>
</tr>
</tbody>
</table>

Figure 5.38: Photovoice: Moonlight, girl aged 16

<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image2.jpg" alt="Image 2" /></td>
<td>Going on school trip</td>
<td>This photo is the evidence of my home situation. Both my parents are not working. We were having a school trip, it was free but you had to provide your own food. I did not have money at the time so I asked for help from my friends. They gave me the money because they had extra pocket money.</td>
</tr>
<tr>
<td><img src="image3.jpg" alt="Image 3" /></td>
<td>Giving a pen to my friend</td>
<td>In this picture is about me and my friend. At that time I had no pen to write the test so my friend lent me one pen to write with. I do not know who needs what unless you are very close to that person and then you can help with whatever you got. If the problem is too big for me, I tell my friend to tell our class teacher because he understands and listens to our problems.</td>
</tr>
<tr>
<td>Photograph</td>
<td>Caption</td>
<td>Photo-narration</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td><img src="image1" alt="Teachers take us for granted" /></td>
<td>Teachers take us for granted</td>
<td>This is the picture of the classroom when I was told to stay. We went on a school trip. The teacher then bought me some food and later told me he loves me. I was angry but did not tell anybody because they will say I wanted him. I wanted to be happy on that trip but he destroyed it. Now even if I have a problem, I cannot tell any teacher, I do not trust them. They take us for granted especially if they see you are from a poor family.</td>
</tr>
<tr>
<td><img src="image2" alt="Learners are not so ‘cool’" /></td>
<td>Learners are not so ‘cool’</td>
<td>This photo is about me. There was a time when I felt so bad and lonely; there was nobody who wanted me near them. They didn’t even want to talk to me, they only tease me. If I have problems I go to my class teacher because they said I think I know everything and that I am better than everyone. I didn’t have a friend to share with but my teacher helped me a lot.</td>
</tr>
<tr>
<td><img src="image3" alt="Learners say I’m Lekwerekwere" /></td>
<td>Learners say I’m Lekwerekwere</td>
<td>This picture is about me and I am very lonely at school because they tease me a lot. Learners at school like to say that I am black and I am not good for this school. They also say that I must go back to where I came from. They call me names and said I am <em>Lekwerekwere</em> I’m not from South Africa. I do not feel protected and this affects my studies. I tried to tell one teacher but he just laughed and said they are crazy I should not worry.</td>
</tr>
</tbody>
</table>

*Figure 5.39: Photovoice: Primrose, girl aged 17*
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image-url" alt="Image" /></td>
<td>Student teasing poor student</td>
<td>Abafundi bagcona labo abaggoka izingubo ezigugile; bahlale behlekisa ngalabo abangenayo imali. Kwesinye isikhathi babagcona ngabazali babo asebadlula emhlabeni. Lomfana unweba ijezi lentombazane. Intombazane ihlale idabukile, ingazi ukuthi ayenjenjani. Intombazane yasizwa othisha basesikoleni. Translation: Students are teasing those who wear worn clothes; they always tease these who are penniless. Sometimes they tease them about their parents who passed away. This boy is stretching the girl’s jersey and the girl remains sad and doesn’t know what to do. The girl was helped by the teachers at school.</td>
</tr>
</tbody>
</table>
Learners laughing at others in class

In this photo, other learners are laughing at others who try to answer questions in class. Instead of supporting her they laughed at her. My friend was laughed at by other classmates in the class. They laughed because she gave a wrong answer and she didn’t like it. The teacher helped her on that issue.


Translation: What this photo shows is that not all teachers are bad but again teachers must try to protect and support us not harass us. So HIV is a sensitive issue and I do not think I can share such information with teachers in my school. I will rather go to the clinic in town where nobody knows me. Even if I know we are poor at home I try hard to hide it because I will be the talk of the school.
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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</table>
| ![Teacher beats the learner](image) | This photo is about corporal punishment in the school. Lomfundlε usedlu le ezintweni eziningi kepha othisha abakwazi lokho. Ufika isikhathi sokungena esikoleni sesishayile bese eshaywa phambi kwabanye abafundi nothisha. Useba nenkani esikoleni ngoba engafuni ukutshela othisha izinkinga zakhe.  
Translation: This student has been through a lot but teachers do not know. She comes late to school and is beaten in front of other learners and teachers. She is becoming stubborn in school because she does not want to tell the teachers her problems.  
The teacher hit her and had bruises on her hands and arms. The student who tried to comfort her helped her a lot. |
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
</tr>
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</table>
| ![Image](image.png) Teacher shouting at the learner | Lesi sithombe sikhombisa ukunganakekelwa ngesikhathi ukudinga ngempela. Ngaphoxeka ngothisha wami; ngakhe ngamnikeza impendulo okungesiyo efanele wabe esengihleka ngakho abanye abafundi babe sebengenza inhlekisa kusuka ngaleso sikhathi. Uthisha wami wangikhomba wabe esethi: “Ugcwele ukuhlanya nobuvila, awusoze waphumelela.” | Translation: This photo is about not be taken care of when you really need it. I was disappointed about my teacher; once I gave the wrong answer and she laughed at me. So the other learners were making a fool of me since then. My teacher pointed at me and said “you are full of craziness and laziness; you are never going to pass”.

| 4 | Teacher shouting at the learner | Lesi sithombe sikhombisa ukunganakekelwa ngesikhathi ukudinga ngempela. Ngaphoxeka ngothisha wami; ngakhe ngamnikeza impendulo okungesiyo efanele wabe esengihleka ngakho abanye abafundi babe sebengenza inhlekisa kusuka ngaleso sikhathi. Uthisha wami wangikhomba wabe esethi: “Ugcwele ukuhlanya nobuvila, awusoze waphumelela.” | Translation: This photo is about not be taken care of when you really need it. I was disappointed about my teacher; once I gave the wrong answer and she laughed at me. So the other learners were making a fool of me since then. My teacher pointed at me and said “you are full of craziness and laziness; you are never going to pass”.

<p>| | | | |
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<thead>
<tr>
<th>Photograph</th>
<th>Caption</th>
<th>Photo-narration</th>
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Translation: This photo is about ignorance from my friend; once I was ignored by my friends. I am lonely and walk alone. This photo represents the pain of being ignored. On the picture the friend doesn’t want to have lunch with me. They told me that they don’t need me anymore. The school feels so lonely at times especially if you have problems at home.

**Figure 5.40: Photovoice: Protea, girl aged 18**

The photovoice data (80 photographs) represents the school children’s significant experiences (enabling or constraining) and their views as they construct care and support provided in the school context.

### 5.4 COLLAGING SCHOOL CHILDREN’S ENVISAGED CARE AND SUPPORT IN THE SCHOOL

Session three of the data generation focused on how these school children construct care and support as they think it should be in a rural school context. I used a collage activity to encourage my participants to represent their views on significant practices or developments they thought
necessary for the provision of relevant care and support in their school context, especially in relation to school children rendered ‘vulnerable’ by HIV and/or AIDS.

I present the collages (Figures 5.41 to 5.44), with the descriptions, created by these secondary school children as their constructions of what relevant care and support entails. The prompt for the collage was: “Create a collage showing what care and support should be like in the school”.

![Collage: School as centre of care and support, Group 1](image)

**Figure 5.41: Collage: School as centre of care and support, Group 1**

(photographed with the participants’ permission)

In this collage entitled *School as centre of care and support*, the participants point to various issues which will collectively address and improve care and support in school.

*In this collage we have put different people who are important in the care and support in our school. Sidinga othisha nabazali ukuthi bakwazi ukunakekela ingane uma ngabe kwukuthi inenkinga. Noma ngabe iluphi uhlobo Iwenkinga, lana sidinga isecurity ukuthi uma ngabe kungena ama drugs lana eskoleni ukuthi livimbe leyonto leyo. Lana ukuthi nidlale ndawonye, ningamcwasi omunye. Sidinga ukudla okunempilo, lana sidinga ikliniki nabantu abazofika lana eskoleni bezo luleka abafundi.*

**Translation:** Here we need parents and teachers to take care of learners when they have problems. It can be any kind of problem. We need security guards to prevent drugs from...
entering the school premises. We need to play together and not discriminate against each other. These are two learners [pointing to a picture] because when one has a problem, they must not feel alone. We need to share our problems if one of us has a problem. We also need nutritious food, clinic and counsellors in school to help learners and teachers who have problems.

Okusho ukuthi othisha bangakhuluma ne Department ukuthi isisuppluye ngokudla, okunempilo.

**Translation:** The teachers can talk to the Department about supplying us with healthy food in schools.

Esikoleni bang-a-organiser i-project ethize. Sicele othisha basisize ukuze bakwazi ukufacilitator labo abangaphilile noma thina sonke.

**Translation:** We can organise a certain project and the teachers might help us in finding the facilitator. We can talk to teachers and ask for help in finding the facilitator to help even with the sick learners.

Sikwazi ukunakekelana Sisonke abantwana nothisha, sizwane sonke njengo mndeni.

**Translation:** We should take care of each other, the pupils and teachers, and be supportive of each other like family members.
Figure 5.42: Collage: School of Rock, Group 2

(photographed with the participants’ permission)

This collage is entitled *School of Rock* and draws on a whole range of critical aspects pertaining to care and support.

*Here, we look at the school as a caring and supporting environment.*


**Translation:** We need people to talk to like the Heads of Departments, principals and teachers because among teachers, there are counsellors. We also need peer-educators to be taken seriously and be supported by the principal and other teachers because some learners are scared to talk to teachers and they can talk to peers. We need first aid so that if you are sick maybe you have a headache, you can get pills and be better.

*This kid should be available to all the learners and not be locked in the principal’s office because it is no use if he is away. All the class representatives should be trained how to use the first-aid so that they can be able to assist when teachers are not around. School prefects are also important and should be trained too not only report our wrong doings but*
also correct those bad things. We need healthy food for the school-feeding scheme especially for those learners who are infected with HIV/AIDS. We need Learners’ Christian Movements to encourage each other to do good things and to praise the Lord as young people. We also need sports whereby people can showcase their talents since not all of us are academically gifted.

Because the ones we have awanele (do not accommodate all of us). Some learners feel left out like those who want to play volleyball and there is none at school. They feel left out due to lack of those facilities. We need to keep in mind that schools will provide our future so there are things we can do and those that we cannot do. In schools we do not need to carry weapons because they are dangerous. We need love and support from the school community at large. All of us must be at our best because some are slow but we need to try and be at our best. We also need to give to charity. If you have extra school uniform, give it to another learner who is in need. The new rules about language; when talking to someone I must not offend that person. When there is a bully at school, they must be punished. “Little bean, big difference” the peer educators are still young but they are being equipped with leadership skills to help them in their future life as adults. However, no much support from the school about the peer educators, it only few individual teachers who are interested in this group. As the school we are like many families in one compound. We are not acting like one. Teachers go this way, children the other direction so it is even worse for those who are sick because they do not know where to go and keep things to themselves. This is our idea of school as a centre of care and support in terms of HIV/AIDS. There is too much silence in our school because there is no point to share when you know exactly that you are not going to be assisted.
Figure 5.43: Collage: School as centre of care and support, Group 3

(Photographed with the participants’ permission)

In contrast to the two previous collages, in this third collage, the school children drew a vertical line to divide their collage into two parts, one showing resources and the other policies.

_Lana eskoleni sethu kuyadingakala ukuthi sibe nekliniki ukuze umangabe kuyenzeka umfundluki uyaquleka awazi ukuthola usizo. Noma ngabe ufika ekuseni uphethwe ikhanda iHOD ikwazi ukutholela amphilisi. Sidinga nengadi ukuthola ukudla okunempilo ngoba nange break kuyadliwa eskoleni. Nalana sidinga ama computer njenga laba abafuna ukwenza icomputer kumele bayenze._

_Translation:_ Here in school, we need a clinic if a learner faints or just is sick they can get pills. We must have gardens to get healthy food because during break time learners get food from the school feeding scheme. We also need to get computers for those who want to do the course.

_We will use the computer to find information about care and support and on how to take care of other people affected by HIV/AIDS._

_Isikhathi esiningi siye sishwe uma singena ikakhulu uma kunomfundi ekubonakala sengathi Uphuzile. Sonke sime ngaphandle kuseshwe izikhwama fiuthi lana amacici_
awadingeki. Awadingekali amaphepha ngoba ukungcola singathola nezifo akufunakali ukuthi kungcole ngoba singathola amagciwane.

**Translation:** We do not need alcohol in school, so we should be searched. Earrings also should not be allowed in school. Papers and dirt in general causes germs and we can get sick from them.

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**Figure 5.44: Collage: School as centre of care and support, Group 4**

*(Photographed with the permission of the participants)*

This final collage has also been entitled, *School as centre of care and support.*

*School as a centre of care and support, as you can see that uDokotela lona uphethe something like inhliziyo and lana amaphilisi uma ngine headache sengizohomba ngiye kwicentre ngiyothola amaphilisi. Ikliniki siyidinga uma ngabe umfundhi egula angaya khona athole usizo. Lena i-internet café lapho singathola khona information nge HIV/AIDS nanoma yini enye. Lena igym yesikole. Uma ngifuna ukuba involved in any sport and angina staminangizohamba ngiye kwi gym yasesikoleni. Ukuze esikoleni kube right sisupporteke uzizwe usekhaya eskoleni siyadinga abantu abazosigada. Esikoleni sithola sekufika abantu abadakiwe noma abaqhutshwa amadrugs abantu abeza esikoleni bezofuna izintombi, bafuna ukukhipha amantombazane eskoleni sidinga ukuwikeleka kulabobantu abayingozi emphakathini. Kuyadingeka ukuthi kube nemithetho ethize szazise abafundi*
ukuthi uma umuntu enakekelwa noma ukuze agadeke kahle kufanele azi ngalezinto ezifana nokuthi utshwala abudingeki eskoleni cause akuyona indlela engamsiza ukuqhubekela phambili. Bahle abafundi bengazi involve kulezozinto. Lana ama-condoms as we know some of us ba sexually active futhi kungenzeka babe sexually active esikoleni.

Translation: This is a doctor holding a heart and these are pills in case a learner has a headache they can go to the centre and get pills. We need the clinic so that if one of us gets sick we can go and get help from them. This is the internet café where we can go and get information about HIV/AIDS or anything else. There isn’t even one in our community so we are excluded from the other learners who are in cities. Our municipality has to make sure that there are such cafes in the community because at the end of the day we are expected to be like city learners but we do not have such information. It is expensive to go to town just to look for information.

Sometimes we are given research projects here at school, and if we do not have parents like some of us, we can go there to do our research. Other parents are not educated so how are expected to do projects if there is no one to assist. So we as the group we believe our school is still left behind as far as HIV information and care and support information. This is a school gym. If a learner wants to be involved in other sporting codes and they are unfit, they can use the school gym to get stamina. To feel at home in school, we need people to look after us. Some drunkards or people high on drugs come to school looking for girls. We need protection from those outsiders. No alcohol should be allowed in schools and learners should not involve themselves in it. But the learners bring alcohol here in school and when they are bored they drink it. And sometimes teachers do not come to the class, no work is done in his/her absence so we get bored and started drinking and kissing. Things are happening here at school.

These are condoms since some of us are sexually active; it can happen here at school as we know some of us are sexually active. The teacher is telling a learner to use a condom when having sexual intercourse. I want to emphasize on non-discrimination. Sometimes there are people with albinism and we must not discriminate against them because they are normal people like us. In school to feel protected and safe we must not discriminate.
learner has albinism and someone says something discriminatory to them, they will feel down. Siding othisha abahle abazosifundisa umuntu uma ekhona sonke sibalulekile and loko esiyikona siyikona hayi ukuthi sehlukile.

**Translation:** If someone is harassed in school, we need teachers who will not judge us and teach us about non-discrimination because we need to be treated equally.

In summary, the school children’s collages are a combination of image fragments, signs, symbols, words and pictures that were chosen and placed purposely to communicate the nature of care and support they envisage in a rural school context in the age of HIV and AIDS.

### 5.5 VISUAL ARTS-BASED RESEARCH AND AGENCY IN THE LIVES OF ‘VULNERABLE’ SCHOOL CHILDREN

Session four of the data generation was in response to Research Question 2: How can the use of participatory arts-based methodologies enable agency in the lives of ‘vulnerable’ secondary school children in a rural school context in the age of HIV and AIDS? In this session, I used free writing; the school children wrote individual reflections guided by the following open ended prompt: “Write a reflective piece about the session”. I present a sample of the written reflections done after each arts-based data generation activity. I deliberately chose the following samples to point out the participants’ reflections after using each arts-based method (drawing, photovoice and collage).
Written reflections after drawing activity

Translation: I like to draw and for me it was not a problem I just drew myself and wrote my story. It was very interesting. Since I have a problem studying alone at home, when I get bored I start drawing. I have done many drawings but for fun. I did not know that I can use them in telling people about myself. I felt so happy and I did the best drawing and I was excited to talk about it to the group.

Figure 5.45: Dollar, boy aged 17

Translation: What I can say is that drawings were the most difficult thing to do and I was afraid that I did share my stories with the group. I wrote sensitive things about my life and I did not want learners to know. I only gave my drawing to madam. My life has been a very painful journey but after listening to other learners sharing their drawings I realised that I’m not the only one with problems. Their stories made feel much better and I think I will still have a good life. Thank you.

Figure 5.46: Moonlight, girl aged 16
Written reflections after photovoice activity

**Translation:** The picture I took helped me to learn to talk about HIV&AIDS because most people do not talk about these things. I have never been so open to talk about it. The nice thing is that I also learnt to present and talk about myself in front of the whole class and the pictures made my fear go away and it was easier to talk to other people. The pictures made me think about the people who are important in my life but also those who are missing in my life. It was challenging but it makes us think deeply about ourselves and the people around us. I wish it can go on and on.

**Figure 5.47: Primrose, girl aged 17**

Translation: I learnt about care and support and HIV and AIDS. I got a chance to speak about it and learn about how can one protect oneself against it and how do we get to help those who are HIV positive. The most interesting thing was that I learnt about how to use a camera and I was able to use it. Miss Fire gave it to me and I went outside and took some photos that I can discuss and tell others as to why I took those photos. That gave me a good experience because every day I see a photo, I know there is a reason behind taking that photo and I can think about what was happening at that photo.

It felt so good because I had a chance to use a laptop when I was doing my photo narratives. I learnt how to find different things, like what do I do when I want to check my photo in the laptop. I learnt that for photos...
### Written reflections after photovoice activity

To tell a story they need to be arranged in some kind of order. As like the lead picture should be put on top and that they need to be described one by one. I found it interesting to be able to do photo narrative with my photo on the laptop for the first time. I feel like saying photo viva! viva!

#### Figure 5.48: Table Mountain, girl aged 17

### Written reflections after collage activity

Translation: I learnt that we were co-operating. Also when doing the collage, we were all busy working towards one thing which is care and support in our school. It was nice to see everybody busy. HIV&AIDS we need co-operating we need pupils, teachers and government, voluntary training, that’s co-operating because it cannot be one man’s solution.

#### Figure 5.49: Romeo, boy aged 18

The school children’s reflections give them an opportunity to think about what they had learnt (or not) and to examine the process and data generation methods, drawing, photovoice and collage, in an educational research project. Their ideas and thoughts about visual arts-based methods illustrate an understanding of the use of visual arts-based methods in their lives to purposfully communicate their ideas.

The data generated from the four sessions offers an authentic narrative and visual moments which collectively provide rich data that speaks to the focus of the research pertaining to
secondary school children’s construction of care and support in a rural school in the age of HIV and AIDS.

5.6 CONCLUSION

In this chapter I have presented the results of the participants’ construction of care and support in a rural school context in the age of HIV and AIDS. Their constructions reflect the general fragmentation of participation and practices, yet point out how they themselves engage in the provision of care and support. The results also show, through the reflections of these participating school children, how their engagement in the arts-based methods has enabled them to consider taking action in relation to care and support.

In the following two chapters, I present a more detailed discussion and interpretation of the data and recontextualise it in the existing literature, according to the research questions and the themes that emerged.
CHAPTER SIX
DISCUSSION OF THE FINDINGS
CONSTRUCTIONS OF CARE AND SUPPORT IN A RURAL SECONDARY SCHOOL

“We do not see things as they are; we see things as we are.” (Anaïs, 1961, n.p.)

6.1 INTRODUCTION

In the previous chapter I presented and described the results. In this chapter I present an analysis of the data in three broad themes in a discussion that integrates the findings with the existing literature (see Chapters Two and Three). I use ecological and structuration theory to frame the findings in response to Research Question 1:

What are secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS?

6.2 DISCUSSION OF THE FINDINGS

There are three themes that emerged from the findings: Drawing ourselves into the story: School children as (in)visible in care and support; Picturing care in schools: School as enabling and constraining environment for care and support; and Collaging strengthened care and support in rural schools: Including the (in)visible.

In the next section I discuss the findings related to the first theme, Drawing ourselves into the story: School children as (in)visible in care and support, with the sub-themes: Positioning self as same but different; and School children as aware of their potential within care and support.

6.2.1 THEME ONE: DRAWING OURSELVES INTO THE STORY: SCHOOL CHILDREN AS (IN)VISIBLE IN CARE AND SUPPORT

I have heard the expression “Oh, poor kids!” so often that it seems to have become a defining term for many children who live in poor rural communities, in particular those who are orphaned or who are infected by HIV or affected by HIV and AIDS. Defining them as “poor kids”, ignores the possibility of their defining themselves differently. These children, as demonstrated in this study, are capable of representing themselves and sharing their experiences through a variety of
methods. I therefore start by looking at how some secondary school children who grew up and live in rural South Africa, see themselves and how they position themselves within the context of care and support. The findings of this first theme are essential and timely both in terms of the South African and international debates that consider children not as invisible, but as agents in their own lives, and partners in education as well as active participants contributing towards the eradication of HIV and AIDS, discrimination, and stigma. By my using drawing as method in this study, the school children were given the opportunity to step away from their seemingly challenging rural environment and to take a closer look at themselves. I need to state up front that their views are not necessarily representative of all school children in rural South Africa; their stories – well considered, intentional and illustrated within the scope of this study – are about themselves.

The drawings represent the participants as school children in their own contexts as unique individuals who possess various strengths; in relationships with other family members, teachers and peers; and in school life and life in general. In the context of this study, it was particularly apparent that the school children represented themselves as active agents of their own lives who made visible their own vulnerabilities. They demonstrated opportunities to act upon these vulnerabilities, refusing to just be at risk.

In order to understand these school children’s constructions of care and support, I asked them first to draw how they see themselves within care and support. The richness of their constructions enables me to introduce these secondary school children through a collective of selves (See Figure 6.1), using words from their descriptions of their drawings, to show how they see themselves within care and support.
A girl, a boy, a learner, dreams, many talents, I can sing, dance, play netball, angry, I cry, alone, bright knowledge, active, lack of sharp thinker, full of weak, sensitive, scared of death, very good, have clubbing, person of people, friendly, good person, at debating, difficult life, positive in life, share beautiful, young, light, in studies, decorate nature, sad, don’t like alcohol, don’t special, don’t have friends, guy, stand for what I believe, good with difficult problems alone, like music, not bully, make people sad, good at joking, not brilliant, fail to study, kind person, HIV negative, like to laugh, feel sad, understand people’s problems, hold grudges, not good in counseling, I listen, I’m unique, unstoppable, don’t do stupid things, lie to people, make things work, a believer, natural person, a winner, I love being me, not honest, love reading, be university student, very good at singing and cooking, orphan, child of God, like studying, work, not respecting, had a husband, had miscarriage, stay with family, stay alone, stay with siblings, can forgive, can’t forget, moody person, fight with step sisters, brave man, dancer, have no parents, not good in maths and English

I am what I am, I understand myself.

Figure 6.1: A collective of selves: School children’s views of self within care and support
I deliberately chose phrases and words from the narratives accompanying the drawings to point out a dilemma: those whom we call ‘vulnerable’ describe themselves in ways that transcend ‘vulnerability’ and point to inherent and acquired qualities and strengths. I now turn to the first theme in relation to how secondary school children saw themselves in this study.

6.2.1.1  Positioning self as same but different

This sub-theme presents the secondary school children’s constructions of self in the context of care and support. Thoughts, feelings, experiences, practices and activities all communicate significant information about the school children themselves in the context of care and support. The drawings spontaneously revealed intimate aspects of who they are in their demonstration of thoughtfulness about people, places, and things in their local context and beyond. While there are commonalities in the drawings, they all expressed themselves differently showing their uniqueness. The majority of girls used elements of nature such as flowers, mountains and rivers both as pseudonyms and as metaphors (see Figures 5.2, 5.3, 5.4, 5.5, 5.7, 5.8, 5.13, and 5.14), while the boys used elements such as Dollar, a character from Shakespeare and from a popular movie, Romeo, and an American city, Washington DC, as pseudonyms and metaphors (see Figures 5.10, 5.11, and 5.12) to represent themselves.

•  Sense of self

These secondary school children are clear about their sense of self and its complexities. Some view themselves as extremely capable, others as ‘vulnerable’, while most seem to fall somewhere between the two. In a discussion of their drawings, they show that they know themselves:

*I am what I am and I understand myself ... I am a natural person, I am unique and I don’t think there will be anyone like me. In my community I have brothers and sisters, friends and people who know me as this person. Being this unique someone makes people to differentiate me from other people. I am someone special. (DC Washington, boy aged 17)*

*You know, sometime people forget we are different human beings and we do things differently. So I am saying I am a child of God ... I feel special and unique. Though my...*
parents died few years ago I still feel unique because I am a child a God. (Rose, girl aged 17)

Well, I can say I am a nice guy, an understanding guy and mostly a guy who stands for what he believes…. (Dollar, boy aged 18)

I am a kind person…I always tell myself that I am unique…. (Romeo, boy aged 17)

I like being myself, I like being honest when speaking to anyone. My HIV status is positive, I don’t feel like I’m nothing, I just tell myself that I am somebody who’s very special. (Sunflower, girl aged 18)

These extracts reveal knowledge about who these participants are, and that they see themselves as part of the community. As pointed out in Chapter Three (see section 3.3.1), this is in line with the bio-ecological systems theory (Bronfenbrenner & Morris, 1995) that emphasises that the child as a unique individual is influenced by his or her own biology and environment, and that a sense of self as fully aware, engaged and active is constructed within a reciprocal relationship with the environment. The essence of self is constructed at a personal level and as a collective (Mitchell, 2011). Within the bio-ecological systems theoretical frame, individuals are seen to have multiple personal and collective selves and that they draw on them at certain points in time, including making decisions about how to spend their time and energy. Thus, secondary school children in this study revealed a sound sense of self, including recognition of their own agency as they constructed themselves within care and support. The point raised by the school children is that care and support cannot be provided without acknowledging that they themselves have a strong sense of self which could be drawn on to help in making provision for differentiated care and support.

- Confidence and pride

Upon my examination of the drawings, narrations and related discussions, it was particularly apparent that their understanding of care and support could be read as an exercise in self-confidence and pride in their emphasis on positively sanctioned aspects of self. In this regard, several of these secondary school children were able to acknowledge and express themselves as being extremely confident in one or several activities. They pursued these activities at school, at
home or at a wider rural community level. These school children positioned themselves as confident and they presented themselves as having a complex tapestry of talents, all which may be essential for providing care and support.

*I am a girl of many talents; I can sing, dance and also play netball. What I mean is that if you do not have confidence in yourself you will not be able to stand up and sing in front of many people. You will not be able to stand the challenges of netball. In the netball team, we are different; we argue, get angry with one another but also support each other. You need to be strong and believe in yourself to listen to other and support them.* (Sunflower, girl aged 17)

Another participant added that although she was born and bred in a rural area, she sees herself as someone special; she believes in herself. She compared herself to Table Mountain, one of the prominent landmarks of Cape Town, South Africa.

*I am Table Mountain. This name is from the greatest, tallest and mostly important mountain found in Cape Town. I am very wise and very sharp in thinking, full of ideas about how our lives should be.* (Table Mountain, girl aged 17)

These participants all indicate their sense of their own worth.

*I'm like a river because it helps people with water and clean their homes. I like to share my ideas with other people or learners. River is important in nature because we grow plants and if there was no water there would be no person alive because we all need water. Even the plants would not survive without water. I see myself as that river ....* (River, boy aged 17)

*I am Flower Star. I am a beautiful flower that can be sent to people. This is who I am, the flower star that is the light everywhere I go.* (Flower Star, girl aged 16)

*I believe I am a winner and was born a winner. I am the river that falls in the mountains that no one can stop it. I am a natural person because I believe in myself and to what I do. That is one of my strengths and I believe that ... I am going to bring difference in life.* (DC Washington, boy aged 17)
The findings that school children are confident, that they have a good sense of themselves and of what they can achieve and how they can make a difference, is corroborated by the work of many scholars who have found a high level of confidence amongst children generally in relation, for example, to their positive perceptions of their ability, their sense of valuing school, and their understanding of what is involved in preparation for post school education (Barnes & Kelly, 2007; Clark-Ibanez, 2007; Joubert, 2012; Morojele & Muthukrishna, 2012; Rudd et al., 2006; Samuels, 2007). Amongst rural secondary school children research shows that that they do not see themselves as helpless human beings (Irvin et al., 2011; Mitchell et al., 2005; Mitchell et al., 2006; Moloi, Dzvimbo, Potgieter, Wohluter, & Van de Walt, 2010; Mosome, Poggenpoel, & Myburgh, 2011; Stuart, 2010). This body of research suggests that the dynamics of confidence is at work in the everyday interaction of the children. This is apparent in their awareness of their inherent strengths and in their belief in their ability to support and care for each other generally as well as in the context of HIV (Campbell et al., 2010; Giese & Koch, 2008; Skovdal, 2009 Skovdal et al., 2013). This finding contrasts with, and contests the general perception that the multiple challenges that rural school children face have a negative impact on their holistic development or well-being, eroding their confidence in becoming competent adults (DBE, 2010a; Schenk, 2009; Zhao et al., 2010).

The findings, particularly in this sub-theme, acknowledge that rural school children are not incompetent or paralysed by the nature of the poor rural environment in which they live or by the addition of HIV and AIDS to this environment. Instead, my findings demonstrate their confidence. It seems that this confidence comes as a result of intra-individual strength and also from their interacting with other people in their physical environment each day and over time. Eloff et al. (2007) and Malindi and Theron (2007) concur. Eloff et al. (2007) make it clear that secondary school children draw from their “personal power” (p. 83) or what Ogina (2012) calls “personal agency” (p.429) to make decisions about coping. This, for instance, is seen in how these school children deliberately distract themselves from challenging experiences by thinking positively.

*My HIV status is positive but I try not to think about it all the time ... I think about making good things for me like studying and pass.* (Sunflower, girl aged 18)
Al-Iryani, Basaleem, Al-Sakkaf, Kok, & Van den Borne (2013) point out that adolescent school children work together (e.g. peer educators) to draw on each other’s abilities and their collective strengths for HIV prevention (Mitchell & Murray, 2012). The rural secondary school children in my study revealed themselves as what Giddens (1984) refers to as “purposive agents” (p.3), able to construct care and support, give reasons for being able to do so, elaborate discursively upon these constructions and also on the significance of their artifacts.

It is also clear that the confidence of these secondary school children is a result of their own intra-individual strengths and of their collective strength; this varies across the time and place of interactions. Bronfenbrenner (1995) factored in time and space as being important to interactions. The participants reported experiences of living with HIV but also emphasised that they do not want to think always about negative feelings but prefer to use their time to focus on positive activities like concentrating on their studies. The conclusion that, with time, people deal with their present state of affairs but may also acquire knowledge and subsequently change their lives correlates with Bronfenbrenner’s (1995) argument that the past, present and future experiences evolve over time. My study indicates that understanding these rural secondary school children’s construction of self can influence adults’ understanding of how personal and collective selves develop over time and how these personal and collective selves can play out in the provision of care and support in a rural school context.

Adolescence is a critical period for identity formation (Dixon & Durrheim, 2000) to which confidence and pride are integral. While it is conceded that secondary school children position themselves as visible, confident and aware of their own agency, these participants also revealed another side of the self – a sense of their helplessness in their construct of a self in relation to the notion of care and support.

- Displaced confidence

In the previous discussion, I demonstrated that secondary school children have a high level of confidence about who they are and what they can do and why they can do it, in a constriction of self similar to Giddens’s notion of “conscious human agents” as cited in Falkheimer (2007, p.289). When the confidence becomes silenced and absorbed by challenges in life, it becomes what I refer to as displaced confidence. The confidence is not eroded but displaced when these
participants are confronted by too many challenges in their lives. They expressed their internalised fears and anger that they view as making them ‘vulnerable’ and less confident within the care and support system.

*One of my weaknesses is that I am very sensitive when one hurts me in any way. I fail to easily pass through the situations that have given [me] a hard time in life.* (Table Mountain, girl aged 17)

*For me it’s not easy to forget what happened to me or to those around me. This is one of the frustrations I have in my life. I am afraid that if I forget, the person can repeat the same mistake again. It also becomes difficult to help the person who did a wrong thing to me, I just think he or she is challenging me in order to see how I will react.* (Romeo, boy aged 17)

*I am mostly ‘used’ when it comes to relationships. My weakness is when it comes to debating [arguing] with other people, it often makes my life more difficult. There are other things that I take negative, like understanding [learning] mathematics.* (Rose, girl aged 18)

Many of the school children’s explanations of their drawings point to their feeling insecure and less confident in interactions with other people, particularly as a result of their HIV status.

*I don’t have a friend and during holidays I am at home because I don’t like to go out. I like to spend my time at home with my family. Being at home makes me feel belonging because I don’t think about my status which will make me want to kill myself.* (Sunflower, girl aged 18)

*I feel sad when I see a person who is HIV positive because I can imagine myself having it.* (Masiyama, boy aged 18)

There have been numerous studies that explore the impact of HIV on school children’s psychosocial well-being (Cluver et al., 2012; Donald et al., 2006; Giese & Koch, 2008). This body of research confirms that low self-esteem, isolation, lack of motivation, and lack of agency are linked to low levels of confidence and are strongly linked to being HIV-positive or affected by HIV and AIDS (Zhao et al., 2010). An important issue that also emerges in the literature is
that discrimination and stigma as a result of HIV are most likely to decrease one’s confidence in both intrapersonal and interpersonal relationships (Ogina, 2010). In contrast to seeing themselves as extremely confident, some of my participants sometimes saw themselves as helpless because of their internalised fears, and their anger at certain interactions with other people. It seems that these school children’s perceptions about HIV are pathologised, as we have seen in Sunflower and Masiyama’s earlier statements. Their confidence is displaced because they worry about HIV as a killer disease for those living with it (Zhao et al., 2010). Displaced confidence might occur at two interrelated levels – an individual level where intrapersonal issues such as fear may lead to low confidence in themselves and on a structural level where negative interrelationships have the effect of perpetuating low confidence and little agency within the system of care and support in a rural school context.

People live in a complex web of relationships (Bronfenbrenner, 1994; Lerner, 2005) and interact verbally or non-verbally while continually positioning and repositioning themselves in their relationships (Christensen, 2010; Newbury, 2011). What emerged quite clearly in this category is that these school children are aware how their perceptions of HIV make them less confident. But perceptions, as we know, can change if there are repeated interactions in which school children have an opportunity to express and reflect on their views in relation to HIV and AIDS. According to Giddens (1989), structures are recursive; negative perceptions are not fixed entities in isolation from human actions. Rather, they are repetitive forms of interactions, they can be reconstructed and this can lead to social change.

- Decreased self-respect

Participants added that certain circumstances in their lives posed a danger to their own self-respect. Through their drawings they were able to take a closer look at themselves and reflect on how their actions and the actions of other people contribute to how they actually see themselves.

*I am also not a bully kind of person, but sometimes I find myself saying things that make people sad.* (Dollar, boy aged 18)

*I am someone who is not good in terms of respect. I have a husband [boyfriend] and fell pregnant, unfortunately had miscarriage. This was very painful to me and to my mom. I am
a person who did not see eye to eye with my siblings. The bad things about me are also that I have grudges; I can forgive but will never forget what happened. I am also a very moody person which makes me fight with my siblings. The challenges I have at home makes it difficult for me to care for other people but I chose to be a Teddy Bear in this drawing because I still need to be supported. (Teddy Bear, girl aged 19)

When I am angry I feel like crying and would sit alone...I get upset when people talk bad things about others, especially the ones who are HIV positive. (Sunflower, girl aged 17)

In school I find it very bad when other learners talk about those who are HIV positive in a mean way, which I feel is wrong and shouldn’t be happening. People of my age have started having sex, taking drugs and clubbing. I think that at the end of the day I would be infected with HIV/AIDS which may lead me to death. (Table Mountain, girl aged 17)

I am a person who used not to be honest in my life; I lie to people most of the time and even lie to myself. Because I think I am a strong guy I chose to give myself this name DC Washington, but I misuse my power and this is not good. It shows I don’t care about myself and those around me. (DC Washington, boy aged 17)

These excerpts show the complex ways in which some situations in the school children’s lives affect who they really want to be. Drawing themselves into the story, these children made available their tales, involving various challenges, which show an intersecting of their own intrapersonal and interpersonal relationships within the wider rural ecologies. At the intrapersonal level HIV-related issues such as stigma and discrimination weaken access to support systems, and increase isolation, which in turn, leads to high levels of stress (Cluver et al., 2007; Cluver et al., 2012). This may lead to or be accompanied by loss of respect of the self at an individual level but also the loss of respect for other people. Given this context, it could be argued that despite high stress levels related to HIV in the lives of the participants, an individual has unique power and can make his or her choice about whether to use or not use this power.

Tam’s (2012) assertion that young people are powerful is confirmed by my findings, but, further to this, the extracts also reveal how these school children are able to reflect critically on the consequences (for self and others) of misused power. This is what Giddens (1990) calls
“reflexive approaches to knowledge” (p.53). He argues that an individual has knowledge and power and knows when to act, how to act, when not to act, as well as the consequences of acting or not acting. Furthermore, people understand that they can find a way out and change their actions to their personal and collective advantage. This implies that secondary school children, through critical reflection of their power, are able to position themselves as disrespectful to others but can also reposition themselves as powerful enough to change their negative actions.

Rural communities are often framed as being out of reach, alienated and isolated (Campbell, 2003; Moletsane, 2012), yet evidence from the participants’ drawings provides a useful corrective to the generalisation of people in rural communities as lacking access to urban or international information. While, as I have already pointed out, several school children acknowledged and drew on their local surroundings to represent themselves, some used the non-local to represent themselves, and positioned these choices as being just as relevant to their daily lives. The emphasis is on how school children were able to rediscover some of their abilities or what Liebenberg, Ungar and Theron (2014) refer to as being aware of their unawareness, in this instance, of their existing knowledge and skills both as individuals and as a collective.

Exploring how these school children viewed themselves was not only about how they saw themselves, but also about how their constructions underpin their potential to talk about and provide care and support in their rural context. In the following section, I discuss how the school children consciously frame their potential to contribute to care and support.

6.2.1.2 School children as aware of their potential

In this sub-theme my discussion revolves around the notion of the participants’ awareness of their potential and how they relate this to care and support. The findings point to a dynamic of potential embedded in rural school children, as presented in Figure 6.2.
These secondary school children revealed their potential and abilities to identify strategically relevant situations in which their potential is or could become aspects of care and support. The findings from the drawings support the point that all school children have at least one particular talent or interest. Some are fascinated by sport, reading or studying, others by music or a particular traditional dance. Furthermore, the school children present different ways in which their talents potentiate care and support in a rural context in the age of HIV and AIDS. For example, eighteen-year-old, Dollar described his potential, highlighting his love of music but also showing how it is a means to coping and generating solutions for himself.

*I am a person who likes music a lot because if I have a problem I believe music makes me feel better or sometimes get a solution quickly.* (Dollar, boy aged 18)

During the sharing and interpretation of their drawings, the participants were asked to explain how music or any of their presented interests is related to care and support, especially in the
context of HIV and AIDS. Many indicated that it helps them re-focus on the positive aspects of their lives. As expressed by 17-yeal-old boy, Romeo,

_I like to spend time sitting with my friend sharing some jokes. I am HIV negative and at home I live with my mother who is HIV positive ... when I say I do not have problem with her I mean I do not have to always think about her as a sick person only. I still have to have fun and laugh and keep going with my life._

To cope with HIV- and AIDS-related issues, some school children tap into joyous moments, while others pursue their interests quietly on their own. Reading or studying came out very strongly as a means of caring for oneself in the context of HIV and AIDS.

_ I am a girl that loves to read...when I finish grade 12 I would like to go to university. I like to help people who are HIV positive. Reading helps me to clear off bad things in my mind. Reading things like magazines and prayer books has helped me. They write a lot about HIV in the papers and magazines I get a lot of information because knowledge is important._ (Rose, girl aged 17)

_ I am a person who likes to live alone; a brave man ... I live alone as I have no parents. I am crazy about Math and English but I am not good, but I am still trying to improve it [them]. Next year I would like to go to grade 12 and my dream is to build my home and I believe that with education I can._ (Thunder, boy aged 19)

School children in my study articulated very clearly the links between getting an education on the one hand and care and support on the other. Education acquired at school level is seen to be a pathway to acquiring university education which is subsequently seen as a stepping stone to a better life.

The fact that these school children displayed the ability to bounce back from adversity suggests a fundamentally different way of understanding these school children. In other words, while they are exposed to difficult and stressful situations, they use their inherent potential to cope and to find solutions. This is the case of _Teddy Bear_.


I have realized that because I am an angry person so I don’t even care about myself, how can I care about someone else who is sick? I am saying I have to start with my anger first and I’m trying to work on that from now onwards. (Teddy Bear, girl aged 19)

Exercising her agency to confront herself, accept that she is angry and that she wants to change, positions Teddy Bear as being ready for change. Many researchers agree that everyone has innate abilities, resources, assets or potentials (Donald et al., 2006; Loots et al., 2012; Malinda & Theron, 2011; Mohangi, 2008) to draw on. This body of research suggests that these provide a subjective understanding about the inner worlds of persons and include sets of self-perceptions (Donald et al., 2006) about skills, characteristics, competences, values or goals. An important issue that also emerges from the literature is that such sets of self-perceptions inform individuals’ actions and the importance they attach to becoming involved in a wide range of tasks. With this in mind, I focus on these secondary school children’s inner potential in relation to the task of their own care and support.

Most of the school children’s potentials are those aspects of inner strength that serve the psychological functioning (Donald et al., 2006; Eloff et al., 2007) of making one feel good, such as singing, dancing, or telling jokes. The findings support the proposition that engaging in exciting activities – involving emotional and physical activity – such as singing or dancing on your own or with others have played and continue to play a pivotal role in increasing the psychological well-being of a person (Donald et al., 2010; Schenk et al., 2010). It seems that these school children’s constructions of self includes a time of excitement, fun and creativity that therefore might disrupt the widespread notion that emphasises the construction of rural school children as lonely, bored and often emotionally drained (Cluver et al., 2012; Mahlomaholo, 2012; Zhao et al., 2010). In line with this research, my study emphasises the need to refuse to pathologise rural school children and shows that they are aware of their inner potential and the subjective value they (can) add to their own care and support. However, these potentials are not static; they change in relation to previous experiences or future aspirations since potentials, place and time are all interrelated (Bronfenbrenner, 1995). The central finding in this category is that these potentials might well require socio-ecological support (Theron & Theron, 2014).
School children are highly sensitive to their own well-being and therefore are aware of situations in which their well-being could be compromised (Mosome et al., 2011). In other words, while they are exposed to challenges, they draw on their inner potentials to improve their lives or to bounce back and believe that life can be different, according to Eloff et al. (2007); Joubert (2012) and Malindi and Theron (2011). The school children in my study, too, through capitalising on their inborn potentials showed the capacity to bounce back. Such bouncing back presents us with a different way of looking at the school children in relation to the stressful situations in which they find themselves. They are not merely preoccupied with deficiencies or lack and can be viewed from the perspective of being able to identify their own resiliencies (Liebenberg et al., 2014) in relation to care and support. When individuals become aware of their potentials, they begin to search for more and may discover potentials they did not know they had, and they may begin to think about sharing their potentials with the people with whom they interact in their daily lives, thus increasing their collective potentials. In the next category, I discuss how school children construct their potentials with the people with whom they interact in relation to care and support.

- Collective potentials: school children are connected and involved

Potentials are further identified in increasingly complex participation in a range of contexts of interaction with other people. The benefit of the school children’s interactions with different people and in various contexts was found to either reinforce discussion or action or initiate these in connection with care and support. Paramount to such interaction is that the participants’ potentials make them accessible to their peers across various contexts and for various reasons such as just having fun, and peer-learning which includes peer support and caring, study groups, peer feedback, and thinking about what other peers say or think about HIV.

Seeing themselves as having multiple potentials, some of these school children make themselves accessible to their peers. The interaction among peers can be an opportunity to show-case potentials when those watching can reciprocate later and extend the potentials in the peer group. Capitalising on their potentials, Romeo and Thunder believe this to be a pathway to the development of positive support networks.
I am a kind person who likes to spend my time sitting with my friends sharing some jokes. Joking makes us laugh so I think giving people a big smile, you see [pointing on his drawing, Figure 5.11] that is how I see myself. Since serious stuff like children having AIDS makes me sad, I like jokes and so I will make them laugh because some things we need to take away the stress before we find a good solution. When you are stressed you cannot think in a good way. (Romeo, boy aged 17)

I like to dance and I sometimes dance to my friends at school. Dancing is good because you forget about the cloudy days in your life, like suffering from HIV and AIDS. So here [pointing on his drawing, Figure 5.16] I say me, Thunder, I can use my dance movements and make people laugh and enjoy themselves. I will be caring about them because I do not have much as I live alone but I see myself as a best dancer. (Thunder, boy aged 19)

Although only a few of the school children were explicit about how their creative potential could relate to care and support, there was consensus during discussions on how using their creativity (telling jokes and dancing) fosters relationships and normalises difficult situations. Their creativity in peer interaction provides avenues for creating new and positive meanings and disrupts their being preoccupied with struggles such as being alone. Thunder’s orphaned status cannot be changed but using his potential to interact with his peers helps him understand that he is not alone in his struggles.

For some school children, being aware of their potential made them amenable to learning, specifically through reinforcing peer-learning, studying together, and in providing peer feedback. The benefit of peer-learning is illustrated by 17-year-old Sweet Potato who is able to acknowledge that she is not “good in studies” but also able to recast her problems as potential for peer-learning.

I like to learn and share ideas with other learners when learning because I am not good in studies. (Sweet Potato, girl aged 17)

For some, interacting with their peers is an opportunity to be exposed to alternative ideas and solutions. While the school children often perceive themselves as being caring and supportive because they can talk or enact solutions, the magnitude of some of their struggles often goes
beyond their finding immediate solutions. However, through focusing on their potential and actively listening, these school children seem to act strategically and thoughtfully to identify alternative solutions, making sense of the potential that surrounds them. Romeo’s potential to listen is crucial to him as he drew himself in relation to the concept of care and support, and said:

*I am not good at solving problems quickly; I listen first to what my friends say about their problems. I believe listening to them can make a difference. I do not rush to do things and I think this is important because you need to understand the problems so that you can come up with the best solution. I drew myself as a good listener and I think I can listen to any problem.* (Romeo, boy aged 17)

When peers listen to each other’s problems they become more action oriented and expand or cultivate new potential.

*I think I am good at giving advices because when a person comes to me with a problem, I try my best to help them. I am a person who always likes to tell positive things to other people, especially my friends but also not that good at helping those with difficult problems alone. So I always make sure I know someone who can help like a certain nurse at the clinic or anybody at the village.* (Romeo, boy aged 17)

From Romeo’s statement here it seems that learning from peers can provide him with an opportunity to reflect on the effectiveness of his communications with others. This kind of reflecting helps peers to identify and recognise what they cannot do and then identify the local resources as other potential that surrounds them. Nevertheless, while school children invest and share their potentials with specific individuals (established friends or peers) they expand the potentials available in the peer group. Interesting, too, is how difficult situations compel drawing on potentials of others outside of the peer group. In the next category, I discuss how persons beyond the peer group can generate potentials for school children to draw on rather than being preoccupied with deficit and deviance.

For some school children, interacting with their peers under stressful circumstances is the beginning of using reflective thinking in all that is going on around them; to consider why things happen/happened the way they do/did, but also to use their own agency in both suggesting and
interpreting social interactions that serve to redefine or lead to co-construction of content and meanings, as well as influence positive behaviour in their peers.. This was the case of Sunflower and Masiyama who believe that interacting with learners who discriminate against those who are living with HIV may contribute to care and support.

*I get upset when people talk bad things about others, especially the ones who are HIV positive. I would be so grateful if learners in my school could get to know a lot about HIV and AIDS because I don’t like hearing what they say about it. (Sunflower, girl aged 17)*

When probed further to explain about those who “talk bad things about others”, Sunflower said:

*I mean those who tell lies or laugh about other saying they have AIDS. You know there are group of learners who call themselves ‘tycoons’ and they insult or laugh at other learners. Nobody cares about them that is why they are like these and I think maybe at some point somebody laughed at them so they want revenge.*

The potential for reflective thinking and responding appropriately to HIV and AIDS was further supported.

*The time I heard about HIV/AIDS, I could not believe that it was there and was a disease because I never saw a person who was HIV positive. But when time went on I learnt a lot about it and now that I am exposed to the people who have it...I start taking care of the things that can make me succeed in life and things that can make me not to get HIV. (Masiyama, boy aged 18)*

*...as I am still young I want to know more about HIV .... I like to learn more and talk about HIV/AIDS, as in how to react when you have a person with HIV in your home and you hear learners talk about him or her. Helping them [learners] understand more about HIV would be the first thing I do. Then help those suffering from it. (Flower Star, girl aged 16)*

Knowledge sharing provides opportunities for new ideas and reflections on how to change things, as has been shown in these extracts from the work of the participants in my study.

This study corroborates the finding of Campbell (2003) that there many reasons why school children choose to join peer groups. Ogina (2007) states that sometimes children can be drawn to
a peer group because of external forces such as abuse, teasing or being discriminated against. Such peer group provides them with a sense of belonging (Irvin et al., 2011). The saddening fact of the current situation in South Africa is that, as the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) (2011) points out, in the context of HIV and AIDS, some peer groups are born out of social exclusion as a result of perceived HIV-related issues. This, however, creates an opportunity to develop positive support networks for care and support for school children experiencing such conditions. It is important that peers share potentials with each other and assist them in dealing with life’s challenges. The findings from this study that secondary school children spend time with their friends telling jokes and dancing and making them laugh, can be seen to play a vital role in their psychological health (Donald et al., 2010) and is corroborated by the work of researchers (see Al-Iryan et al., 2013; Delva et al., 2009; DBE, 2010a; Richter et al., 2012) who have found that lifestyles filled with positivity and joy are essential to increasing the psychological well-being of a person.

Furthermore, previous studies have shown that peers benefit in direct reciprocity and prefer to share resources and potentials with individuals who are familiar or known to them such as friends and siblings (Ogina, 2007; Skovdal & Ogutu, 2012). The findings in this study extend this line of argument by showing that school children increase collective potentials by also going beyond their acquaintances. Thus, this finding points out that confronting stressful situations created by other children (gossiping and teasing those living with HIV or affected by HIV and AIDS, as indicated by Sunflower), offered the potential to reflect on what had been said or done and to identify a structure for peer learning. As 16-year-old Flower Star suggests, this could take the form of educating her peers about HIV. This finding confirms previous accounts that show that collective potentials develop as a consequence of interacting with peers but also with those not in a peer group. The findings therefore show that care and support could be enhanced by having peers interact with each other and by increasing open dialogue (see De Lange et al., 2010; Mitchell et al., 2006; Mosome et al., 2011; Van Vollenhoven & Els, 2010) in, for example, addressing discrimination. My study highlights the complex reciprocal relationships within care and support that include caring for and supporting those who encounter social alienation because of HIV-related issues and addressing the perpetrators of these activities. As suggested, such interactions are non-linear and non-hierarchical and might channel school children into becoming competent contributors in families and in the wider community of care and support. In
the following category I discuss how school children’s potentials contribute to collective family potentials.

- Responsible member of family

Sometimes labelling people as ‘vulnerable’ or in any other pathologising manner may reinforce non-disclosure of their HIV status and overlook the potential of the ‘vulnerable’ persons. The drawing activity, however, enabled disclosure and communication about school children’s awareness of their potential as members of their families. In this category, I discuss how school children position themselves as responsible members of their families thereby strengthening potential in the family.

Generally in an African culture, a boy is seen as having to continue a family name, and preserve culture and values. This is seen in the case of Thunder, a 19-year-old Zulu boy. Instead of being preoccupied by his orphanhood and life circumstances, he positions himself as having the potential to rebuild his home and create a future for himself. Although there is no member of his family left who could benefit directly, the extended family might benefit, thereby contributing to the good and care of the larger community.

_The problem that affects me in my life is that I live alone as I have no parents. Next year I would like to go to grade 12 and my dream is to build my home and believe that with education I can._ (Thunder, boy aged 19)

Some of the school children positioned themselves as a potential support in nurturing family members, especially younger siblings. The explanation of the drawings highlight how investing in education is constructed as a potential to support brothers and sisters. As River, a 17-year-old boy said,

_I am like a river because the education that I get from my school, fill me with that water [pointing to his drawing, Figure 5.6] which is knowledge so that I can water the plants. The plants I mean my sisters at home and brothers because I am the only one who is attending school my parents don’t have money._
It is often expected that the oldest child attending school will take on the role and responsibility of educating his or her siblings, especially in situations where parents are not working or earning any income. River’s statement provides evidence of the complex link between poverty, employment and a child’s education when parents’ lack of money forces younger siblings to stay at home to allow the eldest, like River in this instance, to complete his secondary schooling. This finding, thus, raises pressing issues in connection with the notion of free education especially for secondary school children like River, and his siblings’ rights to education.

Although parents are generally regarded as primary caregivers and nurturers of their families, particularly their children, school children affected by HIV and AIDS often play the role of supporting their own parents.

_I talk to my mom about my challenges because she is the one who understands me more than anyone because I don’t have friends. I wish to succeed in everything I do. I don’t think about my status…but I think about making good things for me like studying and pass then find work to help my mom._ (Sunflower, girl aged 18)

Like Sunflower who voluntarily wrote about her positive HIV status, there are school children living with HIV who want to make a living for themselves but also help their families. Sunflower’s goal is to concentrate on her education in order to help her mother.

Family structures vary, but in most African societies, extended families are key to the upbringing of the children (Richter et al., 2013; Sanou et al., 2008; Zimmerman, 2005). As discussed in Chapter Two (see 2.2.3.1 and 2.2.3.2), the emphasis on parents to nurture and provide care to children is unquestionably vital. However, a distinction is often made in relation to roles and responsibilities with women or mothers being associated with better care for the children, particularly children made ‘vulnerable’ by HIV and AIDS (Nyamukapa et al., 2003; Nyangara, 2004). In Sunflower’s case there is a parent in the household, her mother, who serves as both primary caregiver and confidante to Sunflower. There is evidence that school children living with HIV are marginalised also by family members such as siblings or relatives in many different ways (Campbell et al., 2007; 2010). In contrast, as revealed by Sunflower, not all parents discriminate against their own children because of their HIV-positive status. By listening to their
children they come to understand their situations and therefore take on new responsibilities in terms of the care and support for their infected children.

In Uganda, where care and support for children who are orphaned was found to be the responsibility of poor widows (Oleke et al., 2007), nothing is said about the roles of the children themselves. This study corroborates the contention that though children may live with HIV, focusing on their potential to help themselves (Griessel-Roux, Ebersöhn, Eloff, & Smit, 2005) and others (Abebe & Skovdal, 2010; Wood, 2012) can influence and disrupt the various disabling structures in which they find themselves (Eloff et al., 2007), highlighting their potential to rebuild care and support structures relevant and culturally appropriate to them (Beh, 2011).

School children also see their potential as enabling them to support their siblings in cases where parents are unemployed or have no money. As I have discussed in Chapter Two (see 2.3.1 and 2.3.2), in South Africa, rural areas have been characterised by high rates of unemployment, poverty and HIV-related issues. Such rural spaces, according to Hall (2013a) could create a situation in which many parents and youth are out of income-generating activities and sometimes innocent children can be forced to leave school (especially those in primary school) (Mahlomaholo, 2012). Similarly, Malindi and Theron (2011) argue that what often happens is that when families become dysfunctional many children choose to leave their families, opting to spend time on the streets or with relatives by arrangement or voluntarily. However, the results in my study point to school children’s potential to overcome the challenges of their families by studying hard in order to care for and support their siblings, thereby asserting themselves as agents of change and also extending their potential to care and support their families. Moletsane (2012) noted that many rural school children may face multiple vulnerabilities (sexual abuse, alcohol and drug abuse, poverty, HIV). I think that this this tends to over emphasise the stressful aspects of rural children while overlooking their potential.

In this category I have explained that school children are flexible and strategic regarding how their potential could be used in their families in order to expand or strengthen the existing family potential in relation to care and support. The finding extends this notion of potential by showing that school children’s awareness of their potential goes beyond peers and family associations towards scaling-up community potentials thereby asserting themselves as responsible citizens in
relation to care and support. In the next category, I explore how school children express their potential in conjunction with community activities.

- Being active citizen in the community

While school children are aware of their potential in conjunction with the people they interact with daily (particularly their peers and family members), some were engaging in activities in the community beyond the family associations. Seventeen-year-old Sunflower, for example, expressed how her encounter with community members encouraged her to be actively involved as a young carer and supporter of people living with HIV. Furthermore, her involvement could also be an opportunity for her voice to be heard and to be socially recognised for her potential. She said,

> I like being part of the people in my community, those who do voluntary work and who help others especially those who are HIV positive. I am a good communicator who likes to know a lot about other people, but also wants to be heard by others.

Seventeen-year-old Rose, too, discovered what her experiences actually could mean to others:

> I like to help people who are HIV positive... my mom dies [sic] in 2004 and it was very sad to me. She was sick of HIV/AIDS. That is why I like to help those with HIV because I know about it a lot.

This was also supported by 17-year-old River when she was asked to explain the potential of being part of activities both at school and in her community.

> So with this picture [pointing to her drawing, thus Figure 5.3) of the river I show that I am a person with lot of knowledge and I share with other people in my community. Some of the things are that of how they use clay and do pots then sell them to visitors who come here at our school. If I share some of the things and skills I have learnt from the club other children who are not attending school will benefit and together we will know what to do when we have problems and get solutions.
Rose gave examples of the kind of information she can provide and used specific examples to show the importance of her knowledge about HIV and AIDS. River acknowledged that the potential of being active in a school club provided opportunities for her to share her knowledge and skills from which other people could benefit too. She is concerned that there is still a lack of information in relation to HIV and AIDS and that she could help in making sure that the school children in her school have more knowledge about HIV and AIDS and could help with teaching about it, as shown in her drawing (see Figure 5.3).

One important benefit when interacting with the local community is facilitating unity and connectedness that seems to reinforce the potential of local communities. For most school children working together takes many forms, including solving problems. They believe that their rural communities are capable of solving their own problems and can do so if they draw on all expertise in the community. The active involvement of each person towards a common purpose was illustrated 18-year-old Rose when she was sharing and describing her drawing.

*I am a very friendly person and a very good person when it comes to working with other people. I am an important person because we need to work together in order to solve our problems and like they normally say in isiZulu ‘ubucubu obuhle obuhamba ngabubili’ [meaning that it better to work together than alone]. So what I’m saying about me in this drawing is that I cannot care about people alone, you see in my drawing [pointing to her drawing, Figure 5.5], this rose lives because of the stem, leaves and soil. We need each other in this life.*

The last extract highlights and reinforces the notion that each person is resourceful in her or his own right across various contexts. The participants believed that working together facilitates connectedness; as a result potential is synergised to address community problems.

One of the greatest under-represented populations in the community of care and support is that of children living in marginalised communities where there is high prevalence of HIV and AIDS (UNICEF, 2013b). This is because these children are widely seen as ‘vulnerable’ or at-risk (Skovdal et al., 2013) as discussed in the previous sections and in Chapter Two. Structural factors such as living in an impoverished rural community seem to shape people’s responses towards children in these contexts who are then seemingly left out of mainstream activities in
relation to care and support. Some studies have shown that lack of a precise and universally accepted definition of what vulnerability (Cannon, 2008) and rurality (Balfour et al., 2008) mean could create problems by overlooking children’s potential, with implications for community activities and participation. These activities, according to the school children in this study, include being community volunteers, other children’s initiatives, and sharing knowledge other than that related to assignments or homework acquired at school. Campbell (2003), De Lange, Olivier et al. (2012) and Wood (2012) observed that school children have a lot to offer in their communities and can also learn from other community members (Van Vollenhoven & Els, 2010), yet they are still left out or are not taken seriously. Drawing on their potential in a society where HIV and AIDS is everybody’s business (DBE, 2013; UNICEF, 2010b, 2013a; 2014) as discussed in Chapter Two (section 2.2.3.3) is crucial. The findings in this study concur with with Skovdal et al. (2013) in their consistency that any attempt to improve care and support for school children affected by HIV and AIDS must recognise and build on indigenous community resources. The school children point out that they have the potential to share school experiences in the community, particularly with out-of-school children, thereby asserting themselves as agents in creating or increasing school-community partnerships (Ferreira, 2013). Giddens (1987) argues that agents are active individuals who can use their resources to transform existing structures by changing the rules of the game. The rural school children are not necessarily limited by the structures in which they find themselves in, but can, according to Giddens, use their potential gained from various contexts to their advantage and could easily disrupt existing structures and rebuild favourable structures (Giddens, 1987) in relation to care and support.

But the same structures that give school children an opportunity to share their potential can derail these potentials if there is no co-operation from the community. Thus, school children’s representation of their potentials in the community is linked to their reasoning that care and support cannot be solely one group’s responsibility but should be that of the entire rural ecology, thus highlighting the importance of working together in friendly and harmonious ways. A key issue here is that these participants understand that care and support should be guided by democratic principles (DoE, 2009; Theron, Liebenberg, & Malindi, 2013) such as individuals’ right to participate and respect one another, all of which they believe will increase and strengthen community collective potentials in relation to care and support.
In a discussion of this theme, **Drawing ourselves into the story: School children as (in)visible in care and support.** I considered the findings related to how 20 secondary school children from two rural schools, constructed themselves – through drawing – in relation to care and support in the age of HIV and AIDS. I conclude that when school children come to school or to their classrooms they bring their potential – seemingly invisible to some teachers – with them. However, in the stories they tell, they clearly position themselves as visible and able to contribute to care and support in various ways. Building on this theme, I discuss the second theme in order to show how they construct the care and support that is provided to them as ‘vulnerable’ school children in a rural school context in the age of HIV and AIDS.

**6.2.2 THEME TWO: PICTURING CARE IN SCHOOL: SCHOOL AS ENABLING AND CONSTRAINING ENVIRONMENT FOR CARE AND SUPPORT**

Schools are perceived as learning organisations and subsequently also as caring and supporting organisations since they have the obligation to educate and nurture their children in many different ways. Rural schools are no exception and they have to ensure an education for all, including that on the subject of HIV prevention, as well as the care and support for children, including those made ‘vulnerable’ by HIV and AIDS. I confine my discussion of my findings related to this theme to the rural secondary school children’s constructions of care and support through their use of photovoice. The first sub-theme focused on the school environment enabling care and support, and the second sub-theme the school environment constraining care and support.

**6.2.2.1 School environment enabling care and support**

This sub-theme explains the school environment as enabling care and support in rural schools primarily through person to person interactions. This includes school child to school child; school child to teacher; and school child to community member interactions. I now turn to how school children collaborate with other school children and exercise their personal agency in relation to care and support.
• Being more than a ‘vulnerable’ child

It was interesting to note that these rural secondary school children saw themselves and their peers as significant and agentic in care and support. Almost all the school children took photographs of themselves and provided explanations to demonstrate their own role and the role of other school children in relation to care and support in their school settings.

– Sharing materials

All the participants commented that rural school children are more than just ‘vulnerable’ children because they provide care and support to each other in practical ways, for example, sharing what they bring to school.

At that time I had no pen to write the test so my friend lent me one pen to write with. I do not know who needs what unless you are very close to that person and then you can help with whatever you got. If the problem is too big for me, I tell my friend to tell our class teacher because he understands and listens to our problems. (Primrose, girl aged 17)

In photo number four [Figure 5.25] my friend has nothing to eat so I took my orange and divided it into two. I did this so that we both can have something in our stomachs and it's going to be easy to understand what the teacher is saying. Sometimes they think you are stupid in class because nobody understands your situation. My friend is the one who knows and he is my neighbour at home so he knows the situation at home. (Romeo, boy aged 17)

This photo [Figure 5.23] is about my friend who finished her matric last year. She brought all her uniforms to school and share with those who cannot afford. I think if all learners could be like this we can be a better people and fight HIV together as young people. (Rose, girl aged 17)

At school when a learner’s parent has died we are told and we have to contribute money to help the learner. We are like a family here at school when it comes to things like death. Most of the learners’ parents are not working so this is good to help one another. (Flower Star, girl aged 16)
The participants highlighted constructing care and support as sharing the material resources they have. They emphasised that sharing these materials potentiated a family-like environment in the school. They also highlighted the importance of giving back to the community – drawing our attention to promoting school children’s agency in caring and supporting – for example, giving their uniforms back to the school for their use by those who cannot afford to buy them.

The HIV and AIDS pandemic continues to affect the globe, both socially and economically (UNICEF, 2013a; 2014), including South Africa (Hall, 2013a; Statistics South Africa, 2013), and its challenges continue to impinge seriously on rural communities and rural schools particularly in relation to care and support for secondary school children made ‘vulnerable’ by it (Mudaly & Sookraj, 2008; Norris et al., 2007). However, as the literature shows, the understanding of what rurality means (Balfour et al., 2008; Chigbu, 2013) and what vulnerability means (Cannon, 2008; Schenk et al., 2008) is important in advancing our understanding of how this group of secondary school children construct care and support in a rural school context in the age of HIV and AIDS. Thus, though ‘vulnerable’ and coming from different backgrounds, what they bring into the school environment is essential to care and support. In agreement with the existing, but limited research on rural secondary school children (Hardré, Sullivan, & Crowson, 2009; Irvin et al., 2011), this study also found that rural secondary school children create enabling care and support environments through sharing material goods including food, clothes and money, thereby contributing to other school children’s social and economic survival. Earlier studies, such as those of Norris et al. (2007) and Vaughn et al. (2007) also describe rural secondary school children as caring and supportive of friends and peers familiar to them. This is in contrast to my study which found that rural secondary school children reported on care and support in a wider context in that this was extended not only to peers they knew. Resonating with my findings is the study of Al-Iryani et al. (2013) who also found that secondary school Muslim students in Aden were sharing information, highlighting the key role of ensuring wider support rather than only close circles of support, as Hlalele (2012) also points out.

- **Learning together**

School children in rural schools do more than share material resources. They, in the course of their school career, work towards achieving shared goals, particularly educational goals and
aspirations. These school children commented that individuals within the school could work collaboratively and support each other, because then it would be easier for them to solve their own problems.

*Not only do learners support each other with food and clothes but these learners help each other with their studies. They are both from poor families but when they are here at school, they are always studying. As friends we need to encourage each other to study hard so that we can overcome all the problems that we face. With education you can be employed and get all that the family needs. You can take your sister or brother or mother to the clinic even if they have HIV.* (DC Washington, boy aged 17)

*This photo [Figure 5.25] show friends who are looking at their timetable. They study together because they know with good education we can defeat all problems even if one has HIV. Learners who are HIV come to school so that they too can achieve their dreams. In this photo[Figure 5.25] we are working out our study time with my friend so that we can achieve our goals or our dreams so that we can be something in life. We study together so that we can have a better future.* (Romeo, boy aged 17)

They also indicated that there are many alternative ideas and suggestions found in a collective. Seventeen-year-old River commented that working in a team builds a feeling of belonging since one does not struggle on one’s own, but gets the opportunity to share in the ideas and solutions of others.

*In this photo [Figure 5.31] the two learners support each other and I think even when they have serious problems they can be able to talk to each other. You do not feel lonely at school and you forgot the problems that you have. She has someone who cares about her.*

In the same vein Moonlight, a girl aged 16 said,

*Every time I think of my status it makes it difficult to study alone at home. I joined this group of guys [Figure 5.38] and they gave me tips of how to study. Since I joined them I forgot about my HIV status and focus on my studies. This group is all I have got in this school.*
The rural secondary school children also drew on heterosexual relationships as a foundation for team work and care and support. One participant commented that his intimate relationship with his girlfriend is about interdependence and caring, and that caring and supporting each other requires love and trust.

*This is a photo [Figure 5.37] of my girlfriend. She loves and supports me. It’s easy to talk to my girlfriend about my problems. I know she won’t tell anyone but she helps me overcome the problem at hand. It is easy to talk to someone only if you trust that person. In the school I only tell my girlfriend my problems at home and she also tells me hers. Together we support each other try to find solutions to our problems. (Starlight, boy aged 17)*

Another participant made a similar point.

*It [Figure 5.29] shows me and my lover. We are together during school hours behind classrooms. I only share with my partner if I have problems. We are both orphans and we understand our situations much better than our classmates. If you have problems and try to tell any other learner the whole school will know about your problems. (Lwandle, boy aged 17)*

The above excerpts reveal that school children take advantage of their heterosexual relationships, and that these relationships serve as resources to help them thrive in school. These relationships also give these school children a sense of belonging, which is crucial to their well-being, particularly given the reality that some of these children did not have parents or siblings in their lives. This is of particular interest for team learning and for creating positive support networks (Mitchell & Murray, 2012) that enable working together.

My findings also show that rural secondary school children create supportive networks that promote their dreams of higher education and the attainment of future goals. This meshes with the findings from Aden (Al-Iryani et al., 2013), Nigeria (Maticka-Tyndale & HP4RY Team, 2012), and South Africa and Canadian East Coastal regions (Barnes & Kelly, 2007). School children play a key role in confronting their own challenging situations by focusing on collective intelligences as has been observed, for example, by Skovdal (2009) in Kenya. While Vaughn et
al. (2007) found that rural secondary school children work together with peers or friends (Mohangi, 2008), the situation was slightly different in my study. The findings highlight how school children in heterosexual love relationships (see Lwandle and Starlight above) contribute to the care and support for each other, indicating mutual benefit to those in such relationships at school. This finding corroborates the finding of Morojele and Muthukrishna (2012) in Lesotho that rural primary school children took advantage of their heterosexual relationships as a supportive space as they journeyed along dangerous routes to and from the school. This indicates how existing negative perceptions of rural secondary school children in love relationships can be challenged since we can see that they contribute to socialisation and shared visions (Moloi, et al., 2010) in relation to care and support.

- **Being spiritual friends**

The school children defy being seen as ‘vulnerable’ and see themselves, rather, as spiritually and emotionally unique in many different ways. They reported appreciating and appropriating prayer circles as an effective way of sustaining themselves and providing care and support to their fellow school children facing challenges, including grieving the loss of their siblings to AIDS. Many of the participants recalled that spiritual friends or brethren or comforters had nurtured them and often did so during prayer circles.

*The learner is praying [Figure 5.24] for another learner because she has some issues. Prayer is powerful because it brings love and hope in life all the time. The prayer movement in our school is important in my life. Coming from a poor family and my sister died and I think she had AIDS, this movement has helped to accept the loss and be strong again and support my mother. (DC Washington, boy aged 17)*

*Seeing my friends [Figure 5.26] at school helps me forget about what I left behind at home. It’s the last period and the memories are coming but my friends try to help me forget about it. One of my friends knows about my sister who is HIV positive and she knows that this makes feel angry so she told me that there is a counseling teacher in our school and also the group members, my peers. They gave me advice and told me that my mother is going to be better. They said the best thing for me to do is to stick on my studies and always trust God. I took their advice. (River, girl aged 17)*
The above highlights how prayer circles which open up dialogue—such as talking about their experiences of HIV, poverty and other life challenges—becomes action-oriented and solution-focused in relation to the school children’s larger world. This type of response is supported by Argall and Allemano (2009) and Richter et al. (2012) who are of the opinion that Faith Based Organisations (FBOs) are of importance in relation to care and support for ‘vulnerable’ school children because they include a wide range of support activities such as guidance and counselling, and feeding and clothing programmes. They therefore also contribute to the initiatives and activities in support of the National Integrated Strategy on HIV and AIDS 2011-2015 (DBE, 2010).

The participants in this study constructed the meaning of prayer circles in a more nuanced way. For example, 17-year-old River, while acknowledging trust in God, also encouraged an action-oriented approach to care and support. Pearson (2013) confirms this idea when he contests “utopian hope” (n.p.) and encourages “critical hope” (n.p.) instead, which he refers to as being able to confront situations and do something about them.

- Leading critical dialogue

School children’s construction of care and support is promoted by other school children who are peer-educators. They point out that peer-educators are trained in HIV education. Furthermore, the majority of the participants strongly agreed that they can freely talk to their peer educators, rather than to their teachers, about HIV related issues.

It is a picture [Figure 5.25] of peer educator from our school. It shows that we must not give up and continue teaching people about HIV/AIDS. Making people understand how HIV infects a person and what happens when he/she is already infected. Tell people that they need to know their status. We are free to talk to peer-educators than our teachers. (Romeo, boy aged 17)

This photo [Figure 5.31] is where the school club members meet. My friend is also is a leader in … club. This is the club in the school and they help me understand how one gets infected with HIV/AIDS, how we should treat sick people and how we should take care of ourselves. (River, boy aged 17)
They teach us about HIV/AIDS and how to care about ourselves and others. They are now peer educators and they also used to have problems but now they know how to solve the problems. (Rose, girl aged 18)

Peer-educators and other peer-led club members were instrumental in providing HIV education but were also effective as motivational leaders who promote school children’s agency towards taking responsibility and becoming problem solvers.

This club is mostly run by learners especially those in grade 11 and 12. It is helpful and we talk about anything in life and they help us to solve problems and concentrate on our studies because they say with good education we can live a good life and help our families. (River girl aged 17)

This photo [Figure 5.32] is about the club here at school called ... . My friend asked to join this club because it helps a lot. In this club we pray and feel free to talk about our problems. There are other learners who also motivate us. Since I joined I feel much better and I can forget about the problems at home and study hard. (Rose, girl aged 18)

This photo [Figure 5.33] is about the group which motivates us a lot. We pray and talk about our problems ... . They said to me don’t worry my child everything is going to be okay. (Flower Star, girl aged 16)

While, as noted in the previous extracts, these school children’s construction of care and support at school is an important effect of relationships, another issue worth noting is the variations in their relationships, and how care and support is interpreted differently. Eighteen-year-old Dollar, for example, sees some care and support as being provided unconditionally, even in the face of risk.

I had a small accident and hurt my foot. My friend helped me by giving me something to cover my bruise. He also helped me cover it as a friend. It is a good thing to have someone who can help you at school like my friend did. We just help each other and we do not even think of HIV when an accident occurs. I have never seen a first aid kit at our school and I do not think we as learners can be allowed to use it even if it is there.
Dollar’s explanation is an indication of the strong relationships among school children that underpin their understanding of care and support. It also highlights that care and support both at the level of the individual and at that of the collective, is significant to strengthen school policies in relation to such care and support. Clearly committed to one another, school children’s constructions of care and support are dominated by images of protecting, helping, and saving lives.

The presence of school children as leaders in school has been documented widely (Al-Barwani & Osman, 2011; McGrath, 2011; Mncube, 2008). In the context of HIV and AIDS school children’s leadership is linked to peer-education (Al-Iryani et al., 2013; Campbell, 2003), and is included as a component in a number of large scale initiatives in South Africa that are designed to reduce the spread of HIV among youth, such as Love Life (Maticka-Tyndale & HP4RY Team, 2012) and Soul Buddyz (Soul City IHDC, 2008). In this regard, peer-educators are seen as key agents in HIV prevention and eradication but also in caring and supporting those infected with HIV or affected by HIV and AIDS. My study shows that these school children embraced and appropriated peer-education and peer-led clubs as significant to ‘vulnerable’ school children in their everyday lives. The finding also concurs with that of Campbell (2003) in that peer-educators who are trained and knowledgeable are constructed as competent leaders. I, too, found that peer-educators encouraged school children to talk openly about their personal problems thereby asserting themselves as participatory leaders, as Al-Iryani et al. (2013) point out, but also as democratic leaders as Mncube (2008) points out, since they promoted democratic principles, such as the freedom to talk (see Rose). According to these authors with whom I concur, peer-educators create protective and supportive environments by enabling ‘vulnerable’ school children to talk freely and to resolve their own issues. In this study, participants felt that at the core of peer-led groups is critical dialoguing and critical thinking. In other words, the democratic focus of the peer-led clubs as described by other researchers (Smit & Oosthuizen, 2012; Visser, 2007) provided safe fora in which to openly discuss personal issues, and in which peer educators not only teach but allow school children to talk about their problems and, where possible, generate their own solutions. This is supported by Campbell (2003) who observed that peer-educators and Merakou (2006) who observed that peer-led clubs yield positive relationships beneficial to care and support.
This sub-theme ‘Being more than a ‘vulnerable’ child, shows that school environments enable care and support for ‘vulnerable’ secondary school children as facilitated by the school children themselves. This is not surprising taking into account the fact that they drew themselves as confident and as having multiple potentials (see 6.2.1.2). This already troubles the notion of the school children being seen only as ‘vulnerable’ in rural schools.

I now move to discuss how enabling environments are constructed through interactions between school teacher and school child.

- Being more than teacher in care and support

In this sub-theme, I discuss how participants represented their school teachers in care and support in the rural school context. Although I emphasise school teachers’ actions in what follows, it is important to note that most of these actions came about as a result of the school children’s personal agency in sharing, talking and interacting with their school teachers. The participants’ representations of school teachers in care and support are discussed through four categories.

- Providing material needs

Providing care and support in difficult education contexts often pushes school teachers to meet the school children’s basic needs, in particular when they are seen as ‘vulnerable’.

> At school we have few teachers who care for the children who are in need of anything. These teachers will take care of children who need food and clothes. They give it to them and protect them. Few teachers show this love to vulnerable children. But if you are from a rich family you will be liked by many teachers. (Sunflower, girl aged 18)

It is interesting to note that out of twenty participants only one talked about food and clothes as the needs of ‘vulnerable’ secondary school children in rural schools. What emerged from Sunflower’s comment is that only very few teachers do assist with food and clothing.

Other participants commented that school teachers’ personal assets such as their vehicles were important in contributing to creating an enabling environment in terms of care and support.
In this photo [Figure 5.22] I want to show that the cars of the teachers found at the school are more helpful in the emergency times that may prevail at the school. Our school is far from the clinic so when learners are sick the teachers help with their cars. Many learners get sick but we do not know if it’s because of AIDS but even if it is, the teachers can help and take them to the clinics to get their ARVs. (Table Mountain, girl aged 17)

I have captured [Figure 5.27] a person who has HIV/AIDS. Now she is going to the car to go to the hospital because she is very ill. She has no money to take care of herself. The car belongs to the other teacher, so teachers’ cars are also helpful as they help others to the clinic which is not so close to the school. (Sunflower, girl aged 18)

This points to how some school teachers in rural schools contribute whatever they have towards the care and support for their school children who, in turn, embrace and appreciate their school teachers’ generosity in sharing with them. School teacher support, particularly material support, has been widely documented (Bhana et al., 2006; Delva et al., 2009; Dlamini et al., 2012; Huang, 2008; Ntaote, 2011). However, it has also been noted that teachers in Lesotho were discriminating against children from impoverished families and labeling them.

Encouraging open talk

School teachers in rural schools do more than teach. School children’s constructions of care and support entail interactions with their school teachers beyond the classroom in many different ways. However, my participants reported low teacher-child interactions in relation to care and support. Nevertheless, the few interactions with a few school teachers were significant to these school children in cases where the teacher’s empathy was an important contribution towards the creation of school environments that enable care and support. They also indicated that empathetic responses from teachers included qualities such as patience, deep listening, friendliness, and compassion. In explaining his photograph the participant said,

In photo [Figure 5.25] it is me and my teacher. This is one adorable teacher who listens to all learners’ problems. She is always there to help and even other teachers tell us to go to her when we have problems. Even the principal sends learners to this teacher for any type of problem. I wish all teachers were like her. It shows that teachers must take care of
learners. Give them advice if they have problems. Sit down with them so that they can concentrate in their studies and not get STIs. (Lwandle, boy aged 17)

Another explained,

*I took the picture [Figure 5.35] of a chalkboard to show that someone who is using that board is the one who helped me. She showed me support when I had a problem. One of my teachers is helpful and friendly and she is the best amongst the rest. Both my parents died because of AIDS and they did not tell us, we only hear outside. So I trust my teachers than other people.* (Sweet Potato, girl aged 17)

These excerpts point out that not only are these school teachers empathetic towards these rural school children in order to teach them, they interact with them and are inherently involved in their emotional development. They listen, they are helpful and friendly, and their problem-solving skills are valued. A review of studies, particularly on school teachers’ pastoral role in supporting children who are orphaned and ‘vulnerable’, show that many school teachers engage in several different ways. The work of Chitiyo et al. (2008); Hlalele (2012); Taukeni (2012); Wood and Goba (2011) and, more recently, Mohlakwana (2013) illustrate that school teachers’ accounts of care are linked to guidance and counselling of school children. The research by Ogina (2010) has revealed that some schools have trained counsellor school teachers and that they are more likely to be at the frontline of care and support. Although my findings do not explicitly refer to trained counsellor school teachers, the school children’s responses show that certain school teachers are perceived as specialists. My findings concur with Ogina’s (2010) that not all school teachers regard themselves as agents of care and support and feel that school children’s needs are best met by more competent agents outside the school. What emerged clearly from the findings in my study, as alluded to by the ‘vulnerable’ school children, is that they benefit from the emotional support given by schoolteachers who empathise with, and listen to them. This is clearly a move away from the traditional role of identifying ‘vulnerable’ school children and involves taking up an active role that gives the ‘vulnerable’ school children an opportunity to talk about their problems with a school teacher who listens.
- **Supporting success**

One of the unique qualities of school teachers, as identified by my participants, is that they are experts and well educated. Some of the school children reported acknowledging and appreciating school teachers’ expertise in relation to care and support which was used to resolve problems encountered in schoolwork.

*My teacher helped me with the problems I encountered on my studies. She explained to me and it was clear what to do next. Getting help from the expert is a good thing.* (Dollar, boy aged 18)

*I was not doing well in Maths, Physical Science and Life Sciences. My friends were gossiping about that and it was bad because all I needed was help. I thank God for giving me right teachers. My other teachers helped me face my subjects and now I am doing well passing all my subjects. You know not all teachers are bad in the school but very few care. Even if I get HIV I know which teachers to go to.* (Moonlight, girl aged 16)

While certain subjects, according to Moonlight’s observation, could be challenging, gossip about their poor performance seemed to exacerbate school children’s ‘vulnerability’. In this regard, some school teachers encouraged and emphasised school children’s agency. For example, encouraging school children to confront their challenging subjects using the teachers’ help yielded positive results. The school children’s testimonies echo those found in the research in Western Cape by Chabilall (2012); in Nigeria by Dlamini et al. (2012), and, more recently, by Wood et al. (2013) in Tanzania, who described the care and support for ‘vulnerable’ school children as including the development of all aspects of their lives.

My findings also point out that unfavourable conditions do not stifle the teacher - children interactions but instead create opportunities to (re)create positive enabling environments. My findings corroborate those of Ogina (2012) who observed that care and support environments encourage school children’s problem-solving skills which, according to Theron et al. (2013), assist forging a pathway to resilience. However, some studies such as those of Mahlomaholo (2012) and Mohlakwana (2013) have shown that ‘vulnerable’ school children are possible drop-outs as a result of unfavourable school environments in which they are teased about poor
academic records. My finding contrasts with these studies in relation to this issue. This is not to suggest that discrimination should be silenced or ignored, but the emphasis for me is that teacher-child interaction which promotes confronting difficult situations potentiates solution-oriented action (Liebenberg et al., 2014).

*Orchestrating access to system-wide resources*

My findings in this category point out that these school children believe that the school teachers’ meaningful connections beyond the school setting were significant to their everyday life. They indicated that open discussion about their personal problems encouraged school teachers to organise access to various resources in relation to care and support. These school children generated distinct photographs and explanations that depict school teachers as orchestrators of care and support resources.

*I once told my teacher Mrs Tee about some of my problems ... she organized the social worker and the two of them went home. I am doing well now. (Flower Star, girl aged 16)*

*Even if I have HIV problems I am sure I can come to this teacher [Figure 5.36] because she cares and knows many people even white people that visit our school. She is always with them and she reads a lot because she encourages us to read in order to know and says knowledge is the power. (Dollar, boy aged 18)*

Another school child commented that care and support itself is an upward spiral and that it requires continual dialogue. Unlike most participants who represented various issues through a distinct photograph, 18-year-old Masiyama decided to do a photo-essay about how a particular school teacher’s contribution affected his life. He arranged all four of his photographs (see Figure 6.3) to depict the teacher’s angle on care and support so that they communicate a story. In speaking about his relationships with the school teacher, he said,

*The teacher is teaching but I am not concentrating because I have problems at home. I found out that my mother has HIV/AIDS. I cannot concentrate on my studies because I am thinking that my future has come to an end. The teacher is waiting for an answer but she finds that I am crying. I did not understand what she was saying or teaching in class. She asked me what is wrong and why I am crying. I told her that I’m going to quit school*
because my life is over because my mother is going to die. She took me to the office and asked me to sit down. After I sat down she motivated me and promised that she will come to my home. She will talk to my mother about living with the disease for many years and give me tips on how to cope with the situation. We are hugging because I am happy or I see that my life is not over because of the virus. There is still a place for me in this world and my mother’s life is not over. (Masiyama, boy aged 18)

Figure 6.3: Masiyama’s photographs showing interaction with a caring teacher

Trying to rationalise the reason why he decided to consider a storied response to the prompt (see Chapter Four: 4.8.1), 18-year-old Masiyama reported that it was important for him and the school teacher to deal with the problem while it was still fresh, because the school teacher could think of other people who could assist and the problem could be solved within a short period of time so that he could continue with his studies. From the existing literature we know of many school teachers who often place a huge strain on themselves in relation to care and support for ‘vulnerable’ school children (Bhana et al., 2006; Huang, 2008; Ntaote, 2011). Ebersöhn and Ferreira (2012) and Loots et al. (2012) have found that school teachers have the skills to map and identify community assets that help them to respond resourcefully in relation to care and support for ‘vulnerable’ school children. In agreement, my findings point out that school children in this study appreciated a school teacher’s initiative in drawing on community assets in relation to care
and support. They referred to social workers and white people who visited the school to promote care and support. In a similar way Ogina (2010) found that school teachers facilitate care and support, particularly, of sexually abused school children, by involving medical practitioners, social workers, counsellors, and policewomen. Similarly, in Nigeria, Dlamini et al. (2012) found that school teachers worked with Anti-AIDS school clubs and Guidance and Counselling Teachers (G&Cs) to address HIV and AIDS education broadly. These findings stress the school teachers’ active presence in sustaining care and support strategies – not only identifying them but working with other agents.

This discussion of ‘Being more than teacher: School teachers at the centre of care and support’, makes it clear that school teacher-school child interactions create multi-layered enabling care and support environments. The findings allow me to highlight three factors that seem to encapsulate the participants’ construction of care though schoolteacher-schoolchild interactions. The first factor relates to enhancing the psychosocial well-being (Donald et al., 2006; Williams, 2010) of school children. The second relates to constructing care as a “pedagogic action” (Walker, Anderies, Kinzig, & Ryan, 2006, p.355) in which school children’s agency is encouraged to ensure their academic progress and achievement rather than offering only emotional response. The third is the fact that teachers are not alone in providing care and support but can, depending on the nature of the problem, involve other persons in the provision of efficient care and support. Although certain schoolteachers managed to orchestrate resources towards improving care and support, school children were able to thrive in the school through other means, including their taking advantage of their school physical environments, as I discuss in the following category.

- Physical school environment in care and support

The school children’s constructions of care and support in a rural school context are highly fluid and should not be considered static. In this sub-theme, I discuss the finding in relation to how the school children participants interact with their school environment – other than with school children and school teachers – to their advantage in relation to care and support. The school children participants mapped the rural school and represented, through their photographs, the school infrastructure such as the grounds, the buildings, and the garden, and the teaching and learning materials, and explained how these relate to their care and support. This category
therefore provides insight into the multifaceted nature of a rural school context and its impact on school children’s care and support. The following three sub-categories emerged: healthy play, comfortable spaces, and a place for independent learning.

- **Healthy play at school**

The accounts from the participants show that they recognise that HIV and AIDS affects one’s life and that taking care of one’s health is necessary while living with HIV and AIDS. Physical exercise and play are both part of a healthy lifestyle and so is socialising.

*This is our playing grounds at school [Figure 5.21]. It is not the best field at all but it is better than other schools around. Sports are not that important in our school but as learners we like to play. The playing fields show care and support because when there is someone who is HIV positive then that person is going to be able to play and exercise his/her body.* (Sunflower, girl aged 17)

*Starlight*, an 18-year-old, took a picture depicting him and his captain hugging each other (see Figure 5.37) and explained how interacting with his sports mates brought fun into his life instead of his being preoccupied with his difficult circumstances at home.

*This is me and my captain. I play soccer at school and home. I am from a poor family and stay with my grandmother who is sick. I always come to school depressed and afraid that when I go back home after school she might have left me alone. I always talk to my captain and he is always there for me.*

Other school children reported that the school grounds are places for play and socialising, and that in the moment of playing, more dialogue takes place including the sharing of personal challenges and solutions.

*On this photo [Figure 5.25] it’s where I’m playing with my friend, showing love on whatever situation he was facing. Interesting is that soccer has become solution to many of our problems. After playing we sit down and think about solutions. To us problems are like a ball, it’s a person who kicks it any direction. Since then we know that just like kicking the
ball there are many solutions to a problem. We want to do sports as a career when we finish school. (Romeo, boy aged 17)

The photo of a group [Figure 5.35] shows that I have a chance to speak with other people about my problems. The people in this photo are my sports-mate because we play netball together we are not even in the same class. Sometimes true friends come from the team members not classmates. They know your different attitudes because at the sports is where we talk more, argue more and at same time find solutions together if we want our team to win we cannot go on fighting because we will lose. Sometimes we share personal problems and help each other because when your spirit is low you cannot concentrate on the game. So they do help me with my problems. (Sweet Potato, girl aged 17)

The school children’s excerpts highlight that the open spaces such as the school play grounds are spaces in which children play, have fun, exercise, and socialise. They also revealed that new attitudes and behaviours are forged, and trust, tolerance, and understanding is developed in discussing personal problems openly, listening to each other, and in arguing and generating solutions collectively. My findings also showed that participants use sports as a way of coping with life situations.

Staying healthy is mostly associated with care and support especially of people living with HIV and is strongly reflected in the Millennium Development Goals (MDGs) (UNICEF, 2014) and the South African Integrated strategy on HIV and AIDS (DBE, 2010a). Furthermore, according to WHO, physical activity and sports improve diet, are enjoyable and reduce stress levels (WHO, 2006). DBE and MIET Africa (2010) also highlight how school grounds could be inclusive spaces where all school children, including those living with HIV and AIDS, meet and have fun instead of being preoccupied with their own challenges. I conclude that that having fun and playing sport is key to care and support in any formal or informal way.

- Comfortable space

The school children participants appeared to take note of many spaces within their rural school context and understood their school environments in graceful ways. There is no doubt that underdevelopment in rural schools could jeopardise the life chances of these children, but the
participants in this study focused on simple resources to counter the presence of their challenges in their rural schools.

When the person is HIV positive and needs fresh air or when he/she is sick and need protection from the sun. So this photo [Figure 5.23] shows trees in our school which according to me are important but we are not aware of and teachers are also not aware of them. I normally see some learners sitting under these trees but I did not know if they do so because they may be sick. Especially in summer when it is very hot we all need a place like this. The classroom can be very hot and not good for our health. (Rose, girl aged 17)

This [Figure 5.35] is about a tree in our school. The tree is far away from the classrooms. I normally come under this tree, it is quiet here, I got chance to sit alone and think about my problem. I also get chance to think about my solutions to the problems. I have a serious problem that I cannot share with friends or teachers but when I come to this tree I am able to think differently. It is cool here when it’s too hot I normally sit here alone and I feel better after that than being in a noisy classroom. (Sweet Potato, girl aged 17)

Sweet Potato, for example, based on her experiences, is providing us with some suggestions about how a little bit of nature can be a cool place and a source of calm – a place for thinking, away from noisy classrooms.

Other participants commented on the verandas in front of the classrooms as being shelters from the effects of harsh weather conditions. 18-year-old Rose, however, provides a critical awareness of how school spaces could perpetuate discrimination and the marginalisation of school children living with HIV if used solely by them.

This [Figure 5.31] is the school veranda and the learners who are sick and have HIV, run here and protect themselves from the sun when it is hot. (River, boy aged 17)

The school building has a veranda [Figure 5.23], when it rains or hot they get protection. We need more of these buildings not only for HIV infected learners but all of us need to have safe places in school. But not many of us are aware that this can be important for learners who are sick. I was not aware up until I joined this group. (Rose, girl aged 17)
These school children also point out that safe places within the school have an impact on their well-being and they link a hygienic school environment to improved health.

*The toilets [Figure 5.21] do show care and support because they are clean and students are aware of that because when they finish or done using them they make sure that they leave them clean because they were taught so. (Sunflower, girl aged 17)*

*This photo [Figure 5.28] is about a healthy environment. Many diseases are caused by dirty environments. I think most learners feel much better in school because it is clean and we always keep it clean. A needy child can be given food but eating that food in a dirty place does not help. We stay healthy because our school environment is kept neat. (Thunder, boy aged 19)*

The data also suggests that school gardens address issues of poverty, and food security, which is crucial to school children’s well-being, particularly given the reality that some of their parents are unemployed, and some children do not have parents or siblings in their lives, as is evident in this contribution from 19-year-old Teddy Bear.

*I’m trying to show [Figure 5.26] one of the gardens in school. It used to help learners who are needy because their parents are not working or have died. It used to be very big and well cultivated but that not the case now. Gardening is something very good for the school. Getting something fresh from the garden can make all children have a healthy life. We all know that if we do not eat healthy food we can get sick easily. Those who are sick because of HIV and AIDS need the fresh vegetables more and gardening should be compulsory in all school.*

The findings in this category provided insight into the nuanced way in which school children navigate spaces in their rural school context and use them strategically to their advantage in relation to care and support. This concurs with the requirements of *The National Policy for an Equitable Provision of an Enabling School Physical Teaching and Learning Environments* (DBE, 2010c). School gardens are conceived of as essential to the mutual benefit of the school and the community in relation to care and support, as highlighted by the *Garden-Based Learning for Improved Livelihoods and Nutrition Security of School Children in High HIV-Prevalence*
Areas workshop in Harare (Food and Agricultural Organization) (FAO), (2007). My findings fit in with the previous studies on this issue but I extend this line of research by suggesting that gardening rather than gardens should be compulsory in all schools, not only rural ones.

- Place for independent learning

These school children saw a clear link between the enabling school environments, in particular, instructional spaces, and the well-being of the community they purport to serve. They identified instructional spaces as structured resources that could improve children’s knowledge of HIV and AIDS and the skills required to care for and support people living with HIV and AIDS.

In school there is a computer lab [Figure 5.22] whereby we have access to internet and can be able to learn more about HIV/AIDS so that we can be aware. But not all learners use the computer lab. Resources are there but they do not help all of us at all. (Table Mountain, girl aged 17)

I took the picture [Figure 5.23] of posters in our class. These posters give us more information on how to treat people who have HIV or AIDS. Posters like this are important in classrooms and one can get information here instead of going to another learner or teacher. Enough posters about HIV information should be made available in each classroom. (Rose, girl aged 17)

The photo [Figure 5.35] talks about life skills. This is the poster in one of the classroom. I took this photo to show that when I had a chance to look at this picture I realised that one of my problem was solved by life skills. They taught me how to solve my problems. (Sweet Potato, girl aged 17)

The school children referred to independent learning as being essential to the course of school life. This finding is linked to the notion that schools are envisioned as being resources (Williams, 2010) for the use of all school children, including the ‘vulnerable’ ones. However, Kendall and O’Gara (2007) have strongly argued that what constitutes school resources do little (if anything) to address the particular needs of ‘vulnerable’ school children. A study with teachers in Nigeria (Dlamini et al., 2012) reported that in addressing HIV and AIDS-related care and support teachers relied on information from textbooks and only explain what is in the textbooks. My
finding indicates the importance of using resources such as visual materials, for example, posters, that could lead to subtle learning (and problem solving) – without dependence solely on the teacher – beyond the formal classroom interaction.

What emerged clearly from this sub-theme, *School physical environment as care and support*, is that rural schools have unique physical environments that are significant in relation to the care and support for ‘vulnerable’ school children. The school children in this study identified existing and available resources and used them resourcefully, and therefore, to some extent, refuting the findings of previous studies. As the extracts indicate, many participants describe rural school spaces as a positive contribution to care and support, as one that Ferreira (2013) and Meyiwa et al. (2013) describe as open and solution-oriented rather than negative and risk-oriented.

- **School and community in care and support**

Care and support has also been constructed as a joint activity between the school and the community (Williams, 2010) and, since schools are organic in nature and part of the systems ecology, local community members can be agents of care and support. In this sub-theme, I discuss how community members (such as non-teaching staff, parents and grandparents, neighbours, counsellors and motivational speakers) were instrumental in the school children’s construction of care and support in their rural schools.

- **School guards**

The school children in this study commented on the professional skills of the security personnel in their school compound, particularly, their capacity to minimise or prevent violence and stop anyone from bringing drugs into the school. Seventeen-year-old *Sunflower* took a staged photo depicting a school guard (see Figure 5.21) and described how the security man’s presence in their school was linked to care and support.

*At school there is security guard who controls people coming in and leaving the school. This is important because sometimes boys come to our school with drugs and this could be dangerous for all the learners. When learners use drugs they end up doing bad things and boys force girls to sleep with them and can get HIV. The security guard shows that there is
care and support because the security is there to make sure that people inside the area feel safe. (Sunflower, girl aged 17)

Generally, all the participants supported the idea, talking in chorus, that schools are not safe and that a guard contributes to care and support. Although this raises the pressing issue of the abuse of schoolgirls outside the school boundaries, any discussion of this is outside the scope of this thesis.

Grandmothers, mothers, and women neighbours

The roles of parents and grandparents, particularly mothers and grandmothers, were discussed for their pragmatic value in relation to care and support. The participants emphasised that grandmothers did more than provide financial support; they encouraged higher learning and achievement.

I stay with my grandmother and we use her pension money to survive. My grandmother tells me that the only thing that will help me live a better life is if I concentrate on my books. I know the problems we have at home but when I am at school what I do is to read and study hard because that will take me to university and be a better person. My friend who is in grade 10 also stays with her grandmother. (Thunder, boy aged 19)

Dollar reported that his mother is caring and supportive because she listens and talks openly about HIV, care and support.

I do not discuss my problems in school. I wait until I get home to talk to my mother. It’s good to have someone close to you in life to guide you and give you hope. Nothing is more important than having someone to listen to you when you are faced with difficulties. Such a person to me is my mom, when we talk of care and support that is the only person I can think of. She tells us to be aware of HIV and behave well, if there is something on TV she calls ‘Come, come sit down and listen’. You see she does not fear to talk about it so I have learnt that from her. (Dollar, boy aged 18)

Furthermore, Dollar also spoke with admiration of the neighbour who is really helpful in that she listens to all children not only to her biological ones. This neighbour was regarded as clever but
down to earth. She not only intervenes and brings solutions but she allows the children to confront their wrong-doings and helps them to generate alternative solutions.

*Talking to adults about your problems helps even if they are not your parents. You can get help from someone you never thought would help. I told an adult about my problem and they had a solution to my problem. This adult [Figure 5.36] is our neighbour at home and she loves every child and we love her more than anyone because she listens even if you are wrong then she will make you sit down and let you explain why you did such a wrong thing and how to overcome it again. I so wish other adults were like her, she is very clever that you cannot cheat her and she is so down to earth.* (Dollar, boy aged 18)

The school children’s previous excerpts indicate that grandmothers, mothers and neighbours champion care and support in various ways. The school children’s constructions of care and support are significantly influenced by these women who are not passive listeners but who ask questions to encourage dialogue. Family structure is essential to care and support for children because it can provide a swift response where and when problems arise (Richter et al., 2009). According to existing literature (see Chapter Two: 2.2.3.4) the success of care and support efforts is largely dependent on the role of parents, particularly mothers or grandmothers (Nyangasa, 2004; Oleke et al., 2007). Hlalele (2012) found that women volunteers are generally willing to act as sources of support for ‘vulnerable’ school children. Such women provide small amounts of material assistance and make referrals to other sources of support (Hlalele, 2012).

- **Para-professionals**

Para-professional in this study, refers to a person from a certain profession other than a teacher or a person located in a school who is acknowledged by the school children and appreciated in relation to the care and support aimed at them. The participants generated photographs and identified as para-professionals social workers, counsellors, and local youth project leaders, and emphasised that they potentiated care and support in multiple ways.
In this photo [Figure 5.33] I wanted to show some of the people that come to our school. People like social worker visit our school and they give us more information about our problems and where to go when we have problems. (Flower Star, girl aged 16)

I took a photo of a card [Figure 5.28] that I got from one of the people who once visited our school. They were from the social development. They addressed us during one assembly gave us a lot of information including HIV and AIDS, social grants and phone numbers that we can call if we have problems. This card is important because I can call or visit these people any time when I have problems. They are more professional because they are counsellors and have a good heart to listen to all sorts of problem. Even if I can get HIV I can feel free to go to them than telling learners or teachers here at school. (Thunder, boy aged 19)

River emphasised that seeing a youth leader of her age in their school was a motivation for her to talk to her mother, and was also liberating, in that she felt she could now play and have fun with other children.

I took this HIV/AIDS ribbon [Figure 5.30] because I got it from one girl who came to our school. The girl motivated people to talk about HIV/AIDS. This girl told us she is a member of peer educators in her school but now is also involved in many projects in her village. Since that day I felt happy and my mom got better because I told her about that girl. I’m also feeling better and feel happy all the time. I can go and play with other children, talk to them and talk about funny things like there in the photo. (River, girl aged 17)

Care and support for ‘vulnerable’ school children seems to be no longer limited primarily to the family as its business, but is indeed everyone’s business (DBE, 2010a; UNAIDS, 2013b; UNICEF, 2013a). Given the family’s increased strain as a result of HIV and AIDS, particularly in impoverished rural communities (Richter et al., 2012), this extended care and support is helpful. This means that the school, as well as its surrounding local communities are important in providing services in relation to care and support for school children (Argall & Allemano, 2009; Mohlakwana, 2013) (see Chapter Two: 2.6.3). The participants in this study emphasised the importance of local community members’ in strengthening care and support, but stressed
that the impact of a once-off visit is not enough to ameliorate the challenges experienced by ‘vulnerable’ school children in a rural school. This indicated that the school is indeed a microcosm of the whole rural ecology. However, the school children in my study did concede that school environments that constrain care and support are detrimental to ‘vulnerable’ school children’s well-being.

6.2.2.2 School as an environment that constrains care and support

The findings in the previous sub-theme highlighted multiple environments within the school that enable care and support in relation to secondary school children, particularly those rendered ‘vulnerable’ by HIV and AIDS. These school children’s photographs and explanations provided evidence that things are getting better for them. Participants in this study also described negative rural school environments that they felt erode and constrain care and support. Therefore, in this sub-theme, I discuss the finding that relate to school environments that constrain care and support, and discuss them in four categories.

- Stigma and discrimination

The majority of the school children in this study were adamant that ‘vulnerable’ school children face stigma and discrimination in everyday life at school. They took photographs and provided explanations on how stigmatising and discriminating environments that fall under three sub-categories: stigmatising language and messages; stigma and moral judgements; and social exclusion that constrain care and support.

- Stigmatising language and messages

There was agreement among these school children that the language used by other school children and some school teachers was often discriminatory towards ‘vulnerable’ school children in their school context.

This picture [Figure 5.39] is about me and I am very lonely at school because they tease me a lot. Learners at school like to say that I am black and I am not good for this school. They also say that I must go back to where I came from. They call me names and said I am Lekwerekwere [derogatory term for non-South Africans] I’m not from South Africa. I do
not feel protected and this affects my studies. I tried to tell one teacher but he just laughed and said they are crazy I should not worry. (Primrose, girl aged 17)

This photo [Figure 5.38] is about one learner who was very rude to me. He proposed love to me and I refused and he called me names. He said very bad things about me. He said I am ugly and I am so black like I am not good for anything. (Moonlight, girl aged 16)

The participants also indicated that some school children laugh at others who are trying to learn. Eighteen-year-old Protea described the laughter as stigmatising and said that it constrained participation in the classroom.

Other learners laugh at others who try to answer questions in class. Instead of supporting her they laughed at her. My friend was laughed at by other classmates in the class. They laughed because she gave a wrong answer. (Protea, girl aged 18)

The constraining environments were also created by some school teachers who gossip and shout at school children which behaviour the participants believed promoted discrimination.

There is a boy in class who is sad because his teacher was shouting at him [Figure 5.27]. He thought about destroying his stuff and all the things he has. Teachers some of them just shout at students yet they do not know where we come from. (Sunflower, girl aged 18)

This photo [Figure 5.40] is about not be taken care of when you really need it. I was disappointed about my teacher. Once I gave the wrong answer and she laughed at me. So the other learners were making fool of me since then. My teacher pointed at me and said ‘you are full of craziness and laziness; you are never going to pass’. (Protea, girl aged 18)

These school children participants noted that while school teachers were largely unaware of the ill-effects of their language, these messages were as stigmatising as was deliberate condemnation.

Among the varied approaches to understanding stigma is the idea that it is a combination of interrelated components that occur when differences are labelled (Kendall & O’Gara, 2007; Lin et al., 2010). Episodes of jeering and name-calling by peers were common narratives in this study. Such experiences created constraining environments for care and support and often
overshadowed the benefits of active participation in the classroom. My findings corroborate those of earlier studies (Delva et al., 2009; Zhao et al., 2010) which found that school children are perpetrators of stigmatisation and discrimination. For instance, Zhao et al. (2010) found that teasing and name-calling among Chinese children were used as a form of stigma. For school children in this study, stigma resulted in ‘vulnerable’ school children being identified and othered. Such discriminatory practices affect school children’s sense of worth and their confidence (Richter, 2013) and desire to participate in the classroom. Resonating with my findings is that of Cluver et al. (2012) who also found that ‘vulnerable’ children have few supportive adults to turn in schools since teachers shout at them. Furthermore, while school children may demonstrate their agency and gain control of their lives as I have discussed in section 6.2.1, insensitivity from teachers and peers was by far the most common issue that contributed to environments that constrain care and support.

– Moral judgements and poverty

Moral judgements in relation to poverty were also seen to foster both self-stigma and withdrawal as well as discouraging open dialogue about one’s personal challenges. According to 17-year-old Lwandle, the school environment is not a safe place in which to address the significance of the poverty-related risks faced by ‘vulnerable’ school children.

In this picture [Figure 5.29] I am showing someone or me as poor learners. I pick up orange peels and eat them. It is difficult to tell people about your situation at school. At school they make a fool of you so I do not speak to anyone. Sometimes I find myself eating anything which available but I make sure that nobody sees me if I take up something from the ground or dustbin. Some learners from rich families just leave food or drink if they are full at lunch. (Lwandle, boy aged 17)

What emerged clearly from Lwandle’s words is that there are some school children who live in absolute poverty compared to other school children and families in the same rural area. Poverty also leaves some school children without many basic possessions, including clothes. This lack of basic necessities – often a result of the loss of parents – was cited by these school children participants as further fostering stigma and discrimination in the school.
Students laugh at those who wear worn clothes; they always tease those who are penniless. Sometimes they tease them about their parents who passed away. (Protea, girl aged 18)

I did not have school supplies and my mother was suffering from AIDS and the other children started to make fun of me. (Moonlight, girl aged 16)

They [school children] laugh at everything, they are too playful and do not know this is painful sometimes, they take everything for granted. (Moonlight, girl aged 16)

For most part, the participants reported experiences of hunger, worn clothes, lack of school supplies and lack of money as factors that exposed them to discrimination and stigma in school. Several studies have shown that children affected by HIV and AIDS and who are also living in financially stretched households experience a double bind in that stigma and discrimination are associated with one’s status and poverty (Berry, Biersteker et al., 2013; DBE, 2010a; Kumar & Gopal, 2012; Ogina, 2007; Statistic South Africa, 2013; Tshoose, 2010; Zhao et al., 2010). The findings in this study concur with these and reveal that a lack of basic resources such as food and clothes contributes to seeing ‘vulnerable’ school children as fit targets of harassment and abuse. Thus, moral judgements and attitudes towards those perceived to be poor were factors that had implications for why these school children saw the school experience as one that promotes withdrawal and social exclusion.

– Social exclusion

My findings also point out how ‘vulnerable’ school children are excluded from day-to-day school life.

You cannot sit with someone from a rich family since they cannot understand your frustrations. Sometimes they laugh at you when you tell them about your home situation. (Primrose, girl aged 17)

This photo is about me [photo 5.39]. There was a time when I felt so bad and lonely; there was nobody who wanted me near them. They didn’t even want to talk to me, they only tease me. (Primrose, girl aged 17)
In this photo [Figure 5.30] I show a learner who is pregnant and the school shoes do not fit her because her feet are swollen. Friends are gossiping about the pregnant girl instead of supporting her. She has a problem because her friends do not want her anymore. (River, girl aged 17)

These excerpts suggest that ‘vulnerable’ school children are socially excluded because of the challenges they face, and the negative environments created in the school result in internalised fears and loneliness. Social exclusion was also noted for deepening the school children’s multiple ‘vulnerabilities’.

In my photo [Figure 5.28] I talk about smoking. I have a lot of problems at home as I stay alone. My parents died long time ago and I am left alone. How I cope at school is by smoking my cigarette. Many learners have problems and I do not want to bother them with my problems so I decide to smoke. After smoking I feel much better and I can listen in class much better. (Thunder, boy aged 19)

In this photo [Figure 5.27] I want to show a lonely boy because he is HIV positive. He has no friends and now smoke drugs. In this photo he is tearing off the books and uses that to smoke his drugs. (Sunflower, girl aged 18)

The experiences above explained how ‘vulnerable’ school children saw the school as alienating (Richter, 2013). These participants singled out social exclusion (Lin et al., 2010) as one of the biggest challenges. Campbell et al. (2010) also found, in Zimbabwe, that social exclusion was evident in the way ‘vulnerable’ children, aged 10-12, were restricted or alienated by fellow peers in certain sports activities or by their withholding food from them (Ogina, 2007). Some eventually isolated themselves to avoid pain, rejection and humiliation (Campbell et al., 2010). Deacon (2006) suggests that stigma can also be self-imposed and thus internalised. In my study self-imposed isolation led to withdrawal, anger and to some children smoking in an effort to normalise their school life in spite of the threat this poses to their health and well-being. The key issue of this finding is that some ‘vulnerable’ school children made a conscious decision to turn negative actions to their advantage and they stayed in school in spite of the threat of negative consequences to their health and well-being. This observation contrasts with the suggestions in
some literature that ‘vulnerable’ school children more often drop out of the school when faced with challenges (Giese & Koch, 2008; Mahlomaholo, 2012; Mohlakwana, 2013).

My findings in this sub-section reveal that several factors, both intended and unintended, determine the extent to which ‘vulnerable’ school children are stigmatised and discriminated against by negative school environments. The school teachers’ actions and remarks, as indicated by the participants, produced and reproduced negative attitudes that constrained caring and supportive interpersonal relationships.

- Lack of confidentiality and trust

The participants also pointed out that school environments that constrain care and support include a perceived lack of trust in the school teachers. They attributed this to teachers not keeping one’s disclosed HIV status confidential, to their gossiping, abusing their power, and to their failing to take ‘vulnerable’ school children seriously.

*In this photo [Figure 5.23], I am trying to show teachers who are gossiping about learners who are sick. Most teachers once you are sick they start talking about you. They even talk in class that some learners are too forward and do silly things. When teachers are gossiping about the infected children at school, they don’t show care. (Rose, girl aged 17)*

*Not all teachers are bad but again teachers must try to protect and support us not to harass us. So HIV is sensitive issue and I do not think I can share such information with teachers in my school. I will rather go to the clinic in town where nobody knows me. Even if I know we are poor at home I try hard to hide it because I will be the talk of the school. (Protea, girl aged 18)*

*This is the picture [Figure 5.39] of the classroom when I was told to stay. We went on a school trip. The teacher then bought me some food and later told me he loves me. I was angry but did not tell anybody because they will say I wanted him. I wanted to be happy on that trip but he destroyed it. Now even if I have a problem, I cannot tell any teacher, I do not trust them. They take us for granted especially if they see you are from a poor family. (Primrose, girl aged 17)*
Interpersonal relationships are central to care and support in the school context (Loots et al., 2012). However, particular traits of some school teachers erode such interpersonal relationships, which, in turn, diminish the possibilities of addressing the needs of ‘vulnerable’ school children. Reluctance by school children to share personal challenges or disclose their status to school teachers because they do not trust them has, without a doubt, consequences. The findings in my study are similar to those of previous studies such as the one in Lesotho (Ntaote, 2011) and the one in Kenya (Kendall & O’Gara, 2007) during which school children mentioned the pervasiveness of insensitivity amongst some school teachers that led to the school children mistrusting their teachers.

Some studies highlight the intersection between school teachers’ roles and responsibilities, knowledge and training (Stuart, 2006; Wood & Goba, 2012), emphasising that most of school teachers lack training on how to deal with sensitive issues (Van Vollenhoven & Els, 2010; Wood et al., 2013). While some school teachers have always played caring and supporting roles (Loots et al., 2012; Olivier et al., 2009), other teachers pretending to care have abused their roles as teachers.

- Perceived poor school infrastructure

According to the school children, an uninviting school environment and dilapidated buildings are seen to undermine the efforts to keep staff and school children healthy, especially those with health conditions. There was agreement among the participants that neglected buildings and spaces in the school increase vulnerabilities.

This is a photo [Figure 5.24] of a classroom with no windows, they are broken. Children are learning but it is cold so they do not get proper care. No one thinks about them and their education is not safe. They cannot concentrate because it is cold. For those are having HIV, this place can make it worse. During winter it is too cold here and catching flu now and then can make one’s status worse. This classroom is not good for us even if we are HIV negative. (DC Washington. boy aged 17)

It is recognised that the school’s physical context poses a serious challenge the care and support for ‘vulnerable’ school children. Poorly maintained buildings with broken windows were
perceived as increasing their vulnerability. This carried health risks in that it exposed school children to the cold weather, which, in turn, can increase the possibility of their taking ill. This finding is consistent with prior research that rural schools experience problems in responding to the unique needs of ‘vulnerable’ school children because of increased systematic and structural problems such as poverty, lack of infrastructure (Giese & Koch, 2008; Hall, 2013b; 2013c; Hlalele, 2012; Statistic South Africa, 2013) or ignorance of rural people’s assets (Eloff et al., 2007).

In view of this, some school children felt that the neglect of the once flourishing school gardens constrained care and support for school children. They linked the significance of a school garden to health issues – healthy food like fresh vegetables promote and sustain energy – but also to addressing issues of poverty in rural areas since these could provide employment for parents, and the children could take vegetables home.

*This is the school garden [Figure 5.29] which nobody cares about it. It is a wasted land which if used properly could help all the learners even those affected and infected. I want to show the school has a big land that can be ploughed vegetables and trees because it brings energy to us so that we can have life.* (Lwandle, boy aged 17)

Similarly, 17-year old, *Table Mountain* said:

*This garden [Figure 5.22] has been neglected yet it used to be very helpful for learners who are poor. They used to get fresh vegetables and take them home. Sometimes the parents used to work here and take some vegetable home. It used to help and I think it was also catering for those who are in need and the children with HIV/AIDS can be helped as they are supposed to eat healthy food.* (Table Mountain, girl aged 17)

Research indicates that in many ‘vulnerable’ communities, both children and adults continue to live in poverty worldwide (UNAIDS, UNICEF, & WHO, 2013; UNICEF, 2014). In South African schools ‘vulnerable’ children still experience hunger or the lack of nutritional food, despite the broader focus on the National School Feeding Scheme framework (DBE, 2010a, 2013). My findings corroborate those of Delva et al. (2009) in Guinea who found that children
infected with HIV in resource-poor school settings faced significant nutritional challenges, and sometimes went to bed hungry.

School management in South Africa has to ensure that the limited but available resources are protected and utilised to the full advantage of the children’s care and support (Loots et al., 2012). A contrasting observation in my study was that school gardens are neglected, thus failing to meet the needs of people who could benefit from these gardens such as the school children who could eat the produce, and parents who could work in the school gardens. This finding, therefore, contrasts with those in the literature that find the role of the school in developing communities is carried out and responsibly maintained (Argall & Allemano, 2009; Meyiwa et al., 2013)(see Chapter Two: 2.6.3).

Constraining environments in relation to care and support were also linked to the lack of access to school first-aid kit resources. The most significant identification of this point is a participant’s reflection on the lack or unavailability of a first-aid kit in his rural school. This participant’s point is simple but glaring.

I have never seen a first aid kit at our school and I do not think we as learners can be allowed to use it even if it is there. (Dollar, boy aged 18)

As another participant noted,

There is only one kit at school and it is helpful but it not enough. First aid is good for every school because if there is someone who is getting sick the teacher must do something. Because sometimes clinics are far from schools, first aid will help. We need mobile clinics so that those who are infected with HIV can have their medicine near instead of going to the clinic where everyone will see you. (Teddy Bear, girl aged 19)

The right to a safe school environment has been clearly stipulated in the Bill of Rights and other international and national policies (DoE, 2009). In accordance with this, the National Policy on HIV and TB stipulates that schools should maintain the “universal precautions” and “train school children, students and educators and staff in first-aid, and have available and maintain at least two first-aid kits” (Van Vollenhoven & Els, 2010, p.111), a finding that contrasts with mine in this study. The findings concur with those of McLaren et al. (2013) and Meintjes and Hall
(2013) that long distances between school and clinic is a barrier for many rural community members including school children as far as access to basic services and health-related facilities is concerned. These authors also reported that school children living in these communities are unlikely to have access to free health services (Hall, 2013c). Most health care facilities operate on 5 days a week from 08.00 to 16.00, making them inaccessible to many rural school children who have to walk long distances from the school to the clinic, even when ill.

This sub-section highlights the school’s physical context, including the neglected and poorly managed infrastructure and resources, as a factor that constrains care and support. Interestingly, these school children’s focus was not only on the resources in their rural schools, but was also on poor management, and on the protection of the school’s available resources.

- School-based violence

This sub-section discusses the findings on how certain behaviour is constructed implicitly and explicitly as an act of violence, which in turn, inhibits the care and support for ‘vulnerable’ school children.

It is me grabbing a girl [Figure 5.29]. She does not want to talk to me. I love this girl but she does not love me that is why I grabbed her and force her to kiss me. Girls are badly treated by boys and they are afraid of us. We take advantage of those who are especially needy. We buy them few things just to fall in love with them, not to genuinely listen to their problems. (Lwandle, boy aged 17)

I know boys if they say they love you they really do not they just want to get you and mess your life. If one know about you problem they will start making or saying funny things about. They do not care or support us, all they want is sex. (Moonlight, girl aged 16)

School boys were described as possessing power over the school girls and were observed as being contributors to violent environments.

A female participant expressed her concern about physical violence especially amongst school boys. The fighting, feared as a means of HIV transmission, was cited by 19-year-old Teddy Bear.
The school is not a safe place because other learners bully each other. There is too much fighting in our school; you see these boys are fighting [Figure 5.26]. Fighting is not good for anybody at school or outside school because you can get infected from someone that you are fighting with.

School-based violence as an impediment to efforts among school members to provide care and support, is widely recognised (Mitchell et al., 2006; Mncube & Madiya, 2014; Mosome et al., 2011). In their discussion, participants talked about various form of violence. For example, school girls were forced into romantic relationships and sometimes verbally abused if they rejected school boys’ proposals. As shown in the previous extract from Lwandle, remarks, actions or certain behaviours by fellow school boys eroded the chances of others establishing support seeking behaviours from peers. This is in contrast to some findings in earlier studies on the role of peers as sources of social support in times of trouble (Moloi et al., 2010; Norris et al., 2007; Vaughn et al., 2007). Nevertheless, central to this finding was that what the boys appear to think of as simple actions that can be taken for granted in their ordinariness, like pulling girls by their uniforms (see Figure 5.23) or kissing them forcefully (see Figure 5.25) are abusive and work against the very notion of care and support.

In a discussion of this theme, Picturing care in school: School as enabling and constraining environment for care and support, I considered the findings relevant to how 20 secondary school children from two rural schools – through photovoice - constructed care and support that is provided for ‘vulnerable’ school children in a rural school in the age of HIV and AIDS. I postulate that rural schools are multifaceted contexts which constitute both an enabling school environment as entry point for strengthening care and support, and also a constraining school environment that compromise the care and support and well-being of school children. What emerged quite clearly from this theme is that care and support for the ‘vulnerable’ secondary school children has yet to be fully realised.
6.2.3 THEME THREE: COLLAGING STRENGTHENED CARE AND SUPPORT IN SCHOOLS: INCLUDING THE (IN)VISIBLE

Under the heading of theme two, I discussed the data relating to how these school children construct the care and support currently provided for ‘vulnerable’ secondary school children in a rural school context. The primary data generation method used was photovoice; these participants took photographs of both enabling and constraining aspects of care and support in the school. The results provided evidence from which we can infer that the dynamic nature of care and support manifests in different ways. The ‘vulnerable’ children whose participation in care and support is often regarded as invisible indeed have a significant impact on strengthening care and support provided in a rural school context.

In this section, I discuss the findings in theme three that relate to data generated through a collage that explored these school children’s constructions of how they envisaged care and support. The collage approach, in which the participants worked in groups (see Chapter Four: 4.8.3) encouraged insights subjectively constructed by these school children as the most significant for strengthening the care and support for ‘vulnerable’ secondary school children in a rural school context. My findings provide increasing evidence that rural schools are relatively open spaces in which school children, as a “rurality force” (Ebersöhn & Ferreira, 2012, p. 38), may contribute towards expanding existing care and support initiatives in the rural schools. My findings highlight issues in relation to improved collaboration and inclusion; to strengthening interpersonal relations among school members; to strengthening competencies and agency at school level; and to strengthening relations and agency at community level.

6.2.3.1 Improved collaboration and inclusion

These participating school children had a realistic view that collaborations are significant aspects of care and support in the school. All these school children cited a need for collaborating and networking with existing groups such as school teachers, parents, and other school children. In explaining their collage, 16-year-old Flower Star said,

*In this collage [Figure 5.41] we have put different people who are important in the care and support in our school. Here we need parents and teachers, we needs security*
guards...we should take care of each other, the pupils and teachers, as well as the parents, be supportive of each other like family members.

School children spoke less about the status of an individual person and focused more on the significance of being supportive to each other, using the notion of a family as a metaphor to illustrate their view of strengthened care and support in the school.

We need love and support from the school community at large. All of us must be at our best, some are slow but we need to try and be at our best, all of us in the school. (Primrose, girl aged 17)

School children participants also emphasised improving collaboration with the School Governing Body (SGB), a formal structure within the school, which should work with teachers, parents and school children to take the school forward in relation to improving care and support.

In our collage [Figure 5.42], I personally think that the School Governing Body, the teachers and everyone must be involved. SGB can invite everybody to take part because they are the ones who make decisions about most of the things in the school. I can say they are responsible that we are divided in the school, so if they know this, they can also make sure that we work together because by doing so they will get good reports from the community that SGB of that school is doing well. (Romeo, boy aged 17)

Another participant pointed out that some school children had difficulty to share their problems in a context where the relationships between members of the school community are fragmented hence a call for improved collaborations led by School Governing Body members.

I think SGB can help to unite the school so that we can have improved care and support. As the school we are acting like many families in one compound. We are not acting like one. Teachers go this way, parents this way and children the other direction, so it even worse for those who are sick because they do not know where to go and keep things to themselves. This is our idea of school as a centre of care and support in terms of HIV/AIDS. (Table Mountain, girl aged 17)
Overall, it is clear from the participants that the school as centre for care and support (see Figures 5.39 and 5.40) in the context of HIV and AIDS is a feasible one that requires improved collaboration in which the inclusion of school children themselves is fundamental. Given the contradictions discussed under the headings of the previous themes, these findings are consistent with those of other studies that revealed a need for collaboration in the provision of the care and support for ‘vulnerable’ children including those in rural schools. In addition, international and national documents call for children to have a say (Vaughn et al., 2012) in all matters that affect them (DoE, 2009; UNICEF, 2014; Williams, 2010). The latest endorsement of children’s participation has been indicated in the report, ‘Every Child Counts’: Advancing Children's Rights’ (UNICEF, 2014). Engaging school children in decision-making processes is one of their human rights (Theron et al., 2013) and, according to Eppley (2009) and Joubert (2012), such inclusion helps to minimise the mismatch between what they want and what is being provided. As shown in my study, secondary school children want to take care of each other, be supportive, and work together with other members, and they suggest that equal attention should be given to adults and children otherwise efforts to improve care and support may be ineffective (Beh, 2011; UNICEF, 2014).

From existing literature I found that the care and support for ‘vulnerable’ school children often places a huge strain on school teachers (Loots et al., 2012; Mtose & Moyo, 2012; Wood & Goba, 2011). However, many studies also emphasise the essential role that SMTs and SGBs play in caring for and supporting ‘vulnerable’ school children (Buthelezi, 2008; Khanare, 2009; Moorosi, 2009; Rayners, 2007). My participants revealed that SGBs should be held responsible for the silence of children and should promote serious dialogue (Holderness, 2012) if improved collaborations are to be targeted. In a similar way, Ogina (2012) revealed a need for school leadership to be “more sensitive” to the needs of ‘vulnerable’ school children, and to provide “initiatives and a systematic approach” (p. 7), instead of, as Walker et al. (2006) put it, treating school children’s needs “as a peripheral activity” (p. 354).

My findings also revealed that several interpersonal relations need to be strengthened among school members in order for the school to become a centre of care and support in the true sense of the term.
6.2.3.2 Strengthening interpersonal relations among school members

Relationships are the building blocks for improved care and support for ‘vulnerable’ school children. Strengthening interpersonal relations or networks is regarded as important because it promotes open communication and social support, as well as improving psychological support, which may, in turn, contribute to improved care and support in the school.

- Open communication as a source of knowledge

My participants felt that strengthening interpersonal relationships in their schools involves open communication with school teachers, including the principal, and with other school children. They believe that this will serve to increase normal interactions and act as a source of knowledge because, in open communication, we learn about each other’s skills and experience, and thus share in these.

Here [Figure 5.41] we are saying let’s talk important things in our school. We need people to talk to, like Heads of Departments, principals, and teachers because among teachers there are counselors. We need to know more about the people around because you can be surprised how teachers and learners know and have different skills. Open communication is needed in the school about what good things people do not only too much gossiping which kills us. (Teddy Bear, girl aged 19)

Some of the school children applauded the work done by their peers and believed that more interaction with school-based groups founded or led by the school children will increase knowledge about skills and experiences, and improve the management of the daily problems faced by school children.

In our collage [Figure 5.42] we have put pictures showing Girl Guides and Learner Christian Movement (LCM) because we feel it is high time that the whole school get to know what they are capable of. We do not have Girl Guides yet but we bring them back because they are needed in the school because most of the girls are suffering more than the boys. So we feel the Girl Guides will stand for the girls and protect them from the abusers here at school. (Table Mountain, girl aged 17)
Peer educators are still young but they have been equipped with leadership skills, however, no much support from the school about the peer educators, it is only few individual teachers who are interested in this group. (Moonlight, girl aged 16)

Participating school children emphasised close-knit relationships between school teachers and school children, in particular school prefects, peer educators and other school-based groups founded or led by the school children themselves. The rationale behind this is that since these school children have already been equipped with leadership skills, they can contribute greatly to care and support for ‘vulnerable’ school children if there is synergy between and among these groups.

From the previous discussion (see 6.2.2.) it is clear that a hostile school environment constrains care and support in the school, and when negative talk and behavior take the lead (see 6.2.2.1) this, in turn, destroys interpersonal relationships in the school. To break this cycle, participants ask for more open and positive talks in which school community members share skills, talents, and experiences. These talks will improve relationships and, subsequently, improve care and support in the school. This idea is emphasised by Argall and Allemano (2009), who state that school members should seek amongst themselves for individuals who are viewed as possessing potential (Ebersöhn & Elof, 2006) that can result in improved care and support. By being open about their skills, talents and experiences, school teachers and school children thus become what relatively recent research (De Lange, 2012; Mitchell et al., 2010; Stuart, 2010) describes as contributors to knowledge about who can assist, and provide expertise and support. Hlalele (2012) maintains that the “loci of support mechanisms are not clearly demarcated” (p. 70), and this results in duplications or inconsistent responses (see Nyberg et al., 2012; UNICEF, 2013b). My findings on this category indicate that open communication might successfully generate a school asset map (Ebersöhn & Elof, 2006) which may ease such discrepancies and improve relevant support.

Building and enhancing interpersonal relationships may therefore be a source of improved psychological support.
- **Improved psychological support**

  Strengthened interpersonal relationships are also regarded as a source of improved psychological support through regular face-to-face contact. According to my participants, sport allows school children to meet regularly. They spoke about sports as contributing generally to their psychological well-being, and they spoke, too, about the need to have various sport-playing codes that would include every school child.

  *We also need sports whereby people can showcase their talents since not all of us are academically gifted because the ones we have do not accommodate all of us. Some learners feel left out like those who want to play volleyball and there is none at school.*  
  *(Romeo, boy aged 17)*

  In agreement with Romeo, another participant said,

  *In our collage [Figure 5.41] we put a picture of showing soccer match because that is the only sport which is taken seriously in our school and we are saying soccer only is not enough. We are saying we need other sports too to be introduced and supported in our school.*  
  *(Rose, girl aged 18)*

  According to these school children, sport was important in creating a social space in which school children could demonstrate their previously hidden talents. Furthermore, the establishment of a school gym was seen as a contribution to psychological wellbeing since it would help to address the health issues of school children who are in distress.

  *This is a school gym [Figure 5.42], if learners want to be involved in other sporting codes and they are unfit, they can use the school gym and get stamina. Gym will also help sick people, even sometimes to release stress.*  
  *(Lwandle, boy aged 17)*

  *The boys who play soccer [pointing in her collage Figure 5.41] do not have stress and they are happy when it is sports time because they know it is where they will forget about all their problems.*  
  *(Rose, girl aged 18)*
Because nobody takes sports day serious here in our school, we believe gym will be utilised good by the learners instead of getting bored and starting having sex and being pregnant and maybe infected. Sometimes teachers do not come to the class, no work is done in his/her absence, so we get bored and started drinking and kissing. (Lwandle, boy aged 17).

UNAIDS (2005) observed the effectiveness of sport interventions in relation to HIV and AIDS, and the general well-being of all children. This is strongly reflected in the Millennium Development Goals (MDGs), the guiding international framework, of which South Africa is a signatory. The expansion of sports, according to these participants, creates an atmosphere where both ‘vulnerable’ and non-vulnerable school children can come together for leisure activities. This finding corroborates that of Kelly (2007) and Irvin et al. (2011) who said that sports bring people together and that this could promote a sense of belonging. Similarly, Onifade, Ibrahim, Abdullahi, and Lawal (2012) indicate that sports succeed in creating a more positive and less stigmatising environment since when people are involved in playing a sport they tend to focus on what they have in common. Sport at school is not merely a form of play; it is essentially a means of care and support since it might be the reason why some school children, in this case, come to school. Unlike Kumar’s (2012) participants who emphasised the need for health care centres, education, and shelters for ‘vulnerable’ children in India, some participants in my study see sport as a preferred way of promoting care and support in the school.

Pre-adolescents in St. Lucia (Wardell, 2009) identified sport as a preferred source of information about HIV prevention in its conveying of prevention messages and in its requirements that those who play sports stay away from drugs and alcohol. In Nigeria (Onifade et al., 2012), a study among secondary school girls revealed the need for sports in schools as an individual or group activity pursued for exercise and for improving physical capabilities. In my study the school children consider sport as good for exercise but some also hope to make a career out of it. This is supported by Manali (2012) who asserts that the benefits of sports include the creation of employment opportunities. The scaling-up of sports in rural schools, according to the participants in my study, is essential to overcoming the health risks secondary school children are taking. For them, the real potential of sport is its being or becoming, a source of care and support, or, as the UNAIDS (2005) puts it, as therapeutic or health promoting. My findings also point out that the
school has to build and strengthen its own competencies which may then improve agency at the school level as far as care and support are concerned.

6.2.3.3 Strengthening competencies and agency at school level

Besides strengthening interpersonal relationships, competencies are also regarded as building blocks for the envisaged care and support targeted at ‘vulnerable’ secondary school children in the school. Building school competencies, according to the school children participants in this study, involves improving existing skills and learning or acquiring new skills through training. Envisaged care and support requires competencies related to finance, health, and decision-making at formal school meetings. I am interested in how these competencies are significant in strengthening care and support and how it could promote agency at school level in relation to this issue.

- Financial competencies

These participating school children believed that strengthening care and support through building financial competencies may benefit ‘vulnerable’ school children and the school at large. Income generating activities founded or led by the school children were referenced as important during the collage discussion.

*We [school children] can organize a certain project and the teachers might help us in finding the facilitator. The facilitator could be one businessman or woman here in the village and in that way we will not have to pay because the person will be from around here. This person can help us with business skills and some of us we already have some ideas but we do not know how to use those skills to help ourselves and other people. Here [pointing at the collage] are learners and are very good at debating, so we can form a debating club and do poems and make notice to other school that we are performing and to listen and watch us you will pay R5. (Sunflower, girl aged 17)*

*We also need peer-educators to be taken seriously and be supported by the principal and other teachers. Peer educators can go around each class and collect information about different business ideas and show these to the principal and teacher because some learners*
are scared to talk to teachers and they can talk to their peers. Together they can see which ones can be done is our school or not. (Primrose, girl aged 17)

Caring for and supporting ‘vulnerable’ school children in rural schools is seen as an opportunity to deliberate and provide different views that could contribute to such care and support. From the previous extracts it is clear that the schoolteacher’s role is seen to be one of orchestrating networks like finding facilitators and giving assistance where needed. School children, when given the chance, can exercise their agency in constructing business ideas, and in identifying and mobilizing local business people familiar to them who could offer free advice to help with the acquisition of business skills.

Financial or economic activities typically take a central role in addressing many of the challenges that ‘vulnerable’ children face (Kumar, 2012; Skovdal, Mwasiaji, Webale, & Tomkins, 2011). In South Africa, especially in the DBE, feeding schemes, and the no-fee and uniform policies are other ways that can drive care and support for ‘vulnerable’ school children facing economic challenges (DBE, 2010a; SAHRC, 2012) (see Chapter Two: 2.3.3.1). These strategies have proven successful on many occasions (Delva et al., 2009). The idea is that financial support in different forms is often provided in communities, especially by adults (Schenk, 2009). Stuer, Okello, Wube, and Steinitz (2012), refer to burial societies in Ethiopia that often provide financial support to pay the school fees of ‘vulnerable’ school children whose parents have died of AIDS. In a similar way, Kendal and O’Gara (2007) in Kenya found that the Chief introduced a comprehensive programme called “Speak for the Child”, which among other things, “paid pre-primary fees for young children” (p.14). However, when it comes to the school children participants in my study, the conceptualisation of financial activities was not viewed only as an adult or schoolteacher issue that ignored the contribution of the school children and their agency in carrying out income generating projects at school level. For them, this is an issue that can be addressed by the children themselves. This finding is supported by the National Youth Development Agency (NYDA) report (Republic of South Africa, 2012) which stressed the importance of civil participation in income generating activities in South Africa. The point is that disadvantaged communities, including rural school children, have the potential to increase the number of self-reliant people who can care for themselves (Republic of South Africa, 2012) and reduce their dependence on government or on donations from external actors (Hlalele, 2012).
Although social grants and cash transfers (Richter et al., 2012), in a variety of forms, continue to play a major role in the care and support for ‘vulnerable’ children, when it comes to the care and support for secondary school children this might not be adequate to address their needs (SAHRC, 2012). A care and support system or structure that would appropriately respond to their unique needs should include aspects of exposure to financial competencies as described by NYDA (Republic of South Africa, 2012), in which these school children are involved at initial stages of the development of economic activities. This is supported by Takayanagi (2010) who indicate that entrepreneurship classes with Grade 7 school children in Zambia were essential to the effective care and support for ‘vulnerable’ children. My findings provide insights on how rural secondary school children see themselves as participating in economic activities by providing their input to the needs assessment, intervention design, and implementation of economic activities at school level thereby demonstrating the principles of reciprocity (Bronfenbrenner, 2005) and agency (Giddens, 1991) in enabling ways.

- Competencies in promoting health

My participants suggested that training school children in health-related activities may lead to the increased uptake of health services such as administering first-aid services and cultivating garden vegetables for the production of nutritious food. These school children believed that this would enhance their agency in helping other school children and the school teachers as well as improving their own home situations.

*We need first aid training…and the first aid kit should be available to all the learners and not be locked in the principal’s office because it is no use if he is away. All class representatives should be trained how to use the first-aid so that they can be able to assist when teachers are not around.* (Masiyama, boy aged 18)

*I want to plant good vegetables in the garden at home and take care of my sister who is sick, but I can’t do that because I do not know how to plant things like avocados and cucumbers like the ones we have put in this collage [Figure 5.41]. Maybe we can ask if avocados could be planted in our school and then do it and if not we can find out those which are suitable to the environment here.* (Starlight, boy aged 18)
As shown in the photovoice discussion in this chapter (see 6.2.2) these school children raised their concern about drugs and alcohol abuse in their schools. They realise that for rural schools to be drug- and alcohol-free zones, security needs to be improved by enhancing the skills of the security personnel skills and by upholding and enforcing school codes of conduct.

*In our collage [Figure 5.41] we suggested that we need security guards to prevent drugs from entering the school. Currently the security guard at the gate is not trained so we are saying they need to be trained properly so that they can be able to fight those who bring drugs and alcohol in the school. (Thunder, a boy aged 19)*

*Here in our collage [Figure 5.43] we are saying we do not need alcohol in the school, so we [school children] should be searched by the security because some learners themselves carry these things, that is alcohol and drugs and start doing bad things. (Dollar, boy aged 17)*

Health promotion is diverse and it differs across contexts. For the school children in my study it included first-aid training; training in developing and maintaining a vegetable garden; training of security personnel; and strengthening security measures at school. Van Vollenhoven and Els (2010) too, have pointed out that training school children in the basics of first-aid is important in general and, furthermore, essential to maintaining precautionary measures in the context of HIV and AIDS. Thus, it is of utmost importance that schools train school children and school teachers in first-aid and that they make first-aid kits available to all in the school, as instructed by the National Policy on HIV and TB (DBE, 2013). My finding highlights that school children need to participate in their own care and support, and need to be given an opportunity to acquire the skills that will make them competent agents, and independent of school teachers who are often absent from school anyway.

Promoting health at school also includes enhancing school children’s competencies in gardening. Many studies have emphasised the need for nutritious food as part of caring for and supporting ‘vulnerable’ school children (Hoadley, 2013; Kumar, 2012) and HIV- and AIDS- affected households (DBE & MIET Africa, 2010; Loots et al., 2012). A report based on studies conducted in Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe (FAO, 2007) revealed pressing issues about the relationship of gardening and nutrition at school. This report found that garden
work is usually extra-curricular and done, mostly in the afternoon, by children as a form of punishment. The report also states that school teachers, parents or community members run the gardens as garden managers (FAO, 2007). My findings indicate that the school children in my study viewed the benefits of gardening as extending knowledge and skills in food production and nutrition, and as a way of transferring such skills to their community. In India, Kumar (2012) emphasised the need to involve children and youth as active participants in gardening, in particular so as to strengthen the information exchange that addresses nutrition and further enables children’s self-reliance (FAO, 2007) and, in keeping with the goals of the World Food Programme and UNICEF (2007) and NYDA (Republic of South Africa, 2012) contribute to a greater or lesser extent towards the family economy.

For my participants there is a need to improve specifically those skills which could improve the care and support for ‘vulnerable’ school children since this is, for them what care and support really means.

Improving security and enforcing clear school codes of conduct are seen as ways of strengthening care and support in schools. This point was supported by adolescents in semi-rural schools in North West province, as a way of curbing violence at school (Mosome et al., 2011). In a similar way Mncube and Madiya (2014) stressed that “a well-ordered school is also less violent” (p. 43). Enforced codes of conduct would, therefore, contribute to improving care and support for ‘vulnerable’ school children.

- Enhance youth leadership and communication skills

Enhancing leadership and communication competencies among school prefects could improve children’s agency in care and support in an enabling way. According to my participants, school prefects should be placed at appropriate positions to allow them to weed out behaviours and practices that are counterproductive to the provision of care and support in the school. These school children suggested that class representative training should focus on developing their leadership and communication skills. As one participant said, these prefects need to stop being impimpi. (This word means watch dogs. In most cases when a school teacher is not in the classroom, the ‘watch dog’ will control the class and report those who were supposedly uncontrollable.)
School prefects are also important and should be trained too not only report our wrong doings but also correct those bad things. As for now they are not helping those who need help, they just boast about being school prefects but they are not helpful to all of us. They write notes for teachers, collect exercise or workbooks from the class to the staff-room and that is all they do. If you did not finish the assignment they do not bother why you didn’t do the assignment, they rush to report you. (Rose, girl aged 18)

Although, as is clear in the discussion of the previous category, these school children applauded the work done by other school children, they also perceive that more training is needed so that activities led by school children are integrated and aligned, and that they represent the diverse needs of the school children.

LCM [Learner Christian Movement] is also important and members can be of great importance if they also receive other skills. The ones we have in our school have been helping to pray for other learners but we as the group say pray is fine but in that movement learners have to be more active in other things. Do debate, gospel choir and ask assistance from great gospel people around like Sifiso Ncwane or Hlengiwe Mhlaba [Gospel artist from KwaZulu-Natal, the province which the participating schools and learners came from]. (Primrose, girl aged 17)

Yes! Who knows? May be we can have one of us to go to the auditions of ‘Can you sing gospel’ in SABC 2 [South African Broadcasting Corporation, channel 2] and become a gospel artist. You see we need to think deep about what all these clubs that we have in school are doing, so as the group we say in our collage [Figure 5.42] train and support the learners’ movement and build new ones so that there will be no learner left out crying because of the problems they have at home (Romeo, boy aged 17).

My finding points out that rethinking the roles of the school prefects and improving the leadership of this group is necessary for the strengthening of care and support. Much attention has been focused on peer educators and peer education (A-Iryani et al., 2013); on school anti-AIDS clubs (Loots et al., 2012); and on buddy systems (Dlamini et al., 2012; Soul City IHDC, 2006), to help find better ways of caring for and supporting ‘vulnerable’ school children affected by HIV and AIDS at school and in the community. My findings reveal the need for a broad-
based conception of school children, particularly school prefects, as leaders who can be brought into alignment with the systematic care and support for ‘vulnerable’ school children. I concur with the inclusive leadership approach regarding school children put forward by Mncube (2010); the National Youth Commission and the Youth Desk in The Presidency (2009), and UNICEF (2014).

Strengthened care and support was also seen as part of improved and expanded communication channels (Kumar & Gopal, 2012), in which the school prefects take the lead. Existing literature generally points out that peer-led groups and leadership among school children is not always taken seriously (Mncube, 2008) and that they are not sufficiently trained in the necessary competencies, such as communicating sensitive issues, advising or counselling (Al-Iryani et al., 2013; Kumar & Gopal, 2012) other ‘vulnerable’ children. In Rwanda, as Michielsen et al. (2012) revealed, the roles of young people, in particular, peer educators, needed redefining to meet the broader needs of their peers. Peer educators must act as experts, and must be “aware of key specialists and services to which they can refer” (p. 9).

Based on the finding in this category the role of school children-led groups in the school is seen to be what Derksen (2010) calls multilayered and what Giddens (1995) refers to as structured. Van Vollenhoven and Els (2010) argue that improving leadership and communication skills among school children in the classroom could help them become competent leaders able to communicate their ideas to leaders in the community.

- Improve access to on-line information

These school children also highlighted the importance of computers and internet access as essential to improved care and support in the school.

*This is the internet café [Figure 5.44] where we can go and get information about HIV/AIDS or anything else. (Sunflower, girl aged 17)*

*So we as the group we believe our school is still left behind as far as HIV information and care and support information because of lack of internet in the school and in the community. (Teddy Bear, girl aged 19)*
I meant we will use the computer to find information about care and support and how to take care of other people affected by HIV/AIDS. (River, boy aged 17)

To these school children, the emphasis was on improving their knowledge and skills so as to achieve the desired capacity to take on the role of further improving care and support. In this regard, my participants indicated that having access to computers and to the internet could assist them in finding solutions to some of the challenges in their lives, including taking care of other people affected by HIV and AIDS.

These school children participants further added that the use of computers and the internet would help them to acquire information beyond what they get in formal classroom lessons that are often inadequate. This view is supported in the following dialogue with the participants.

Participant: These are condoms [Figure 5.44] since some of us are sexually active; it can happen here at school as we know some of us are sexually active. The teacher [Figure 5.44] is not telling a learner to use a condom when having sexual intercourse if they cannot abstain. We as a group feel that we should be taught about these things but because we are not taught about them there should be computers and we can check the information ourselves.

Researcher: You want to be taught about the use of condoms?

Participants: Yes! (in chorus)

Participant: Some pupils are sexually active and they will know how to use condoms if they are taught. Because there is lack of information on this topic here in school we as a group say that computers and internet should be available in school so that we can learn and protect ourselves.

Researcher: So how does being sexually active and being taught about condoms relate to care and support?
Participant: Sometimes learners cannot control themselves. They get their girlfriends and have sex in school. If they know about the use of condoms and have them, they may be protecting themselves from HIV/AIDS. Sometimes they see condoms and take them but do not know how to use them because nobody talks about that at school and home. So the computers and internet will provide information as part of care and support.

My participants felt that another one of the main benefits of access to computers and to the internet in rural schools is being part of a mainstream community and its activities. They felt that if school children do not understand an issue dealt with in the formal classroom, they are more likely to misunderstand the whole topic and then fail to participate in the wider debates related to that topic. Therefore, these school children argued, on-line information is a way of becoming part of the mainstream debates on care and support.

Sometimes we are given research projects here at school, and if we do not have parents like some of us, we can go to the internet café to do our research. Other parents are not educated so how are we expected to do projects if there is no one to assist. (Moonlight, girl aged 16)

There isn’t one in our community so we are excluded from the other learners who are in cities. Our municipality has to make sure that there are such cafes in the community because at the end of the day we are expected to be like city learners but we do not have such information. It is also expensive to go to town just to look for information. (Thunder, boy aged 19)

On-line information is an attractive tool for strengthening care and support at school because it allows school children to access a wide range of information in relation to the subject. This indicates the value of seeing care and support as embedded in a larger strategy (Argall & Allemano, 2009; Kumar, 2012). In the report Every Child Counts: Advancing Children’s Rights (UNICEF, 2014), emphasis is placed on making use of mass media information in order to respond to situations affecting children. For example, the use of “mobile phone technologies, M-Trac, satellite imagery, blogosphere, [and] social media” (p. 9) to mention a few, were cited as having assisted in addressing and solving local problems and informing policymakers about
community issues. In my study, the school children expressed a need for enough computers and access to the internet at schools and in the communities in which they live in order to enhance their lives. This finding mirrors that of the study by Johnson (2010), who posits that the increasing presence of digital technologies in children’s immediate environments contributes to children’s development in unique and various ways, including “child social, emotional, physical, and cognitive development” (p.32).

Having access to computers and to the internet might increase agency in learning. The school children in my study expressed their urge to go out and get information themselves so as to reduce their dependence (see Chapter Two: 2.3.3.4) The kind of information useful for these particular school children include HIV-related information; guidelines for care and support; and information related to their school subjects and to independent research. Increasing on-line information competencies is essential to breaking silences and demolishing taboos related to the imparting of HIV-related information (UNICEF, 2014). The input from my participants is that rural school and school children are still invisible in the bigger picture of information in general, and that access to the internet would be another way towards improving care and support for ‘vulnerable’ secondary school children in rural schools.

- Accelerating school children participation in decision-making

My participating school children believe that building interpersonal relationships is also a process of initiation into a school’s decision-making processes. Participating in formal meetings with school management and parents was cited as significant for school children who want to engage actively with school management in providing ideas, suggestions and opinions as well as learning about school-based strategic roles. This may include contributing to drafting, adapting and implementing polices regarding care and support in the school. During the collage presentation, I used simple but thought-provoking questions and engaged participants in a deeper discussion about the significance of participating in decision-making processes, as can be seen in the following dialogue.

Participant: In this collage [Figure 5.42] the learners must be involved in drafting the school policy.
Researcher: Have you ever been invited to meetings to discuss school policies?

Participants: No! Yes! [Everyone is talking] Yea! Yea! No! No! Never!

Researcher: Ok! Let’s (interrupted by a flurry of school children’s talk) let’s hear one at a time.

Participant: Yes! This one time we went on strike. We did it because we were badly beaten by our teachers. We had meeting with the principal because we wanted it to stop, corporal punishment.

Researcher: What did you do in that meeting?

Participant: We spoke to the principal.

Researcher: Did he listen? Did things change after that?

Participant: Yes!

These school children confidently reported that they had stopped corporal punishment being inflicted on learners in their school. They think that interacting with the principal may help in making decisions that are aligned to their needs, concerns, feelings and suggestions. It may also help the school principal to reflect on care and support thereby helping to make change happen throughout the school.

In this collage [Figure 5.43], we are talking about learners to be involved in making school policies so that they [school children] can learn and know what is being done and why it’s being done. We are never invited; it is only parents and teachers. We are told later by our parents that ‘this is what was agreed upon’. (Starlight, boy aged 17)

These school children believed that being part of designing school policy connects them to care and support in their school. They also see it as an opportunity to learn about the development of school policy.

I think they should invite learners, that is, why we have put learners in our collage [Figure 5.41] because all things that happen at school, they involve us learners. Our parents and
teachers agree with policies which we as learners do not agree with, so it is very important to attend these meetings. Some of these policies are unfavourable to us and we are not there to object. (River, girl aged 17)

All I can say is that it is important to invite us to the policy meetings because it is neither the teachers nor the parents who will have to abide by these rules but the pupils. So it is important for us to be invited so that we can tell them about what we like and what we do not like. (Protea, girl aged 18)

Some of these school children mentioned the importance of listening to the voices of the school children in all matters that affect them, thus emphasising their strong sense of the importance of accountability and ownership.

The reason why the learners should be involved in making school policy, I think so because along the way of implementing the policy, some learners would say ‘we never wanted this policy in the first place’ and cause problems. To avoid this, they must be involved in the drafting of the policy and agree with other stakeholders. So that when they go against their word we can refer back to the policy. (DC Washington, boy aged 17)

We want to be invited so that our voices and suggestion can be noted and later we can ask about them. Decision about us are made without consulting us, some of the issues we do not agree or they [teacher] do not know agree or they do not know how we feel, so we are not given chance to object to some of the issues. (Sweet Potato, girl aged 17)

Addressing school children’s needs and issues related to care and support, especially in these rural schools, seemed to favour the interests of the older adults (parents and teachers). However, this finding points out the increased benefit of involving these school children in drafting school polices, thus giving them an opportunity to provide their opinions at the early stage of planning; and an opportunity to debate issues that affect the policies instead of being told by parents and teachers what these policies are. The active involvement of children in all matters, including, decision-making processes have been widely and globally documented (see Chapter Two), and the latest endorsement is Every Child Counts: Advancing Children’s Rights (UNICEF, 2014). Several studies indicate that children’s active participation in decision-making
is their constitutional right (Joubert, 2012; Kaime, 2009; Theron et al., 2013). Other researchers indicate that children are social actors (Skovdal et al., 2012); knowledge producers (De Lange, 2012; Mitchell & Conway, 2013; Stuart, 2010) as well as researchers (Mudaly & Sookraj, 2008) in their own right. My finding also indicates the school children’s need to participate in school meetings and in the drafting of school policies aimed at them. These participating school children also believe that they could draw on existing competencies of teachers, parents and the principal to expand their own knowledge and skills in relation to designing and drafting school policies, thereby situating themselves pro-actively (Holderness, 2012) in relation to care and support in the school. When school children’s ideas or suggestions form part of the school policies they are likely to be responsible and accountable (Chabilall, 2012) showing a sense of ownership. Generally, this finding points out that school children’s participation as co-decision makers in relation to care and support in rural school is yet to be realised, a finding that corroborates the concerns of McGrath (2011); Mncube (2008); and UNICEF (2013a, 2014).

What emerges from the discussion of this category is that participating school children provided insights into how school-based competencies can be built and improved in order to strengthen care and support in the rural school. The competencies varied and the emphasis put on each varied in degree because the intention is to complement, recreate or even disrupt the existing ones which seem often irrelevant to these school children. They were optimistic about their roles, had a vision and provided practical examples of how internal relationships could bring about their envisaged strengthened care and support structure in school through formal and informal interactions.

School-local community connections also contribute to the building and strengthening of care and support that is ideal for secondary school children in a rural school.

6.2.3.4  Strengthening relations and agency at community level

These participating school children indicated that care and support is a responsibility without borders and stressed that the school needs to strengthen its relationships with the local community in relation to care and support. These school children indicated the school as able to drive meaningful communications with existing agents in the community. As a trusted entity,
school was cited for its ability to plan visits and facilitate constructive dialogues about care and support. In explaining their collages, these particular school children said,

_In our collage [Figure 5.42] we would like to emphasise the participation of clinics and suggest that the school should make their time-table be known to the local clinic so that the clinic should also put their time-slots to visit school. These two parties, I mean school and clinic should talk regularly and if the time-table is made known the clinic communication will be very good. Clinic people just come to the school sometimes unannounced and we are not given much time to ask question and seek some clarity, you see that is useless communication if we cannot be fully made aware of their visit. (Lwandle, boy aged 17)_

_Me and my group members on that idea of working together, we concluded that there should be a clear line of communication between the school and the clinic. On top of that we have put here [Figure 5.42] counselors in school to help learners and teachers who have problems. (Table Mountain, girl aged 17)_

The existence and access of local resources through a visit to the school was seen as contributing to strengthened care and support in the school (see Figure 5.44). However, they indicated that just one visit or unplanned visits may not be of much, if any, benefit to them. Constructive planning, time-tabling and constant communication between schools and clinics were referred to as important for intensified care and support. Some participants felt that the school should include school children in the process of identifying collaborators from the community.

_We have also put [in Figure 5.44] the motivational speakers because they should work with all schools. There are many people in this community who are very good and we do not have to wait for those from far, the school we need to make lists of important people around the school and put them on our list. Among some of them you can find that others are motivational speakers and counselor. We talk useless things in the school instead of coming together and talk good things. Each class can do things like what we have learnt here [collage process], do its own collage of important people and start conversation with them. (Dollar, boy aged 17)_
The school children in my study were confident and were aware of the community and of local strengths such as Beh (2011) and Malindi and Theron’s (2011) participants were aware of village agents who could contribute to the strengthening in care and support in the school. These school children validated their understanding that care and support can no longer rely on the school alone but is joint business (DBE, 2010a; UNICEF, 2010b; 2014) (see Chapter Two: 2.2.3.3). This is also in line with the notion that school is just a microcosm of the wider community (Donald et al., 2006) which not only has problems but also unique resources, assets, and capacities, including those that are sometimes ignored (Eloff et al., 2007) or are not yet visible (Chilisa, 2012; Moletsane, 2012) in relation to the care and support for ‘vulnerable’ school children. The emphasis of the participants in my study is that meaningful participation of community members aids strong school-community relationships which, in turn, strengthen the care and support for ‘vulnerable’ school children at school and in their communities.

These school children want to engage with visitors or community members in a constructive manner, such as being given an opportunity to engage in critical dialogue (Moloi et al., 2010); including questioning and seeking clarity. It would seem that school visits that promote reciprocal acts (Johnson, 2010) of listening and questioning are fundamental to strengthening school-community collaborations that benefit school children. This finding is also supported by Nyberg et al. (2012) and Takayanagi (2010) who claim that protecting the full potential of school children and communities requires greater attention to development stages, and a focus on building their critical thinking (Stuart, 2010). Such development can contribute to strengthening the systematic care and support for ‘vulnerable’ children provided in schools.

This finding in my study also provides clear insights about how school-community relationships and agency could be improved on from the school children’s point of view. In this regard they believe that each classroom can develop a data base of important local people close to the school. This finding is supported by Ebersöhn and Eloff (2006) who are of the opinion that school and rural communities should adopt asset-mapping as a procedure in which they identify available resources, including people, hence reducing redundancies, omissions and duplications. However, strengthening care and support goes further than developing a data-base, as these school children realise. They expressed a desire to initiate conversation with such identified local community members as part of their taking action and increasing their agency at local community level and
thus strengthening the care and support for ‘vulnerable’ school children in the school. A useful concept in this regard is a bottom-up approach (Mitchell & Conway, 2013) to collaboration: school children could be given an opportunity to provide their input into how school-community collaboration should function in relation to care and support.

In this discussion of the third theme, Collaging strengthened care and support in rural schools: Including the (in)visible, the emphasis has been on understanding how school children in this study envisaged care and support in the rural secondary school. It is widely recognised that children are willing, capable and legally entitled to be active participants in their own well-being (SAHRC, 2012; UNICEF, 2014) (see Chapter Two). These school children generated, through their collages, concrete areas about how to strengthen care and support which could stimulate the school to take action – a very important issue but one that is beyond the scope of this study. These school children made it very clear that school teachers and management should take them seriously and work with them. This demonstrates the strong sense of self of these school children as individuals who are to be trusted in the process of rethinking and strengthening care and support for ‘vulnerable’ school children in rural secondary schools in the age of HIV and AIDS.

6.3 CONCLUSION

In this chapter I have discussed my findings in relation to the Research Question 1 about how secondary school children construct care and support in a rural school context in the age of HIV and AIDS. Their construction of care and support appeared to be understood within the ecology as a whole since this ecology includes the school children’s lives, their family, other children, teachers, and local community members, as well as other resources across the ecosystem. With the rural school being central to the provision of care and support, it was positioned as a hybrid environment, both enabling and constraining. The school children saw the strengths and the weaknesses, and framed their agency within an envisaging of what care and support should or could look like. Given this analysis, I believe that school children are constantly and increasingly aware of the challenges that confront the care and support for ‘vulnerable’ secondary school children in a rural school but they are also aware of the barriers to their being active agents in relation to their own care and support and that of others in their community. To respond to these
barriers, I also explored in this study how the use of participatory visual methodologies can enable agency in the lives of ‘vulnerable’ secondary school children in rural schools in the age of HIV and AIDS, and I discuss this in the next chapter.
CHAPTER SEVEN
DISCUSSION OF FINDINGS
YOUTH, AGENCY AND VISUAL ARTS-BASED RESEARCH

“…their voices are often left out when it comes to envisioning solutions to the obstacles that confront them.” (Mitchell, De Lange, & Moletsane, 2011, p. 219)

7.1 INTRODUCTION

In this chapter I respond to Research Question 2: “How can the use of participatory arts-based research enable agency in the lives of ‘vulnerable’ secondary school children in the age of HIV and AIDS? Central to my decision to use visual arts-based methods was my wish to explore how these methods enable agency, if at all, in the lives of ‘vulnerable’ children in relation to care and support provided in school. The concept of agency as discussed in Chapter Three (see 3.3.2.2) refers to an individual’s capacity to act (Giddens, 1984). It has been argued that the provision of care and support requires the inclusion of children to actively participate in order to contribute meaningfully to their own development, care, and support (McGrath, 2011; UNICEF, 2013a, 2014). Therefore, in this chapter I drew on participants’ reflections on their use of arts-based methods (drawing, photovoice, and collage) to explore the possibilities of these methods to enable their agency in relation to care and support in their rural school context.

Before getting into the discussion of the theme, I provide, in Figure 7.1, a glimpse of what my participating school children said generally on this topic.
Figure 7.1: A glimpse of the school children’s views on how the use of visual arts-based methods as participatory research made them feel about themselves as possible agents of change

I deliberately chose phrases and words from these school children’s reflections to point out the difference visual arts-based methods made (or could make) in the lives of school children to enable them to become role players in care and support.
7.2 THEME FOUR: VISUAL ARTS-BASED RESEARCH ENABLING AGENCY AND MAKING A DIFFERENCE IN THE LIVES OF ‘VULNERABLE’ SCHOOL CHILDREN

Results from my research show that visual arts-based research is appropriate when one is working with secondary school children to explore how they construct care and support in schools in rural areas in the age of HIV and AIDS because it led to rich and interesting data about a sensitive issue in a participatory and respectful way. This theme provides insight into how these participants see the use of arts-based methods in this study and on how it allowed them to reflect on their own agency in the provision of care and support in their lives. The following six categories emerged: it elicited joy; it enhanced expression; it raised their awareness of masibambane (collectivity); it liberated them; it encouraged deep thinking; and it potentiated knowledge mobilisation.

7.2.1 Eliciting joy

School children participating in this study described these visual arts-based methods as eliciting emotions of joy and excitement in them as they were exposed to the various new visual methods. This had to do with the creation of their own artifacts, their taking an active role, and then showcasing their work. This was evident in what the participants said in relation to the drawing activity.

*I am also happy that I learnt how to draw, not that I can't draw but this was something new to me, to make a drawing talk. I laughed even before I can start thinking about what to draw. I found myself laughing alone and I laughed when I find that it is not easy to just draw. I really was happy because this session brought happiness in me. (Thunder, boy aged 19)*

*In today’s session I learnt a lot about drawings. I was happy to draw myself using natural things like the sun and sunflower. I did not know what to choose because I have never used drawings anywhere. I was so excited that many things were coming to my head but I ended up with these drawings because that is exactly who I am in those drawings that I did. (Sunflower, girl aged 17)*
In today’s session I was happy to draw because I like to draw. All my exercise books have drawings but I was just drawing. Today is different because I have to do something with a clear purpose ... . At the end of the day I was happy about this exercise. (Romeo, boy aged 17)

All of the participants had drawn before but they mentioned that they were excited to be able to use drawing in a new and different way. Photovoice, too, with their taking of photographs and discussing them, resulted in their being pleased with their experience and with the photographs they had taken.

It was fun creating pictures we were going to use and it was a nice and enjoyable experience. (Moonlight, girl aged 16)

In today’s session I was happy when I was given chance to say something that happen in my school. I was very excited when I was taking photos on my own using a camera. (Sunflower, girl aged 17)

For some, having a camera in hand was the moment of the day; they had started thinking about themselves as photographers who were able to take photographs to tell a story, but also as models or actors who could stage (or act out) the story of the photographs.

The interesting thing ... part was being given cameras. Everybody was happy but it was challenging to picture care and support in the school, but we became like actresses. It was fun. I think that is where acting starts because you have to pose before shooting and make sure whatever the picture you take it will capture the message to other people. (Rose, girl aged 18)

I have learned how to use a camera and how to pose for a picture. I also learned that a picture talks. It was very nice. (Sweet Potato, girl aged 17)

Seventeen-year-old Table Mountain added that using photographs and working with them on a laptop during the photovoice session further contributed to her happiness. She felt that the many activities involved in the photovoice process gave her opportunities to learn, to practise, and also to use her photographs to construct a narrative:
It felt so good because I had a chance to use laptop when I was doing my photo narratives. I learnt how to find different things, like what do I do when I want to check my photos in the laptop. I learnt that for photos to tell a story they need to be arranged in some kind of order. As like the lead picture should be put on top and that they need to be described one by one. I found it interesting to be able to do photo-narrative with my photo on the laptop for the first time. I feel like saying photo viva! viva! viva!

There is similar evidence that working with collage evoked joy and encouraged participation.

*Today’s session was the best, I love the magazines and to have so many of them. I was so happy. I started paging through it and I wanted to read but we had to work. I felt so happy when madam told use to take the magazines after we have finished our collage. We were all so happy.* (Primrose, girl aged 17)

This finding clearly indicates that using visual arts-based methods elicited a variety of positive emotions in the participating school children as they articulated their excitement in using visual arts-based methods; producing their own artifacts; discussing and sharing their knowledge; and owning their artifacts. This confirms the findings of other researchers such as Brooks and Sorin (2011), Mitchell (2011), and Stuart (2010). Wood (2012) for example, refers to how school children in her study pointed out their satisfaction in using arts-based methods to design and create their own intervention strategies around gender injustices, while Stuart (2010; 2012) points to the playful nature of visual arts-based research. Although some of the school children in my study indicated that they were familiar with visual methods, especially drawing and photovoice, the methods were used here in a new and meaningful way and this contributed to their joy.

It seems to me that the participants’ experiences ignited an awareness of their own ‘hidden’ talents and ability to learn new skills and this made them eager to share their artifacts and insights with other people. In this way they moved from being possibly ‘vulnerable’ to being agents of their own lives. This, in itself, is affirming and seems to have contributed to their sense of joy. In a context in which challenges can easily overwhelm these school children, the moments of joy they experienced shifted their mood. Furthermore, it drew them into recognising their own potential even as it enhanced their ability to express themselves.
7.2.2 Enhancing expression

The findings from my study point to how the use of visual arts-based methods has allowed the school children to express their ideas on a sensitive topic. Visual arts-based methods, according to Butler-Kisber (2010), can be used in many ways to enhance expression. These school children’s drawings, photographs and collages encouraged communication and representation and, in so doing, enhanced the verbal expression of their constructions of care and support.

*I have done many drawings but for fun. I did not know that I can use them in telling people about myself. I felt so happy and I did the best drawing and I was excited to talk about it to the group. (Dollar, boy aged 18)*

*I learnt writing my own biography through drawings. I did not know I can draw such a good piece of work. I drew Table Mountain because I think that was the best way to tell who I am. My drawing, though I use a mountain, but it represents who I am and how I would like to be, strong girl. I love drawing. (Table Mountain, girl aged 17)*

*... it was my first time to be with this group and do the same task, that is, to talk about myself using drawings. It was not easy but as from now on, I think I know how to stand in front of everybody and speak out. (Thunder, boy aged 19)*

Some of the school children also explained how the use of photovoice aided their expression of thoughts and feelings in relation to care and support as provided in their school environment. Learning about photovoice, the technical aspects of the camera, thinking about and photographing an issue, and writing about the issue depicted in the photographs, broadened these school children’s ways of thinking about how they could express themselves.

*In today’s session, I learnt about what photovoice is and I even got chance to do it. I learnt about how to use a camera and now I know the different of cameras and how to use them. It was my first time taking a photo with a camera. (Romeo, boy aged 17)*

*The most interesting thing that I learnt was how to use a camera and I was able to use it. Miss Fire gave it to me and I went outside and took some pictures that I can discuss with and tell others as to why I took those pictures. (Masiyama, boy aged 18)*
It was my first time to use pictures to tell my stories and to work with other learners from my school and the other school. (River, girl aged 17)

Some of the school children also referred to their engagement with the collage activity and how it enabled them to identify and express themselves on the issue on care and support in their school context.

I can say from the beginning until now, I have learned much because of so many activities we have done. Today I learnt about the collage which is something new to me I’ve never done before. It was also my first time to hear the word collage. We have learned a lot in this group. (Primrose, girl aged 17)

I saw different kinds of collages and learned about things that are happening at other school. All collages were different and I did not know that we can come up with and talk about so many things that affect our lives in the school. (Thunder, boy aged 19)

These findings highlight the fact that using visual arts-based research, in this instance with rural secondary school children, enhanced their expression. According to Mitchell (2011) and O’Donoghue (2011) visual arts-based methods model how stories can be told using multiple modalities, while, at the same time, they create an opportunity for critical self-expression (Vaughn et al., 2012). De Lange, Mitchell, and Moletsane (2012) (see also 1.10.3 and 4.8) concur on the value of using arts-based methods, while De Lange et al. (2010) show how visual arts-based research is particularly important in enabling marginalised community to express themselves. For example, Ferreira (2013), and Meyiwa et al. (2013) used visual arts-based methods to get participants to express their ideas and to generate local or cultural knowledge about their understanding of the topic under investigation. Glenn and Wilson (2008), too, demonstrated how visual arts-based approaches used with African American adolescents encouraged self-expression on cultural issues in relation to AIDS. It is to be noted that visual arts-based research enables the participants to “give material form to an invisible lived experience” (O’Donoghue, 2011, p. 641) which would not be possible through using written or spoken words only.
With the concrete artefact in hand, participants are able to share their understanding and to invite other people to ask questions about these artifacts. Thus, these school children indicated that the use of visual arts-based methods stimulates further questioning and an understanding of why things have been done the way they have been done, and how they could be done in future. In this way visual arts-based methods become a tool for enabling a sense of agency and for taking ownership of the way in which they choose to be cared for and supported. It also promotes agency in relation to how they participate in care and support interventions at school. Visual arts-based methods are tools for inquiry, confirming Bailey and Harken’s (2014) views that using visual images with teachers has the potential to promote inquiry. In a similar way visual arts-based methods, as a medium for expression, have the potential “to persuade, explain and critique … create action space for people to talk, ask questions, disagree, reveal misconception . . .” as is emphasised by Norris et al. (2007, p. 43). As such, the school children in general and rural school children in particular, in using visual arts-based methods can be seen to be change agents (UNICEF, 2014), as they represent themselves and the issues they personally face in their daily lives.

What is evident is that participatory arts-based tools can be used to get research participants to participate and to express themselves in relation to what they think about care and support in their rural school, and to share it with others, thus promoting collectivity.

7.2.3 Raising awareness of Masibambane (Collectivity)

Masibambane is a Zulu word, loosely meaning to work together. Through the use of visual arts-based methods my research provided an opportunity for these school children to raise their own awareness of how they could work together towards care and support in the age of HIV and AIDS. The term masibambane often appeared in the participants’ discussions and I decided to use it when I was explaining participants’ reflections about their experiences of using visual arts-based research, in which the act of masibambane was fore-grounded. This concurs with the idea of the promotion of collectivity in visual arts-based research as written about by Mitchell (2011).

The school children indicated that they learnt to participate, to share materials, and to share thoughts and ideas when they were creating their visual artifacts.
The cameras were not enough but I learnt that we were cooperating. So it is not only about having what is yours but as people we need to share. Even if you have everything you also need other things and other people in your life to solve problems. We are saying masibambisane (let’s work together). (Primrose, girl aged 17)

For Romeo, too, the distribution of the few cameras to them during the data generation process, created an opportunity to work together and it pointed to the need for cooperation here to solve the problem of a limited number of cameras that had to be used by a large group of people, and, by extension, to solving problems in their own lives.

In the same way collage was positioned as a way of allowing people to share their stories and to experience a sense of the collective.

When sharing our collages I have found that some things were similar like some of the problems we face are similar, but if we do not talk and share that’s when you feel lonely and want to leave the school or even kill yourself. So sharing our pictures and collage was important because you feel better that you are not alone, there are other people with similar problems or even more problems. (Flower Star, girl aged 16)

I learned working in groups and putting our thoughts together and really think about what we are going to do. Next time maybe our poster will bring change in our lives and the school. (Lwandle, boy aged 17)

These activities that we did in our collage taught me that we as teenagers, you don’t have to be alone. We need to face challenges together. If you don’t go out and talk to others, people will not be able to help you. (Table Mountain, girl aged 17)

The participants’ reflections demonstrated that working on the collage created a space in which to share personal stories. As well as sharing pens, magazines and the glue stick, participants shared personal problems and had an opportunity to use collage to collectively identify potential processes or pathways towards improved care and support. Participants, such as Flower Star, for example, were aware of how things might take a wrong turn (leave school…and kill yourself),
but unaware of the potential of collectively addressing their problems. In working with collage in this study Flower Star and Lwandle became aware of possible ways of addressing their problems and emphasising their agency as sharers, talking and “teach[ing] people that is not over.

I probed this response because I wanted to get a deeper understanding of participants’ sense of agency in the idea of teaching people “that is not over”.

Researcher:  

*Do you think pictures and collages can change people’s lives?*

Participants:  

*YES! [All in chorus and shouting, with one voice clearly rising above the rest] Of course they do!*

Researcher:  

*How did it change you? Using this method [collage]?*

Participant 1:  

*I have been more creative and other learners liked my idea, so we shared different ideas to come up with a solution which was difficult for one person.*

Participant 2:  

*For me, working in this group taking pictures help me to know how to work with other people, be patient and not rush things. Sometimes we rush into making things and we end up doing wrong things. Here we have to wait and work nicely with other learners.*

Based on the dialogue with the school children above, it seems that they were able to determine how they wished to engage with the collage and to make adjustments in their lives by working collectively. Although answers were given in unison, the tone of the responses alluded to their confidence in using collage. Consequently, attention was given to sharing ideas, being patient with each other and working harmoniously with one another. The collage created a platform for the participation of all, confirming the importance of *masibambane.*

*...also when doing collage, we were all busy working towards one thing, which is care and support in our school. It was nice to see everybody busy. HIV/AIDS, we need cooperation, we need pupils, teachers and government, voluntary training, that’s cooperation what we have learnt from collage. (Romeo, boy aged 17)*
During his engagement in a collage process, Thunder was able to identify what was present and what was absent from their collage and how they could draw on expertise or resources of other school children. He recognised his new-found agency in talking and sharing when and if he is confronted with difficult situations in his life.

*What I learned today is that I have noticed that one person cannot have all answers for all problems. For example, there are things that we did not mention in our collage but when the other group presents we can learn from them and they can learn from us. Some things were similar like some of the problems we face are similar. But if we do not talk and share, that’s when you feel lonely and want to leave the school or even kill yourself. So sharing is important and that is what the collage is teaching us. You feel better that you are not alone; there are other people with similar problems or even more problems. I thank God for being part of this group. (Thunder, boy aged 19)*

These findings suggest that visual arts-based research has the potential to evoke *masibambane* as a way of strengthening care and support in schools. It should be noted that not a single participant was left behind, all were busy either cutting pictures from magazines, sharing a creative idea, or taking a photograph, and all were positioned as active participants working towards a common goal. For instance, the findings provided a clear indication of how the participants wanted to exercise their agency: they showed the desire to do something; to do more; to teach people; and to contribute to change in their lives and that of the school. Participants are clear about visual arts-based methods and using them seemed, at least temporarily, to disrupt the negative perceptions of these school children in rural areas as ‘vulnerable’ and passive.

Mitchell (2011) argues that "collectivity" (p. 91) is a critical feature of various arts-based research as intervention aimed at addressing social issues. Care and support for secondary school children is complex and multi-layered so collective effort is vital to its success. Using a variety of visual arts-based methods provided evidence that each artefact, whether produced or performed individually or as collective, was unique and had potential to complement; to add; to trigger thinking or participation; and to enable the learning new things, all of which add to the possibilities for social change (Mitchell, 2011). These findings also suggest ways in which visual
arts-based research enables school children to shift their understanding, through sharing and working together, from seeing themselves as having too few resources to seeing themselves as resourceful. Aware of the many problems they face as individuals in the landscape of their rural context, these school children drew on these visual arts-based methods to generate strategies for solving personal problems collaboratively. The findings support the evidence cited by Mitchell and De Lange (2011) who argue that visual arts-based research such as community-based participatory video, enables social action to deal with the challenges faced by rural communities in South Africa. In a similar way, Beh (2011) claims that visual arts such as photovoice enabled members of the Samburu community in Kenya to visually document their landscape and collectively address the current state of conservation knowledge and allow for disempowered members of the community to have a voice on issues that affect them (Beh, 2011).

As documented in other research, one of the issues raised about ‘vulnerable’ school children in the context of HIV and AIDS in rural schools is the problem of social isolation (Schenk et al., 2010) and low self-esteem (Mohlakwana, 2013). However, these findings reveal how the use of visual arts can enable rural school children to construct and communicate issues, identify similar barriers they all come across, and to also realise that they are not alone in their challenges (Ebersöhn & Ferreira, 2012) and can identify solutions to their problems (Hlalele (2012). Thus, visual arts informed by participatory approaches are viewed as important for establishing close relationships and strengthening agency in groups. Meyiwa et al. (2013) typify the way in which visual arts approaches such as masihambisane (let’s walk together) lessons, in a school-based collaborative project in the Eastern Cape, improved indigenous knowledge systems for many school children.

Furthermore, my findings reveal the kind of skills and knowledge sharing the visual arts can generate in working together. The majority of these participating school children reported the visual arts process as a route to create and expand their own teaching and learning resources, especially about care and support. They believe that with their self-created artifacts they can teach others, and talk to other people as well as encourage people to share their stories. This became evident from the reflections of these school children when they wrote about producing posters which they could use to teach other people thus relinquishing their dependence on teachers or other adults. This finding supports the view that encouraging an identity as active
citizens (Joubert, 2012) in the fight against HIV and AIDS has the capacity to strengthen care and support in a positive way. Visual artifacts produced by the school children could provide an opportunity for the rural school children to perceive themselves as central to and active in care and support. Producing and sharing their artwork with others influenced their enthusiasm to teach, using their own visual artifacts. However, what constitutes teaching, especially about HIV and AIDS or care and support for ‘vulnerable’ children, is often described as the role of the teacher or another adult (DoE, 2000). On the contrary, however, my findings showed that the use of visual arts provided an opportunity for school children to view themselves as co-teachers in relation to care and support. This was also noted by Stuart (2010) whose perception of rural school children, during her use of visual participatory research methods, showed that school children are indeed knowledge producers. Such knowledge could include school children’s capacity to make informed decisions about the future they wish to shape including care and support interventions at school level (Brooks & Sorin, 2011). Therefore, the use of visual arts with school children could be a useful starting point to understand, build and strengthen teaching collaborations with other school children in schools. This finding is further supported by Mitchell et al. (2010) and Stuart (2010) who indicate that using children’s produced art-work could be part of improving group dialogue especially in addressing complex or sensitive issues which both school children and school teachers may not be comfortable enough to address. Using the design that enabled these school children to be active at all stages of the research process helped them to become aware of themselves, of what they say, of what they wish to say and how they wish to say it, all of which contributed to bringing about positive change in their lives.

7.2.4 Liberating self

I use the term “liberating” in this research cautiously and do not apply it to the historical struggle for freedom and equality in South Africa. But my findings suggest the ways in which visual arts-based research could serve as a strategy of liberation from the struggles school children are facing in their daily lives with respect to self-esteem. Identifiers of school children’s acts of liberation include self-disclosure about their own strengths and weaknesses, and decisions about the sort of future they wish to shape.
The drawing that I did about myself was so important and learned to know myself, how to position myself, take care of other people and to be brave. It was the first time I tell the truth about myself and the drawing makes it easy because it was like I’m talking about somebody else. It felt easy to write and I was caught when I explained my drawing to the group because I realised I’m talking about myself. But this helped me to focus on doing right things and not do other bad things that won’t help me. I LOVE THIS SESSION MORE THAN THE SESSIONS WE EVER HAD! (DC Washington, boy aged 17)

I learnt a lot today… to draw myself using drawings. It was not easy because I have to be honest with myself, some of the things which I was not aware of myself I was able to bring them out. It was like a big cloud has been removed from my eyes and but as from now on, I think I know myself better and what to do to feel good and improve myself. (Teddy Bear, girl aged 19)

I drew myself as a sunflower but it was not the best drawing because I am not good at drawing. The drawing opened my eyes and I was able to be open to myself and write my sad story of being HIV positive. I was also happy to know that I am unique because my drawing was unique. All the drawings were different and it shows we are all unique positive or negative. (Sunflower, girl aged 18)

The participants explicitly pointed out that they had difficulty in using drawing as a process which required them to reflect and position themselves within care and support. The findings show that prior to participants’ involvement in this study they focused more on their perceptions of what they saw as their deficiencies which positioned them as being almost invisible in their own context. However they seemed to have been able, through drawing, to see themselves differently; they offered some provocative phrases such as it “opened my eyes”, made me to “position myself”, “be honest with myself”, “big cloud has been removed”, “tell truth about myself” and “I was caught...when I realised I was talking about myself” as they reconstructed their selves within care and support in rural schools.
Similarly, the photovoice process helped them see themselves more powerfully.

*The picture I took helped [me] to learn to be free to talk about HIV/AIDS because most people do not talk about these things. I have never been so open to talk about it. The nice thing is that I was free to present and talk about myself in front of the whole class and picture made it easy and my fear was gone and it was easier to talk to other people* (Primrose, girl aged 17).

*I learnt a lot about the valuable ways of inviting people into discussion... photovoice is very important even to shy people like me. You are free to talk because there is always somewhere to start talking, that is, by pointing at my pictures; it gave me power and freedom to start talking* (Masiyama, boy aged 18).

Participants, such as eighteen-year-old Dollar, saw the potential of the camera he owns, and quite clearly saw himself taking charge of engaging others through discussion of the messages of his images. This can be seen in the following quotation:

*I learned how to use a camera for the first time. I have one at home but I do not use it... my mother bought it for me but I did not know how to use it. This session has opened my eyes to use it in a more specific way. I will use it to take pictures and teach people about those pictures, I can tell them why I took the pictures and what message am I trying to tell people using pictures. I am so thankful to be part of this group.*

Equally, reflecting on the data regarding the use of collage in this study, Thunder was able to identify aspects of his context that he felt could contribute to his well-being and that of other school children. Being aware of their thoughts and attitudes towards certain people and situations allowed the participants to examine the power of those thoughts, and then to reinforce or adjust them in a positive way, thus providing an opportunity for them to change. In using drawing, photovoice and collage, the participants seemed to have reorganised themselves into self-fulfilling young people, motivated, proud, clever and quick of thought.

*I won’t forget today’s session because I shared my ideas using a drawing, I never thought drawing myself about care and support things. After doing my drawing I was felt like genius and showed to my classmates. I felt like I can do all the tasks given to me because I*
have potential. I did not write a lot or talk more because I was still getting used to the researcher and other learners in my group. (River, boy aged 17)

I learned to be motivated in whatever I’m doing. What we have been talking about since the beginning touches me spiritually. Now I know I can connect with other people. (Protea, girl aged 18)

I also felt proud that I contributed something to my school, a poster and other learners can learn about my pictures. (Rose, girl aged 18)

These pictures and collages taught me to be clever and think about possible things. If you sit alone with your problems you can’t get help, you need to talk to others people to get help. I learned to think fast. (Table Mountain, girl aged 17)

Using visual arts-based methods helped Rose to witness how her thoughts about being shy and about how she experienced her life, changed through using visual arts-based methods in this study. She came to see herself as happy and confident, like other school children, as well as having the power to change things around.

I am a shy person and always afraid to talk in class but here it was different. I was happy to talk about my work to other learners but I was afraid at the beginning thinking they will laugh at me. I have noticed that some learners still have the same problems as mine and keeping my mouth shut will not help me. Here I felt that I have power to ask help and change things around me. (Rose, girl aged 18)

Agreeing with Rose, eighteen-year-old Protea indicated that the use of visual arts-based methods opened up new possibilities for her to share her stories:

I can now feel I am confident and I can talk to people and also teach them that it is not over, and as young people we have many talents to share our stories. I feel like now I can present our work even on TV.

These findings indicate the ways in which visual arts-based methods gave individual school children in two rural schools an opportunity to become more aware of their own sense of self, of their abilities and of how they can use them resourcefully to improve their lives and those of
other school children. This is consistent with the conclusion of Norris et al. (2007) that the use of visual arts-based methods “creates action space for young people to talk, ask questions, disagree, reveal misconceptions and so on” (p. 497). While Eloff et al. (2007) argue that individuals have innate abilities or skills which they may draw from in order to thrive daily, for the school children in this study discovering their own abilities and skills surprised and amused them. They were pleased with themselves because they had discovered themselves and this is fundamental to seeing themselves as agents of change in care and support. This shows that when school children are given an opportunity to reflect on the research, on the process of using arts-based methods, and on their role as knowledge producers, they repositioned themselves as able and agentic in their rural school context. In this way, this study suggests and gives clear examples of the benefits visual arts-based methods as a tool could be in fostering knowledge that could improve school children’s agency regarding care and support in their rural school context.

The visual process itself can itself take on a liberating or emancipatory function (Van der Riet, 2008). It can also be viewed as a diagnostic tool (Bailey & Van Harken, 2014), in which the school children can pin-point their challenges and begin to address them. As indicated by Masinga (2012), “traumatising or sensitive stories shared by the participants … [can be] viewed as the beginning of the healing” (p. 133). In the context of my study the school children’s disclosure of their own experiences seemed to reduce the effect of the experience; engaging with others collectively and in a generative way seemed to help in shaping a more optimistic future.

The visual arts-based methods were deliberately chosen to ease doing research with these school children, yet they registered anxiety. The participants’ reflections that they found the use of visual arts-based methods challenging (at the beginning of the research process), seemed to have been overturned and this contributed to their sense of achievement. Bailey and Van Harken (2014), using collage with pre-service teachers, concur that their participants, too, were anxious about doing the collage task, but that the nature of the task itself was helpful in “alleviat[ing] much initial stress … so that they could come to understand their own roles as researchers” (p. 10). Similarly, it seemed helpful for the school children to acknowledge their own uncertainties rather than hiding them so that they could come to better understand themselves and their roles as agents of care and support.
The use of visual arts-based methods provided an opportunity for the school children to rethink the kind of future they wish to shape for themselves, in their school and in their community. This was apparent, for instance, when these school children spoke about their power to change things around them by acting as change agents, as suggested in the UNICEF (2014) report. Being able to address their own challenges enabled Skovdal (2009) in his work, to argue that ‘vulnerable’ children can be independent as opposed to being solely dependent on adults. It seems that the nature of the visual arts-based research process shifts a “researcher-centric construction of the social world to that of the participants”, according to Prosser and Loxley (2008, p. 17), thus enabling the participants, in this instance school children, to foreground their views and critically reflect on what care and support in schools is and how it should be.

Reflecting on visual arts-based methods and related processes prompted these school children to build a framework for future actions; they spoke with enthusiasm about presenting their work on national television. In this case, the findings indicate how the use of visual arts-based research contributed to what Masinga (2012) refers to as “revised self-identity” (p. 128). These school children chose to represent themselves as now having clear direction and purpose within the ecological system in relation to care and support. This is consistent with Wood (2012) who points out how, through the use visual arts-based methods, youth “developed self-efficacy beliefs in regard to their ability to design and implement peer-education interventions” (p. 349). Clearly these school children regarded coping with their challenges as a key area of their personal development.

7.2.5 **Encouraging deep thinking**

Visual arts-based methods used in my study seem to have created an appetite to think deeply amongst the participants. Deep thinking involves a person’s ability to think independently and logically (Liebenberg et al., 2014). It may involve the ability to identify problems as well as find creative approaches to resolving them.

> I did not know what to choose because I have never used drawings anywhere. I was so excited such that many things were coming to my head but I end up with these drawings because that is exactly who I am in those drawings that I did. (Sunflower, girl aged 17)
In today’s session we did drawings about ourselves … . I thought it would be easy but not that easy. I looked around trying to see what other learners are doing and found they are hiding their drawings. I did not do the best drawing but I found it helped me to know myself better. (Primrose, girl aged 17)

The drawing activity, as is clear in the extracts above, created a space in which the participants could think independently about their drawings. They acknowledged that coming up with a drawing was challenging since it required them to think deeply about the drawing and the message they intended to convey. For Sunflower, more time was spent on thinking since she had many ideas and possible images which clouded her mind, but she managed to use her autonomy and decided on the drawing that best represents who she thought she was. Primrose, however, spent more time trying to check what other participants were doing, in the hope of getting answers. It turned out that looking around at other participants’ work did not help her, but then, using her own thinking she managed to produce a drawing with which she felt partly satisfied.

The potential of visual arts-based methods to encourage thinking was recognised in the photovoice session. The participants mentioned that the photovoice process forced them to think to begin with, and then to think about how to arrange the pictures in such a way that the story would be logical and meaningful.

The pictures made me think about the people who are important in my life but also those whom missing in my life. It was challenging but it makes us to think deep about ourselves and the people around us. I wish it can go on and on. (Primrose, girl aged 17)

I learnt a lot… it was not easy but I tried my best and was forced to think. We were also using pictures to tell a story and work with photo narratives, putting pictures in the arranged order. And it was so interesting to do this session in my school and doing photovoice for the first time was so much difficult, you do not just take pictures but your pictures should tell a story. It was fun but also difficult, we had to think, think and think. (River, boy aged 17)
In today’s session I felt so great...I felt good because I had to think about five photos that I wanted to take. And was happy because the photo I took was about me and helped me with my problem. (Sunflower, girl aged 17)

Seventeen-year-old Rose’s reflections refer to the workshop (see 4.8.2) as essential to critical thinking.

Today and throughout these workshops, I have learnt that communication is important and when doing something, I must have a purpose. My communication has to be clear so that I can be assisted. The use of photos or collage was challenging but made me think before I do something.

Collage-making is a springboard for deep thinking (Butler-Kisber, 2008; 2010). The participants indicated that creating any form of visual artwork, especially collage, was challenging. They thought they could simply cut and paste pictures on a chart. However, they came to realise that there is more to creating a collage both as process and product. According to the participants, they needed to think first about the message they wanted to convey and then about how to make the message precise and clear to the intended audiences.

It was more challenging to do because on the collage you do not just cut any piece and paste. You need to get the message across. (Primrose, girl aged 17)

From all collage we cut the pieces to say whatever we are saying. It is important to be precise so that you can be helped every time we knew that will help us in the future so we needed to be honest. It was very challenging doing the collage especially making the picture talk. (Teddy Bear, girl aged 19)

It was challenging because I used to think that I can just cut a teacher’s picture for instance and never thought about the information to accompany the picture. I did not know that as when using a picture as the creator, you have to give meaning to it. (Romeo, boy aged 17)

I learned about the steps we can take to make our school successful. I learnt that the collage allowed us to look for more answers, the teachers alone cannot help us with
everything, teaching and other personal problems. In our collage we learnt that the community and the school must work together to fight HIV/AIDS. (Moonlight, girl aged 16)

According to eighteen-year-old Masiyama, an important element of using photographs and collage is to help school children to think deeply before making decisions. He indicated that the lack of deep thinking has the potential to put them at risk.

*The use of photos or collage was challenging but it made me think before I do. Sometimes we just do things without thinking hard about them. Because if you want to share your work with other learners you must be able to talk, and explain what you did. You must also be ready to answer their questions if they ask you. Being part of this group I realised that learners can ask many questions even if they know just to challenge you on your work so I am happy now that everything I do, I need to think seriously and I was happy that I also helped other learners to think. As young people we do things without thinking now I know we can think about many things to help ourselves and our school.*

These reflections by the participants underscore the importance of using visual arts-based methods with school children to encourage them to think. It also shows how they have shifted towards thinking positively about themselves and what they can do to change the situation, rather than being pre-occupied with problems or challenges. Several studies, such as that of Ntaote (2011) in Lesotho, Taukeni (2012) in Namibia, Lin et al. (2010) and Xu, Wu, Rou, Duan, and Wang (2010) in China, as well as the DSD (2010) in South Africa, concur. The use of visual arts-based methods with rural secondary school children, as in my study, prompted moments of positive deep thinking as the school children considered what to draw, what photographs to take and how to construct their collages. This allowed them to understand how their thinking is linked to their sense of agency.

Employing visual arts-based research methods with school children provided an opportunity for them to go beyond a mere remembering of experiences or events; it required them to think deeply looking back and looking forward, looking in and looking out. This view is supported by Prosser and Burke (2008) who argue that arts-based work is also linked to the school children’s cognitive development. This was apparent, for instance, when these school children indicated that coming
up with their own artifacts required them to “think deep” and “forced them to think” prior to making the artefact and again after producing it. There is a body of knowledge (Stuart, 2010; Mitchell, 2011; De Lange & Mitchell, 2012; Wood et al., 2013) that suggests that working to change or influence agents of change (in this case rural school children within care and support) requires critical thinking, an opportunity that using these visual arts-based methods opened up. Stuart (2010) argues eloquently that visual arts such as collage and image theatre are powerful tools that can be used to stimulate critical and deep thinking about HIV- and AIDS-related issues.

The opportunity participants have to explain their own artifacts to others can function as a way of provoking discussion thereby stimulating critical thinking (Butler-Kisber, 2010). Wood (2012), too, on the use of visual arts methods in participatory action research on addressing gender injustices in schools points out that the participants’ explanations of their artifacts to other school children and teachers provoked more thinking, more alternatives and more suggestions in relation to ways in which gender injustices could be stopped. It was clear that this had led to deeper thinking. It seems logical to assume that when a person shares with, and explains the work that he or she has created to, other people, the opportunity for raising questions, getting clarity, disagreeing, as well as imagining alternatives (Baum et al., 2006), could emerge, and hence contribute to further thinking. My findings indicate that these school children, in sharing their artifacts with other school children, parents and teachers, were enabled (or could be enabled) to become critical thinkers. These school children’s responses in my study point to their potential to develop deep thinking and critical minds as agents of change in relation to care and support. The findings of my study also point to the potential of using visual arts methods as a strategy to enable knowledge mobilisation in the context of strengthening care and support for ‘vulnerable’ secondary school children in rural South African schools.

7.2.6 Potentiating knowledge mobilisation

Through the process of sharing visual artifacts, visual arts-based research can potentiate mobilisation of knowledge amongst school children themselves, among school teachers, as well as within the wider community, with a view to strengthening the care and support for ‘vulnerable’ school children in rural schools in the age of HIV and AIDS.
*Knowledge mobilisation amongst peers*

These findings suggest that visual artifacts have the potential to enable school children to acquire and mobilise knowledge through looking at each other’s work. These school children were aware of the uniqueness of each artefact and the ways in which each added value to their knowledge which, in turn, deepened their understanding of the phenomenon of care and support.

*I saw different kinds of collages and learned about things that are happening at other school. All collages where different and all important. There are things that we did not mention in our collage but when the other group presents we can learn from them and they also can learn from us.* (Thunder, girl aged 19)

*In today’s session I think it is important to share information, I learnt a lot from other collages today. There were different ideas, that is, the things that we wrote in our collage we could learn from other learners’ collage. They too learnt other issues in our collage without judging that we had few items in our collage.* (Lwandle, boy aged 17)

Visual artifacts produced by the school children provided insights into the visual texts that led the other participants to re-conceptualise their own and add ideas as well as study what each visual artefact entailed and, as a result, a broader development of the issues being explored occurred. Creating and sharing visual artifacts drove these school children’s agency to look, compare and learn from each other, to become intent on taking further responsibility, and to engage with other school children to learn from their artifacts. The school children did not focus on the deficiencies of the products but on how the different artifacts led to a changed way of thinking about care and support, and mobilising knowledge. Furthermore, these school children wove strands of care and support into their reflections thus pointing to an opportunity to learn from the artifacts without the physical presence of the creator/owner of them.

*A poster...other learners can learn about my pictures too even if I’m not there physically. That is what pictures and photos are for, I don’t need to be there but the message can be shared.* (Rose, girl aged 17)
I learnt that our collage helped other learners to know and see things that they did not mention in their collage. For example, in our collage we wrote things like gym, soccer, library and many other things which help us and the other learners’ collage had few items but I realised that they came up with different ideas which we did not have. So at the end of the day we learnt for all the collages that learners made. (Table Mountain, girl aged 17)

This finding points out that in using visual artifacts these school children did not have to speak directly about their artwork since the representation of their ideas provided an opportunity to broaden knowledge about a range of care and support issues.

- Knowledge mobilisation with school teachers

The findings also indicate that visual arts-based research could be a successful pedagogical tool that school teachers could use to make rural classrooms vibrant. This was apparent when a participant reflected on the novel ways of using visual arts-based work in a rural classroom context.

I didn’t know that pictures are so important in communication, I normally send pictures to my girlfriend and receive hers but today I learnt something big about photovoice. Pictures can tell zillion messages and it is a good way to use with youth. We love media, so the lesson today fits us very well. I wish ... our teachers can be creative ... the school is boring, they just read, read, and read from the books. Today I know that you can learn even outside the classroom. We took pictures about our surrounding, came to class and explain to other about our pictures, we asked each other questions, it was interesting and nice learning. I have one question, why should we always sit and listen in class? It’s...boring! (Starlight, boy aged 17)

Starlight’s comments revealed that the current classroom interaction (or lack of it) in their schools discourages the engagement of the school children and they described this as boring. They want to be actively involved and they acknowledge that arts-based methods have the potential to help their teachers to be creative and to engage school children in interesting learning activities. The use of such visual arts methods was also viewed as having the potential to stir up and mobilise the teachers, the school and the wider community in order to muster more agency
towards care and support for ‘vulnerable’ school children in rural schools. The importance of the visual as a strategy to mobilise community knowledge was evident in the school children’s reflections.

- Knowledge mobilisation within the wider community

The findings from my study also suggest that visual arts could be used as a route to mobilise invaluable knowledge in the school and wider communities towards strengthening care and support for ‘vulnerable’ school children:

- At home I also shared with my mum how happy I was to stand in front of other and share my own pictures and posters, I told her we learnt a lot and that I wish we can have it every day. You see my family learnt something from me and they can ask questions ... . (Rose, girl aged 18)
- It was so nice when people were sharing their drawings and I learnt that it is not about the good or the bad drawing but the message that you want to pass to other. Many people in my village can learn from our drawings. They can ask questions about your drawing and say whatever they want to say. Drawing can open a debate and more people can say something and more ideas can come out of just one drawing. (Flower Star, girl aged 16)
- In today’s session I learnt that many pictures were taken and all gave me knowledge, that is good on one side but I think that there must be a way to train or show people at home so that they can get this important knowledge. Imagine if all families take pictures of their problems and solutions, so many ideas can be raised because now it’s like we only like to talk about problems. I think there are people at our homes who do not know how to read and write but who can still draw and give knowledge about problems or solutions. (Protea, girl aged 18)

These quotations speak powerfully about how arts-based methods can be a platform for mobilising knowledge about care and support in the community, but also for generating solutions. The use of arts-based methods such as drawings, photovoice and collage is also positioned, by the school children, as a tool for documenting particular kinds of knowledge about the care and support for ‘vulnerable’ school children, but also as a means to allow the voices of
school children to be heard on the issues they face and on what they envision in relation to care and support in the context of HIV and AIDS.

*I have learnt that even if I am afraid to go I can send my picture or drawings and describe my problem and I can get help. For example at home our house is not good in bad weather, I can take the picture of that house and write a story about it and send to people, TV, radio, business people, my teachers to spread the gospel and I can be assisted. (Flower Star, girl aged 16)*

The idea of this mobilisation of knowledge highlights the ways in which visual arts-based research is regarded as having the potential to map and mobilise local knowledge, in this instance, with regard to secondary school children’s care and support in rural schools. My findings are consistent with those of Campbell (2003) who argues that a critical feature of various interventions that are aimed at social issues is that the participation of local people is required, not only as service recipients, but, as Mitchell (2011) puts it, in “taking action as protagonists” (p. 93). Clearly, these participants have, through using arts-based methods, been able to position themselves as protagonists ready and willing to mobilise the knowledge they have created.

In order to mobilise knowledge, the school children have pointed out that they need specific skills, such as those related to problem-solving, presentation, and creative thinking, and that these have been enabled through the use of visual arts-based methods. Thomas and Mulvey (2008) emphasise that the sharing of artifacts and the discussions can enrich classroom experiences in that the school children can share their creativity or skill, and can get to know themselves better. Stuart (2010), too, indicates that school children’s own artifacts and creative expressions could deepen their understanding of their strengths and the challenges they experience so that they can be agents of change in their own lives and in those of others. Using visual art with school children can enable their mobilising of knowledge and skills in the classroom, as well as outside it.

This visual arts-based research also opened up possibilities of taking stock of knowledge about wider community resources that could enable a deeper understanding of community needs and strengths in relation to the care and support for ‘vulnerable’ school children in rural schools. This
idea is emphasised by Ferreira (2013) who states that communities should generate knowledge and seek amongst themselves solutions to their own problems. As one participant said, “Imagine if all families take pictures of their problems and solutions ... .” This points out that these school children understand the need to integrate the school into its community and understand it as part of its community (Donald et al., 2006), and see their own agency – through arts-based work – in making a difference. Care and support for secondary school children depend not only on what is happening in schools but also on what ordinary people in the community do, along with the school children, to make sense of the broader issues affecting school children.

Researchers have also begun to explore the benefit of school-community partnerships (De Lange & Combrinck, 2011; Ebersohn & Ferreira, 2012) in response to the diverse needs of ‘vulnerable’ school children. A key issue in my study is the need to pay close attention to how school children believe their artifacts can be used in their families and in local communities. They refer to sharing, teaching, training families and other community members, and encouraging families to produce their own artifacts about the challenges they face but also about their strengths, which in turn, could maximise the possibilities of creating more general local knowledge, with school children leading the process. Clearly, as Thomas and Mulvey (2008) put it, the “the arts are not just ‘nice’, but are critical to the work we do in our classes and with community partners” (p.248).

7.3 CONCLUSION

In this chapter I discussed the findings related to the fourth theme in response to the use of visual arts-based methods with ‘vulnerable’ secondary school children, emphasising how these methods seem to enhance school children’s agency within care and support in a rural school context. I drew on the reflections of the participants on the use of the three data generation tools - drawing, photovoice and collage - to respond to Research Question 2. The findings emphasise that school children’s engagement with visual art-based methods has made a difference in their lives in several ways. While I did not set out to measure the difference this use of these methods could make, the voices of the participants, through this qualitative data, powerfully support the claim that the use of arts-based methods has indeed made (and has the potential to make) a difference at the level of the individual, the school, and the community. It is important to note that in terms
of these school children’s ideas of care and support, it seems to be the small things that can make the big differences in their lives. The use of visual arts-based methods encourage ‘vulnerable’ school children to think about alternative ways to tell their stories in order to unlock revised stories of agency and disrupt how they are viewed in South African rural school contexts in the age of HIV and AIDS.
CHAPTER EIGHT

CONCLUSIONS, IMPLICATIONS AND CONTRIBUTION OF THE STUDY

I drew myself as a sunflower...the drawing opened my eyes and I was able to be open to myself and write my sad story of being HIV positive. I was also happy to know that I am unique...all the drawings were different and it shows we are all unique positive or negative. (Sunflower, girl aged 18)

8.1 INTRODUCTION

In this thesis I have argued that the voices of ‘vulnerable’ school children in rural secondary schools in South Africa were found to be missing from the conversations about their care and support in a school context, and that they could and should be included. I therefore set out to explore ‘vulnerable’ school children’s constructions of the care and support provided in secondary schools in rural South Africa and posed the following research questions:

What are secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS?

How can the use of participatory arts-based research enable agency in the lives of ‘vulnerable’ secondary school children in a rural school context in the age of HIV and AIDS?

To explore these questions, following Taylor (2014), I used a qualitative research approach, within a critical paradigm, that allowed for participation of the participants in their own environment. I used participatory visual arts-based research methodology in order to maximise the active participation of the 20 purposively chosen school children. Through participation, in using the arts-based methods of drawing, photovoice and collage, the school children reflected on the care and support experienced in school. They were able to acknowledge but also critique the care and support on offer and were able to envisage possible solutions towards addressing the problems related to care and support in their own rural school context. I made meaning of the findings by framing the study theoretically using Bronfenbrenner’s bio-ecological systems theory and Giddens’s structuration theory. The school children offer a contribution towards the
conversation on care and support for school children in the age of HIV and AIDS with special focus on the significance of their own agency.

8.2 SYNTHESIS OF THE FINDINGS

In this section I synthesise the findings that respond to my two research questions.

8.2.1 What are secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS?

8.2.1.1 Drawing ourselves into the story: School children as (in)visible in care and support

As is evident from the findings, each school child brought his or her uniqueness to the study; this can be seen in the drawings they created. The drawings showed the school children situated in their rural landscape, interacting with others in their community but not isolated from the world outside their rural context. Their drawings and accompanying explanations position them as either visible or invisible in terms of agency in relation to care and support (see Figure 6.1). They saw and described themselves as having intrapersonal strengths (for example, being confident, motivated, clever, and honest) and with the power to take care of themselves and others with a measure of resilience in spite of their difficulties. They also constructed themselves in interpersonal relationships within the ecosystem positioning themselves as visible, active and interconnected; at home they were carers (of their parents and siblings, for example), and at community level they were engaged as leaders in trying to establish various sport codes in their rural area.

While this holds true, these school children also drew themselves into the story as showing some ‘vulnerability’ and seemingly invisible within the care and support system. These ideas about themselves appeared to be linked to intra- and interpersonal dialogues that feed low self-esteem, low achievement in certain subjects in school, a negative disposition (for example, being shy, not being good at some things, being unable to talk in public) and inactivity, all of which render them invisible in care and support. Some explained how their past and present experiences with other people (other school children, teachers, parents) influenced how they viewed themselves within the context of care and support. Significantly, they revealed how the socio-economic
status at home; the power dynamics in school (teacher-learner relationships, the rules and regulations they have to abide by) as well as other systematic factors (such as discrimination, abuse, and poverty), limit their agency as far as care and support in concerned.

Based on this synthesis, I conclude that constructing and stereotyping these school children as ‘vulnerable’ is narrow and pathologising. Such categorisation fails to acknowledge the complexity, variation, and richness of how they really see themselves. It is these school children who are knowledgeable about who they are and how they can and do negotiate care and support. Researchers should not be speaking on their behalf of their ‘vulnerability’. The drawing activity created an enabling opportunity for the growth and expression of self-awareness, and for questioning, and it gave rise to a deeper sense of self (as both vulnerable and simultaneously not vulnerable). As Hosokawa (2012) phrases it, this gave rise to “cultural-self-knowledge” (p. 99) in these participants. Adults who provide care and support at school have little, if any, idea of the kind of knowledge these ‘vulnerable’ school children bring with them to school. The children’s view of themselves is very different from how these adults see them. It is the school children’s knowledge and their view of themselves that should be influencing care and support decisions made in the context of their rural school.

8.2.1.2 Picturing care in school: School as environment that enables and constrains care and support

As became evident, these school children’s photographs and discussions revealed that they saw the rural school environment as a multilayered and dynamic space, one which is enabling as well as constraining in relation to care and support in the context of HIV and AIDS. This description of this school environment, points to the significance of the interactions and interrelationships between and among different subsystems within the school, as well as to the interactions between the school and the community, and how all these influence care and support.

In school, the school children put themselves at the front line of care and support, acting with agency for their own benefit as well as for the benefit of others (for example, they are peer-educators, co-learners, spiritual friends, and boyfriends and girlfriends); they drew from each other’s strengths and abilities for social, emotional and academic care and support. In particular, they saw that working together and engaging in school work helped them to be critical thinkers
who could solve their own problems or find alternative ways of addressing the challenges in their lives in these rural areas. They understood care and support as a concept beyond the provision of food, clothes and social grants as one that includes engaging in activities that could positively influence their own lives.

These school children also understood how school structures enabled the provision of care and support. These structures included some school teachers who acted as agents in providing related needs and through orchestrating the interconnection of systems, like, for example, facilitating the issuing of identity documents and seeing to the provision of social grants in other relevant government departments, as well as other school personnel who contributed to the safety and security of the school children in a school context in which they are not always that safe. Some school resources, such as, for example, school gardens and security measures, were identified as enabling care and support in their fostering the physical and psychological well-being of the school children affected by HIV and AIDS. These participants also acknowledged the unique relationships between the school and the wider rural ecologies of care and support.

Nevertheless, my findings also established that rural schools constrain care and support, in that contextual and structural factors make these schools a stressful environment. As is evident from almost all the school children’s responses, discrimination and abuse in the classroom and beyond, by school teachers and other school children, as well as the breach of confidentiality by teachers and school staff about certain sensitive issues revealed in discussions is disabling. The physical environment, too, with its poor infrastructure, and its lack of recreational facilities and counseling services, was seen to limit their psychosocial well-being.

From this synthesis I conclude that while there are structures in school that support care and support, the school does not function in a coherent way in relation to the provision of care and support, and does not acknowledge or draw on the contribution of the school children themselves. The way in which the provision of care and support is enacted in these schools shows the lack of a clear conceptual understanding of what care and support is on the part of both the school and the DBE. Significant, however, is how school children, within this fragmented space of care and support, view their contribution and their ability to enact care and support as coming from themselves, individually and collectively, as agents of change.
As is evident from the data generated during the collage activity, these school children had several ideas on how to strengthen care and support in school. They acknowledged that there are resources in their rural context but they need to be mobilised within the schools and the community. All the collages identified several resources in different subsystems within their rural schools like, for example, themselves, all the other school children, the school teachers, the principal, and the security personnel. However, they placed major emphasis on the need for open dialogue with the ‘vulnerable’ school children about their feelings, ideas, and suggestions that relate to the many issues that affect them. These school children want to be recognised and actively engaged in meaningful ways in school issues. For example, at classroom level they want activities that stimulate their thinking and problem-solving skills, while at the broader school level they want to take part in meetings about the design and formulation of school policies and programs on care and support, HIV and AIDS, non-discrimination, as well as on drug and alcohol abuse. The school children also emphasised their own scaling-up of their leadership and its contribution to strengthening care and support.

School children also argued in their collages that the wider community, for example, local musicians, motivational speakers, community youth leaders, and social workers need to be engaged in strengthening care and support in schools in a meaningful way. They, however, did not succeed in defining the roles of community members and did not spell out how school children should engage with these people, but they did point out that school-community collaboration could be strengthened through proper structures and channels of communication that would enable the school children to access their support. These participants also emphasised the need for proper management of limited but available resources in the school and the community.

From this synthesis I can conclude that rural school children appear to have a deep understanding of approaches that could improve the care and support for ‘vulnerable’ school children in a rural school context. They demonstrated an understanding of building school-community networks and were able to provide practical examples of building and sustaining care and support networks. In particular, these school children emphasised that they need to be listened to, respected and recognised as equal partners within the system of care and support in the school.
The past practices of school teachers and parents explain their current dominance but these are seen to be acting as hindrance to changing the role they themselves and the school children can play in the care and support for ‘vulnerable’ children in a rural area. I argue that when teachers are burdened by a heavy workload and by the departmental policies and responses towards the care and support for ‘vulnerable’ school children, they become policy-compliant or policy-resistant. Both these stances need to be disrupted to ensure that relevant and appropriate care and support is provided to the children who need it.

8.2.2 How can the use of participatory arts-based research enable agency in the lives of ‘vulnerable’ secondary school children in a rural school context in the age of HIV and AIDS?

Using a mix of visual arts-based research methods (drawing, photovoice, and collage) to explore secondary school children’s constructions of care and support in a rural area of South Africa only yielded not only rich results but it enabled engagement and participation. In profound and different ways it allowed these school children to reflect on and challenge the taken-for-granted as well as the hidden meanings about care and support in the school. It also created an opportunity for going beyond isolation to collective dialogue as they explained their artifacts and the positions they take on the issue of care and support in a rural school. The visual arts-based methods made a difference in the lives of ‘vulnerable’ school children in a rural area in that it enabled their thinking about agency over time as they looked back at instances of their agency, and forward to further instances of potential agency in the school context. The exposure to arts-based methods also enabled them to overcome barriers at a personal level such as, for example, feeling shy, being afraid of drawing and taking bad photographs, and being anxious about presenting in a group or in front of the class. They learned and practiced new skills such as effective presentation and communication, and engagement in arts-based research. They disseminated the artifacts to others in the school, to their family members, and to the community so as to share their stories.

From this synthesis I conclude that ‘vulnerable’ secondary school children become deeply engaged in the process of using visual arts-based methods to explore their own understanding of care and support in a school, and that it enables clarity of thinking about the interaction needed
between the systems and within the systems to address issues of care and support in their rural community. While the use of arts-based methods allowed the voices of the ‘vulnerable’ school children to be heard, it also pointed out how marginalised and excluded they are, intentionally and unintentionally, in school-based decision-making processes about care and support. These school children’s creation of visual artifacts opened up stories of the personal and it potentiated more stories at school and community level that could have far-reaching effects in addressing the issues of ‘vulnerable’ school children in rural areas in different ways.

8.3 IMPLICATIONS OF THE FINDINGS

My synthesis of the findings suggests a number of implications which I offer while keeping the theoretical framework in mind.

8.3.1 School children as (in)visible in care and support

The way the school children constructed themselves made me realise that we as teachers and researchers, have little authentic knowledge about ‘vulnerable’ school children. As long as the school prepares lists of so-called needy secondary school children, the chances are that it will sustain the idea of ‘vulnerable’ school children as dependent (see Chapter Two: 2.3.3.4). I regard this as a clear example of what Akesson et al. (2014) calls the need to step aside and learn more about these school children from their own knowledge and perspectives. My findings imply that

- school children should be engaged in all levels of the ecosystem – in this instance at school level – to express themselves about issues in their everyday lives, and that this could be drawn on as a resource to assist them in navigating difficult situations in their lives;
- school children should be seen as knowledge producers (Stuart, 2010) as well as resources that can contribute to the provision of care and support in their rural school context;
- school children should provide input into staff meetings, SMT meetings and SGB meetings when care and support issues are being discussed. This could result in what Mitchell and Conway (2013), call “from the ground up policy making” (p. 99) in that
school children themselves emphasise that their issues should be discussed with them during these meetings and not about them in their absence; and

- SMTs in secondary schools, through in-service professional development, should be encouraged to reflect on and question the policy-defined process of identifying ‘vulnerable’ school children. They should create opportunities for improving or disrupting the implementation of policies which do not serve ‘vulnerable’ school children.

The implication is that identifying ‘vulnerable’ school children using prescribed structures or documents, mainly informed by the DBE (2010b) and the DSD (2010), stereotypes them, does not serve their needs and limits their self-expression (Wood, 2012). These structures and documents should be viewed critically to ensure that the policy and practices serve the needs of all school children.

8.3.2 School as an environment that enables and constrains care and support

A major goal in my study has been to consider how secondary school children construct existing care and support in their school context, particularly care and support aimed at those regarded as being ‘vulnerable’. What is clear is that the school environment is seen as both enabling and constraining the provision of care and support. I offer the following implications.

- The enabling and constraining elements within the school should be identified, and subsequent actions to strengthen the enabling elements and weed out the constraining elements should be planned and designed. Who should be doing what should be clearly defined in terms of allocated roles and this decision should be revisited regularly and frequently to ensure accurate mapping.

- The SMT and SGB – involving relevant stakeholders, including school children affected by HIV and AIDS – should consider how care and support should be conceptualised. The conceptualisation should frame the provision of care and support.

- The wellness committees (named differently in different schools but existing in most of them), should be re-invented and their roles revisited not only to provide care and support, but also to include contributing to the strategic planning of care and support as well as monitoring the progress made in creating a school environment that supports the
optimal development of all its school children. For this committee to have clout, it must be representative and democratic, and must include the principal, a teacher representative from each class as well as school children including prefects, and class prefects, and non-academic staff.

- Care and support mapping done collectively by each class could contribute to a shared understanding of enabling elements in the school and community environment. All such maps could be collated into one school map so that it could contribute to integrated care and support.
- Furthermore, regular open dialogue should occur between and among the schools in a community.

The shared ideas, skills, and knowledge across schools, among school children, as well as among school personnel, could help rural schools in the community to bond, share resources, and share solutions to improving their children’s well-being, including the psychosocial and the academic. If school-to-school relationships are enhanced, this could also assist the DBE and other partners to make plans and foster the implementation of policies that respond to the school children’s needs and to those of the school.

8.3.3 Strengthening care and support in school: Including the in(visible)

What became clear from my findings is the way in which school children see themselves conceptualising the strengthening of care and support provided to ‘vulnerable’ school children in rural secondary schools.

- It is important to sensitise the whole school about the constitutional rights of school children to participate in decisions that affect different aspects of their lives. It is essential, too, that the implementation of these decisions is seen to be mandatory.
- These school children, through their inclusion of the notion of masihambisane (let’s walk/work together), point out the importance of collaboration and of broadening the understandings of what kind of collaboration is needed in their schools. This awareness should be seen as a contribution to the reconceptualising of care and support in its pointing to the interconnectedness of systems and subsystems within the ecology.
• The terms used by the then DBE and the DSD, such as “schools as centre of care and support” or “schools as inclusive centres” (see Chapter Two: 2.6.3), were unknown to the children; they used phrases such as “schools as a family” and “school of rock” in their descriptions of the kind of school and work that is needed in order to strengthen care and support in schools. This is important in terms of who gets to conceptualise what care and support actually is and whether such a notion of what it means resonates with the people on the ground since this is central to the successful provision of desired and desirable care and support in a rural school community.

• The need for continual dialogue and interaction within the systems and the subsystems should be encouraged as a form of collaboration that draws on resources and strengths so as to enable enhanced and strengthened care and support in schools.

8.3.4 ‘Making a difference’ in the lives of ‘vulnerable’ school children

While there are many lessons that may be taken from the literature about children’s agency within care and support (see Chapter Two: 2.6.3), the findings have shown that the school children’s own agency is almost invisible. In most of the interventions, programmes or initiatives the voices of those regarded as experts such as, for example, parents, teachers, and DBE officials dominate. This is a clear example of top-down intervention in that ‘vulnerable’ children’s own voices within care and support remain unheard. My findings unveil small stories that school children tell about how arts-based methods made a difference in their lives (see Chapter Five: 5.5). I offer some implications.

• The use of arts-based methods should be used in school to enable awareness of school children’s own existing agency, and that they are agents-in-the-making in other areas. Such awareness enables them to contribute to care and support in the school and community.

• School dialogues in relation to care and support should go beyond prescribed programmes and prescribed educators’ roles and, though using arts-based methods, these could start from the point of an understanding of the school children’s subject positions in order to encompass various ways of representation in relation to care and support.
The use of visual arts-based methods should be used with school children to strengthen their knowledge, skills and their sense of self. The methods could

- enable joyful, excited and self-motivated school children;
- tap into their imagination and creativity;
- unlock their hidden potential;
- facilitate independent thinking to identify problems and generate creative solutions;
- encourage participation in discussions, questioning, arguing, and presenting their work;
- potentiate tolerance, listening to others, sharing and achieving as a collective; and
- develop liberated school children who can confront their fears or struggles positively and make decisions about the future they wish to shape.

These school children’s reflections about the use of participatory visual arts in my study were different for each individual each time in each context. One cannot ignore the existence of such varied reflections because they indicate the possibility and manner in which visual arts-based methods could enable agency in the lives of ‘vulnerable’ secondary school children in a rural context in the age of HIV and AIDS. The participants’ ability to use different modes of representation and reasoning can also be used to initiate discussions, inform policies and processes which are learner-driven and context specific. The use of arts-based methods could inform required changes in the disenabling school and departmental structures.

I have highlighted in this section the implications of my findings. I have presented information that helps me and my readers to reflect on the constructions of care and support, especially in relation to secondary school children in a South African school context. In the next section I offer the contributions of my study.

8.4 CONTRIBUTIONS OF THE STUDY

This study has brought to the fore the voices of secondary school children who are ‘vulnerable’ and who are more often than not missing from the conversation about their care and support in a rural school. Little has been written about how the use of visual-arts-based methodologies could
enable agency in the lives of ‘vulnerable’ secondary school children in a rural school context in the age of HIV and AIDS. In the light of the problem statement, research questions, theoretical framework, and the findings of my study, I offer its contributions at the conceptual level and at the methodological level.

8.4.1 Conceptual contribution: Democratising care and support in rural schools in the age of HIV and AIDS

In answering Research Question 1: What are secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS? it has become clear that the school children position themselves, first, as playing a key role in the provision of care and support since they have ‘drawn’ themselves into care and support. Second, they also offered clarity from their perspective on what is currently happening in their rural schools in terms of the provision of care and support, highlighting that the school is an enabling as well as a constraining environment. Third, in drawing on the whole bio-ecological system, beginning with themselves as individuals and including the microsystem, the mesosystem and the macrosystem, they have been articulate in thinking through what needs to be done and how care and support could be strengthened to ensure its non-fragmented provision. My findings represent the marginalised voices of ‘vulnerable’ school children on the care and support offered in school in a way that positions them as agents of change. This is, in itself, a major contribution to the existing knowledge about care and support in its argument that a critical dimension of care and support should be the democratising of it so as to give it far greater potential to make a difference to the well-being of school children in rural schools. It is within this democratising and its contribution to a context-specific care and support system, that the maximal realisation of the potential of ‘vulnerable’ school children becomes possible.

My study looks forward to the construction of care and support as dynamic and multi-dimensional, a social process that includes several role players within the ecosystem. Democratising care and support will provide a framework in which to map school children’s understanding of the phenomenon of care and support by drawing from their own world that includes their experiences, thoughts, perceptions and assumptions, and using visual arts to bring forth a new reconceptualised understanding of care and support. Such knowledge of school
children has not been documented formally and their constructions of care and support could serve as a source from which to build subsequent understandings, and as Giddens (1984) puts it, disrupt existing understandings and/or influence change. Their current constructions point to the omissions and silences in the existing policies and practices of care and support in rural schools. In taking a closer look at school children’s construction of care and support, it can be seen that care and support is indeed fragmented, and uncoordinated, and that it excludes critical partners. The very practice and actions of existing care and support structures give substance to the value of democratising them. This will then provide the opportunity to make visible and include those who have been excluded.

These school children’s constructions of care and support offer unique ideas that create new possibilities for interacting and for reciprocity among the systems. The school children’s constructions, consisting of their own ideas and their own produced artifacts, have not as yet moved into formal debates and discussions of care and support. The rigour of democratic involvement is important since it can be used to create new ideas or revise existing ones in relation to care and support within a broader context. Kincheloe and McLaren (cited in Taylor & Medina, 2013) describe such work as moving towards “deep democracy” (p. 6).

The notion of democratising care and support, as I argue, also throws the light on school children as able agents rather than as individuals who are merely ‘vulnerable’. The provision of care and support cannot be authentic without the inclusion and active participation of the school children. In rural areas every person is seen as a resource or an asset who could contribute towards the collective well-being (Ebersöhn & Eloff, 2006). I offer certain assumptions necessary for such understanding such as, specifically constructing rural secondary school children not only as consumers of care and support but as becoming agents in care and support. As agents, school children have the potential to tap into their inherent strengths in order to address their own adversities in their daily lives. As becoming agents they contribute towards care and support in a number of ways that are practical and meaningful such as offering material and financial support to school children infected with HIV or affected by HIV and AIDS; emotional and spiritual care and support; academic support; and as well as building school-based supportive movements. Their views on care and support in the school created spaces for them in which to work collaboratively with the aim of promoting shared learning. Hence, democratising care and
support is about bringing all agents together, sharing ideas, difficulties and solutions, and, as a result, enhancing capabilities (Ebersöhn & Ferreira, 2012) and collective agency (Bandura, 2006), in which all efforts of care and support do not become an individual’s responsibility but a collective effort based on mutual understanding. One could argue that democratising care and support suggests that there be no single caring agent within the system, but, rather, a collective that interacts reciprocally, in a non-linear way, over time. In school, it would mean that the school teacher is not the only authority providing care and support as prescribed in the educational policies (see Chapter Two).

My study makes clear the importance of the continual inclusion of school children in school decisions and recognises them as knowledge producers who create and recreate the school processes and structures important to their life circumstances. Historically, ‘vulnerable’ school children’s voices have been pathologised and framed as deficient (Chilisa, 2012; Moletsane, 2012), outside of any understanding of their knowledge and experiences in their everyday lives. My study does not aim to overemphasise the democratising of care and support, but attempts to understand why school children in rural schools still view their participation as important and equal to that of others, and to work out how we can move them from where they are to where they could be. This highlights the need to understand the views of the school children in rural schools and to give them an opportunity for democratic participation and active agency in the provision of care and support in their own rural school contexts.

Therefore, despite school children’ views that democratising care and support is the best way in a rural school context, it nonetheless has possible limitations since a democracy fosters the concept of including everyone on the chance of equal participation. It is also potentially problematic since it creates an impression that everyone has equal access to resources. The idea of enabling equal participation is good in a sense but practically it might actually run counter to school children’s participation in the care and support system in the rural school. The challenge of democratising care and support is enormous since it involves the marginalised school children influencing the powerful existing structures. The powerful structures’ influence is rooted, for example, in the prescriptive roles of teachers that are documented in the educational policies such as The Norms and Standards of Educators (DoE, 2009) in which teachers are expected to mediate, and to provide care and support, thereby implying that teachers are the providers and
experts. Democratising care and support requires the whole community to respond. It requires gaining but also losing power. Knowing what the school children’s constructions of care and support entail is useful in developing a critical understanding of care and support from the insiders but also an opportunity for the development of “deep democracy” (Kinchenoe & McLaren, cited in Taylor & Medina, 2013, p. 6) which involves outsiders’ critical reflections on the constructions, interpretations, and actions of rural school children in the context of HIV and AIDS.

8.4.2 Methodological contribution

The Research Question 2: How can the use of participatory arts-based research enable agency in the lives of ‘vulnerable’ secondary school children in a rural school context in the age of HIV and AIDS? allows a discussion of the methodological contribution of my study. The arts-based research, located within a critical paradigm, enabled the participation of school children in producing knowledge as well as in critiquing the status quo of care and support, thus contributing to making some difference in the lives of the participants and the school community. First, it provided moments of joy in these participants in their engaging with others around fun arts-based activities. Second, it introduced the participants to literacies to which they had not been previously exposed thus extending their knowledge and skills. Third, it enabled collaboration, cooperation and collective thinking. Fourth, it raised a critical awareness of self and others in and around the issue of care and support. Fifth, it enabled critical thinking towards the development of solutions in a participatory way. Sixth, it offered a way of representing their constructions of care and support and disseminating the findings in the school community.

My study contributes to the existing knowledge of visual arts-based research in various fields such as education, human rights, community development and policy making (Butler-Kisber, 2010; Knowles & Cole, 2008; Margolis & Pauwels, 2011; Mitchell, 2011; Stanczak, 2007). Furthermore, the study also contributes to the existing knowledge in relation to youth participation in the context of vulnerability in the age of HIV and AIDS (UNICEF, 2010a; 2013b, 2014). There is substantial literature (see Chapters Two and Three) on including children’s voices and concerns so as to improve children’s status (UNICEF, 2014). Recent research about rural children and those made ‘vulnerable’ by HIV and AIDS (Meyiwa et al.,
2013; Skovdal et al., 2013; Wood, 2012) has emphasised the need for qualitative research methods in working with children, and developing more inclusive methodologies, including participatory visual methodologies (Clark-Ibanez, 2007; Cole & Knowles, 2008; De Lange et al., 2010; Finley, 2008; Mitchell et al., 2010; Taylor & Medina, 2013). Researchers have been attracted to participatory visual arts-based research because it offers alternative ways in which participants in their diverse contexts actively participate, interact and represent their thoughts and experiences (Taylor & Medina, 2013). Arts-based research methods can be used independently, concurrently and even complementarily to explore an issue, phenomenon or problem. Combining visual arts-based methods (such drawing, photovoice, collage) in this study enabled a greater level of expression in several important ways. Thus, in undertaking this study I have come to understand visual arts-based research as a useful methodology in educational inquiry. Finley refers to three principles of arts-based research as educational inquiry: it allows people to “describe, interpret, and evaluate the educational world” (Finley, 2008, p. 100). In my study using visual arts-based research as educational inquiry, three principles stand out: a form of alternative representation, a critical reflective process, and a way towards collective learning.

8.4.2.1 Visual arts-based research as alternative representation

The rural secondary school children’s representations of care and support – through participatory arts-based research – enabled that which had been unknown, silenced, or ignored and invisible to be known, heard, and made visible through the drawing, photovoice and collage activities.

The use of arts-based research as representation is an important tool to enable agency within the structures of school and community since it provided ways for the school children to be positioned as knowledge producers (through drawings, photographs and collages) in contesting existing knowledge and in reconstructing new ways of thinking about care and support. In this way, whether the school children themselves are seen and heard or not, their representations of care and support through the existing artifacts remain as a “self-sustained entity” (Droujkova, Berenson, Slaten, &Tombes, 2005, p.290) and an opportunity for audiences to engage in further dialogue which might confirm or extend the existing constructions of care and support. The children’s participation positions them as problem solvers – thus allowing us, as researchers, to move beyond universalising the vulnerability of rural school children (Eloff et al., 2007) and
deficiencies of rural communities (Balfour et al., 2008; Chilisa 2012; Moletsane, 2012) and permitting us to be co-researchers and partners in knowledge production (Stuart, 2008; 2010). The use of participatory arts-based research serves not only to generate concrete representations of issues, but also to make a difference (De Lange, Mitchell, & Moletsane, 2012) in the lives of those involved, in this case, rural secondary school children. Clearly, the contribution of arts-based methodology lies in the value of its contributing to agency and social change (Swartz, 2011).

8.4.2.2 Visual arts-based research as critical reflection

Arts-based research in my study is seen as a way of enabling critical reflection. The process of inquiry enabled the school children to bring out their inner worlds (Butler-Kisber, 2010) or what Taylor (2013) describes as “self-knowing” (p.13). Thus, exposure to arts-based research provided a framework for critical reflection. When the school children were sharing their artifacts, other participants questioned them seeking clarity or made suggestions, or disagreed with them or supported their ideas, all of which serves to enhance critical reflection. The school children revised, altered, and refined their messages, and, in some instances, brought new meaning into their lives. In this way the visual arts-based research permitted school children to become more aware of themselves and able to reconnect anew Liebenberg et al. (2014) with themselves, reshaping their lives around care and support. It is clear that visual arts-based research as critical reflective process shows that school children can reflect critically on their lives and also on school structures, and they can influence change in relation to the care and support provided in the school context.

8.4.2.3 Visual arts-based research as collective learning

This third principle validates visual arts-based research as facilitating collective learning. Van Laren et al. (2014), Ferreira (2013), Pithouse-Morgan and Van Laren (2012), and Mitchell (2011) write about arts-based research and collective learning in terms of participants and researchers sharing experiences and understandings and, when these are combined, adding to new learning. This collective learning can take place in various ways and was central to these school children in their written and verbal reflections about the use of visual arts-based methods in my study. Sharing stories in small groups and in a wider group deepened the discussions. Not
only did the visual arts-based research enhance collectiveness among the participants but it moved the individual from a state of isolation, in their rural space and in the context of their adversities (Bell & Pirtle, 2012), to a state of belonging. For example, the school children, during the collage process of envisaging care and support in their schools, came up with a number of systematic solutions (see Chapter Five: 5.4). They were adamant about showing their collages to, and engaging in dialogue with the SMT, and with other school children about their ideas on the subject of care and support. This collectiveness is powerful when a group wants to change existing school structures in relation to care and support from within.

The research methodology used in my study is well-positioned in a time of critical call for deeper collaborations that include school children as active agents in matters that have to do with a response to HIV, and with protection, care and support for school children. The school children, as citizens, should be understood as more than mere consumers of services and, rather, as active participants in decision-making processes such those related to care and support (UNICEF, 2014). My thesis shows what difference participatory visual arts-based research can make to school children from a rural school when they take part in investigating issues related to their experiences and can voice their concerns and provide solutions to their problems.

Therefore, in thinking about the existing school structures and processes in relation to care and support, I conclude that school children’s artifacts could be a starting point and an interesting focus in an exercise in which existing representations of care and support in rural secondary schools are compared and contrasted and in which the group participants can reflect and learn collectively and, I hope, change or disrupt existing care and support structures and systems, especially those aimed at ‘vulnerable’ secondary school children in rural schools.

In considering the earlier discussions of the contribution of my study, I offer a visual presentation (Figure 8.1) of how participatory arts-based research enabled an exploration of care and support in schools in a rural context, and enabled the participating school children to see themselves as agents of change, and contributed to the democratising of care and support systems in South African rural schools.
Figure 8.1: Conceptual and methodological contribution to democratising care and support

In Figure 8.1 I show that care and support is entrusted to the whole community within which the school children find themselves. Bronfenbrenner’s (1994) bio-ecological systems theory shows the various nested systems that influence the construction of how care and support is provided to ‘vulnerable’ school children in school. Within the school context teachers have been positioned as the key providers of care and support (influenced by government departments’ policies, and programmes of Social Development). The care and support the school provides has to consider the voices of the ‘vulnerable’ school children, who are instrumental in caring for themselves and their families, and in providing care and support to other school children. Thus, school children, positioned as knowledge producers who contribute to conceptualising what care and support in school should look like, and also positioned as providers of care and support can certainly be agents, and becoming agents. This kind of positioning sustains reciprocity and mutual engagement (Bronfenbrenner, 1994) between the systems and within the systems, drawing on all possible resources in the bio-ecological system.

Figure 8.1 also shows how the arts-based methods enabled the production of knowledge on the one hand, and the agency of the school children within care and support on the other hand (see the three circles of visual arts). These participating school children recognised the importance of
their participation and considered how their visual artifacts could be used in their schools, their families, and in their local communities to enable discussion about care and support. While the process of making the artifacts encouraged provided alternative modes of representing care and support, it also enable school children to reflect on their own situations, family, school and community contexts. In this way the arts-based methods served as a way of opening up the possibility for collective learning with school children about care and support in rural school contexts (see diamond shapes from the arrow running from the macrosystem running through the systems to the microsystem). Giddens (1984) speaks of the duality of structure (which, although intended to be enabling and supportive of care and support, actually becomes constraining when the construction of care and support is narrow, one directional and fragmented in providing support to ‘vulnerable’ children. The agency of the school children was enabled through the arts-based methods which revealed that school children are in possession of many and different innate, hidden, untapped, unexplored, or even ignored abilities can contribute to a different construction of care and support in which they themselves are positioned as providers of this within a democratic conceptualising of care and support.

My study shows that exploring care and support using visual arts-based methods not only allowed active participation of these school children but it also enabled another form of representation in that the school children’s artifacts carry their own meanings and these could promote further discussions and explorations so as to continue the process of democratising care and support, and, therefore, enable as many voices as possible in the broader context of the rural ecology.

8.5 LIMITATIONS OF THE STUDY

No study is without limitations, and neither is this one. I refer to limitations with regard to my role as the researcher; the number of participants; the languages used; transport complications; the ethics of visual arts-based methods; and not initiating a meeting with the SMT.

8.5.1 My role as the researcher

I have participated in several funded projects related to HIV and AIDS in these schools (see Chapter One: 1.4). I therefore entered the research sites with knowledge of the participating
schools and with an already established relationship with them. The participating school children knew me and were comfortable with me as a researcher. I acknowledge that my previous experiences in these schools could have brought biases, but as a qualitative researcher I knew that it was necessary to be immersed in the real context of the participants. Although aiming to create an environment in which the school children could be comfortable sharing their views, I attempted not to become too close to the participating school children.

As the sole researcher I also brought my personal memories of growing up in a rural area and of being a paternal orphan, experiencing many challenges but also many opportunities. Such memories bring biases into research, but through reflective journaling (McMillan & Schumacher, 2010), member checking with the school children, and discussions with my supervisor I was able, to some extent, to look at and bracket my own biases (Finlay & Evans, 2009).

8.5.2 The number of participants

In this qualitative study I worked with a small number of participants from a rural school and therefore do not suggest that I engaged with a representative sample of marginalised voices. I did not intend to generalise the findings, but wanted, rather, to engage more deeply with a small group of information-rich participants in a participatory way. In this way I could explore the issues with them and be close enough to raise questions and get a deeper understanding of the notion of care and support, and simultaneously explore the possibilities of arts-based research contributing to agency. Following De Vos et al. (2005) I provided an in-depth account of the research process enabling other researchers to transfer the findings to their studies.

8.5.3 The languages used

All the participating school children’s home language is isiZulu and is widely used in and outside the classrooms. English is the medium of instruction at their schools and they could understand and speak English. I entered the research field as a Mosotho woman whose background and home language is Sesotho, but who could converse well in English and less so in isiZulu. (When I spoke isiZulu the participants chuckled!) The relevant literature emphasises that it is important to be mindful of participants’ culture and language and to make sure the research privileges the language of the participants (Chilisa, 2012). As indicated earlier (see
Chapter Four: 4.4.4) I therefore gave the participants freedom of choice as to which language they wanted to use. They used both isiZulu and English. I attempted to converse with them in isiZulu and made use of the IsiZulu Language Department at my university where a colleague assisted me in translating the isiZulu recordings and texts to ensure that I understood and represented the school children’s view points as accurately as possible in keeping with the advice of Marshall and Rossman (2011). Although I tried my best, I have to acknowledge that some meanings might have been changed or lost in translation.

8.5.4 Transport complications

Rural contexts are complex in nature and doing research there brings with it some challenges. The participants required transport which was not always reliable and this influenced the school children’s participation. At the outset they were told that they would be reimbursed for their travelling expenses if they used public transport. The transport was unreliable and at times I found myself having to transport school children to and from the research site. This might have motivated them to participate in the study.

8.5.5 The ethics of visual arts-based methods

The challenges of researching sensitive topics with sensitive participants were eased by our using visual arts-based methods. The use of photovoice had its specific limitations relating to issues of anonymity and confidentiality. My involvement in numerous visual arts-based research projects, seminars, and conferences equipped me in this regard. One way was to conduct a short workshop with the school children, as Mitchell (2011) suggests, and discuss the ethical issues of visual arts-based research. Despite an in-depth discussion of visual ethics, nearly all the school children took photographs with people (the participants themselves) in them. When I again pointed this out, they were adamant that their photographs should not be blurred to make the people unrecognisable. They wanted to be visible and did not want their work tampered with. One of them even said, “We want to be seen and if you hide us who will know and see the things that we do and that needs to be done in our school, we want to be known we were part of this study”. They rightly argued that school children’s voices should be heard, their actions should be recognised, and they should also be recognised as human beings. This is a crucial point in visual arts-based research that is participatory in nature and which is framed as critical research.
My intention was to do most good and least harm (Mitchell, 2011; Moletsane et al., 2008). The agency of the rural school children in terms of the ethical issues of visual methods and the use of their visual work in such research drives home a critical point – the creation of opportunities for participatory research in which the representation of marginalised people is not impersonalised and dehumanised in the name of ethics. With the permission of the school children I included the photographs to promote authentic data. This is important and it should promote us to challenge our existing beliefs around the ethics of visual arts-based methods.

8.5.6 Critical research promises

The purpose of critical research is to help the participants to think critically; it is about critical consciousness (Marshall & Rossman, 2011; Silverman, 2013) and enabling the participants to exercise their agency in constructing and reconstructing their life circumstances (Giddens, 1991). My study, while it allowed action space in which the school children demonstrated their constructions of care and support in their rural school context and envisaged a kind of more relevant care and support in their school, thus becoming imaginative and critical thinkers (Taylor and Medina, 2013), it did not allow the participants to implement their thoughts and actions, and herein lies the limitation of this research. The study was limited in that I did not initiate a meeting with the SMT with the school children, although they suggested that it was the beginning of a process of making their voices and actions seriously recognised. In such a meeting the school children could have assumed the role of facilitators and the SMT the role of listeners of school children as they discussed their issues and their visual representations of their views. This I believe could have been a worthwhile achievement of this research, so causing more critical reflections amongst individuals and whole school community. However, this research could be a key entry point to undertaking collaborations between school children and the SMT in relation to care and support at postdoctoral level.

8.6 RECOMMENDATIONS FOR FURTHER RESEARCH

The suggestions for future research are presented in the light of my findings and the conclusions of this study.
• I found that the use of visual arts-based research methods enabled school children to reflect critically on themselves and on the phenomenon of care and support. The study only touched on the lives of ‘vulnerable’ school children in a rural area and I suggest that further studies that employ a life history methodology with leaners in rural areas be carried out.

• I drew only on grade eleven school children (boys and girls) to explore their constructions of care and support in their rural secondary school context. Though this was a purposively sampled group, the study left out school children in other grades, teachers, SMT, SGB, parents, guardians and policy makers, whose voices could add other critical dimensions to the discussion of care and support.

• My study employed participatory visual arts-based research methodology with school children in rural schools to explore how they construct care and support. While it is located in the same strand of participatory research, using community-based participatory research (CBPR) might yield deeper insight into these constructions of care and support.

• My research took place in two schools under the control of the DBE but there are several other departments that contribute to care and support in the context of HIV and AIDS. I suggest that future research be done on the construction and conceptualisation of care and support in schools drawing together the work of departments such as Health, Justice, and Social Development.

• My study was small scale in nature since it focused on two secondary schools from one district in KwaZulu-Natal. Further studies could include other rural schools in other provinces and explore how school children construct care and support across different provinces and in different contexts.

• While the school children referred to using their artifacts in the school and community, an exploration of this was not within the scope of my study. Further study, perhaps at postdoctoral level, could be undertaken to follow up if and how these students might have used their artifacts or arts-based methods to share and disseminate what they have come to know.

• My study offered a conceptual contribution of democratising care and support as a way of addressing the complex needs of ‘vulnerable’ school children and enabling their
agency. This is an initial step in theorising the issue of democratising care and support in rural schools. I suggest this conceptualising be explored further in order to test out its potential, and its weaknesses and strengths.

8.7 CONCLUSION

The HIV and AIDS epidemic is still affecting the South African community in various ways. In this study I focused only on exploring how school children construct care and support in rural schools in the context of HIV and AIDS, as well as how participatory arts-based research could enable agency in the lives of ‘vulnerable’ secondary school children in such a context. I indicated that in spite of calls for youth to be included in discussions about issues that affect their lives, their voices have been missing from the debates on care and support. My study shows how a participatory arts-based methodology, framed within a critical paradigm, could be used to explore care and support with school children, and simultaneously enable agency of these school children in positioning themselves as producers of knowledge and contributors to care and support. The bio-ecological systems theory of Bronfenbrenner (1995) and structuration theory of Giddens (1984) was used to make meaning of the school children’s constructions of care and support within their schools, and to argue that a democratisation of care and support in school is necessary in the age of HIV and AIDS. This is significant when one is working with complex and dynamic systems that are underpinned by several structures throughout the bio-ecological system. In this thesis I therefore argued that care and support in schools should be democratised to ensure that the voices of all stakeholders are heard and that they are engaged with in meaningful and constructive ways.

The study is not a celebration of visual arts-based methodology but has clearly enabled a critical dimension to understanding care and support in rural schools, as one school child indicated:

...we were all busy working towards one thing which is care and support in our school. It was nice to see everybody busy. HIV and AIDS needs co-operating. We need pupils, teachers and government, voluntary training ... that’s co-operating, because it cannot be one man solution. (Romeo, 18 years old)
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APPENDICES

APPENDIX A: ETHICAL CLEARANCE

18 April 2011
Fumane Khanare / Prof N de Lange
Education Faculty
NMMU

Dear Fumane Khanare / Prof de Lange

PATHWAYS TOWARDS CARE AND SUPPORT OF VULNERABLE LEARNERS IN THE AGE OF HIV AND AIDS: A CASE OF TWO RURAL KWAZULU-NATAL SCHOOLS

Your above-entitled application for ethics approval was approved via round-robin by the Faculty Research, Technology and Innovation Committee of Education (ERTIC) on 15 April 2011.

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

The ethics clearance reference number is H11-Edu-ERE-019.

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

Yours sincerely

Ms J Elliott-Gentry
Secretary: ERTIC
APPENDIX B: PERMISSION FROM THE DEPARTMENT OF BASIC EDUCATION

PROPOSED RESEARCH TITLE: PATHWAYS TOWARDS CARE AND SUPPORT OF VULNERABLE LEARNERS IN THE AGE OF HIV AND AIDS: A CASE OF TWO RURAL KWAZULU NATAL SCHOOLS

Your application to conduct the above-mentioned research in schools in the attached list has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educator programmes are not to be interrupted.
5. The investigation is to be conducted from 01 February 2011 to 28 February 2012.
6. Should you wish to extend the period of your survey at the school(s) please contact Mr Sibusiso Alwar at the contact numbers above.
7. A photocopy of this letter is submitted to the principal of the school where the intended research is to be conducted.
8. Your research will be limited to the schools submitted.
9. A brief summary of the content, findings and recommendations is provided to the Director: Resource Planning.

...dedicated to service and performance beyond the call of duty.
10. The Department receives a copy of the completed report/dissertation/thesis addressed to:

The Director: Resource Planning
Private Bag X9137
Pietermaritzburg
3200

We wish you success in your research.

Kind regards

Dr SZ Mbokazi
Acting Superintendent-General
Ms Fumane Portia Khanare  
School of Social Science Education - UKZN  
Edgewood Campus  
Private Bag X03  
Ashwood  
3605

Enquiries: Sibusiso Alwar  
Date: 22 February 2011  
Reference: 0008/2011

PERMISSION TO INTERVIEW LEARNERS, EDUCATORS AND DEPARMENTAL OFFICIALS

The above matter refers.

Permission is hereby granted to interview Departmental Officials, learners and educators in selected schools of the Province of KwaZulu-Natal subject to the following conditions:

1. You make all the arrangements concerning your interviews.
2. Educators' programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, educators and schools are not identifiable in any way from the results of the interviews.
5. Your interviews are limited only to targeted schools.
6. A brief summary of the interview content, findings and recommendations is provided to my office.
7. A copy of this letter is submitted to District Managers and principals of schools where the intended interviews are to be conducted.

The KZN Department of education fully supports your commitment to research: Pathways Towards Care and Support of Vulnerable Learners in The Age of HIV Aids: A Case of Two Rural KwaZulu Natal Schools.

It is hoped that you will find the above in order.

Best Wishes

[Signature]

Dr Siz Mphokazi  
Acting Superintendent-General

KWAZULU-NATAL DEPARTMENT OF EDUCATION

POSTAL: Private Bag X9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa

PHYSICAL: Office G25, 106 Pietermaritz Street, Metropolitan Building, PIETERMARITZBURG 3200

TEL: Tel: +27 33 341 8610/8611 | Fax: +27 33 341 8612 | E-mail: education_info@kzn.gov.za | Website: www.education.kzn.gov.za...
APPENDIX C: LETTER TO THE PRINCIPAL: PERMISSION TO CONDUCT RESEARCH

TOPIC: RETHINKING CARE AND SUPPORT FOR ‘VULNERABLE’ LEARNERS IN THE AGE OF HIV AND AIDS: AN ARTS-BASED APPROACH. (AMENDED)

The Principal

PROJECT INFORMATION STATEMENT/LETTER OF INVITATION TO SCHOOL PRINCIPALS

My name is Fumane Khanare, and I am a Doctoral student at the Nelson Mandela Metropolitan University (NMMU). I am conducting research on Education under the supervision of Prof Naydene de Lange. The Provincial Department of Education has given approval to approach schools for my research. A copy of their approval is contained with this letter. I invite you to consider taking part in this research. This study will meet the requirements of the Research Ethics Committee (Human) of the NMMU.

Aims of the Research

The research aims to:

To explore secondary school children’s constructions of care and support in a rural school context in the age of HIV and AIDS.

• To explore how can the use of participatory arts-based research enable agency in the lives of ‘vulnerable’ secondary school children in a rural school context in the age of HIV and AIDS.
Significance of the Research Project

The research is significant in the following ways:

1. It is intended to create a space in which ‘vulnerable’ secondary school children are guided to evolve from an alienated community of school children into community of active school children, whose voices should be examined for decisions relating to their care and support.
2. The study intends to provide theoretical reflection as to what care and support mean from those school children made ‘vulnerable’ by HIV and AIDS in the rural school context.
3. The findings are intended to provide contextualised path-ways for care and support for ‘vulnerable’ school children in rural school and in the age of HIV and AIDS.
4. The results may also inform school policy and in so doing inform national policy and intervention programmes towards care and support for ‘vulnerable’ school children in rural school and in the age of HIV and AIDS.
5. Lastly, the study intends to contribute to understanding visual participatory methodologies as a means of addressing issues of care and support for ‘vulnerable’ secondary school children in the age of HIV and AIDS.

Benefits of the Research to Schools

1. Dissemination of results to schools, KwaZulu-Natal Department of Education, and the broader public
2. The results will inform policies around care and support for ‘vulnerable’ secondary school children in the light of the school children’s insights and with the view of the critical role of ‘vulnerable’ school children as change agents.

Research Plan and Method

The data will be generated in five sessions using both textual and visual techniques and thereafter analysed following detailed thematic analysis and descriptive analysis technique. Session one would entail contextualising the entire research study with the participants. At this stage participants will use drawings as a means introduce themselves and to talk about themselves (introspection), in relation to the issue being studied. Following this will be session two, that is, a photovoice workshop where participants learn the technical aspects of photographs. Thereafter equip participants with cameras to generate their own photos about their constructions of care and support provided at school. Session three will comprise photo-elicitation. This session would require the participants to choose from the photos they had taken to narrate stories about their constructions of care and support provided at school. Session four will involve envisaged care and support in the school through collage. In this session participants will create collages showing what care and support should be like in the school. Creating collages areas will provide opportunity for reflection and introspection. The process includes the explaining a collage and showing school children examples of collages from previous activities. The whole purpose of drawing, photovoice and collages is that participants, as experts of their own lives can show and tell their stories, and in their telling, spur others on to further discuss,
analyse and reflect critically on the issues that affect them (De Lange, Mitchell & Stuart, 2007; Mitchell, 2007; Wang, Burris & Ping, 1996). The session intends to promote school children voices and their visibility as a means of effecting collective social change in the school context. **The final session, which is session five**, will comprise written and verbal reflections to ascertain the extent to which the use of participatory arts-based research (Schratz & Walker, 1995) had benefitted the participants in possibly shaping their lives and in shaping the care and support provided in school in the age of HIV and AIDS. Permission will be sought from the school children and their parents/guardians prior to their participation in the research. Only those who consent and whose parents/guardians consent will participate. As the primary investigator I, Fumane Khanare will be responsible for data collection from the period of May 2011 to September 2011. All information collected will be treated in strictest confidence. Participants may withdraw from the study at any time without penalty. The role of the school is voluntary and the School Principal may decide to withdraw the school’s participation at any time without penalty. If a school child requires support as a result of their participation in the survey steps can be taken to accommodate this.

**School Involvement**

Once I have received your consent to approach school children to participate in the study, I will

- arrange for informed consent to be obtained from participants’ parents/guardians
- arrange a time with your school for data collection to take place
- obtain informed consent from participants

Attached for your information are copies of the Parent Information and Consent Form and also the Participant Information Statement and Consent Form.

**Invitation to Participate**

If you would like your school to participate in this research, please complete and return the attached form.

Thank you for taking the time to read this information.

Fumane Khanare (Ms)  
Researcher  
NMMU

Naydene de Lange (Prof)  
Supervisor  
NMMU
SCHOOL PRINCIPAL CONSENT FORM
(to be completed by the school principal)

I give consent for you to approach school children in grade 11 to participate in the “Rethinking Care and Support for ‘Vulnerable’ Learners in the age of HIV and AIDS: An Arts-Based Approach

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

- The role of the school is voluntary
- I may decide to withdraw the school’s participation at any time without penalty
- School children in grade 11 will be invited to participate and that permission will be sought from them and also from their parents.
- Only school children who consent and whose parents consent will participate in the project
- All information obtained will be treated in strictest confidence.
- The school children’s real names will not be used and individual school children will not be identifiable in any written reports without their permission
- The school will not be identifiable in any written reports about the study.
- Participants may withdraw from the study at any time without penalty.
- A report of the findings will be made available to the school.
- I may seek further information on the project from Fumane Khanare on 0834321772 and/or Khanare@ukzn.ac.za.

__________________________   __________________________
Principal                                           Signature

__________________________
Date

Please return to: Fumane Khanare on 0834321772 and/or Khanare@ukzn.ac.za.
APPENDIX D: CONSENT FORM: PARENTS/GUARDIANS (in IsiZulu)

Mzali/Mbheki womntwana

Igama ngigu Fumane Khanare. Ngifundela izuqu zobudoketela bemfundo (Doctoral degree) eNelson Mandela Metropolitan University. Lesifundo siyingxenye yezingxenye zeziqu engizenzayo. Lesifundo sicwaninga ngokwenzenka ezinganeni eziyizintandane nezinge-nabani ukuzinakekela kuleminyaka/esikhathini esikhungethwe yingculazi HIV and AIDS. Kuzosetshenziswa indlela ebonakaliswa kwenzenka loxhaso nosizo.


Uma umvumele umtwana ukuthi abeyingxenye yocwaningo kuyomele ugwali sifomo yemininingwane yakhe. Uvumelekile umntwana ukulishya ucwaningo uma engasakhulekile noma engasathandi. Locwaningo luyifihlo ultwazi namangama asetshenziswayo ayoahlale efihlwe kuze kuphele ucwaningo. Imiphumela yocwaningo iyonikwa abantwana ahebe yingxenye yocwaningo kuphela. Uma unemibuzo thinta lezinomolo iFumane Khanare 083 432 1772 noma e-mail Khanare@ukzn.ac.za

Ngiyobonga ukuthola imvume yakho yokusebenza nengane.

Ozithobayo

__________________________
Fumane Khanare (Ms)       Naydene de Lange (Prof)
iResearcher               iSupervisor/promoter
IMVUME

Mina ____________________________ (igama lomzali)
ngiyifundile futhi ngayizwa ukuthi incwadi ithini, nokuthi lumayelana nani ucwaningo.

Ngiyavuma ______/ Angivumi _______ ukuthi umntwana wami abe yingxenye yocwaningo.

Ngiyaqonda ukuthi nginelungelo lokuyekisa umntwana wami ukuba yingxenye yocwaningo
noma inini uma ngifisa.

Igama lomfundi ____________________________ Ikilasi ______

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SAYINA (UMZALI) USUKU
APPENDIX E: ASSENT FORM: PARTICIPATING SCHOOL CHILDREN (in IsiZulu)

Incazelo Yalesifundo (Kuzokwenzekani kimina?)

Igama lami u Fumane Khanare fufunda izqu zobdokotela bezemfundo (Doctoral degree) eNelson Mandela Metropolitan University. Lezifundo siyingxenge yezilingo zeziqu engizenzayo. Lesifundo sicwaninga ngokwenzeka eziyizintandane kany nezingenabani ukuzinakekela kuleminyaka nesikathi sengculazi (HIV and AIDS). Kuzosetshenziswa izthombe kanye namashadi anezithombe (collages) ukubonisa okwenzeka ezikoleni okupathelene nokuxhaswa nokunakekelwa kwabantwana abayazintandane.

Kwenxeka kanjani (procedures)

Uma uyingxenye yocwaningo kuzokwenzeka okulandelayo:


- Ngisozisana nothisha ukukwazi ukudlulisa ulwazi olusemashadini (collage) ukuze kwakheke izngoxo futhi kutholakale izindlela ezingcono nezintsha ezingasetshenziswa ekunakekeleni nokuxhasa izintandane ezikoleni.

- Ngizobuzwa ngendlela ezongenza ngikhululeke uma ngisebenzisa izithombe (photos), amashadi (collage) kanye nombukiso (exhibition) womsebenzi engiwenzile ukuze ngeze isimo esingcono kumaqembu engiwaluza ngo (interview) ngaloludaba/isihloko esicwaningwayo (Buza imibuzo kungabili phezu kwehora).

- Ukwenza lomsebenzi kuzothatha amahora ayisikhombisa kusukela ngo May, 2011 kuya ku September 2011.
Ubungozi/ukungakhuleleki ukuba yinxenye yalocwaningo (kuzokwenzakalani kimina?)

- Lesifundo asinabungozi emnothweni, lewezengqondo okupathelene nezifundo (workshop) zokuthathwa kwezithombe okwenzeka kulocwaningo. Uma ngingakhulelele kile ngocwaningo ngokwazisa umzali/umbheki wami/umcwaningi uma ngigula, nginezinlhungu ngesikhathi sokwenza lesifundo.

Ngizozuzani ngokuba yinxenye yalocwaningo (kuzokwenzakalani kimina?)

- Akunanzuzo engizoyithola yize ngiqonda ukuba yinxenye yocwaningo kuzonzenza ngikwazi ukwenza umehlukoluncaweni nokuxhaswa kwezintandane okwenzeka ezikoleni.

Kuyimfihlo (Kukhona abazokwazi ukuthi yimina obecwaningwa?)

- Ulwazi olutholakele kulocwaningo luzoba yimfihlo. Abantwana abyingxenye nabenze lolucwaningo ababizwa ngamagama empela neminingwane yabo iyafohlwa inikeza kuphela inkampani eyengamele nexhase locqwaningo.
- Izithombe zizofihabeliswa ukuze kungabonakali kahle abasezithombeni.

Thintha lezinombolo(Uma ngishiya lungapheli ucwaningo ngenxa yokungathandi okubhaliwe?)

- Thintha u Fumane Khanare ku 0834321772 noma email khanare@ukzn.ac.za.

Ngikwenza ngingaphoqiwe (Uma ngingathandi?)

- Ngizikhethele ukuba yinxenye yalocwaningo. Ngikhulelele kile ukushiyi noma nini.
- Angiophoqiwe ukuphendula yonke imibuzo uma ngizwa ukuthi ayingikhululi.

IMVUME/ISIVUMELWANO


Igama lami:_____________________________________________________

Isiginisha:____________________________________________________ Usuku:____________
I, ________________________________ (print name), give my permission for a photograph/drawing to be taken of me for use in the project: ‘Rethinking care and support for ‘vulnerable’ learners in the age of HIV and AIDS: An arts-based approach’

This photograph will be used for research purposes and I will be consulted and further permission sought if my photograph is to be used for exhibitions and/or other dissemination purposes. No further use of this photograph will be made without my express permission.

_____________________________________
Signature

_____________________________________
Date
APPENDIX G: WORKSHOP PROGRAMME OF THE DATA GENERATION PROCESS

TOPIC: RETHINKING CARE AND SUPPORT FOR ‘VULNERABLE’ LEARNERS IN THE AGE OF HIV AND AIDS: AN ARTS-BASED APPROACH

The purpose of this workshop is to introduce the schoolchildren to the photovoice methodology and how I intend to use it in my study.

Session 1: Set up and preparation for the workshop (set up for rooms, tables, chairs etc.)
  Welcome and introducing ourselves to one another
  Handing out the program to the school children
  Introduction of the workshop and detailing the purpose of the workshop and all the activities of the day.

Session 2: Provides overview of photovoice using a PowerPoint presentation
  Overview of a camera
  Different types of cameras
  Technical aspects of the camera (e.g. parts of the camera and usage)

  Ethics and working with visual
  Ethical guidelines for taking photographs generally
  Provide and discuss detailed overview for taking photographs in the school context

Session 3: Trying it out
  School children are given chance to look at cameras, touch and raise question.
  Give instructions for small group work: working in groups of five, school children take their first photographs on location with digital cameras.

LUNCH PROVIDED

Session 4: Upload the schoolchildren’s photographs for further discussion
  Discuss photographs and topics identified from the photographs

Session 5: “Counting the stock” and conclusion
APPENDIX H: DRAWING ACTIVITY

Thank you very much for participating in this drawing activity. As I explained to you, I would like to hear from you about how you see yourself in relation to care and support in the context of HIV and AIDS. I am going to do a brief demonstration about how I can use a drawing to illustrate my work at the university.

**Session 1: Orientation to drawing metaphor**

Show the school children my drawing of a sun which I previously drew and used it as a metaphor to describe my teaching experiences at the university.
Allow for school children to ask questions or seek clarity for my demonstration.

**Session 2: Distribute stationery to school children (A4 white papers and pens)**

Invite school children to draw their metaphors to describe how they see themselves in relation to care and support in the context of HIV and AIDS. The following prompt is used: “**Draw a picture of who you are. Then write (in the language of your choice) what this picture means.**”

**Session 3: Sharing drawings**

Give instructions about the sharing of drawings. Also refer the school children to the consent from reminding them about their write to share or not to share their drawings.
Individuals talk 3 minutes to about their drawings and 5 minutes to respond to questions from the other school children and myself.

**Session 4: Reflecting on the process**

Give instruction for writing reflections. Give school children 10 minutes free-writing activity to reflect their participation in the drawing session. I will prompt them to: “Write down what comes to mind about your participation in today’s session”. Please write as honestly as possible and feel free to use your mother tongue language.

**Session 5: Wrap up and conclusion**

Collect drawings and written reflections from the school children.
Articulation of next data generation session
APPENDIX I: PHOTOVOICE ACTIVITY

Thank you very much for participating in this photovoice activity. As I explained to you earlier during the photovoice workshop, I would like you to take pictures showing what care and support means to you in the school.

**Session 1: Forming small groups**
- Give instructions for small group work
- Distribute photovoice planning sheet
- Distribute digital camera to each group

**Session 2: Complete the planning sheet**
- School children take few minutes to fill their planning sheet and organise themselves how they intend to work together as they were sharing a camera.
- Each member is instructed to take four photographs with or without assistance of other group members. The following prompt is use: “**Take photos showing what care and support means to you in the school**”.

**Session 3: Writing about photographs**
- Give instructions about photo narration process.
- School children organise themselves by groups as identified in the previous exercise.
- School children use their photovoice planning sheet to remind them of the intention behind their photographs and then on the separate sheet write about each photograph they took.

**Session 4: photo ranking**
- Discuss the process for photo ranking. Ask the school children to rank their photographs and label them using the numbers 1 to 4, starting with their top-ranked photograph.

**Session 5: Sharing of photographs**
- Upload the school children on my laptop and show them using a data projector (as discussed in the previous sessions, remind them about the ethics and their right to share or not to share)
- Facilitate and use questions to guide the discussion.
Session 4: Reflecting on the process

Give instruction for photovoice reflections (as identified in the previous drawing exercise)

Session 5: Wrap up and conclusion

PHOTOVOICE PLANNING SHEET

TAKE TIME TO THINK ABOUT WHAT YOU WANT TO SHOOT BEFORE YOU CLICK

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APPENDIX J: COLLAGE ACTIVITY

Thank you so much for participating in this collage activity. The purpose of this session is to introduce you to a collage and I would like you to make your own collages showing what care and support should be like in the school.

Session 1: Orientation to the collage
- What is?
- How to do a collage
- Show examples of previous collages
- School children take few minutes to ask questions, seek clarity and make comments

Session 2: Set up for small group collage activity
- Give instructions for forming small groups
- Distribute collage materials to the groups (A3 papers, magazines, scissors, prestik, glue stick and markers)

Session 3: Creating the collages
- Each group makes a collage using pictures, words or symbols from the magazines provided. They are also encouraged to create their own pictures or use own words to create their collages. Make a brief notes on what you are trying to represent in the note pad provided. The following prompt is used: Create a collage showing what care and support should be like in the school”.

Session 4: Sharing collages
- Give instructions about the sharing of collages.
- Groups reassemble and invite them to explain their collage to the other groups. Groups take 8 minutes to present their collage. Then a group responds questions or comments from other groups and myself.
**Session 5: Reflecting on the collage**

Unlike in the drawing and photovoice session I would like to hear from you about your participation in the collage process. Say whatever comes to your mind. Each one of you will have chance to talk and respect one another and listen to each other.

**Session 6: Reflecting on the whole data generation process**

As this is the last data generation session, I would like to hear from you about your participation on the whole data generation process. I am referring to all activities that we did, workshops, drawings, photovoice, creating collages, presentations and discussions. With your permission, I will be recording out discussions. Please your reflection as clear as possible and provide examples where possible.

**Session 7: Stock taking and tidy up**

Collect collages and unused stationery but give magazines to the participants to share. Creating collage can be a messy process so I allow time to tidy up and clean the space we work in.

**Session 8: Offer closing thoughts/synthesis**

Thank you so much for your time. I really appreciate everything that you had shared either in writing or verbally. Remember you are free to talk to me or send me a message if you feel uncomfortable or distress after you have shared this information.

**NGIYABONGA! THANK YOU! KEA LEBOHA!**
APPENDIX K: FREE WRITING ACTIVITY

The purpose of free writing exercise is to allow participants to reflect about the sessions they participated in such as drawing and photovoice.

You are given 10 minutes to reflect your participation in today’s session. I use the following prompt: “Write down what comes to mind about your participation in today’s session”.

The following guidelines will also be used to guide the participants:

- Write about today’s session
- Write about how you felt
- Write about your experiences
- Use ‘I’/’my’ language, for example, in today’s session I ….”
- “My experience today ….”
- Write in the language of your choice, isiZulu or English
APPENDIX L: DRAWING TRANSCRIPT SAMPLE

**Researcher:** This session is about sharing our drawings with one another, talking about our drawings. As part of the process we will ask question and ask for clarification once the person has finished presenting his/her drawing. Let us ask simple questions and remember the focus is on care and support. Each person will be given 3 minutes to present and 5 minutes for discussion. Is that ok?

**Participants:** Yes! (In chorus)

**Researcher:** Also remember, as you explain you drawing be more specific as to how do you see yourself in the context of care and support.

**Participants:** Yeees, Hmm, Yes …eh..eh, yebo!

**Researcher:** Ok, who wants to go first, any volunteer?

(Some giggling and laughing went on, turning heads in all direction to see you will go first)

**Participant 1:** Here, I drew sunflower and a smiling person because I am saying I am like a sunflower, I have many talents like these leaves of this sunflower. I also like to be part of people who work together, you see the leaves are together to show people that are working together. What else, ohh! The face here shows that I like to talk with people and they should see when I talk. I want to help in my school because many learners still do not know about HIV and how to care about people. That will be my help to them. (Sunflower)

**ALL:** Clapping hands and talking to their neighbours silently.

**Researcher:** You may ask her questions or anything that you want to say about this presentation.

**Participant 2:** I just want to say she did well and she is clear but I have a question…(interrupted by others who were laughing) eeh! Eeh! You said you want to help learners in your school about HIV, do have all the information about it and when because they always rush home after school?
Participant 1: I do not have all the information but as I said this is what I will like to do and that means a lot of reading, attending workshops about HIV and AIDS, the point is I see myself helping others with information. I will talk to the principal to say something during the assembly every week; small teaching can make a difference.

(ALL clapping and whistling…)

Researcher: Thank you, let’s have another person.

Participant 3: I chose to draw a river because I am a river as a young person, what I am saying is that water from the river can be used for plants and animals, so with my knowledge I can also share with other people, young and old. So I love sharing my skills and from those skills many people who are sick can learn something and be happy. To me sharing is caring.

Participants: True! (shouted from the floor)

Researcher: That sound nice, sharing is caring! So what skills will you share in this context?

Participant 3: Ehh! Encourage them not to lose hope, I will get information about different centres and clinics that we have around and share with other people. I want to share information that helps not useless information.

Participant 4: In my drawing I chose a mountain because nobody can move that mountain. I am a person who is not easily moved from what I believe and I like to be trusted. So I am saying as a young person I can be trusted by those who are sick and need help. You see if you care about someone else and the person tells you his/her problems you need to be trusted because if not you are destroying that person even worse. Because I am reliable I think I can be good to other people.

Participant 5: You mean you can keep secrets? What if that secret is not good, let’s say I come to you and tell you I’m HIV positive you will you just keep quiet? How are you supporting me by keeping quiet?
Participants from the floor: Yes! Yes! How!... others participants interrupted)

Participant 4: No! no! no! I’m not saying that, I mean whatever you tell me I will not ‘gossip’ about it but respect you for what you told me. I will help you with whatever I have and look for information without mentioning your name so in that way I won’t go around saying ‘so and so is sick’.
Researcher: The purpose of this session is to share your photographs and explain in a specific what message(s) you are trying to portray. Tell us first what is in the photograph, what is the picture all about and why did you choose to take that specific photograph. Remember when you share and interpret your photos you have to relate them to the theme ‘care and support in the school’. Other learners will ask questions and I will also ask questions for clarity and for me to deepen my understanding as we move along. Now, can you tell us why did you take the photographs picture? Anybody can start.

Participant 1: This photo is about something that happened to my friend. He got a girl pregnant and he was forced to leave school and go find work. He is problematic because he has been to jail.

Researcher: What message do you want to pass on by taking this picture? Remember our theme message is about care and support; do you support your friend? Does he get support from school?

Participant 1: I try to help him by supporting him and giving him motivation to come back to school and leave the baby with their parents. I give him support but I also learned from his mistakes because some of these bad things, we did together and I stopped.

Researcher: Do you see the need to talk to your friend about all this? Does it help you in any way?

Participant 1: Yes, it does help me because I stopped the bad things I was doing, like playing girls. That means I learnt to care for girls from my friend’s mistake. Boys should care and support girls and not play them.

Participant 2: This is a poor learner, eating from the rubbish bins. What we can do for him is try not to judge him because he is poor.

Researcher: Remember you photographs are about showing what care and support means to
Participant 2: I sit with him because we are almost the same, we are coming poor families. You cannot sit with someone from a rich family since they cannot understand your frustrations. Sometimes they laugh at you when you tell them about your home situation. That’s how we became friends and support each other.

Participant 3: In this picture, the learner is crying in class for whatever reason and the teacher is comforting/motivating the learner. Giving care and support to the learner.

Researcher: Are you saying that the teachers provide support to the learners in your school?

Some participants: Yes! (all in chorus)

Participant 4: Not all of them actually very few do so

Researcher: Is that so?

ALL: Yes!(again in chorus)

Participant 4: This picture was taken by me, one learner fainted and I’m trying to help her. It happens at schools and they asked her friends to accompany them to the clinic.

Here I show that there is HIV/AIDS in our school. There are many girls who are infected or affected by HIV/AIDS. Many learners have parents who are suffering from it and there is no proper support for them. I want to talk to our teachers to bring social workers to assist.

This picture shows things that are not showing care in the school. Some girls in our school have started taking drugs and they steal others’ money to buy these drugs, girls are dangerous nowadays and not support each other.

Researcher: Are sure that there are some girls using drugs in the schools?

Some participants: Yes!

Participant 5: In this photo I was trying to show our study group. Sometimes if we did not
understand what was taught in class, we meet after school to help each other. Those who got it will explain to those who were left behind.

This is a learner from a poor family who does not have a school uniform; we came together as friends and donated for her school uniform since it was winter time.

These are two teachers sitting in the office gossiping about other learners who are infected with HIV. They did not provide care and support for the learner instead they laughed at the learner even in class, they will talk harshly to him.

**Participant 6:** This photo shows care and support provided by our school because if it rains we can use the veranda as shelter during break times. So the building shows care and support and even if you cannot afford to buy a jersey, you can still keep warm during break time.

A sick learner is taken to the clinic by the teacher which shows that with teachers around and the use of their cars, learner’s health is taken care of.

Broken windows show lack of care and support in schools whereby the windows are broken for the whole year. Not all of us can afford to buy warm clothes for winter, some learners cannot cope due to the cold weather and wind coming through broken windows. Learners don’t care, they break the school furniture, and the rubbish bins are upside down. Sometimes they fight using these and when the other gets injured, someone has to help them and gloves are not always available and they get infected with HIV.

**Participant 7:** In these photos I was having a difficult situation; I was feeling down because I just heard that my mom is HIV positive. The teacher is asking for an answer and discovered that I’m crying and asked me what she can do to help me. I told her my problem and she gave me an advice/solution on how to cope with the situation at school. Here my teacher made me feel better, now that we are hugging it’s because I’ve found comfort and solution to my problems.

**Researcher:** Do you really go to your teachers when you have problems at school, sincerely speaking?
Participant 7: Normally it is Mrs. Zaca; even if you go to another teacher they will refer you back to her if you have a problem.

Participant 8: In this photo I’m trying to show that I had a problem because my mother is sick and she cannot even buy me school uniform. I talk to my friend S’ne and she comforts me.

Researcher: Do you only talk to your friend when you have problems here at school?

Participant 8: Yes, I have one friend that I can confide in.

Researcher: Does she refer you to other people or you solve your own problems. What does she say?

Participant 8: She tells me to go to Mrs. Zaca. The reason is that Mrs Zaca is trusted by everybody, learners and teachers even the principal. L3: Mrs. Zaca she is always in this office. She is like the school counselor because even the other teachers and even the principal they will always refer learner to her. So every learner knows her, she is too humble and understanding and not like other teachers. They just teach and teach and do not really listen to our other problems.

Participant 8: In this picture I give my friend food because she was hungry and did not have money. I also gave her a pair of shoes because she did not have school uniform.

Researcher: In the other picture, you were the one who needed help. How does it make you feel that previously you had a problem and she helped you? Today you felt strong enough help someone else.

Participant 8: I feel alright because we help each other. If she has a problem she talks to me and I talk to her if I have a problem. We trust each other and we discuss things together and find a solution together.

Participant 9: This is me and my friend, I’m trying to comfort her and assure her that whatever she needs I’m here for her.
Researcher: How do you manage to do it? Since you are so young and you might have your own problems.

Participant 9: I spoke to her and decided to talk to my parents to see if I can share what I have with her.

Researcher: So do you think parents are seen as part of support structure in the school?

ALL: Yes (in chorus)

Participant 6: There is no proper way to separate the school from the community, so parents are part of the school community in a sense.

Researcher: Ok, can we have another presenter please.

Participant 10: In this photo it’s a ‘thank you’ letter to my friend. I am thanking my friend for something she did for me in my hour of need. Now that I have gone past that, I can write her a song to thank her. She must mention this song to her parents because I want to extend my gratitude to them too. Now I’m in grade 12 because of her motivation.

Researcher: Is it only the friends that you can rely on for support and care at school?

Participant 10: I have other friends but this one is special because she helps me so much.

Researcher: What do you mean she is special?

Participant 10: I mean I can trust her, she never tells my problems to others, some of my friends or the learners here if they know you have a problem there go gossiping about you in every corner and you end up being a laughing stock.

Researcher: What about other people in the school?

Participant 11: Teachers are too busy to listen to our problems except one teacher and the principal we are afraid of him and the teachers are afraid of him. So at least I have a friend whom I can trust.
Participant 12: Today I was sick but I came to school anyway. As I was in class, my class teacher and the principal came to class looking for people who bunked class and they found no one. Then they asked for people who were absent yesterday. I went forward and the principal beat me even though I had a reporting letter with me. I had tried to give it my class teacher but could not find him in the staff room. I lost power and one of the teachers took me to the clinic in his car. It was confirmed that my blood pressure was normal and maybe my condition was due to hunger. There was nothing wrong with me. The principal fetched me and the class representative, who had accompanied me to the clinic. The next day a representative from the Department of Education came to see me. They had been informed by one of the parents. They told the principal that according to the department’s rules, corporal punishment was not allowed. The principal apologized and promised that there will be no further use of corporal punishment.

Researcher: So the principal, the teacher, the pupils, the Department of Education, the Department of Health are seen as care and support systems at school?

Participant 12: Yes, because they are people you can talk to or rely on if you have problems at school. But in most cases since they are far I rely on my friend and if a problem is big, she will offer to go and talk to the teachers. She will give me that kind of advice but I go to her first.

Participant 13: This is me and I’m at school, I just found out that my mother is sick. I asked for the permission to go and relieve myself. I just sat near the water tank. I feel happy when I’m with my friends and forget about the problem at home. My friends talked to other learners/ peer educators, went to our teacher who talked to the principal. Who assured me that everything will be alright and my mother will be better. Now I am happy because my mother is better and I can pay attention to my studies.

Researcher: Are there peer educators in your school and how important are they in terms of our theme ‘care and support’?

Participant 13: Yes, as a peer educator myself, you can help someone who has a problem today by seeking advice from the teacher. In the future if someone comes with a similar
problem, you do not have to consult the teacher for advice. Even what we gain in our workshops we apply in trying to solve day to day problems.

**Researcher:** Anyone else to share the story of peer educators?

**Participant 14:** This is me at the time I did not have school supplies and my mother was suffering from AIDS. Now that I was poor, the other children started to make fun of me. I would take two steps forward just for them to pull me three steps back; they did not want me to be successful in my studies. I talked to my fellow peer educator. She advised me to go to a certain teacher, we used to talk to.

**Researcher:** So you see peer educators as important to organise and know people who are able to provide care and support?

**Participant 15:** Yes! In my capacity as a peer educator; I should be able to solve my own problems and help other learners. I need to know more about what teachers can do or not do so that I do not give other learners wrong advices. I need to work with teachers and stop bad things at school.

**Participant 16:** It is easy to talk to a peer educator or friend because when you meet, you share about your background. It is not easy talking to our teachers because you will find that you are failing that particular teacher’s subject and it becomes difficult to confide in them. There is more trust between you and peer educators.

**Researcher:** Anyone else who wants to add on her point? Whom do you trust?

**Participant 17:** It is true that it is difficult to confide in a teacher because you do not know their personality. It is difficult to talk to teachers about our problems because sometimes when you go to the staffroom, they point fingers at you and say that is her. They are gossiping about us.

**Researcher:** Do they do it?

**ALL:** Yes!!! (in chorus)
Participant 18: I do not even want to talk about it.

Researcher: Why?

Participant 18: Yes it does happen that the other teacher will send you to the staff room and they know that they already told the others who you are. It also happens with friends like when a teacher teaches us about poverty. During break times, you find them saying things like; “she is suffering from poverty.”

Researcher: Do others feel the same way?

Participant 6: Yes, when you choose friends you need to be careful because some friends may start gossiping about you. Those who are proud and think they are better that the rest will make fun of your problems.

Researcher: And the issue of teachers, how do you know that they are talking about you in the staff room?

Participant 2: They send you to the staff room then when you arrive there you can see that there is more to this, they start asking you funny questions which are not helping at all.

Participant 5: I will never trust a female teacher. I talk to male teachers even though sometimes you can see that they think it is your fault you have that problem. Even friends you need to be careful because among my friends I am different and some people think I want to corrupt them but my friends trust me. If they have a problem they come to me sand I tell them that no, that is not good so do not do it.

Researcher: She is talking about female teachers being unsympathetic. Is there a different way a male/female teacher handles your problems?

Participant 19: Some female teachers are insensitive to our situations. When you come to them with a problem, they say “it is so unlike you to have such a problem.” Then you ask yourself if you are different from other learners. It is not easy to trust females because they compete with us. Even if you told the teacher you do not like the way they approached you,
they will be angry at you and it is going to be difficult to confide in them.

**Researcher:** Manners like what? Can you give an example of the teachers’ approach to you that make you feel uncomfortable?

**Participant 19:** Some are very rude towards us, they shout to you in front of everybody. Sometimes if they have seen you somewhere during the weekend they will make it a point that that they embarrass you in classes it is not good.

**Researcher:** Do you want to add anything before I move to the next point?

**Participant 8:** I do not go to teachers because they gossip. Until my friend convinces me to go to the teachers cannot just go because sometimes I just cannot talk to them. The teacher will approach you and say that I heard about your problem and we will try to deal with it. This would be the teacher you have never talked to about your problem. You will find that your problem is a common knowledge among the teachers.

**Researcher:** Is it such a bad thing to consult another teacher if there is a problem? Is that gossiping?

**Participant 20:** No, if my friend comes to me with a problem we do consult someone else. It is not a problem if that person is going to help and not to talk about you and your problem.

**Researcher:** Does it mean gossiping if the teachers consult each other? For example a teacher can consult you, say your sister is a social worker; you can call her and ask for advice. All I am trying to do is fast track a solution to your problem.

**Participant 20:** Not here, they do not do it that way man! I consulted this teacher and the teacher told other teachers that there is a learner who has this problem. The teacher did not divulge my name though. They did not gossip and I did get help. The teachers I am talking about are the same ones that gossip. You must check the person’s mood and decide on the strategy you going to use. Even if friends tell you that do not go to so and so, she will just tell you this.
**Researcher:** Thank you very much for further explanation of your photographs which will assist me to understand the kind of care and support in the school. Remember that you free to talk to me anytime if you feel distressed about the information you shared today.
APPENDIX N: COLLAGE TRANSCRIPT SAMPLE

Researcher: Thank you so much for taking time to create the collages. Each group will now be given chance to share and explained the collage they made to the other groups. You have 8 minutes to present your collage. Thereafter, invite other groups to ask questions, make comments in relation to the presentation. I will also ask questions and seek clarity as this will help me understand better the purpose of my study as I explained earlier. Now let us have a group to present its collage. As you know, I am going to record your conversation.

Group 1: Here we need parents and teachers to take care of learners when they have problems. It can be any kind of a problem. We need security guards to prevent drugs from entering the school premises. We need to play together and not to discriminate each other. These are two learners because when one has a problem, they must not feel alone. We need to share our problems if one of us has a problem. We also need nutritious food clinic and counsellors in school.

Participant 1 (from the floor): We did not get the last part. I want you to be specific, if you say healthy food, who should provide it and how?

Group 1: The teachers can talk to the Department about supplying us with healthy food in schools.

Participant 2 (from the floor): Is it only the teachers who can talk to the Department? When talking about facilitating, who should facilitate what? Remember you are working as a group so you should help one another. What are you trying to say about the security? What can they do in the context of HIV/AIDS? What should be facilitated? Who, what and when?

Group 1: We can organise a certain project and the teachers might help us in finding the facilitator. We can talk to teachers and ask for help in finding the facilitator to help even with the sick learners.

Researcher: Good presentation. What do you mean by “the school should be loving?” Can you explain further and give the examples?
**Group 1:** We should take care of each other, the pupils and teachers. Be supportive of each other like family members.

**Researcher:** Thank you, the next group. Let us respect each other and listen to the presenting group, thereafter each other and ask questions.

**Group 2:** Here, we look at the school as care and support. We need people to talk to like the Heads of Departments, principals and teachers because among teachers, there are councillors. We also need peers because some learners are scared to talk to teachers and they can talk to peers. We need first aid so that if you are sick maybe you have a headache, you can get pills and be better. We need healthy food for the school-feeding scheme especially for those learners who are infected with HIV. We need Learners’ Christian Movements to encourage each other to do good things and to praise the Lord as young people. We also need sports whereby people can showcase their talents since not all of us are academically gifted.

**Participant 3 (from the floor):** We have sports in schools, why do we need sports?

**Group 2:** Because the ones we have do not accommodate all of us. Some learners feel left out like those who want to play volleyball and there is none at school. They feel left out due to lack of those facilities. We need to keep in mind that schools will provide our future so there are thing we can do and those that we cannot do. In schools we do not need to carry weapons because they are dangerous. We need love and support from the school community at large. All of us must beat our best because are slow but we need to try and beat our best. We also need to give to charity. If you have extra school uniform, give it to another learner who is in need. The new rules about language; when talking to someone I must not offend that person. When there is a bully at school, they must be punished. “Little bean, big difference” the peer educators are still young but they are being equipped with leadership skills to help them in their future life as adults. This is our idea of school as a centre of care and support in terms of HIV/AIDS.
Participant 4: Wow! Well done!

Researcher: Thank you for your presentation. Remember you have to explain your collage in relation to how care and support should be like in the school. Can we have another group?

Group 3: Here in school, we need a clinic if a learner faints or just sick they can get pills, we must have gardens to get healthy food because during break time learners get food from the school feeding scheme. We also need to get computers for those who want to do the course.

Participant 4 (from the floor): Why do you need a computer as a resource at school? How does it help to have a computer at school?

Group 3: Silence

Researcher: I think the want to know how will computers be helpful to address issues of care and support in the school.

Group 3: We will use the computer to find information about care and support and on how to take care of other people affected by HIV/AIDS. We do not need alcohol in school, so we are searched. Earrings are also not allowed in school.

Researcher: What is the relevance of earrings with care and support at school?

Group 3: No answer

Group 3 continues: Papers and dirt in general causes germs and we can get sick from them.

Participant 5 from the floor: What is the relevance to care and support on HIV/AIDS?

Group 3: They can throw broken glass down and if someone falls and cuts themselves, the others might help without taking proper precaution and they might get infected with HIV.

Researcher: It is very important that when you explain your collage it is relevant to the topic under discussion, in this case, what care and support should look like in the school. Can we
have the next group please?

**Group 4:** School as a centre of care and support as you can see that this is a Doctor carrying a heart and these are pills for in case a learner has a headache they can go to the centre and get pills. We need the clinic so that if one of us gets sick can go and get help from them. This is the internet café where we can go and get information about HIV/AIDS or anything else. This is a school gym. If a learner wants to be involved in other sporting codes and they are unfit, they can use the school gym to get stamina. To feel at home in school, we need people to look after us. Some drunkards or high on drugs people from the outside come to school looking for girls. We need protection from those outsiders. No alcohol should be allowed in schools and learners should not involve themselves in it. These are condoms since some of us are sexually active; it can happen here at school as we know some of us are sexually active. The teacher is telling a learner to use a condom when having sexual intercourse. I want to emphasize on non-discrimination. Sometimes there are people with albinism and we must not discriminate against them because they are normal people like us. In school to feel protected and safe we must not discriminate. If a learner has albinism and someone says something discriminatory to them, they will feel down. If someone is harassed in school, we need teachers to who will not judge us and teach us about non-discrimination because we need to be treated equally.

**Researcher:** I want to talk about school policy. This group feels that the school policy should include condom usage and supply because some learners are sexually active. Are there learners who have sex in school? Does it really happen?

Yes!! (Chorus)

**Group 4:** Some pupils do drugs and have sex at school. We mean sometimes learners use drugs and alcohol and cannot control them. They get their girlfriends and have sex in school and if condoms are available the can protect themselves from getting HIV. That is why we say we need the school to change or create policy and provide condoms as part of care and support.
Participant 6 from the floor: Who should change or create this policy?

Group 4: I personally think that the School Governing Body, the teachers and everyone must be involved. Learners too must be involved in drafting the school policy because it is about their lives.

Researcher: Should the learners be involved in drafting the school policy?

Yes! (chorus)

Researcher: Why?

Group 4: The reason why the learners should be involved in making a school policy, I think because along the way of implementing the policy, some learners would say we never wanted this policy in the first place and cause problems. To avoid this, they must be involved in the drafting of the policy and agree with other stake holders. So that when they go against their word, we can refer back to the policy document.

Researcher: Have you ever been invited to discuss school policies?

Participant 7: Yes! This one time we went on strike. We did it because we were badly beaten by our teachers. We had a meeting with the principal because we wanted it to stop corporal punishment.

Researcher: What did you do in that meeting?

Participant 7: We spoke to the principal.

Researcher: Did he listen to you? Did things change after that?

Participant 8: In our school we are never invited, it is only parents and teachers. We are told later by our parents that this is what was agreed upon.
**Researcher:** How does this make you feel? Is that the right thing to do?

**Group 4:** No, because we cannot object to some of the issues. I think they should invite learners because all things happen to school they a done by us because our parents and teacher will agree with policies which we do not agree with, so it very important for us to attend the meetings. Some of these policies are unfavourable to us and we are not there to object.

All we are saying in our collage is that it is important to invite us to the policy making meetings because it is neither the teachers nor the parents who will have to abide by these rules but the pupils. So it is important for us to be invited so that we can tell them about what we like and what we do not like.

**Researcher:** Thank you very much for sharing your collages, raising issues, asking brilliant questions and responding adequately, all which will help me respond to the research questions of this study.
APPENDIX O: REFLECTION TRANSCRIPT

DRAwing (written reflections)

Table Mountain, girl aged 17

In today’s session, I learned writing my own biography through drawings. I did not KNOW I can draw such a good piece of work. I drew Table Mountain because I think that was the best way to tell who I am. My drawing though I use a mountain but it represents who I am and how I would like to be, strong girl. I love drawing.

Romeo, boy aged 18

In today’s session I was happy to draw because I like to draw. All my exercise books have drawings but I was just drawing. Today is different because I have to do something with a clear purpose. I was shocked because I just draw without thinking. At end of the day I was happy about this exercise and I was even smiling at myself.

PHOTOVOICE (written reflections)

Primrose, girl aged 17

The picture I took helped to learn to talk about HIV/AIDS because most people do not talk about these things. I have never been so open to talk about it. The nice thing is that I also learnt to present and talk about myself in front of the whole class and picture made it and my fear was gone and it was easier to talk to other people. The pictures made me think about the people who are important in my life but also those whom missing in my life. It was challenging but it makes us to think deep about ourselves and the people around us. I wish it can go on and on.

Dollar, boy aged 17

I learned how to use a camera for the first time. I have one at home but I do not use it… my mother bought it for me but I did not know how to use it. This session has opened my eyes to use it in a more specific way. I use it to take pictures and teach people about those pictures, I
can tell them why I took the pictures and what message am I trying to tell people using pictures. I am so thankful to be part of this group.

COLLAGE (verbal reflections)

Masiyama, boy aged 18

Today I learned about the collage which is something new to me, I’ve never done it before. From creating a collage I learned that working in groups and putting our thoughts together is important and helpful. The same approach can be used to solve our problems whether at home at the school. We need to fight together to win over HIV and AIDS, I love using collage.

Flowerstar, girl aged 16

From all collage we cut the pieces to say whatever we are saying. It was more challenging because on the collage you do not just cut any piece and paste; you need to get the message across clearly. It is important to be straight forward so that you can be helped that you need. So by doing the collage with other learners I realised that we have to say exactly what we want to say. It was very challenging doing the collage but it changed my life big time!

Researcher: Do you think collage can change peoples’ lives? How? How did it change your life?

Flowerstar: Yes! I became more creative, be more specific on what I do and say. It is important to be specific where asking for help like going to the teacher and saying “I have a stomach ache when you know exactly that you are pregnant”, just tell the teacher that you are pregnant and do not lie.

REFLECTING ON THE WHOLE RESEARCH PROCESS

Lwandle, boy aged 17

What I can say is that I am so thankful to have been given an opportunity to be part of this project. I learned to know myself, how to position myself, take care of other people, those
from my school and other learners from the other school. It was challenging because it was my first time to work with these learners from the same school and more challenging to work with those from other school I used to think that I can just cut a teacher’s picture for instance and never thought about the information to accompany the picture. I did not know that as when using a picture, as the creator, you have to give meaning to it.

Teddy Bear, girl aged 19

Just like the first learner, I also thank God and mam for choosing me to be part of this group. I mam can be with us forever. Well, I have no doubt I am better person today. HVI/AIDS, care and support need people who are co-operating we need pupils, teachers and government, voluntary trainers, that’s co-operating. I also learned to be motivated in with work. I was afraid to share my work with others thinking they will laugh at me. But this project told us respect, love and care for one another. Dealing with drugs and being disrespectful to teachers among others things. If you sit alone with your problems you can’t get help you need to talk to others people to get. We are aware that as teenagers you don’t have to be alone. You need to face challenges together. If u don’t go out and talk to others people you will not get help.
SUCCESS IN HIV AND AIDS PREVENTION FOR UKZN ACADEMIC

An HIV prevention programme introduced to a rural school in KwaZulu-Natal by a UKZN academic has culminated in the launch of a school-based AIDS awareness club.

Grade 10 learners at the Gobindlovu Comprehensive High School in Vulindlela recently celebrated the launch of the Siyanqba School Anti-AIDS Club - an initiative stemming from a ten-month AIDS education project implemented by Ms Fumane Khanare, a Lecturer in Commerce Education at the Faculty of Education through the MAC-AIDS Fellowship Fund.

Ms Khanare, who was selected as a recipient of the one-year Fellowship last year, underwent a two-month leadership course through the UCLA Programme on Global Health in Johannesburg and later at the HIV Centre for Clinical and Behavioural Studies at Columbia University in New York.